TM WOPN REGISTRY
PANCREATIC STUDY GROUP

1. Personal data

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

Country:

City:

Hospital:

Doctor:

Blood sample code:

Date of blood sampling:

2. Surgical intervention

Date of intervention: ………………..

Technique of intervention: laparoscopy / laparotomy / VARD (videoscope assisted retroperitoneal debridement)

Type of intervention: necrectomy/other (specify)……………………………….

Complications at surgical intervention

 Mortality? yes / no

 if yes: time of death:………………..

 cause of death:……………

 Bleeding?   yes / no

 Perforation? yes / no

 Other: ………………..

Before surgical intervention does any other intervention or drainage was done on WOPN? yes / no

 If yes, what kind of intervention was performed? endoscopic drainage / percutaneous drainage / other: ..…………………..

Observation at intensicve care unit was necessary at surgical intervention? yes / no

 if yes, how many days? ……….(days)

The date of emission after surgical intervention: …………………..

The date of the removal of the drain or stent: ……………………