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

*Patient sticker/label;*

*OR:*

*Patient name: _____ +*

*Patient ID: _____*

# DUTCH ICH Surgery trial (pilot): SURGERY CRF

| | | |
|---|---|---|
| **Pre-operative** | | |
| 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 cut) | ___/___/_____ | |
| Time start intervention (first cut) | ___:___ | |
| Surgery performed in a hybrid OR | □ No □ Yes □ Unknown | |
| Device for ICH removal used | □ Penumbra Artemis<br>□ Penumbra Apollo<br>□ Other:_____ | |
| Neuro-navigation used | □ Brainlab<br>□ Medtronic<br>□ Other:_____ | |
| Endoscope used | □ Storz<br>□ Minop (Bbraun)<br>□ Other:_____ | |
| Conversion to craniotomy | □ No □ Yes □ Unknown | |
| Active bleeding during surgery | □ No □ Yes □ Unknown | |
| ICH during surgery | □ No □ Yes □ Unknown | |
| Re-bleeding during surgery | □ No □ Yes □ Unknown | |
| ICH volume remaining (% ) (estimated, after evacuation) | _____% | |
| Per-procedural complications | □ No □ Yes | If Yes, **please fill out SAE form** and specify:<br>Seizure(s) □ No □ Yes<br>Hemodynamic instability □ No □ Yes<br>Other □ No □ Yes<br>*If yes, specify:* _____ |
| Surgery resumed or restarted after residual hemorrhage on control NCCT? | | □ No □ Yes □ Unknown |
| **Lowest blood pressure during surgery** | | |
| Systolic blood pressure _____ mm Hg | | Diastolic blood pressure _____ mm Hg |
| **Highest blood pressure during surgery** | | |
| Systolic blood pressure _____ mm Hg | | Diastolic blood pressure _____ mm Hg |
| **Closure** | | |
| Date skin closure | ___/___/_____ | |
| Time skin closure | ___:___ | |

## (S)AE Check after surgery

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