



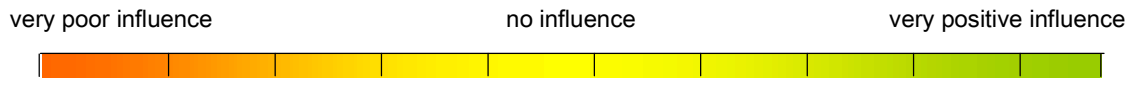
GerOSS: Data set for hysterectomy (not related to uterine rupture)

<p>1. Hospital: City: _____ Name of the hospital: _____</p> <p>1.1 Case number: _____ (for example: 1/2010)</p>	Data set identifier
<p>1. Mother Date of admission: ____ . ____ . ____ (dd.mm.yyyy) Time ____ . ____ (hours: minutes)</p>	Pregnant woman (social / demographic data)
<p>2. Mother Year of birth: ____ (yyyy) Zip code city of residence: ____ (the first 4 digits)</p>	
<p>3. Has the pregnant woman migration background: <input type="radio"/> Yes <input type="radio"/> No</p> <p>3.1 Influence of the migrational background on pregnancy and birth? (e.g. religion, language)</p> <p style="text-align: center;"> very poor influence no influence very positive influence </p>  <p>3.2 Comments: _____ _____ _____</p>	
<p>4. Does the social background influence pregnancy and birth? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4.1 Influence of the social background on pregnancy and birth? (e.g. family, occupation)</p> <p style="text-align: center;"> very poor influence no influence very positive influence </p>  <p>4.2 Comments: _____ _____ _____</p>	

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5. Does education level influence pregnancy and birth? Yes No
 (for example school education, profession, university)

5.1 Influence of the education level on pregnancy and birth?



5.2. Comments: -----

6. Marital status: unmarried / single married cohabiting

7. Health Insurance: statutory health insurance other insurance

8. Height at initial examination during pregnancy: ___ cm

9. Weight at initial examination during pregnancy: __, __ kg

10. Did the pregnant women ever smoke? Yes No

10.1 If Yes, please specify how many cigarettes: ___

10.2 Does exist nicotine addiction of clinical relevance? Yes No

1. Number of completed previous pregnancies: ≥ 24 weeks __ < 24 weeks __

1.1 Did the woman have any complications during previous pregnancies? Yes No

If Yes, please specify: _____ ICD 10 _____ ICD 10
 _____ ICD 10 _____ ICD 10

1.2 Comments: -----

Anamnesis

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2. Previous uterine surgery Yes No Number __

If Yes, please specify:

Myomectomy? Yes No Number __

Was the cave sealed? Yes No

Type of myomectomy: transmural with ectomy off the cave

Surgery of an uterine rupture? Yes No Number __

Vaginal surgery? Yes No Number __

If Yes, please specify:

Type of vaginal surgery: dilatation and uterine curettage surgical abortion
 suction curettage **(Ausschabung)**

Surgery of uterine malformation? Yes No Number __

If Yes, please specify:

Type of uterine malformation: uterus bicornis septate uterus other

Other surgery? Yes No Number __

If other, please specify _____

3. Previous uterine perforation? Yes No

If Yes, treated? Yes No

3.1 Please specify treatment of perforation if any? _____

3.2 Comments: _____

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4. Previous caesarean sections? Yes No

4.1 Last delivery by caesarean section? Yes No

If Yes, please specify how many caesarean sections? Number__

Attachment1 (Information about previous caesarean sections) fill in!

1. Expected date of delivery: __. __. ____ (dd.mm.yyyy)

2. Is the current pregnancy a multiple pregnancy? Yes No

If yes, please specify number of fetuses __

3. Were there any problems during this pregnancy? Yes No

If Yes, please specify: _____ ICD 10 _____ ICD 10
_____ ICD 10 _____ ICD 10
_____ ICD 10

3.1 Comments: _____

4. Was the pregnant women treated in the gynaecological hospital during this pregnancy? Yes No

If Yes, please specify number of days in hospitals __ days

5. Was placenta praevia diagnosed prior to delivery? Yes No

If Yes, please specify the type: plazenta accreta plazenta increta plazenta percreta

5.1 Leave plazenta unchanged? Yes No

If Yes, please specify level? Total Subtotal

Current pregnancy

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6. Admission in hospital: date: ____ . ____ . ____ (dd.mm.yyyy) Time ____ . ____ (hours: minutes)

6.1 Admission done by: obstetrical assistant doctor other

6.2 Diagnosis for admission: _____ ICD 10 _____ ICD 10
 _____ ICD 10 _____ ICD 10
 _____ ICD 10

6.3 Treatment at admission: _____

6.4 Comments: _____

1. Was delivery induced? Yes No

1.1 Indications: _____ ICD 10 _____ ICD 10
 _____ ICD 10 _____ ICD 10

1.2 Was prostaglandin used? Yes No

If Yes, please specify with? vaginal gel, PEG 1 und 2 prostaglandin p.o
 vaginal tablet, PEG 1 und 2 prostaglandin i. v.

1.3 Comments: _____

2. Did the woman labour? Yes No

2.1. Date and time of onset of labour : ____ . ____ . ____ (dd.mm.yyyy) time ____ . ____ (hours: minutes)

3. Was given oxytocin? Yes No

If yes, please specify period ____ . ____ (hours: minutes)

Delivery / hysterectomy

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4. Appears haemorrhage? Yes No
- If Yes, please specify point of time: Date ____ . ____ . ____ DD/MM/YYYY time ____ . ____ (hours: minutes)
- 4.1 Reason for haemorrhage? atonic haemorrhage plazenta accreta
 uterine infection uterine rupture
 extension of caesarean scar
- 4.2 Diagnosis by obstetrician assistant doctor other
- 4.3 Other reason for haemorrhage? _____

5. Emergency? Yes No
- 5.1 Therapy:
- oxytocin infusion methergin prostaglandin PEG 1
 rekombinant faktor VII embolization prostaglandin PEG 2
 interne lilius aterial ligation uterin aterial ligation intrauterine balloon compression
 cerclage intra abdominal pressure
- 5.2 Other measures _____

6. Caesarean section? Yes No
- 6.1 MM-width ____ cm
- 6.2 Indication _____ ICD 10 _____ ICD 10
- 6.3 Surgeon obstetrician assistant doctor

7. Hysterectomy in same procedure? Yes No
- If Yes, please specify Date ____ . ____ . ____ (dd.mm.yyyy) time ____ . ____ h/min
- 7.1 Degree of hysterectomy? total subtotal
- 7.2 Type of hysterectomy? elektiv emergency

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8. Pathological examination of the uterus? Yes No

8.1 Results -----

9. Further therapy? Yes No

If Yes, please specify: -----

9.1 Addition explanations (if possible please describe time sequence of events / measures):

10. Were any of the following organs damaged after hysterectomy? Yes No

cervix	<input type="radio"/> Yes	<input type="radio"/> No	bladder	<input type="radio"/> Yes	<input type="radio"/> No
ureter	<input type="radio"/> Yes	<input type="radio"/> No	bowel	<input type="radio"/> Yes	<input type="radio"/> No

11. Were given blood products? Yes No

If Yes, number units of blood:

packed red cells _____ fresh frozen plasma (FFP) _____ thrombocytes _____
Factor II _____ Factor VII _____ whole blood transfer _____ ml
Other _____

11.1 Blood products refused? Yes No

11.2 Comments: -----

Delivery / hysterectomy

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1. Treatment of the mother after delivery:

1.1 Fever after delivery? Yes No

If yes, please specify diagnosis _____ ICD 10

2. Was the women transferred to another hospital / unit? Yes No

If Yes, please specify where to? another special unit another hospital

Intensive Care Unit (ICU)

If Yes, please specify date __. __. ____ (dd.mm.yyyy) time __. __ (hours: minutes)

2.1 Decided by obstetrician assistant doctor other

2.2 Total duration of stay at hospital: __ days

2.3 Maternal morbidity

_____ ICD 10 _____ ICD 10

_____ ICD 10 _____ ICD 10

_____ ICD 10 _____ ICD 10

2.4 Treatment (free text) _____

2.5 Comments (if possible please describe time sequence of events / measures):

3. Was the mother discharged? Yes No

If Yes, please specify date __. __. ____ (dd.mm.yyyy) time __. __ (hours: minutes)

Treatment of mother after delivery

**treatment of
mother after
delivery**

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4. Did the mother die? Yes No

If Yes, please specify date ___ . ___ . ____ (dd.mm.yyyy) time ___ . ___ (hours: minutes)

4.1 What were the primary underlying causes of maternal death (in accordance to the death certificate)

----- ICD 10 ----- ICD 10

4.2 Was an autopsy carried out on the woman? Yes No

If Yes, please specify clinically indicated Yes No

Or by law Yes No

4.3 Comments (if possible please describe time sequence of events / measures):

1. Number of multiples children (current delivery): ___
sequential number of multiple: ___

2. Date and time of delivery: date ___ . ___ . ____ (dd.mm.yyyy) time ___ . ___ (hours: minutes)

2.1 Mode of delivery:

- spontaneous vaginal
- lift-out forceps
- pre-labour caesarean- section
- ventouse
- forceps -rotatiry
- caesarean section after onset of labour
- other

2.2 Birthweight: _____ g

3. Was the infant stillborn? Yes No

If yes, please specify time of death:

- ante partum
- sub partum
- time of death is Unknown

Child (for multiples: dataset per each multiple; duplicate)

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3.1 5 min Apgar _____ bicarbonate: _____ pCO₂: _____
umbilical arteries pH: _____ lactate: _____
umbilical vein pH : _____ base excess: _____

4. Was the infant transferred to a neonatal unit (NICU)? Yes No
If Yes, please specify date __ . __ . ____ (dd.mm.yyyy) time __ . __ (hours: minutes)
If Yes, please specify duration of stay at NICU: ____ days

5. Medical complications of the child: whole blood transfer chronically lung disease
 congenital malformations serious infection(e.g. sepsis or meningitis)
 icterus (fototherapy necessary) intracerebral haemorrhage
 nectotising enterocolitis neonatale encephalopathy
 adult respiratory distress
 other

5.1 Treatment _____

6.1 Did the infant die? Yes No
If yes, please specify date __ . __ . ____ (dd.mm.yyyy) time __ . __ (hours: minutes)

6.2 Primary causes of death (in accordance to death certificate):
 chronically lung disease congenital malformations
 nectotising enterocolitis severe infection,(e.g. sepsis or meningitis)
 icterus (fototherapy necessary) intracerebral haemorrhage
 neonatal encephalopathy adult respiratory distress syndrome (ARDS)
 other

6.3 Comments: _____

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Attachmant 1to sectio caesarea at previous pregnancy .

Please fill out for any previous section!

1. Sectio

1.1 Date ____ DD/MM/YYYY Gestational age __ weeks Indication _____

1.2 Sectio of labour start? Yes No

1.3 Uterus inzision: transverse zision section with one pasterolateral corner (L-form)
 section with two pasterolateral coruvs (reversed T) disruption
 premature section other

1.4. Uterine suture: single layer, Einzelknopfnah single layer, fortlaufende Naht
 double layer unknown

1.5 Postpartum morbidity: not any wound infection Endometriosis other

2. Sectio

2.1 Date ____ DD/MM/YYYY gestationage __ weeks Indication _____

2.2 Pre-labour caesarean section? Yes No

2.3 Uterus inzision: transverse zision section with one pasterolateral corner (L-form)
 section with two pasterolateral coruvs (reversed T) disruption
 premature section other

2.4. Uterine suture: single layer, Einzelknopfnah single layer, fortlaufende Naht
 double layer unknown

2.5 Postpartum morbidity: not any wound infection Endometriosis other

Sectio casarea

3. Sectio

3.1 Date ____ . ____ . ____ DD/MM/YYYY gestationage __ weeks Indication _____

3.2 Pre-labour caesarean section? Yes No

3.3 Uterus inzision: transverse zision section with one pasterolateral corner (L-form)
 section with two pasterolateral coruvs (reversed T) disruption
 premature section other

3.4. Uterine suture: single layer, Einzelknopfnah
 double layer single layer, fortlaufende Naht
 unknown

3.5 Postpartum morbidity: not any wound infection Endometriosis other

4. Sectio

4.1 Date ____ . ____ . ____ DD/MM/YYYY gestationage __ weeks Indication _____

4.2 Pre-labour caesarean section? Yes No

4.3 Uterus inzision: transverse zision section with one pasterolateral corner (L-form)
 section with two pasterolateral coruvs (reversed T) disruption
 premature section other

4.4. Uterine suture: single layer, Einzelknopfnah
 double layer single layer, fortlaufende Naht
 unknown

4.5 Postpartum morbidity: not any wound infection Endometriosis other