



Fill in before performing the anastomosis

Time and date of LEAK CHECK:

Name of researcher:

Patient and number:

General status

Temperature

- Degrees:

Glucose

- Glucose finger prick test (mg/dl):

Antibiotics

- Given (if yes, specify type and dose): Yes/No
- Time of drug administration:
 - Did the given antibiotics differ from the protocol? Yes/No

Inotropes

- Are there any drugs administered at the moment: Yes/No
 - If yes: Specify type and dose:
 - Is there any possibility to stop administration of inotropes: Yes/No

Local perfusion

Blood loss and anemia

- Volume of blood loss (mL):
- Blood transfusion (packet cells): Yes/No
 - If yes: specify volume

Oxygen saturation

- Oxygen saturation level

Mean arterial pressure

- Value:

Surgeons evaluation of local perfusion

(4=moderate, 5=reasonable, 6= sufficient, 7= amply sufficient, 8=good, 9=very good, 10=excellent)

- 4 5 6 7 8 9 10

Fluid management

- Goal Directed Therapy: Yes/No
- Urine production (mL):
- Volume of fluid resuscitation (mL):

Contamination

Contamination

- Is there contamination during the construction of the seam? Yes/No

Video



Make a video (10sec) of the anastomosis, if possible 360 degrees and with 5cm distance of the anastomosis

Operation specifics

Analgesia

- Epidural: Yes/No

Head operator:

- Surgeon
- Fellow
- Resident
- Other:

Fit to perform

Yes/No

Elective or emergency

- Emergency operation Yes/No
 - If yes:
 - Bleeding
 - Obstruction
 - Perforation
 - Other:

Anastomosis

- Type:
- Type of technique: ETE, ETS, STE, STS
- Type of creation: Hand sewn, Stapled, Compression
- Sutured reinforcement: Yes/No

Operation technique

Laparoscopic/Open

- Conversion: Yes/No

Type of procedure

- Total colectomy
- Partial colectomy
- Left hemicolectomy
- Right hemicolectomy
- Proctocolectomy
- Other:

Intra operative event

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Additional procedures:

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Stoma created

- If yes: Colostomy, Ileostomy, Urostomy, other: Yes/No

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Door movements until creation of anastomosis:

Number:

Name of hospital:

- VUmc
- MMC
- Other:

Operative time

- Start of incision:
- Time of LEAK CHECK:
- End of operation: