

## SIRIS Spine – REVISION

= 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

repeat surgery

#### Reason for repeat surgery

- neurocompression     implant failure  
 non-union     adjacent segment pathology  
 instability     hardware removal  
 postoperative infection superficial     spinal imbalance  
 postoperative infection deep     CSF-leak  
 wound healing problem     failure to reach therapeutic goals  
 implant malposition

other

#### Previous surgeries

at same or adjacent level(s)

0     1     2     3     4     >4

#### Current smoker

yes     no     unknown

#### Height

cm

#### Weight

kg

### Surgical procedure

#### Surgery date

dd/mm/yyyy

#### Surgeon name

#### Chop codes

#### Instructed surgery

yes     no

#### Components

yes implantation of a new implant  
 NO no new implants

#### Anterior access

no anterior access     retroperitoneal  
 thoracotomy     transperitoneal  
 transpoas (XLIF)

other

#### Posterior access

no posterior     midline  
 paramedian

#### Allgemeinzustand (ASA)

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

### Surgical measures

#### Decompression

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

other

#### Fusion promoting measures

- none  
 ALIF Interbody fusion  
 PLIF Interbody fusion  
 TLIF Interbody fusion  
 XLIF Interbody fusion  
 other interbody fusion  
 Posterolateral fusion  
 Posterior fusion  
 Ilio-sacral fusion

other

#### Fusion material

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

other

#### Stabilisation rigid

- none  
 interbody stabilisation with cage  
 interbody stabilisation with auto-/allograft  
 vertebral body replacement by cage  
 vertebral body replacement with auto-/allograft

- pedicle screws cemented  
 pedicle screws uncemented  
 facet screws  
 iliac screws

other

#### Deformity correction

- none  
 Ponte/Smith-Petersen  
 PSO  
 VCR

other

#### Other surgical measures

- none  
 vb augmentation with body restoration  
 vb augmentation without body restoration  
 hardware removal  
 wound drain

other

#### Intraoperative adverse event

- none  
 nerve root damage  
 spinal cord damage  
 dural lesion  
 vascular injury  
 fracture vertebral structures

other

#### Measuring during index surgery

- none  
 suture  
 glue  
 implant reposition

other

#### Intraoperative general complications

- none  
 anaesthesiological  
 cardiovascular  
 pulmonary  
 thromboembolism  
 death

other

Extent of surgery	Decompression	Fusion and stabilisation rigid	Deformity correction	Other surgical measures
Th1/2 or Th1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th2/3 or Th2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th3/4 or Th3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th4/5 or Th4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th5/6 or Th5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th6/7 or Th6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th7/8 or Th7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th8/9 or Th8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th9/10 or Th9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th10/11 or Th10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th11/12 or Th11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Th12/L1 or 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"/>
S1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum s2-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coccyx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ilium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SIRIS Spine

### Implant barcode stickers