

**Directions**

- Use a #2 soft pencil for marking.
- Text answers must be entered with the web interface.
- All questions in blue must be completed.
- Completely fill in boxes to record answers.

**Question types**

- only 1 answer allowed      ..... please specify
- multiple answers allowed       mandatory information

Internal Use Only / Not read by scanner

Last name		First name		Gender
Street			M.R.N.	
Country code	Zip code	City		
Social security number			Birthdate (DD.MM.YYYY)	

**Admission / Pathology**

Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month 1 2 3 4 5 6 7 8 9 10 11 12

Year 16 17 18 19 20 21 22 23 24 25 26 27 28 29

**Main pathology**

- degenerative disease       fracture/trauma       spondylolisthesis (non degen.)       infection       repeat surgery
- non degen. deformity       pathological fracture       Chiari       tumor       other: specify .....

**Specification of Main Pathology** Only answer questions related to Main Pathology (Main Pathology "other" requires no specification.).

<p><b>Type of degeneration primary</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> disc herniation</li> <li><input type="checkbox"/> central stenosis</li> <li><input type="checkbox"/> lateral stenosis</li> <li><input type="checkbox"/> foraminal stenosis</li> <li><input type="checkbox"/> degen. disc disease</li> <li><input type="checkbox"/> degen. deformity</li> <li><input type="checkbox"/> degen. spondylolisthesis</li> <li><input type="checkbox"/> other instability</li> <li><input type="checkbox"/> myelopathy</li> <li><input type="checkbox"/> facet joint arthrosis</li> <li><input type="checkbox"/> synovial cyst</li> <li><input type="checkbox"/> SI joint</li> <li><input type="checkbox"/> other .....</li> </ul>	<p><b>secondary</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> none</li> <li><input type="checkbox"/> disc herniation</li> <li><input type="checkbox"/> central stenosis</li> <li><input type="checkbox"/> lateral stenosis</li> <li><input type="checkbox"/> foraminal stenosis</li> <li><input type="checkbox"/> degen. disc disease</li> <li><input type="checkbox"/> degen. deformity</li> <li><input type="checkbox"/> degen. spondyl.</li> <li><input type="checkbox"/> other instability</li> <li><input type="checkbox"/> myelopathy</li> <li><input type="checkbox"/> facet joint arthrosis</li> <li><input type="checkbox"/> synovial cyst</li> <li><input type="checkbox"/> SI joint</li> <li><input type="checkbox"/> other</li> </ul>	<p><b>Type of spondylolisthesis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Type I (congenital, dysplastic)</li> <li><input type="checkbox"/> Type II (isthmic)</li> <li><input checked="" type="checkbox"/> Type III see type of degeneration</li> <li><input type="checkbox"/> Type IV (traumatic)</li> <li><input type="checkbox"/> Type V (pathologic)</li> <li><input type="checkbox"/> Type VI (postsurgical)</li> </ul>	<p><b>Grade of spondylolisthesis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grade 0</li> <li><input type="checkbox"/> Grade I</li> <li><input type="checkbox"/> Grade II</li> <li><input type="checkbox"/> Grade III</li> <li><input type="checkbox"/> Grade IV</li> <li><input type="checkbox"/> Spondyloptosis (V)</li> </ul>	<p><b>Type of deformity also for degenerative deformity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> scoliosis</li> <li><input type="checkbox"/> kyphosis</li> <li><input type="checkbox"/> frontal imbalance</li> <li><input type="checkbox"/> sagittal imbalance</li> <li><input type="checkbox"/> other .....</li> </ul>	<p><b>Predominant etiology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> idiopathic</li> <li><input type="checkbox"/> congenital</li> <li><input type="checkbox"/> neuromuscular</li> <li><input type="checkbox"/> posttraumatic</li> <li><input type="checkbox"/> M. Scheuermann</li> <li><input type="checkbox"/> syndromic</li> <li><input type="checkbox"/> other .....</li> </ul>
<p><b>Type of (pathological) fracture/trauma</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> condylar (C0)</li> <li><input type="checkbox"/> C0/1 dissociation</li> <li><input type="checkbox"/> C1 fracture</li> <li><input type="checkbox"/> C1/2 instability</li> <li><input type="checkbox"/> C2 dens fracture</li> <li><input type="checkbox"/> C2 other fracture</li> <li><input type="checkbox"/> soft tissue injury neck</li> <li><input type="checkbox"/> fracture C3-C7</li> <li><input type="checkbox"/> fracture Th1-L5/S1</li> <li><input type="checkbox"/> sacrum fracture</li> <li><input type="checkbox"/> other .....</li> </ul>	<p>AO Classification applies to the most severely affected VB</p> <p><b>C3-L5/S1 AO Fracture type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A0    <input type="checkbox"/> A3    <input type="checkbox"/> B2</li> <li><input type="checkbox"/> A1    <input type="checkbox"/> A4    <input type="checkbox"/> B3</li> <li><input type="checkbox"/> A2    <input type="checkbox"/> B1    <input type="checkbox"/> C</li> </ul> <p><b>AO Neurologic injury</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N0    <input type="checkbox"/> N2    <input type="checkbox"/> N4</li> <li><input type="checkbox"/> N1    <input type="checkbox"/> N3    <input type="checkbox"/> NX</li> </ul> <p><b>AO Modifiers</b></p> <p><input type="checkbox"/> no modifiers</p> <p>Th1-L5/S1      C3-C7</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> M1    <input type="checkbox"/> M3    <input type="checkbox"/> F2    <input type="checkbox"/> BL</li> <li><input type="checkbox"/> M2    <input type="checkbox"/> M4    <input type="checkbox"/> F3</li> <li><input type="checkbox"/> F1    <input type="checkbox"/> F4</li> </ul>		<p><b>Infection specification</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> pyogenic</li> <li><input type="checkbox"/> tuberculous</li> <li><input type="checkbox"/> multi-resistant</li> <li><input type="checkbox"/> other .....</li> <li><input type="checkbox"/> unknown</li> </ul>	<p><b>Affected structure(s)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> spondylitis</li> <li><input type="checkbox"/> discitis</li> <li><input type="checkbox"/> epidural space</li> <li><input type="checkbox"/> paravertebral</li> <li><input type="checkbox"/> other .....</li> </ul>	
	<p><b>Fracture age</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> fresh fracture</li> <li><input type="checkbox"/> old fracture</li> </ul>	<p><b>Pathological fracture due to</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> osteoporosis</li> <li><input type="checkbox"/> tumor</li> <li><input type="checkbox"/> other .....</li> </ul> <p>For tumor, answer questions "Type of tumor" and "Localization".</p>			<p><b>Localization</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> extraosseous soft tissues</li> <li><input type="checkbox"/> intraosseous</li> <li><input type="checkbox"/> extraosseous (extradural)</li> <li><input type="checkbox"/> intradural intramedullary</li> <li><input type="checkbox"/> intradural extramedullary</li> <li><input type="checkbox"/> other .....</li> </ul>
<p><b>Dens fracture type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I    <input type="checkbox"/> II    <input type="checkbox"/> III</li> </ul>	<p><b>Osteoporotic vertebral fractures classification<sup>1</sup></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OF1    <input type="checkbox"/> OF2    <input type="checkbox"/> OF3    <input type="checkbox"/> OF4    <input type="checkbox"/> OF5</li> </ul> <p>Additional fractures w/different treatments require separate forms</p>		<p><b>Reason for repeat surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> hardware removal</li> <li><input type="checkbox"/> non-union</li> <li><input type="checkbox"/> instability</li> <li><input type="checkbox"/> failure to reach therapeutic goals</li> <li><input type="checkbox"/> neurocompression</li> <li><input type="checkbox"/> postop. infection superficial</li> <li><input type="checkbox"/> postop. infect. deep</li> <li><input type="checkbox"/> implant malposition</li> <li><input type="checkbox"/> implant failure</li> <li><input type="checkbox"/> sagittal imbalance</li> <li><input type="checkbox"/> adjac. segment pathology</li> <li><input type="checkbox"/> other .....</li> </ul>	<p><b>Repeat surgery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/></li> </ul>	
<p><b>Most severely affected segment / vertebral body</b></p> <p>for segments, indicate cranial vertebral body only</p> <p><input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7</p> <p><input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13 <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18 <input type="checkbox"/>19 <input type="checkbox"/>20 <input type="checkbox"/>21 <input type="checkbox"/>22 <input type="checkbox"/>23 <input type="checkbox"/>24 <input type="checkbox"/>25 <input type="checkbox"/>26 <input type="checkbox"/>27 <input type="checkbox"/>28 <input type="checkbox"/>29 <input type="checkbox"/>30 <input type="checkbox"/>31</p> <p>SA = sacrum (S2-5); CO = coccyx</p>	<p><b>Additional pathology</b> (Same ans. as in "Main pathology" excluded.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> none</li> <li><input type="checkbox"/> degen. disease</li> <li><input type="checkbox"/> non-degen. deformity</li> <li><input type="checkbox"/> fracture/trauma</li> <li><input type="checkbox"/> pathological fracture</li> <li><input type="checkbox"/> spondylolisthesis (non-degen.)</li> <li><input type="checkbox"/> Chiari</li> <li><input type="checkbox"/> infection</li> <li><input type="checkbox"/> tumor</li> <li><input type="checkbox"/> repeat surgery</li> <li><input type="checkbox"/> other: specify .....</li> </ul>				<p><b>Risk factors</b></p> <p><b>Height</b> (cm) Mark all 3 lines (e.g. 178 cm = 1 - 7 - 8)</p> <p>hundreds digits <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2</p> <p>tens digits <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9</p> <p>ones digit <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9</p> <p><b>Weight</b> (kg) Mark all 3 lines (e.g. 98 kg = 0 - 9 - 8)</p> <p>hundreds digits <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p>tens digits <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9</p> <p>ones digit <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9</p>
<p><b>Extent of lesion (segments/vertebral bodies)</b></p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>6</p>	<p><b>Number of previous spine surgeries</b></p> <p>at same/adjacent level(s) <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>6</p> <p>at other level(s) <input type="checkbox"/>0 <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>6</p>	<p><b>Duration of symptoms requiring treatment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> &lt; 3 mo.</li> <li><input type="checkbox"/> 3-12 mo.</li> <li><input type="checkbox"/> &gt; 12 mo.</li> </ul>	<p><b>ASIA impairment scale</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A    <input type="checkbox"/> C    <input type="checkbox"/> E</li> <li><input type="checkbox"/> B    <input type="checkbox"/> D    <input type="checkbox"/> not assessable/applicable</li> </ul>	<p><b>Current smoker</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no</li> <li><input type="checkbox"/> unknown</li> </ul>	

<sup>1</sup>OF1 = no deformation; OF2 = deformation of posterior wall < 1/5; OF3 = deformation of posterior wall > 1/5; OF4 = loss of vertebral frame structure (body collapse, pincer type Fx); OF5 = injuries with distraction/rotation.

Surgeon ..... Assistant .....

**Surgery**

Day C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31  
 Month C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 Year C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29

<b>Therapeutic goals</b> <input type="checkbox"/> axial pain relief <input type="checkbox"/> peripheral pain relief <input type="checkbox"/> functional improvement <input type="checkbox"/> motor improvement <input type="checkbox"/> sensory improvement <input type="checkbox"/> bowel / bladder function improv. <input type="checkbox"/> spinal stabilization <b>Components</b> Description not needed if SEDICO implant tracking is used. <input type="checkbox"/> none <b>Manufacturer:</b> ..... <input type="checkbox"/> with description <input type="checkbox"/> w/o description <b>Article name:</b> ..... For article numbers or multiple implants use form "Implant documentation" @ www.eurospine.org		<input type="checkbox"/> stop deformity progression <input type="checkbox"/> deformity correction <input type="checkbox"/> prophylactic decompression <input type="checkbox"/> cosmetic improvement <input type="checkbox"/> diagnostic measures <input type="checkbox"/> other .....	<b>Anterior access</b> <input type="checkbox"/> no anterior access <input type="checkbox"/> transoral <input type="checkbox"/> anterolateral <input type="checkbox"/> cervicothorac. anterolat. <input type="checkbox"/> cervicothorac. w/sternotomy <input type="checkbox"/> thoracotomy <input type="checkbox"/> thoracoabdominal <input type="checkbox"/> retroperitoneal <input type="checkbox"/> transperitoneal <input type="checkbox"/> trans-psoas (XLIF) <input type="checkbox"/> other .....	<b>Posterior access</b> <input type="checkbox"/> no posterior access <input type="checkbox"/> midline <input type="checkbox"/> paramedian <input type="checkbox"/> posterolateral <input type="checkbox"/> para-coccygeal (AxiALIF) <input type="checkbox"/> other ..... <b>Morbidity state</b> <input type="checkbox"/> unknown <input type="checkbox"/> ASA1 (no disturbance) <input type="checkbox"/> ASA2 (mild/moderate) <input type="checkbox"/> ASA3 (severe) <input type="checkbox"/> ASA4 (life threatening) <input type="checkbox"/> ASA5 (moribund)
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<b>Surgeon credentials</b> <input type="checkbox"/> specialized spine <input type="checkbox"/> board certif. orthopaedic <input type="checkbox"/> board certified neuro <input type="checkbox"/> orthopaedic in training <input type="checkbox"/> neuro in training <input type="checkbox"/> other .....	<b>Technology</b> <input type="checkbox"/> conventional <input type="checkbox"/> MISS/LISS <sup>1</sup> <input type="checkbox"/> intraop. 3D-imaging <input type="checkbox"/> endoscope <input type="checkbox"/> CASS <sup>1</sup> /navigation <input type="checkbox"/> microscope	<b>Operation time</b> <input type="checkbox"/> unknown <input type="checkbox"/> < 1 h <input type="checkbox"/> 1-2 h <input type="checkbox"/> 2-3 h <input type="checkbox"/> 3-4 h	<input type="checkbox"/> 4-5 h <input type="checkbox"/> 5-6 h <input type="checkbox"/> 6-8 h <input type="checkbox"/> 8-10 h <input type="checkbox"/> > 10 h	<b>Blood loss</b> <input type="checkbox"/> unknown <input type="checkbox"/> < 100 ml <input type="checkbox"/> 100 - 500 ml <input type="checkbox"/> 500 - 1000 ml <input type="checkbox"/> 1000 - 2000 ml <input type="checkbox"/> > 2000 ml	<b>Blood transfusion</b> <input type="checkbox"/> none <input type="checkbox"/> <2 units <input type="checkbox"/> >=2 units <input type="checkbox"/> cell saver <input type="checkbox"/> unknown
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**Surgical Measures**

Mark all treated segments/vertebral bodies.

<b>Decompression</b> <input type="checkbox"/> none <input type="checkbox"/> discectomy partial/total <input type="checkbox"/> vertebrectomy partial Extent of surgery <sup>2</sup> C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 SA CO Ilium	<input type="checkbox"/> vertebrectomy full <input type="checkbox"/> laminotomy <input type="checkbox"/> hemi-laminectomy <input type="checkbox"/> laminectomy	<input type="checkbox"/> facet joint resec. partial <input type="checkbox"/> facet joint resection full <input type="checkbox"/> sequestrectomy <input type="checkbox"/> flavectomy	<input type="checkbox"/> foraminotomy <input type="checkbox"/> laminoplasty <input type="checkbox"/> uncoforaminotomy <input type="checkbox"/> other .....
<b>Fusion promoting measures</b> <input type="checkbox"/> none <input type="checkbox"/> interbody fusion (A-IF) <input type="checkbox"/> interbody fusion (PLIF) <input type="checkbox"/> interbody fusion (TLIF) Extent of surgery <sup>2</sup> C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 SA CO Ilium	<input type="checkbox"/> interbody fusion (XLIF) <input type="checkbox"/> other interbody fusion <input type="checkbox"/> posterolat. fusion <input type="checkbox"/> posterior fusion	<input type="checkbox"/> ilio-sacral fusion <input type="checkbox"/> other .....	<b>Fusion material</b> <input type="checkbox"/> none <input type="checkbox"/> autol. bone harvested <input type="checkbox"/> autol. bone locally procured <input type="checkbox"/> allog. bone <input type="checkbox"/> bone subst. <input type="checkbox"/> cement <input type="checkbox"/> BMP or similar <input type="checkbox"/> other .....
<b>Stabilization rigid</b> <input type="checkbox"/> none <input type="checkbox"/> interbody stabil. with cage <input type="checkbox"/> interbody stabil. with auto-/allograft <input type="checkbox"/> vertebral body replacement by cage Extent of surgery <sup>2</sup> C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 SA CO Ilium	<input type="checkbox"/> vertebral body replacement by auto-/allograft <input type="checkbox"/> plates <input type="checkbox"/> pedicle screws cemented <input type="checkbox"/> pedicle screws uncemented	<input type="checkbox"/> facet screws <input type="checkbox"/> transarticular screws C1-C2 <input type="checkbox"/> laminar hooks <input type="checkbox"/> pedicle hooks <input type="checkbox"/> sublaminar band/wire	<input type="checkbox"/> lateral mass screw <input type="checkbox"/> odontoid screws <input type="checkbox"/> laminar screws <input type="checkbox"/> iliac screws <input type="checkbox"/> other .....
<b>Deformity correction</b> Extent of surgery <sup>2</sup> C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 SA CO Ilium	<input type="checkbox"/> none <input type="checkbox"/> Ponte/Smith-Petersen	<input type="checkbox"/> PSO	<input type="checkbox"/> VCR <input type="checkbox"/> other .....
<b>Stabil. motion preserving</b> Extent of surgery <sup>2</sup> C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 SA CO Ilium	<input type="checkbox"/> none <input type="checkbox"/> disc replacement	<input type="checkbox"/> dynamic stabilizat.	<input type="checkbox"/> interspin. spacer <input type="checkbox"/> other .....
<b>Other surgical measures</b> Extent of surgery <sup>2</sup> C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 SA CO Ilium	<input type="checkbox"/> none <input type="checkbox"/> vb augmentation with body restoration	<input type="checkbox"/> vb augmentation w/o body restorat. <input type="checkbox"/> hardware removal	<input type="checkbox"/> wound drain <sup>3</sup> <input type="checkbox"/> other .....
<b>Intraop adverse event</b> <input type="checkbox"/> none <input type="checkbox"/> nerve root damage <input type="checkbox"/> spinal cord damage <input type="checkbox"/> dural lesion	<input type="checkbox"/> vascular injury <input type="checkbox"/> fx vertebral structures <input type="checkbox"/> other ..... <input type="checkbox"/> not documented	<b>Measures during index surgery</b> <input type="checkbox"/> none <input type="checkbox"/> suture <input type="checkbox"/> glue <input type="checkbox"/> implant reposition	<b>Intraop general complications</b> <input type="checkbox"/> none <input type="checkbox"/> anaesthesiological <input type="checkbox"/> cardiovascular <input type="checkbox"/> pulmonary <input type="checkbox"/> thromboembolism <input type="checkbox"/> death <input type="checkbox"/> other ..... <input type="checkbox"/> not documented

**Hospital stay**

<b>Postop surgic complic. before discharge</b> <input type="checkbox"/> none <input type="checkbox"/> epidural hematoma <input type="checkbox"/> other hematoma <input type="checkbox"/> radiculopathy <input type="checkbox"/> CSF leak / pseudomeningocele <input type="checkbox"/> motor dysfunction <input type="checkbox"/> sensory dysfunction <input type="checkbox"/> bowel / bladder dysfunction	<input type="checkbox"/> wound infect. superficial <input type="checkbox"/> wound infection deep <input type="checkbox"/> implant malposition <input type="checkbox"/> implant failure <input type="checkbox"/> wrong level <input type="checkbox"/> recurrent nerve paresis <input type="checkbox"/> other ..... <input type="checkbox"/> not documented	<b>Postop general complic. before discharge</b> <input type="checkbox"/> none <input type="checkbox"/> cardiovascular <input type="checkbox"/> pulmonary <input type="checkbox"/> cerebral <input type="checkbox"/> none <input type="checkbox"/> hematoma evacuation <input type="checkbox"/> suture <input type="checkbox"/> glue	<input type="checkbox"/> kidney / urinary <input type="checkbox"/> liver / GI <input type="checkbox"/> thromboembolism <input type="checkbox"/> positioning-related <input type="checkbox"/> hardware removal <input type="checkbox"/> hardware re-implantation <input type="checkbox"/> abscess drainage <input type="checkbox"/> death <input type="checkbox"/> other ..... <input type="checkbox"/> not documented <input type="checkbox"/> (further) decompression <input type="checkbox"/> other ..... <input type="checkbox"/> not documented
<b>Hospital stay</b> <input type="checkbox"/> uneventful <input type="checkbox"/> ICU > 2 days <b>Discharge</b> Day C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 Month C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 Year C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29	<b>Status of surgical AEs/complications<sup>4</sup></b> <input type="checkbox"/> resolved <input type="checkbox"/> improved <input type="checkbox"/> persisting	<b>Therapeutic goals upon discharge</b> <input type="checkbox"/> achieved <input type="checkbox"/> partially achieved <input type="checkbox"/> not achieved	

<sup>1</sup>MISS = Minimally Invasive Spine Surgery; LISS = Less Invasive Spine Surgery; CASS = Computer-Assisted Spine Surgery  
<sup>2</sup>SA = sacrum (S2-5); CO = coccyx <sup>3</sup>Wound drain as the only other surgical measure does not require the answer to "Extent of surgery"  
<sup>4</sup>Leave blank if no surgical AEs/complications