



Operative Date: _____ (dd-mm-yyyy)

Name of Surgeon: _____

Operative Start Time (Incision): _____ (2400 hrs)

Operative End Time (Closure): _____ (2400 hrs)

Estimated Blood Loss: _____ (mls)

ASA (American Society of Anaesthesiologists) Classification (Circle 1-5 ± E): 1 2 3 4 5 E

For Patients with SCI Only - Decompression Date: _____ (dd-mm-yyyy) Decompression Time: _____ (2400 hours)

Indicate Time from SCI to Direct or Indirect Decompression of Neural Elements: _____ hrs.

☐ Not Applicable, no decompression done

Section 1 - Procedures

Procedure	Approach (Enter ALL codes that apply)		Location (e.g. T10-L2)
	Anterior	Posterior	
A. Vertebral Column (Circle all that apply)			
1. Decompression (includes foraminotomy)			
a) Laminectomy			
b) Laminoplasty			
c) Laminotomy			
2. Suboccipital craniectomy			
3. Coccygectomy			
4. Transoral odontoid resection			
5. Corpectomy			
6. Discectomy			
a) partial b) total			
7. Osteotomy (Also complete 12 and/or 13)			
a) Smith Peterson/ Ponte			
b) PSO (egg shell) PSO = Pedicular subtraction osteotomy			
c) VCR VCR = Vertebral column resection			
8. Excision tumor			
a) intralesional b) marginal c) wide			
9. Incision and Drainage			
10. Removal of instrumentation			
11. Other (Specify): _____			

Anterior Approach Codes:

- 1 = Thoracotomy
- 2 = Thoracoabdominal
- 3 = Transperitoneal
- 4 = Retroperitoneal
- 5 = Cervical
- 6 = Sternal Split
- 7 = Transoral
- 8 = Lateral (e.g. DLIF, XLIF, Thorascopic)

Posterior Approach Codes:

- 9 = Midline
- 10 = Paraspinal (Wiltse)
- 11 = MIS (Minimally Invasive Surgery)

A. Vertebral Column (Continued - Circle all that apply)

12. Anterior Approach Fusion and/or Fixation (Circle all implant devices that apply and indicate approach code(s), bone graft code(s), and location)	i) Anterior Approach (Enter ALL codes that apply)	ii) Bone Graft (Enter ALL codes that apply)	iii) Location (e.g. T10-L2)
<u>Implant Device</u>			<u>Anterior Placement</u>
a) None (i.e., bone graft only)			
b) Plate			
c) Cannulated Screws (e.g., UCSS)			
d) Synthetic Cage			
e) PMMA (e.g., cement) (PMMA = polymethylmethacrylate)			
f) Rod-Screw Construct			
g) Arthroplasty			
h) Other Implant Device (Specify): _____			

Anterior Approach Codes:

- 1 = Thoracotomy
 2 = Thoracoabdominal
 3 = Transperitoneal
 4 = Retroperitoneal
 5 = Cervical
 6 = Sternal Split
 7 = Transoral
 8 = Lateral (e.g. DLIF, XLIF, Thorascopic)

Bone Graft Codes:

- A = None
 B = Autograft - Local (vertebra)
 C = Autograft - Structural
 (e.g. Fibula, rib, ilium)
 D = Autograft - Morcelized ilium
 E = Autograft - Vascularized
 F = Allograft - Structural
 G = Allograft - Morcelized
 H = Allograft - DBM
 (Demineralized bone matrix)
 I = Synthetic - BMP
 (Bone morphogenic protein)
 J = Other bone graft
 (Specify): _____

13. Posterior Approach Fusion and/or Fixation (Circle all implant devices that apply and indicate approach code(s), bone graft code(s), and location)	i) Posterior Approach (Enter ALL codes that apply)	ii) Bone Graft (Enter ALL codes that apply)	iii) Location (e.g. T10-L2)	
<u>Implant Device</u>			<u>Anterior Placement</u>	<u>Posterior Placement</u>
a) None (i.e., bone graft only)				
b) Cannulated Screws (e.g., UCSS)				
c) Synthetic Cage				
d) PMMA (e.g., cement) (PMMA = polymethylmethacrylate)				
e) Rod-Screw Construct				
f) Interspinous Device				
g) Vertebroplasty/Kyphoplasty				
h) Other Implant Device (Specify): _____				

Posterior Approach Codes

- 9 = Midline
 10 = Paraspinal (Wiltse)
 11 = MIS (Minimally Invasive Surgery)

B. Cord, Nerve or Canal *(Circle all that apply)*

1. Exploration & restoration of subarachnoid space	2. Repair dural tear/meningocele/patch
3. Release tethered cord	4. DREZ lesion (DREZ = dorsal root entry zone)
5. Rhizotomy	6. Other (Specify): _____

C. Other *(Circle all that apply)*

1. Pump related procedure	2. Stimulator related procedure
3. Insertion subarachnoid catheter	4. Insertion/revision shunt (Circle type) a) lumboperitoneal b) syringoperitoneal
5. Other (Specify): _____	

Section 2 - Adjunctive Procedures & Adverse Events**Adjunctive Procedures** *(Circle all that apply)*

1. Intraoperative Monitoring <i>(Circle type)</i> <input type="checkbox"/> None a) EMG b) Motor c) Sensory
2. Intraoperative Imaging <i>(Circle type)</i> <input type="checkbox"/> None a) X-ray b) Fluoroscopy c) O-arm d) Ultrasound
3. Navigation <i>(e.g. O-arm/S7, FluoroNav)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Intra-operative Adverse Events**SEVERITY GRADING SYSTEM:**

An **adverse event** is any new event that occurs as a result of medical or surgical management following an acute injury during the current admission, and is not a pre-existing condition.

Grade Severity

- 0 The adverse event has no impact on patient outcome and length of stay.
- 1 The adverse event has an impact on patient outcome and length of stay.

☐ **No Intra-operative Adverse Events**

Yes	Grade	Adverse Event	Yes	Grade	Adverse Event
<input type="checkbox"/>		01. Anesthesia related	<input type="checkbox"/>		08. Dural tear
<input type="checkbox"/>		02. Cardiac	<input type="checkbox"/>		09. Vascular injury
<input type="checkbox"/>		03. Airway/ventilation	<input type="checkbox"/>		10. Visceral injury
<input type="checkbox"/>		04. Hypotension (systemic <85mm Hg for 15 min)	<input type="checkbox"/>		11. Bone implant interface failure requiring revision
<input type="checkbox"/>		05. Massive blood loss (>5L in 24 hrs or >2L in 3 hrs)	<input type="checkbox"/>		12. Hardware malposition requiring revision
<input type="checkbox"/>		06. Cord injury	<input type="checkbox"/>		13. Surgery cancelled or delayed
<input type="checkbox"/>		07. Nerve Root Injury	<input type="checkbox"/>		14. Other (Specify): _____

FOR OFFICE USE ONLY:

Data Collection Details	Collection Method: <input type="checkbox"/> Completed by physician <input type="checkbox"/> Abstracted, reviewed by physician <input type="checkbox"/> Abstracted, not reviewed by physician
	Physician Name: _____
If abstracted, abstracted by (please print name): _____	
Date Collection Completed: _____	