

ABDOMINAL WALL RECONSTRUCTION



York Teaching Hospital
NHS Foundation Trust

Clinical Assessment

PATIENT NAME	DATE:
	GI SURGEON:
	PLASTIC SURGEON:
	REFERRAL SOURCE:

1. Body Dimensions:	Weight (kg)		Height (m)		BMI (kg/m²)	
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Skin Assessment:		Anatomical Measurements (cm)	
Normal	<input type="checkbox"/>	Xi / SP	
Scarring	<input type="checkbox"/>	ASIS / ASIS	
Ulceration	<input type="checkbox"/>	Divarication (cm)	
Redundant Skin	<input type="checkbox"/>	Rectus Tone	
Fistula	<input type="checkbox"/>	Good	<input type="checkbox"/>
Stoma	<input type="checkbox"/>	Poor	<input type="checkbox"/>

	Hernia (s):	Length (cm)	Width (cm)
	1		
	2		
	3		
	4		
	5		
	6		

M and L Zones for Incisional Hernia

<i>Medial</i>			<i>Lateral</i>		
M1	Subxiphoidal	xiphoid to 3 cm caudally	L1	Subcostal	between costal margin and a horizontal line 3 cm above umbilicus
M2	Epigastric	3 cm below xiphoid to 3 cm above umbilicus	L2	Flank	lateral to rectal sheath in area 3 cm above and below umbilicus
M3	Umbilical	3 cm above to 3 cm below the umbilicus	L3	Iliac	between a horizontal line 3 cm below umbilicus and the inguinal region
M4	Infraumbilical	3 cm below umbilicus to 3 cm above pubis	L4	Lumbar	laterodorsal to anterior axillary line
M5	Suprapubic	pubic symphysis to 3 cm cranially	L5		

VHWG Classification:

Grade 1	Grade 2	Grade 3	Grade 4
Low Risk	Comorbid	Potentially Contaminated	Infected
<input type="checkbox"/> Low Risk for complications <input type="checkbox"/> No history of wound infection	<input type="checkbox"/> Smoker <input type="checkbox"/> Obese <input type="checkbox"/> Diabetic <input type="checkbox"/> Immunosuppressed <input type="checkbox"/> COPD	<input type="checkbox"/> Previous wound infection <input type="checkbox"/> Stoma Present <input type="checkbox"/> Violation of G.I.T.	<input type="checkbox"/> Infected Mesh <input type="checkbox"/> Septic Dehiscence

Carolin's Equation for Determining Associated Risks (CeDar):

	Current Risk of Complications (%)
	Target Weight to Reduce Complications (kg)

Investigations:

	Investigation	Results:
<input type="checkbox"/>	HbA1c	
<input type="checkbox"/>	MRSA Screen	
<input type="checkbox"/>	Wound(s)	
<input type="checkbox"/>	Spirometry	
<input type="checkbox"/>	CPX	Anaerobic Threshold:
<input type="checkbox"/>	Endoscopy	OGD: Colonoscopy:
<input type="checkbox"/>	CT Scan	

Clinical Photographs:

<input type="checkbox"/>	Photo Consent Form
<input type="checkbox"/>	Photo Info Booklet

Booklets:

<input type="checkbox"/>	Abdominal Wall Hernia (including STOPPA Mesh Repair and Component Separation technique)
<input type="checkbox"/>	Getting you Fitter for Complex Abdominal Wall Reconstruction Surgery
<input type="checkbox"/>	Recovering from Major Abdominal Surgery

Pre-Operative Management:

Optimisation:

<input type="checkbox"/>	Weight	<input type="checkbox"/> Tier 1: <input type="checkbox"/> Tier 2: Dietician Referral -> Sign Post <input type="checkbox"/> Tier 3: GP to Consider Referral <input type="checkbox"/> Tier 4: GP to Refer
<input type="checkbox"/>	Exercise Regime	<input type="checkbox"/> GP to Refer to Exercise Programme <input type="checkbox"/> Advice in Clinic
<input type="checkbox"/>	Smoking Cessation	<input type="checkbox"/> GP to Refer <input type="checkbox"/> Advice in Clinic
<input type="checkbox"/>	Diabetic Management	<input type="checkbox"/> HbA1c <input type="checkbox"/> Endocrine Referral
<input type="checkbox"/>	Skin Care	<input type="checkbox"/> Moisturise <input type="checkbox"/> Dermatology Referral
<input type="checkbox"/>	Prehabilitation	<input type="checkbox"/> Calf Exercises Advice <input type="checkbox"/> Breathing Exercises Advice <input type="checkbox"/> Leaflet given
<input type="checkbox"/>	Abdominal Binder	<input type="checkbox"/> Issued in Clinic <input type="checkbox"/> Orthotic Referral
<input type="checkbox"/>	Pre-operative Botulinum Toxin	<input type="checkbox"/> Pre-op Botulinum Toxin

Operative Plan:

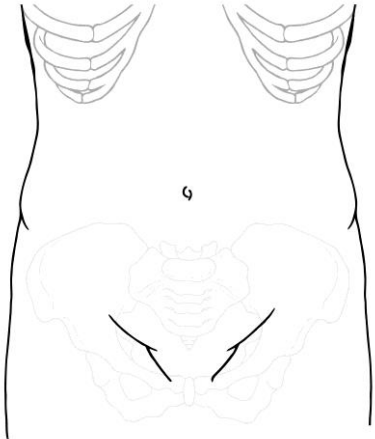
Surgeon(s):

<input type="checkbox"/> General Surgeon	<input type="checkbox"/> Plastic Surgeon	<input type="checkbox"/> Other
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Operative Duration:

Number of Operating Sessions	
Estimated Time (hr)	

Planned Incisions:

	Stoppa Repair:					
	<input type="checkbox"/>	Retro rectus	<input type="checkbox"/>	Pre Peritoneal	<input type="checkbox"/>	TAR
	Component Separation:					
	Right			Left:		
	<input type="checkbox"/>	Open	<input type="checkbox"/>	Open		
	<input type="checkbox"/>	Min Inv	<input type="checkbox"/>	Min Inv		
	<input type="checkbox"/>	None	<input type="checkbox"/>	None		
	Revision of Soft Tissues:					
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	Mesh:					
<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Semi synthetic	<input type="checkbox"/>	Biological	
Product:						
Size:						
Additional Procedures:						
Bowel Prep:						

COPY OF LETTER SENT TO PATIENT

- Current Episode:** 1.
2. Referred by
3. Seen in clinic today by
- Diagnosis:** 1.
- Surgical History:** 1.
- Hernia footprint:** 1. Width - cm
2. Height - cm
3. Covers M
4. Covers L
5. VWHG Classification of Grade

Smoker:
Diabetes:
BMI:

1. Height -
2. Weight -
3. BMI -

CeDAR Calculation:
Target weight loss: 1.
Plan: 1.

Leaflets given: 1. Consent for photography
2. Complex abdominal wall hernia surgery
3. Recovering from major abdominal surgery

Photography: 1. Sent to medical illustrations for photographs today

Dietitian referral: Sent/Seen in clinic by

To the patient:

This is a copy of a letter to health professionals which uses medical terms. A copy is sent to you as a reminder of what was discussed in the clinic, so you know what has been passed on. You may find it useful to keep copy letters and show them to other professionals when you meet them for the first time. Please feel free to discuss anything in this letter when you next come to clinic.