

Person ID number: _____
Name: _____

Date: _____
Patient number: _____

Form S3: Surgeon, all postoperative visits, wound healing and complications

____ 30 days, ____ 3 months, ____ 6 months, ____ 12 months

Wound healing classification, Southampton Wound Assessment Scale

At all follow-up occasions, mark (☑) the worst grade that have occurred during the previous months (cumulative from operation to follow-up):

- 0 Normal healing
- I Normal healing with mild bruising or haematoma
- II Erythema plus other signs of inflammation
- III Clear or haemoserous discharge
- IV Pus
- V Deep or severe wound infection with or without tissue breakdown; haematoma requiring aspiration

Wound healing additional information

- Persisting sinus of fistula in perineal wound: 1.No 2.Yes
- The implant (only APCI) has been removed: 1.No 2.Yes
- Part of the myocutaneous flap has been excised (only GMF): 1.No 2.Yes
- A perineal hernia has developed: 1.No 2.Yes

Postoperative complications, Dindo-Clavien grading

Mark (☑) the worst grade that have occurred during the whole postoperative period

- No complications
- Grade I Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions

Allowed therapeutic regimens are: drugs as antiemetics, antipyretics, analgetics, diuretics, electrolytes, and physiotherapy. This grade also includes wound infections opened at the bedside
- Grade II Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.
- Grade III Requiring surgical, endoscopic or radiological intervention.
 - Grade IIIa Intervention not under general anesthesia.
 - Grade IIIb Intervention under general anesthesia
- Grade IV Life-threatening complication (including CNS complications)* requiring IC/ICU management
 - Grade IVa Single organ dysfunction (including dialysis)
 - Grade IVb Multiorgan dysfunction
- Grade V Death of a patient

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Dindo-Clavien classification information with examples

If the patient suffers from a complication at the time of discharge (see examples in Table 2), the suffix “d” (for “disability”) is added to the respective grade of complication. This label indicates the need for a follow-up to fully evaluate the complication.

Examples from Dindo et al., Ann Surg 2004;240:205-13.

TABLE 2. Clinical Examples of Complication Grades

Grades	Organ System	Examples
Grade I	Cardiac	Atrial fibrillation converting after correction of K ⁺ -level
	Respiratory	Atelectasis requiring physiotherapy
	Neurological	Transient confusion not requiring therapy
	Gastrointestinal	Noninfectious diarrhea
	Renal	Transient elevation of serum creatinine
	Other	Wound infection treated by opening of the wound at the bedside
Grade II	Cardiac	Tachyarrhythmia requiring β -receptor antagonists for heart rate control
	Respiratory	Pneumonia treated with antibiotics on the ward
	Neurological	TIA requiring treatment with anticoagulants
	Gastrointestinal	Infectious diarrhea requiring antibiotics
	Renal	Urinary tract infection requiring antibiotics
	Other	Same as for I but followed by treatment with antibiotics because of additional phlegmonous infection
Grade IIIa	Cardiac	Bradycardia requiring pacemaker implantation in local anesthesia
	Neurological	See grade IV
	Gastrointestinal	Biloma after liver resection requiring percutaneous drainage
	Renal	Stenosis of the ureter after kidney transplantation treated by stenting
	Other	Closure of dehiscence noninfected wound in the OR under local anesthesia
Grade IIIb	Cardiac	Cardiac tamponade after thoracic surgery requiring fenestration
	Respiratory	Bronchopleural fistulas after thoracic surgery requiring surgical closure
	Neurological	See grade IV
	Gastrointestinal	Anastomotic leakage after descenderectomy requiring relaparotomy
	Renal	Stenosis of the ureter after kidney transplantation treated by surgery
	Other	Wound infection leading to eventration of small bowel
Grade IVa	Cardiac	Heart failure leading to low-output syndrome
	Respiratory	Lung failure requiring intubation
	Neurological	Ischemic stroke/brain hemorrhage
	Gastrointestinal	Necrotizing pancreatitis
	Renal	Renal insufficiency requiring dialysis
Grade IVb	Cardiac	Same as for IVa but in combination with renal failure
	Respiratory	Same as for IVa but in combination with renal failure
	Gastrointestinal	Same as for IVa but in combination with hemodynamic instability
	Neurological	Ischemic stroke/brain hemorrhage with respiratory failure
	Renal	Same as for IVa but in combination with hemodynamic instability
Suffix “d”	Cardiac	Cardiac insufficiency after myocardial infarction (IVa-d)
	Respiratory	Dyspnea after pneumonectomy for severe bleeding after chest tube placement (IIIb-d)
	Gastrointestinal	Residual fecal incontinence after abscess following descenderectomy with surgical evacuation. (IIIb-d)
	Neurological	Stroke with sensorimotor hemisindrome (IVa-d)
	Renal	Residual renal insufficiency after sepsis with multiorgan dysfunction (IVb-d)
	Other	Hoarseness after thyroid surgery (I-d)

TIA, transient ischemic attack; OR, operating room.