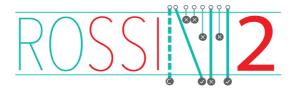
ROSSINI 2 Trial In-Theatre Form v5.0 (16-Jan-2024)

TRIAL ID: Initials: FM L Site ID:







IN - THEATRE FORM

ONLY TO BE COMPLETED BY AN OPERATING SURGEON OR SOMEONE WHO WAS PART OF THE INDEX OPERATION.

Please complete this form immediately after the patient has had surgery.

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PART A - Intra-operative Details							
Did the patient have surgery?	No	Yes					
If No, please specify why not:							
If the patient did not undergo surgery please go to PART C.							
Date of surgery: e.g. 31-JAN-2017							
If the date of surgery is not the date of randomisation, please explain why:							
Lead Operating Surgeon:							
Organ(s) or structures operated upon: (Please tick No or Yes to all)							
Oesophagus/ Stomach / Duodenum No Yes							
Small Bowel No Yes							
Colon/ Rectum No Yes							
Gall Bladder/ Biliary System/ Liver No Yes							
Kidney/ Ureter/ Bladder/ Urethra No Yes							
Gynaecological Structures No Yes							
Endocrine System No Yes							
Major Vascular Structures No Yes							
Other No Yes							
If Other, please specify:							
Up to 60 minutes prior to incision, were prophylactic antibiotics given? (Please tick one)	○ No	Yes					
If Yes, please give generic name(s) of prophylactic antibiotics in the spaces provided.							
Was the WHO surgical safety checklist used? (Please tick one)	No	Yes					
Hair removal at site of wound? (Please tick one)							
No hair at site of wound In theatre (Electric) In theatre (Razor/ Blade) Before theatre arrival Not done							
Length of incision: (To the nearest cm) cm Total operation duration: Minutes							
What was the surgical approach? (Please tick one)							
Open (Midline) Open (Non-Midline) Laparoscopic assisted Laparoscopic converted to open							

	ROSS	SINI 2 Tr	rial				In-Thea	tre Form		v5.	0 (16-Jar	n-2024)	
TRIAL ID:				Initi	ials:	F M L	Site ID	:				UNIVERS BIRMING	
												BC Birmingham Clinic	cal Trials Unit
Actual intra-operative contamination level? (Definitions provided on Randomisation CRF) (Please tick one) Clean Clean - Contaminated Contaminated Dirty						Dirty							
Was a wound/ incision wash performed? (Please tick one)								Yes					
f Yes, pleas	e state	: (Tick a	all that	apply)					(Saline/ Water	ОВе	etadine	Other
	ore-exis	ting)		<i>one)</i> eration))			○ No ○ Yes (se drape used? (loban-impregnate non-impregnated	ed)			
How was the skin closed? (Tick all that apply) Continuous sutures Interrupted sutures				Were triclos	san impregnated s	sutures used? (P	Please tic	k one) No	Yes				
	eft ope	n <i>(Patie</i> er, pleas		e <i>main ir</i> cify	n ROSS	EINI 2))	Was a wou	nd edge protectio	n device used? (Please ti	ick one) No	Yes
what skin pi 0.5% Alcoholio 2% Alcoholio Po Alcoholio Po Aqueous Ch Aqueous Po Other (If Yes	olic Chlor c Chlorl ovidone lorhexi ovidone	orhexidi nexidine lodine dine lodine	ne e	(Pleas	e tick i	No or Yes to a)	No No No No No No No	Yes Yes Yes Yes Yes Yes Yes				
Was a Gentamicin-impregnated sponge (Collatamp) placed in the wound at the end of the operation? (Please tick one) No Yes													
Was intra-operative temperature monitoring used? (Please tick one)						Yes							
What was the estimated blood loss? (Please tick one) <100ml													
Was an 'on-table' blood transfusion required? (Please tick one)													
Was the pat	ient on	inotrop	es at th	ne end c	of the c	peration? (Pl	ease tick one	2)				No	Yes
Were cathet	ers left	in place	e for lo	cal ana	estheti	c infiltration?	(Please tick	one)				No	Yes
s the patient going to continue antibiotics post-operatively? (Please tick one)						Yes							
Grade of op	erating	surgeor	n: (Plea	ase tick	one)				Consultar	nt Registrar	level (SH0	ANP
Grade of sur	rgeon a	dminist	ering ir	ntervent	tion(s):	(Please tick	one)		Consultar	nt Registrar	level	SH0	ANP
Grade of sur	rgeon c	losing f	ascia:	(Please	e tick o	ne)			Oconsultar Consultar	nt Registrar	level	SH0	ANP
Grade of sur	rgeon c	losing s	skin: <i>(F</i>	Please ti	ick one)			○ Consultar	nt Registrar	level	○SH0	ANP
DADT D	atro on	orotive	Cori	2110 A d	VOKOC	Event Dem	rting						

PART B - Intra-operative Serious Adverse Event Reporting							
ntra-operative adverse skin event:							
Allergic Reaction No Yes							
Skin Reaction No Yes							
Fire/ Combustion No Yes							
If Yes, a SAE form must be completed.							

TRIAL ID: Initials: F M L Site ID	:UNIVERSITY ^{OF} BIRMINGHAM						
	ВСТИ						
	Birmingham Clinical Trials Unit						
PART C - Intervention received							
Which trial intervention(s) did the patient RECEIVE? (Please tick No or Yes to all) DACC DRESSING GLOVES AND INSTRUMENTS (immediately before fascial closure) No Yes							
Was this the same as the patient's randomised allocation? (If No, please complete a Protocol Non-Compliance Form) No Yes							
If No, please specify why not:							
ROSSINI 2 allows for more than one intervention to be used on a patient if needed, therefore please state how many of each intervention(s) were							
used? If none were used, please state 0. DACC DRESSING							
Intra-operative details completed by:							
Full Name: (PRINT NAME)	Signature:						
Position:	Date: e.g. 31-JAN-2017 D D - M M M - Y Y Y						

In-Theatre Form

Thank you for completing this CRF. You are now required to transcribe this information onto REDCap (https://bctu-redcap.bham.ac.uk/). This CRF can be used as Source Documentation and filed in the patient's records.

ROSSINI 2 Trial

v5.0 (16-Jan-2024)