BSGE 3 Month Follow-Up

1. Length of hospital stay

a) Number of nights: .....

2. Late complications (any event up to 3 months post-surgery)

a) Any late complications?

- □ Yes
- □ No

i) If yes, please tick all that apply:

- □ Anastomotic stricture requiring surgical intervention
- □ Bleeding or haematoma requiring surgical intervention under GA
- □ Blood transfusion (Postop)
- □ Bowel leak managed with antibiotics
- □ Bowel leak managed with IR drainage
- □ Bowel leak requiring ileostomy
- □ Death
- □ Infection managed with antibiotics
- □ Ileostomy related complications requiring surgical intervention
- □ Ileus - managed conservatively
- □ ITU admission (Unplanned)
- □ Nerve injury (not neuropraxia)
- □ Pain requiring readmission/presentation to ED (< 4 weeks post-op) or prolonged hospital stay (>5 days)
- □ Pelvic abscess requiring IR drainage
- □ Pelvic abscess managed with antibiotics
- □ Pelvic abscess requiring surgical drainage
- □ Pelvic haematoma managed with antibiotics
- □ Pelvic haematoma requiring IR drainage
- □ Rectovaginal fistula managed with IR drainage
- □ Rectovaginal fistula requiring surgery
- □ Return to theatre (unclassified)
- □ Thoracic complications related to excision of thoracic/ diaphragmatic endometriosis managed with antibiotics
- □ ITU admission (Unplanned)
- □ Thoracic complications related to excision of thoracic/ diaphragmatic endometriosis managed with IR drainage

- □ Thoracic complications related to excision of thoracic/ diaphragmatic endometriosis requiring surgical intervention under GA
- □ Urinary tract fistula requiring surgical intervention
- □ Urinary tract infection
- □ Vaginal vault dehiscence managed with antibiotics
- □ Vaginal vault dehiscence requiring surgical intervention
- □ Voiding dysfunction - required ISC
- □ VTE managed with anticoagulation
- □ Wound haematoma managed with antibiotics
- □ Wound haematoma requiring drainage under local anaesthesia/ IR
- □ Incisional Hernia requiring surgical repair

3. Histological Confirmation of Endometriosis

a) Histological confirmation of endometriosis?

- □ Yes
- □ No

b) Malignant transformation?

- □ Yes
- □ No

c) If hysterectomy, presence of adenomyosis?

- □ Yes
- □ No