Study number: _____ Date of inclusion: ____/____/___

SURGERY CRF

Name first surgeon	_____	_____
Name second surgeon	_____	_____
Date arrival in operating room	___/___/_____	Time arrival in operating room ___:___
Date start anesthesia	___/___/_____	Time start anesthesia ___:___

Procedure

Date start intervention (first incision) ___/___/_____		Time start intervention (first incision) ___:___
Date end intervention (skin closure) ___/___/_____		Time end intervention (skin closure) ___:___
Surgery performed in a hybrid OR	□ No □ Yes □ Unknown	
Device for ICH removal used	□ Artemis® 2.8 mm (Penumbra Inc.) □ Artemis® 2.1 mm (Penumbra Inc.) □ Other: _____	
Neuro-navigation used	□ Brainlab □ Medtronic (StealthStation™)	
Endoscope used	□ LOTTA® (Karl Storz) □ MINOP® (B Braun)	
Irrigation solution used	□ Lactated Ringer's □ Sterofundin □ Other: _____	Estimated amount of irrigation solution used _____ mL
Number of cannisters used	_____ cannisters	
Conversion to craniotomy	□ No □ Yes	
Endoscopic clot appearance	□ Liquefied clot □ Both liquefied and fibrous clot □ Fibrous clot	
Active bleeding during surgery	□ No □ Yes:	If Yes, specify treatment:
Specify: Focal bleeding	□ No □ Yes	□ Bleeding control by irrigation only
Diffuse bleeding	□ No □ Yes	□ Bleeding control by electrocautery □ Bleeding control by adjunct hemostatic agent (Floseal®)
Estimated percentage ICH volume reduction		_____%
External ventricular drain (EVD) placement		□ No □ Yes
Surgery resumed or restarted after residual hemorrhage on post-operative control NCCT?		□ No □ Yes
Per-procedural complications	□ No □ Yes:	If Yes, **please fill out (SA)E form** and specify: Seizure(s) □ No □ Yes Hemodynamic instability □ No □ Yes Device deficiency □ No □ Yes Other: _____
Lowest blood pressure during surgery *(blood pressure during induction and termination of anesthesia excluded)*		
Systolic blood pressure _____ mm Hg		Diastolic blood pressure _____ mm Hg
Highest blood pressure during surgery *(blood pressure during induction and termination of anesthesia excluded)*		
Systolic blood pressure _____ mm Hg		Diastolic blood pressure _____ mm Hg

Perioperative medication administration

Anticoagulant/coagulopathy reversal agents:		
Platelet transfusion	□ No □ Yes:	time of administration: ___:___
Tranexamic acid	□ No □ Yes:	time of administration: ___:___
Desmopressin (DDAVP®)	□ No □ Yes:	time of administration: ___:___
Other (e.g. erythrocyte transfusion, fibrinogen, fresh frozen plasma)	□ No □ Yes:	Specify: _____ time of administration: ___:___
Intracranial pressure lowering drugs:		
Hypertonic saline	□ No □ Yes:	time of administration: ___:___
Mannitol	□ No □ Yes:	time of administration: ___:___
Dexamethasone	□ No □ Yes:	time of administration: ___:___ Dosage ___.___ mg

NB: Check whether given by anesthesiologist at induction of anesthesia

Other study procedures

Did you perform a non-contrast CT-scan directly after surgery?	□ No □ Yes
Did you collect a hematoma aspirate sample for the CONTRAST Biobank? *(DIST-INFLAME sub-study only)*	□ No □ Yes □ NA

(S)AE Check after surgery

Did the patient experience one or more (serious) adverse (device) event(s) during surgery?	□ No □ Yes **(if yes, please complete (S)AE form(s))**