

SIRIS Spine – PRIMARY

= only one answer allowed = multiple answers allowed

Patient data

MRN internal

Last name

First name

Birthdate dd/mm/yyyy

male other
 female not specified

Admission / Pathology

Main pathology

- degenerative disease
 spondylolisthesis (non degen.)
 osteoporotic fracture

Current smoker

- yes no unknown

Height

cm

Weight

kg

Type of degeneration - primary

- disc herniation
 spinal stenosis
 degenerative spondylolisthesis
 segment degeneration
 degenerative deformity

Type of spondylolisthesis

- Type II (isthmic)

Type of degeneration - secondary

- none
 disc herniation
 spinal stenosis
 degenerative spondylolisthesis
 segment degeneration
 degenerative deformity

Grade of spondylolisthesis

- 0 I II III IV
 spondylolysis (V)

Fracture cause

- spontaneous traumatic

Fracture age

- ≤14 days 15 – 28 days

Classification of fracture (OF grade)

In the case of multiple fractures, please select the highest OF grade

- 1 2 3 4 5

Previous spine surgeries

at same or adjacent level(s)

- 0 1 2 3 4 >4

Surgical procedure

Surgery date

dd/mm/yyyy

Surgeon name

Chop codes

Implant registration

- minimal registration
 Manufacturer, Brand
 detailed registration
 Catalogue Number

Instructed surgery

- yes no

Anterior access¹

- no anterior access
 retroperitoneal
 transperitoneal
 thoracotomy
 transpsoas (XLIF)

Posterior access

- no posterior access
 midline
 paramedian

¹ Only possible for a non-degenerative spondylolisthesis.

Morbidity state (ASA)

- ASA 1 no disturbance unknown
 ASA 2 mild/moderate
 ASA 3 severe
 ASA 4 life threatening
 ASA 5 moribund

Anaesthesia

- local
 spinal
 general

Surgical measures

Decompression

- none
 discectomy partial/total
 laminotomy
 hemi-laminectomy
 laminectomy
 facet joint resection partial
 facet joint resection full
 sequestrectomy
 foraminotomy

Fusion promoting measures

- none
 PLIF interbody fusion
 TLIF interbody fusion
 other interbody fusion
 posterolateral fusion
 posterior fusion

Fusion material

- none
 autologous bone harvest
 autologous bone locally procured
 allogenic bone
 allogenic bone + autologous bone marrow
 bone substitute
 BMP or similar

Stabilisation rigid

- none
 interbody stabilisation with cage
 interbody stabilisation with auto-/allograft
 pedicle screws cemented
 pedicle screws uncemented
 facet screws

Other surgical measures

- none
 percutaneous kyphoplasty²
 percutaneous vertebroplasty³
 wound drain

² Select "percutaneous kyphoplasty" if
 - any kind of device was used for vertebral body
 augmentation in addition to cement;
 - a kyphoplasty was combined with a
 vertebroplasty on different levels.

³ Select "percutaneous vertebroplasty"
 if no device was used for vertebral body
 augmentation during the surgery.

Intraoperative adverse event

- none
 cement leakage necessitating intraoperative therapeutic measures
 cement leakage not necessitating any intraoperative therapeutic measures

- nerve root damage
 spinal cord damage
 dural lesion
 vascular injury
 fracture vertebral structures

Measures during index surgery

- none
 suture
 glue
 implant reposition

Intraoperative general complications

- none
 anaesthesiological
 cardiovascular
 pulmonary
 thromboembolism
 death

Extent of surgery

	Decompression	Fusion and stabilisation rigid	Deformity correction	Other surgical measures
Th1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L1/2 or L1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2/3 or L2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L3/4 or L3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L4/5 or L4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L5/S1 or L5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIRIS Spine

Implant barcode stickers
