|  |  |
| --- | --- |
| C:\Users\acussans\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\4R8PGAIW\York Abdo Wall Unit logo coloured.jpg | Trust Logo Blue A4 CMYK |

Clinical Assessment

|  |  |
| --- | --- |
| **Patient Name** | **DATE:**  **GI SURGEON:**  **PLASTIC SURGEON:**  **REFERRAL SOURCE:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***1. Body Dimensions:*** | ***Weight (kg)*** |  | ***Height (m)*** |  | ***BMI (kg/m2)*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Skin Assessment:** | | **Anatomical Measurements (cm)** | |
| **Normal** | □ | **Xi / SP** |  |
| **Scarring** | □ | **ASIS /ASIS** |  |
| **Ulceration** | □ | **Divarication (cm)** |  |
| **Redundant Skin** | □ | **Rectus Tone** | |
| **Fistula** | □ | **Good** | □ |
| **Stoma** | □ | **Poor** | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| M:\= EVERYTHING =\= ABDOMINAL WALL RECONSTRUCTION =\Proforma\abdominal hernia diagram.jpg | **Hernia (s):** | **Length (cm)** | **Width (cm)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |

M and L Zones for Incisional Hernia

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medial |  |  | Lateral |  |  |
| 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*** | |
| □ | Low Risk for complications | □ | Smoker | □ | Previous wound infection | □ | Infected Mesh |
| □ | No history of wound infection | □ | Obese | □ | Stoma Present | □ | Septic Dehiscence |
|  |  | □ | Diabetic | □ | Violation of G.I.T. |  |  |
|  |  | □ | Immunosuppressed |  |  |  |  |
|  |  | □ | COPD |  |  |  |  |

Carolinas Equation for Determining Associated Risks (CeDar):

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

Obesity Management Service Referral Criteria:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | | **No** | **Unsure** | **Score** |
|  | | **> 3yrs** | **< 3 yrs** |
| **BMI** | **≥50** | Eligible | |  |  |  |
| **45 – 49.9** | 5 | |
| **35 – 44.9** | 3 | |
| **Pre-diabetes** | | 4 | 5 | 0 |  |  |
| **Type 2 diabetes** | | 4 | 5 | 0 |  |  |
| **Ischaemic heart disease** | | 3 | 5 | 0 |  |  |
| **Non-alcoholic fatty liver** | | 3 | 5 | 0 |  |  |
| **Stroke and cerebrovascular accident unspecified or**  **Transient cerebral ischaemia or**  **Cerebrovascular disease:** | | 3 | 5 | 0 |  |  |
| **Type 1 diabetes mellitus** | | 2 | 0 | 0 |  |  |
| **Obstructive Sleep Apnoea:** | | 2 | 0 | 0 |  |  |
| **Angina pectoris** | | 2 | 0 | 0 |  |  |
| **Generalised osteoarthritis - OA** | | 2 | 0 | 0 |  |  |
| **Diabetes mellitus arising in pregnancy:** | | 2 | 0 | 0 |  |  |
| **Gestational diabetes mellitus:** | | 2 | 0 | 0 |  |  |
| **Chronic obstructive pulmonary disease (COPD) or Asthma:** | | 2 | 0 | 0 |  |  |
| **Hypertensive disease:** | | 2 | 0 | 0 |  |  |
| **Cardiac dysrhythmias** | | 1 | 0 | 0 |  |  |
| **Rheumatoid Arthritis:** | | 1 | 0 | 0 |  |  |
| **Polycystic ovarian syndrome (PCOS)** | | 1 | 0 | 0 |  |  |
| **Acquired hypothyroidism** | | 1 | 0 | 0 |  |  |
| **Gastro-oesophageal reflux (GORD)** | | 1 | 0 | 0 |  |  |
| **Peptic ulcer NOS** | | 1 | 0 | 0 |  |  |
| **Significant back pain (on >2 analgesics, or under pain clinic)** | | 1 | 0 | 0 |  |  |
| **TOTAL ESTIMATED SCORE** | | | | | |  |

Investigations:

|  |  |  |
| --- | --- | --- |
|  | Investigation | Results: |
| □ | **HbA1c** |  |
| □ | **MRSA Screen** |  |
| □ | **Wound(s)** |  |
| □ | **Spirometry** |  |
| □ | **CPX** | Anaerobic Threshold: |
| □ | **Endoscopy** | OGD:  Colonoscopy: |
| □ | **CT Scan** |  |

Clinical Photographs:

|  |  |
| --- | --- |
| □ | Photo Consent Form |
| □ | **Photo Info Booklet** |

Booklets:

|  |  |
| --- | --- |
| □ | Complex AWR |
| □ | **Recovering from Major Abdominal Surgery** |
|  | **Getting You Fitter** |

Pre-Operative Management:

**Optimisation:**

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

Operative Plan:

### Surgeon(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | General Surgeon | □ | Plastic Surgeon | □ | Other |

### Operative Duration:

|  |  |
| --- | --- |
| Number of Operating Sessions |  |
| Estimated Time (hr) |  |

**Planned Incisions:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M:\= EVERYTHING =\= ABDOMINAL WALL RECONSTRUCTION =\Proforma\abdominal hernia diagram.jpg | **Stoppa Repair:** | | | | | | | | | |
| □ | Retro rectus | □ | | Pre Peritoneal | | | □ | | TAR |
| **Component Separation:** | | | | | | | | | |
| **Right** | | | **Left:** | | | | | | |
| □ | Open | | □ | | Open | | | | |
| □ | Min Inv | | □ | | Min Inv | | | | |
| □ | None | | □ | | None | | | | |
| **Revision of Soft Tissues:** | | | | | | | | | |
| □ | Yes | | □ | | No | | | | |
| **Mesh:** | | | | | | | | | |
| □ | Synthetic | | □ | | Semi  synthetic | □ | | Biological | |
| Product: | | | | | | | | | |
| Size: | | | | | | | | | |
| **Additional Procedures:** |  | | | | | | | | | |
| **Bowel Prep:** |  | | | | | | | | | |

**COPY OF LETTER SENT TO PATIENT**

|  |  |
| --- | --- |
| **Current Episode:** | 1. Referred by 2. Seen in clinic today by |
| **Diagnosis:** |  |
| **Surgical History:** |  |
| **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:** |  |
| **Plan:** |  |
| **Leaflets given:** | 1. Consent for photography 2. Getting fitter for surgery 3. Complex abdominal wall hernia surgery 4. Recovering from major abdominal surgery |
| **Photography:** | Sent to medical illustrations for photographs today |
| **Dietitian referral:** | Sent/Seen in clinic by |
| **Prehabilitation clinic:** |  |
| **Website** | <https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/abdominal-wall-reconstruction/> |

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.  You may also find further useful information at: <https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/abdominal-wall-reconstruction/>