

Directions

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

Question types

- only 1 answer allowed
- multiple answers allowed
- mandatory questions
- please specify

Format

- minimal
- complete

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)

Level of intervention

- upper cervical
- mid lower cervical
- cervicothoracic
- cervico-thoraco-lumbar
- thoracic
- thoracolumbar
- thoraco-lumbo-sacral
- lumbar
- lumbo-sacral
- sacral
- coccyx

Admission

- 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 1 2 3 4 5 6 7 8 9 0

Main pathology Answer "same as stage I surgery" excludes questions "Specification of Main Pathology" and "Previous treatment for main pathology"

- same as stage I surgery
- degenerative disease
- non-deg. deformity
- fracture / trauma
- pathological fracture
- spondylolisthesis
- inflammation
- infection
- tumor
- repeat surgery
- other

Specification of Main Pathology

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

Degen. disease	Type of degeneration	Specify grade of spondyl. →	Spondylolisthesis	Type of spondylolisthesis	Grade of spondylolisthesis
	<input type="checkbox"/> disc herniat./protrusion <input type="checkbox"/> central stenosis <input type="checkbox"/> lateral stenosis <input type="checkbox"/> foraminal stenosis <input type="checkbox"/> degen. disc disease <input type="checkbox"/> deformity	<input type="checkbox"/> degen. spondylolisthesis <input type="checkbox"/> other instability <input type="checkbox"/> myelopathy <input type="checkbox"/> facet joint arthrosis <input type="checkbox"/> other		<input type="checkbox"/> Type I (congenital, dysplastic) <input type="checkbox"/> Type II (isthmic) <input type="checkbox"/> Type III see type of degeneration <input type="checkbox"/> Type IV (traumatic) <input type="checkbox"/> Type V (pathologic) <input type="checkbox"/> Type VI (postsurgical)	<input type="checkbox"/> Grade 0 <input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IV <input type="checkbox"/> Spondyloptosis (V)
Deformity	Type of deformity Also specify type of degenerative deformity		Inflammation	Type of inflammation	
	<input type="checkbox"/> scoliosis <input type="checkbox"/> kyphosis	<input type="checkbox"/> combined <input type="checkbox"/> other		<input type="checkbox"/> inflammatory arthritis (seropos) <input type="checkbox"/> seronegative arthritis <input type="checkbox"/> ankylosing spondylitis (M. Bechterew) <input type="checkbox"/> other	
(Pathological) Fracture/Trauma	Type of (pathological) fracture/trauma		Infection	Infection specification	Affected structure(s)
	<input type="checkbox"/> condylar (C0) <input type="checkbox"/> C0/1 dissoziation <input type="checkbox"/> C1 fracture <input type="checkbox"/> C1/2 instability <input type="checkbox"/> C2 dens fracture	<input type="checkbox"/> C2 other fracture <input type="checkbox"/> soft tissue injury neck <input type="checkbox"/> fracture C3-L5/S1 <input type="checkbox"/> sacrum fracture <input type="checkbox"/> other		<input type="checkbox"/> pyogenic <input type="checkbox"/> parasitic <input type="checkbox"/> tuberculous	<input type="checkbox"/> fungal <input type="checkbox"/> other
(Pathological) Fracture/Trauma	Dens fracture type	C3-L5/S1 AO fracture type	Tumor	Type of tumor	Localization
	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	1st digit <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C 2nd digit <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 3rd digit <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		<input type="checkbox"/> primary malignant <input type="checkbox"/> primary benign <input type="checkbox"/> secondary malignant <input type="checkbox"/> tumor like lesion <input type="checkbox"/> other	<input type="checkbox"/> extraosseous soft tissues <input type="checkbox"/> intraosseous (superficial) <input type="checkbox"/> intraosseous (deep) <input type="checkbox"/> extraosseous (extradural) <input type="checkbox"/> extraosseous (intradural) <input type="checkbox"/> other
(Pathological) Fracture/Trauma	Pathological fracture due to ...	Fracture age	Repeat surg.	Type or reason of repeat surgery	
	<input type="checkbox"/> osteoporosis <input type="checkbox"/> tumor <input type="checkbox"/> other	<input type="checkbox"/> fresh fracture <input type="checkbox"/> old fracture		<input type="checkbox"/> hardware removal <input type="checkbox"/> non-union <input type="checkbox"/> instability <input type="checkbox"/> failure to reach therapeutic goals	<input type="checkbox"/> neurocompression <input type="checkbox"/> postop. infection <input type="checkbox"/> postop. infect. deep <input type="checkbox"/> implant malposition

Comments regarding main pathology:

In segments, mark cranial VB SA = sacrum (S2-5) / CO = coccyx

Most severely affected segment vertebral body

- C0 C1 C2 C3 C4 C5 C6 C7 C8 C9 T0 T1 T2 T3 T4 T5 T6 T7 T8 T9 L0 L1 L2 L3 L4 L5 S0 S1 S2 S3 S4 S5 CO

Extent of lesion (segments/vertebral bodies)

- C1 C2 C3 C4 C5 C6 C7 C8 C9 T0 T1 T2 T3 T4 T5 T6 T7 T8 T9 L0 L1 L2 L3 L4 L5 S0 S1 S2 S3 S4 S5 CO

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 C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12

Therapeutic goals <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"/> bladder/sex function improv.		<input type="checkbox"/> spinal stabilization <input type="checkbox"/> stop deformity progression <input type="checkbox"/> prophylactic decompression <input type="checkbox"/> cosmetic improvement <input type="checkbox"/> diagnostic measures <input type="checkbox"/> other		Anterior access <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	
Components <i>Description not needed if SEDICO implant tracking is used.</i> <input type="checkbox"/> none <input type="checkbox"/> with description <input type="checkbox"/> w/o description Supplier: Article name: <i>For article numbers or multiple implants use form "Implant documentation" @ www.eurospine.org</i>		Posterior access <input type="checkbox"/> no posterior access <input type="checkbox"/> midline <input type="checkbox"/> paramedian <input type="checkbox"/> posterolateral		<input type="checkbox"/> percutaneous <input type="checkbox"/> para-coccygeal (AxiALIF) <input type="checkbox"/> other			

Surgeon credentials <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	Morbidity state <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)	Technology <input type="checkbox"/> conventional <input type="checkbox"/> MISS/LISS <input type="checkbox"/> loops <input type="checkbox"/> endoscope	<input type="checkbox"/> CASS <input type="checkbox"/> microscope <input type="checkbox"/> neuromonitoring <input type="checkbox"/> other	Operation time <input type="checkbox"/> unknown <input type="checkbox"/> < 1 hr. <input type="checkbox"/> 1-2 hrs. <input type="checkbox"/> 2-3 hrs. <input type="checkbox"/> 3-4 hrs.	<input type="checkbox"/> 4-5 hrs. <input type="checkbox"/> 5-6 hrs. <input type="checkbox"/> 6-8 hrs. <input type="checkbox"/> 8-10 hrs. <input type="checkbox"/> > 10 hrs.
Prophylaxis <input type="checkbox"/> none <input type="checkbox"/> infection <input type="checkbox"/> thrombembolism <input type="checkbox"/> ossification <input type="checkbox"/> other	Blood loss <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	Blood transfusion <input type="checkbox"/> none <input type="checkbox"/> <2 units <input type="checkbox"/> >=2 units <input type="checkbox"/> cell saver <input type="checkbox"/> unknown		

Surgical Measures

Note: "anterior" / "posterior" refers to location of MEASURES in the spine, NOT to access!

Decompression <input type="checkbox"/> none <input type="checkbox"/> anterior <input type="checkbox"/> posterior } <i>specify ...</i> Location in spine, choose at least one!	<input type="checkbox"/> discectomy partial/total <input type="checkbox"/> vertebrectomy partial <input type="checkbox"/> vertebrectomy full <input type="checkbox"/> osteotomy	<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"/> flavotomy	<input type="checkbox"/> foraminotomy <input type="checkbox"/> laminoplasty <input type="checkbox"/> uncoforaminotomy <input type="checkbox"/> other
Fusion promoting measu. <input type="checkbox"/> none <input type="checkbox"/> anterior <input type="checkbox"/> posterior } <i>specify ...</i> Location in spine, choose at least one!	<input type="checkbox"/> interbody fusion (ALIF) <input type="checkbox"/> interbody fusion (PLIF) <input type="checkbox"/> interbody fusion (TLIF) <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"/> other	Fusion material <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
Stabilization rigid <input type="checkbox"/> none <input type="checkbox"/> anterior <input type="checkbox"/> posterior } <i>specify ...</i> Location in spine, choose at least one!	<input type="checkbox"/> interbody stabil. with cage <input type="checkbox"/> interbody stabil. with auto-/allograft <input type="checkbox"/> vertebral body replacement by cage <input type="checkbox"/> vertebral body replacment by auto-/allograft <input type="checkbox"/> plates	<input type="checkbox"/> pedicle screws with rod <input type="checkbox"/> facet screws <input type="checkbox"/> transarticular screw C1-C2 <input type="checkbox"/> laminar hooks with rod <input type="checkbox"/> pedicle hooks with rod	<input type="checkbox"/> lateral mass screw with rod <input type="checkbox"/> odontoid screws <input type="checkbox"/> laminar screws <input type="checkbox"/> other	
Stabil. motion preserving <input type="checkbox"/> none <input type="checkbox"/> anterior <input type="checkbox"/> posterior } <i>specify ...</i> Location in spine, choose at least one!	<input type="checkbox"/> disc replacement <input type="checkbox"/> dynamic stabilizat. <input type="checkbox"/> interspin. spacer <input type="checkbox"/> other	Percutan. measures <input type="checkbox"/> none <input type="checkbox"/> post. } <i>specify ...</i> Choose one!	<input type="checkbox"/> facet block <input type="checkbox"/> root block <input type="checkbox"/> discography <input type="checkbox"/> vertebroplasty	<input type="checkbox"/> kyphoplasty <input type="checkbox"/> epidural injections <input type="checkbox"/> other

Extent of surgery - indicate as: (from cranial to caudal)

SA = sacrum (S2-5) / CO = coccyx

segments from 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

vertebral bodies to 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

Intraop surgical complications <input type="checkbox"/> none <input type="checkbox"/> nerve root damage <input type="checkbox"/> spinal cord damage <input type="checkbox"/> dura lesion	<input type="checkbox"/> vascular injury <input type="checkbox"/> fx vertebral structures <input type="checkbox"/> other <input type="checkbox"/> not documented	Surgical measures during index surgery <input type="checkbox"/> none <input type="checkbox"/> suture/glue <input type="checkbox"/> other	Intraop general complications <input type="checkbox"/> none <input type="checkbox"/> anaesthesiological <input type="checkbox"/> cardiovascular <input type="checkbox"/> pulmonary	<input type="checkbox"/> thrombembolism <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/> not documented
---	---	--	---	--