Date:

Consultant:

ASA grade:

Age:

Scheduled Op date:

Letter dictated by:

Name:

DoB

T number

*Or addressograph label*

|  |  |
| --- | --- |
| **Hernia data:** | **Discussion, issues and outcome:** |
| Number of defects |  |  |
| Maximum transverse diameter of largest hernia on CT (cm) | ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_cm |
| Loss of domain concern*If yes ?proportion viscera extra-abdominal*  | Yes/No |
| Current smoker (OR 2.17) | Yes/No |
| Active infection at time of surgery (OR 2.07) | Yes/No |
| Uncontrolled diabetes (HbA1c > OR 2.01) | Yes/No |
| Ventral hernia working group wound class | I Low riskII Co-morbidIII Potentially contaminatedIV Infected |
| Fistula or presence of stoma (OR 2.65) | Yes/No |
| BMI *>26 Kg/m2 (OR 1.08 per unit BMI)* | Yes/No |
| Previous laparotomy | *Details:* |
| Previous attempted repair of incisonal hernia (OR 2.64) | Yes/No |
|  *(Date; laparoscopic/open; mesh used etc)* |  |

\**OR = Odds Ratio for increased infection risk post-op from CeDAR registry (2015 Journal of American College of Surgeons)*

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| **Proposed Surgery** |
| Bowel resection | Yes/No |
| Components of Separation required | Yes/No |
| *Technique proposed* | Open anterior/ open posterior/ endoscopic anterior/other |
| Skin flaps to be raised | Yes/No |
| Plastic Surgery involvement *e.g. panniculectomy, myocutaneous flap, tissue expansion*  | Yes/No |
| Mesh to be used for repair | Prosthetic / biological / composite |