Please ensure All mandatory\* fields are completed

\*Hospital1 Name: ………………………………………

\*Hospital 1 Name: ………………………………………

\*Hospital 1 Name: ………………………………………

\*Console Surgeon………………………………………

\*Robotic system …………………………………………

\*12 month audit period (Start date……./..…./……..: End date ……/……/……….)

\*Total number of robotic cases (TOTAL PATIENTS) undertaken as primary surgeon:

\*Meeting attended in last 3 years : ………………………………………………………………………

Date of meeting ..…/..…/………

**Procedures undertaken by Console surgeon**

|  |  |
| --- | --- |
| **Procedure (one patient may have more than one procedure)** | **Number( Zero and above)** |
| Simple Hysterectomy  |  |
| Modified Hysterectomy |  |
| Radical hysterectomy (Wertheim’s) |  |
| Ovarian mass excisions |  |
| Removal of retroperitoneal masses |  |
| Pelvic Lymphadenectomy or Sampling |  |
| Para-aortic Lymphadenectomy or Sampling |  |
| Trachelectomy |  |
| Excision of pelvic endometriosis |  |
| Excision of rectovaginal endometriosis |  |
| Myomectomy |  |
| Colposuspension |  |
| Sacrocolpopexy |  |
| Mesh removal  |  |
| Other ( Please specify …..) |  |

**Indication:**

|  |  |
| --- | --- |
| **Indication(one patient may have more than one indication)** | **Number( Zero and above)** |
| \*Endometriosis |  |
| \*Fibroid uterus |  |
| \*Menstrual disorders |  |
| \*Pelvic mass |  |
| \*Prolapse |  |
| \*Incontinence |  |
| \*Endometrial pathology / cancer |  |
| \*Cervical cancer |  |
| \*Ovarian cancer  |  |
| \*Cervical Dysplasia |  |
| \*Lynch Syndrome |  |
| \*High BMI >35 |  |
| Other (Please specify --------) |  |

**Perioperative outcome**

\*Complication Yes/NO If Yes Total No: ………………………..

**Perioperative Complications (complications during primary surgery)**

|  |  |
| --- | --- |
| **Intraoperative Complications** | **Number( Zero and above)** |
| \*Anaesthetic problems: unplanned admission to HDU |  |
| \*Haemorrhage > 1 litre |  |
| \*Unexpected bowel injury:  |  |
| \*Unexpected ureteric injury |  |
| \*Unexpected bladder injury |  |
| \*Unexpected vascular injury |  |
| \*Epigastric injury |  |
| \*Procedure abandoned |  |
| \*Unplanned Conversion to laparoscopy |  |
| \*Unplanned Conversion to laparotomy |  |
| \*Colostomy due to bowel injury |  |
| \*Ileostomy due to bowel injury  |  |
| \*Blood transfusion  |  |
| \*Death ( Please give more details on CEPOD into robotic surgery) |  |
| Other (Please specify-----) |  |
| Other ( Please include any ClavianDindo 3 and above complication not listed above----------) |  |

**Late complications (any event up to 3 months post-surgery)**

|  |  |
| --- | --- |
| **Postoperative Complications ( Day 0 to 3 months)** | Number( Zero and above) |
| \*Return to theatre |  |
| \*Severe sepsis |  |
| \*Pulmonary embolism: |  |
| \*Blood transfusion |  |
| \*Pelvic haematoma /abscess: |  |
| \*Urinary tract leak |  |
| \*Bowel perforation |  |
| \*Vault Dehiscence |  |
| \*Unplanned readmission <30days |  |
| \*Death (Please give more details on CEPOD into robotic surgery) |  |
| Other(Please specify-----) |  |
| Other ( Please include any ClavianDindo 3 and above complication not listed above----------) |  |

Length of Stay (LoS)

|  |  |
| --- | --- |
| **\*Days of discharge** | **Number( Zero and above)** |
| Day 0 |  |
| Day 1 |  |
| Day 2 |  |
| Day 3 |  |
| Day 4 |  |
| Day 5 |  |
| Day 6 |  |
| Day 7 or more |  |

Comments …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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**Email to:** **biargsbiargs20@gmail.com**