



## RACC-TRIAL postoperative visit - 1 month

Institution/Hospital \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Date of visit: \_\_\_\_\_

**Patient status:**

- Alive    Dead    Not known
- No evidence of disease    Evidence of disease    Relapse has occurred before visit

**CTCAE 3.0** (Lymphatic side effects according to the Common Terminology Criteria (CTC) version 3.0)

*Please evaluate the current status of the patient and put X in one of the boxes*

Adverse event	None	Grade 1	Grade 2	Grade 3	Grade 4
Lower extremity lymphedema					
Truncal/genital lymphedema					
lymphocele					

Adverse event	Grade 1	Grade 2	Grade 3	Grade 4
Lower extremity lymphedema	5%-10% inter-limb discrepancy in volume or circumference at point of greatest visible difference; pitting edema	10-30% inter-limb discrepancy in volume or circumference at point of greatest visible difference	>30% inter-limb discrepancy in volume; lymphorrhea, interfering with activities of daily life	Progression to malignancy (i.e. lymphangiosarcoma), amputation indicated, disabling
Truncal/genital lymphedema	Swelling or obscuration of anatomic architecture on close inspection, pitting edema	Readily apparent obscuration of anatomic architecture; obliteration of skin folds	Lymphorrhea; interfering with activities of daily life; gross deviation from normal anatomical contour	Progression to malignancy (i.e. lymphangiosarcoma); disabling
Lymphocele	Asymptomatic, clinical or radiographic findings only	Symptomatic; medical intervention indicated	Symptomatic and interventional radiology or operative intervention indicated	-

**Postoperative complications:**

- yes    no   Readmission within 30 days from surgery

**Complication within 30 days from surgery:**

- yes    no   lymphocele (treated with drainage)
- yes    no   lymphacites (treated with drainage)
- yes    no   Gastrointestinal, if yes choose one of the following:
  - ileus, subileus (treated with surgery or nasogastric tube)
  - perforation/leakage (either radiology or clinical peritonitis)
  - clostridium colitis
  - other specify \_\_\_\_\_
- yes    no   dehiscence of operation wound
- yes    no   bacterial infection (treated with ab other than prophylactic > 24 h after surgery)
  - If yes choose focus:  lungs    urinary tract    cuff hematoma
  - peritoneum/abdomen    blood    wound    other    unknown
- yes    no   bleeding (hb levels dropping 30g/l, or need of transfusion, reoperation or angiographic intervention)



## RACC-TRIAL postoperative visit - 1 month

- yes  no vascular complication, if yes choose:
  - thrombosis  embolism
- yes  no ureter injury
- yes  no urinary retention
- yes  no cardiovascular complication, if yes:
  - Infarction (STEMI or nSTEMI)
  - Arrhythmia (> 24 h after surgery)
  - Heart failure
  - Stroke
  - Other, specify \_\_\_\_\_

Other complication, please specify \_\_\_\_\_

If yes to any of the questions above please specify the Clavien Dindo grade of the most serious postoperative adverse event (grade I is not counted):

- grade II  grade III  grade IV  grade IV-a  grade IV-b  grade V

### APPENDIX A. Classification of Surgical Complications

Grades	Definition
Grade I:	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions. Acceptable therapeutic regimens are: drugs as antiemetics, antipyretics, analgetics, diuretics and 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 III-a:	intervention not under general anesthesia
Grade III-b:	intervention under general anesthesia
Grade IV:	Life-threatening complication (including CNS complications) <sup>‡</sup> requiring IC/ICU-management
Grade IV-a:	single organ dysfunction (including dialysis)
Grade IV-b:	multi organ dysfunction
Grade V:	Death of a patient
Suffix 'd':	If the patient suffers from a complication at the time of discharge (see examples in Appendix B, <a href="http://Links.Lww-.com/SLA/A3">http://Links.Lww-.com/SLA/A3</a> ), 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.

<sup>‡</sup> brain hemorrhage, ischemic stroke, subarachnoidal bleeding, but excluding transient ischemic attacks (TIA); IC: Intermediate care; ICU: Intensive care unit  
[www.surgicalcomplication.info](http://www.surgicalcomplication.info)

### Quality of life questionnaire:

- yes  no the patient has filled in the Quality of Life questionnaire
- Date of completion \_\_\_\_\_

### Sick leave:

- The number of days on sick leave after surgery \_\_\_\_\_
- The patient is still on sick leave
- Does not apply as the patient is on long term sick leave due to other cause