1. Personal data

Social security number:………………………………….
Name:………………………………………………..
Date of birth:………………………………….
Phone number:………………………………………..
Gender: Female / Male

2. Endoscopic intervention

Date of intervention:………………..

Is the patient treated in hospital now? yes / no / N/A

        If yes, in which department: ………………………………….

Was the stent insertion technically succesful during the intervention? yes / no / N/A

What type of stent was inserted?
plastic pigtail, lumen apposing metal stent, biliary metal stent, fully-covered self-expandable metal stent, other: …………………

Type of stent: Hot Axios, Nagi, Changzou Heal Med. Device, other:……………………………

Was sample taken from WOPN? yes / no / N/A

What kind of pathogenic agent was identified from the sample?
…………………………….……………………………………

Was necrosectomy done during the intervention?

        yes / no

        partial / complete

Was nasocystic drain inserted? yes / no

        If yes, what kind of fluid was used for irrigation?

                antibiotic: ……………………

                type of infusion solution: ………………………….

        If yes how long was the nasocystic drain used?………………………….(days)

Was necrosectomy carried out during other interventions? yes / no

        If yes, how many times? ....

        When? …………………………………

Country:

City:

Hospital:

Doctor:

Blood sample code:

Date of blood sampling:

Immediate complications

Mortality? yes / no

       if yes: time of death:………………..

              cause of death:……………

Organ failure:………….igen/nem/nincs adat(EV)

       if yes: lung / kidney / heart / other

Bleeding**:** yes / no / N/A

       if yes, intervention was needed? yes / no / N/A

Perforation**:** yes / no / N/A

       if yes, intervention was needed? yes / no / N/A

Stent migration: yes / no / N/A

Length of hospital treament after endoscopic drainage:…..……….(days)

Length of intensive care treatment**:**……..(days)

Other complications: ………………

Removal of the stent: endoscopically / spontaneously

Date of stent removal: ……………………….

Size of WOPN at the time of stent removal:……………………….. (cm)