CONFIDENTIAL WHEN COMPLETED

SUNRRISE Trial
In-Theatre Form

Birmingham Clinical Trials Unit

Please complete this form immediately after the patient has had surgery, ideally **by an operating surgeon**

SUNRRISE Trial Number: ☐☐☐☐☐

Patient Initials: ☐☐☐

Date of operation: D D M M M Y Y Y Y

Site name: _____

Lead operating surgeon: _____

PART A – Operative details

Actual procedure performed: (Please tick all that apply)

Adhesiolysis	☐	Hartmann's procedure	☐
Appendicectomy	☐	Ileostomy formation/ revision	☐
Cholecystectomy	☐	Intestinal bypass	☐
Colectomy: left (including anterior resection)	☐	Peptic ulcer – over sew of bleed	☐
Colectomy: right	☐	Peptic ulcer – suture or repair of perforation	☐
Colectomy: subtotal	☐	Repair of intestinal perforation	☐
Colorectal resection - other	☐	Resection of other intraabdominal malignancy	☐
Colostomy formation/revision	☐	Small bowel resection	☐
Drainage of abscess/collection	☐	Transplant	☐
Exploratory laparotomy only	☐	Trauma	☐
Gastric surgery - other	☐	Vascular procedure	☐
Other	☐	Washout only	☐

↳ If other, please specify: _____

☐ **Please tick to confirm all the unticked procedure options above have NOT been performed**

What was the surgical approach?	Open (midline) ☐	Open (non-midline) ☐	Laparoscopic assisted / Laparoscopic converted ☐	
Actual length of the incision:	_____ cm *(to nearest cm)*	*If not obtained during the operation, this can be measured during the assessment at Day 7*		
Was the WHO surgical safety checklist used?	No ☐	Yes ☐		
ASA physical status classification: (please tick one of the boxes only)	ASA I ☐ *Normal healthy*	ASA II ☐ *Mild systemic disease*	ASA III ☐ *Severe systemic disease*	ASA IV ☐ *Severe systemic disease that is a constant threat to life*	ASA V ☐ *Moribund patient who is not expected to survive without the operation*
Does the patient have documented MRSA colonisation? *(at any site previously)*	No ☐	Yes ☐		
Was malignancy present?	No ☐	Yes / Suspected ☐		
What was the estimated blood loss?	<100ml ☐	100 - 500ml ☐	501 - 1000ml ☐	>1000ml ☐
Was an on-table blood transfusion required?	No ☐	Yes ☐		
Was the patient on inotropes at the end of the operation?	No ☐	Yes ☐		
Was a wound edge protection device used?	No ☐	Yes ☐		
Were triclosan impregnated sutures used?	No ☐	Yes ☐		
Were catheters left in place for local anaesthetic infiltration?	No ☐	Yes ☐		
Were prophylactic antibiotics given?	No ☐	Yes - During procedure ☐	Yes - On induction ☐	
Is the patient going to continue antibiotics post-operatively?	No ☐	Yes ☐		

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Skin prep used: (please tick only one)	Aqueous betadine ☐	0.5% Aqueous Chlorhexidine ☐	2% Aqueous Chlorhexidine ☐
	Alcoholic betadine ☐	0.5% Alcoholic Chlorhexidine ☐	2% Alcoholic Chlorhexidine ☐
	Other ☐	If other, please specify: _____	
Was adhesive or 'incise' drape used?	No ☐	Yes – iodine-impregnated ☐	Yes – plain incise drape ☐
Was a wound/incision wash performed?	No ☐	Yes – Betadine ☐	Yes – Saline / Water ☐ Yes – other ☐
Before closing, were gloves changed?	No ☐	Yes ☐	
Before closing, were instruments changed?	No ☐	Yes ☐	
How was the skin closed?	Staples ☐	Interrupted sutures ☐	Continuous sutures ☐
Grade of operating surgeon:	Consultant ☐	Registrar level ☐	SHO level ☐ ANP level ☐
Grade of surgeon closing fascia:	Consultant ☐	Registrar level ☐	SHO level ☐ ANP level ☐
Grade of surgeon closing skin:	Consultant ☐	Registrar level ☐	SHO level ☐ ANP level ☐
Total duration of operation:	☐☐☐ mins		

PART B – COVID-19

Does the patient have any COVID-19 symptoms on the day of surgery?	No ☐	Yes ☐	
Does the patient have proven antibodies to SARS-CoV-2?	No ☐	Yes ☐	Not tested/ Not known ☐
What is the patient's SARS-CoV-2 virus status on the day of surgery?	Screened positive ☐	Screened negative ☐	
	Screened but result unknown ☐	Not screened ☐	
Has the patient had a positive SARS-CoV-2 swab result or clinical diagnosis of COVID-19?	No or Unknown ☐	Yes ☐	
↳ If Yes, how long before surgery was the diagnosis?	Day of Surgery ☐	1-7 days ☐	8-14 days ☐
	15-28 days ☐	5-6 weeks ☐	7-8 weeks ☐ 3-4 months ☐ 5-6 months ☐ 6+ months ☐

PART C – Dressing

What dressing was applied to the laparotomy wound? (please tick all that apply)

SUNPD ☐ Conventional occlusive dressing ☐ Skin glue ☐ No dressing ☐ Other ☐ If other, please specify: _____

↳ If SUNPD: Size of dressing used: 10cm x 20cm ☐ 10cm x 30cm ☐ 10cm x 40cm ☐ Other (specify below) ☐

LOT number: _____ If other, please specify: _____

Was the dressing applied in accordance with the randomised allocation? Yes ☐ No ☐

↳ If no, please provide the reason for non-compliance: _____

_____

_____

Form completed by:

Full Name: (PRINT NAME)	**Position:**
Signature:	**Date:** D D M M M Y Y Y Y

PI declaration – I can confirm that the data reported on this form are accurate.

Full Name (PRINT NAME):	
Signature:	**Date:** D D M M M Y Y Y Y

Thank you for completing this CRF. Please return the original to: SUNRRISE Trial Office, Birmingham Clinical Trials Unit (BCTU), Public Health Building, University of Birmingham, Edgbaston, Birmingham, B15 2TT.

FOR TRIALS OFFICE USE ONLY:					
Received		Entered		Checked	
Date:	Initials:	Date:	Initials:	Date:	Initials: