

Person ID number: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Patient number: \_\_\_\_\_

## Form S4: Surgeon, late complications, postoperative visits later than 30 days

(same as Swedish CRC register at [www.incanet.se](http://www.incanet.se), paper form or [www.norrlandskirurgi.se](http://www.norrlandskirurgi.se) outside Sweden)

### Late postoperative complications, later than 30 days from EAPE operation

Visit at \_\_\_3 months \_\_\_6 months \_\_\_12 months

**Late postoperative complication/s**  No  Yes, complete below

Pelvic Fracture	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Ileus –subileus	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Anastomotic complic.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abcess intra-abdom/pelvic	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Stoma complication	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Ventral hernia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Anal complications	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Urinary complication	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sexual complication	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other complication/s	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not stated	Reoperation	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Specify \_\_\_\_\_

**Dead later than 30 days** after EAPE operation during follow-up regardless of reason

No  Yes Date: \_\_\_\_\_

### Cancer recurrence

Cancer recurrence  No  Yes

Local recurrence  No  Yes

First date: \_\_\_\_\_

Histologically verified  No  Yes

Distant metastasis  No  Yes

First date: \_\_\_\_\_

Histologically verified  No  Yes

Localisation:  Liver  Lung  Other: \_\_\_\_\_