The EHS Open Abdomen Registry

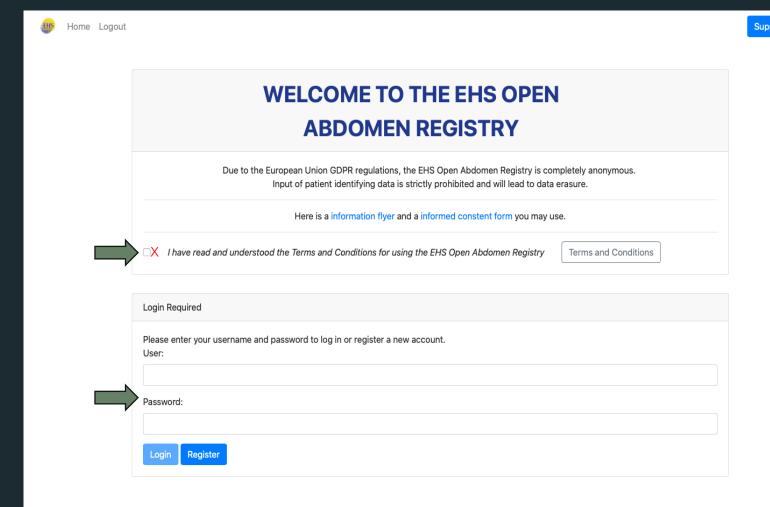




www.ehs-openabdomen.com

Create an account by clicking "Register"

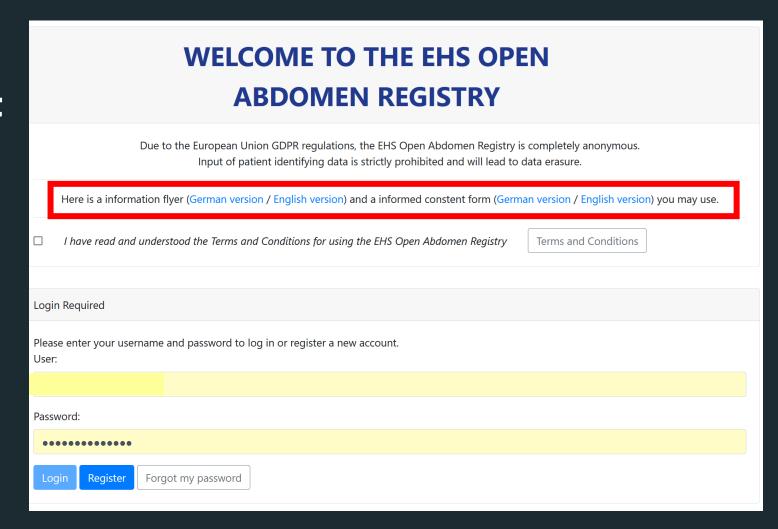
Don't forget to accept the terms of use by ticking the box before you can log in or register.



Important!

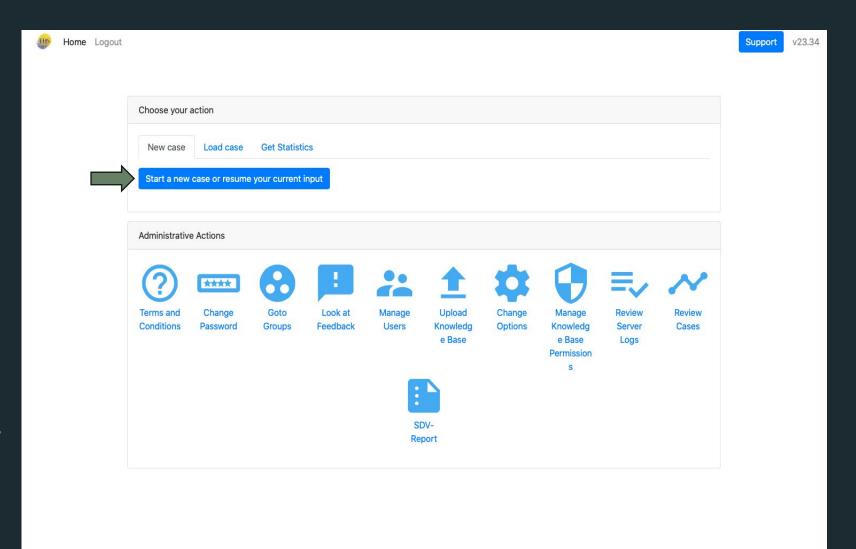
Please make sure to obtain **informed consent** from your patients or the legal representatives.

You may use the provided forms on the landing page and modify them according to your local regulations and corporate design.



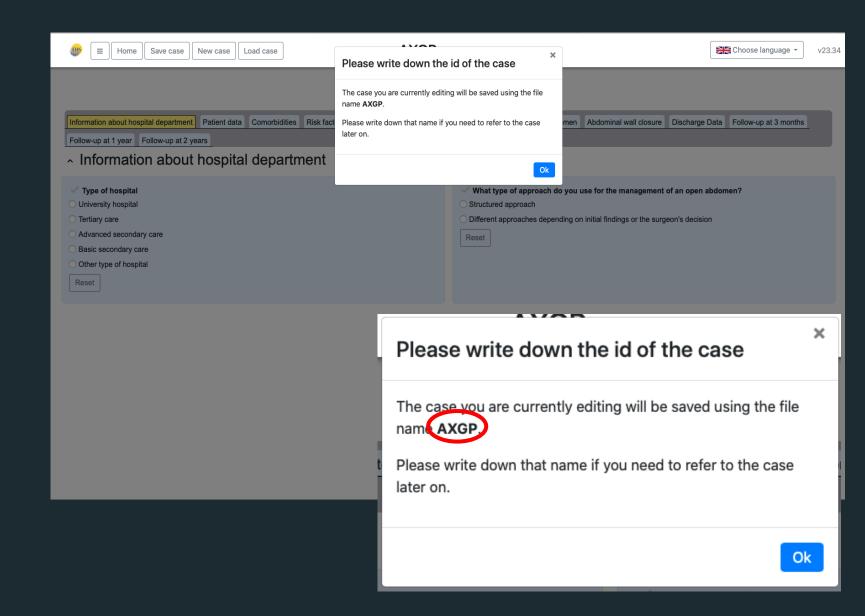
Main menu

- Create a new case
- Get back and add/change data in already started cases
- Retrieve a data file of your entered cases



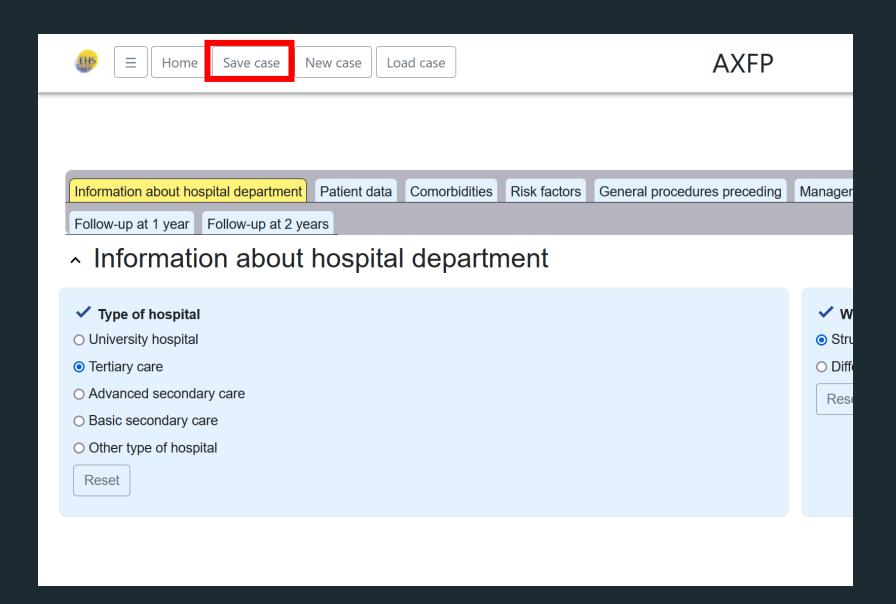


Each new case has got an assigned ID. Please write them down to identify your cases.





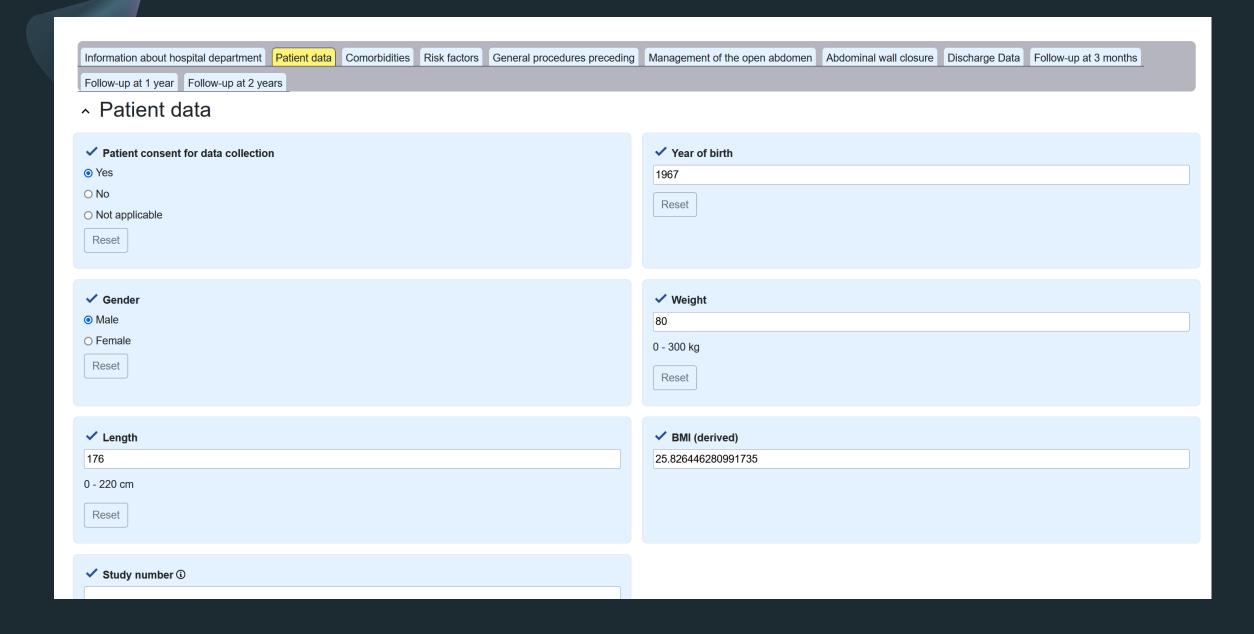
Don't forget to save your changes to the data regularly.





- Hospital information
- Patient information
- Comorbidities
- Risk factors
- OAT indication
- OAT management
- Fascial closure
- Discharge
- Follow up

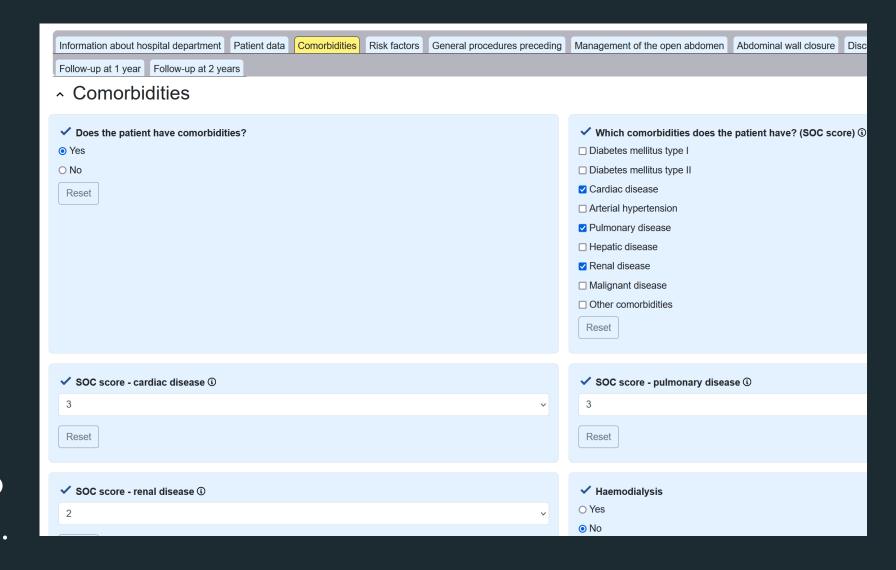
Patient data



Comorbidities

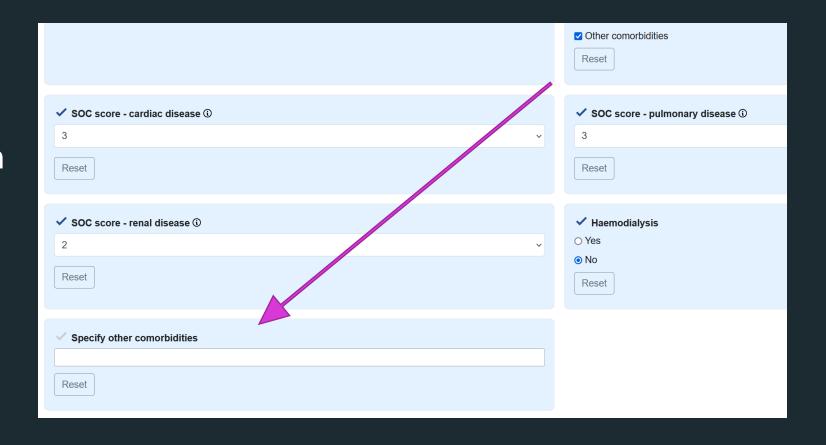
If the patient has no comorbidities, you will be directed to the next category. If yes, more fields to enter the data will appear.

Additional information is available via the info icon (e.g. for scores).



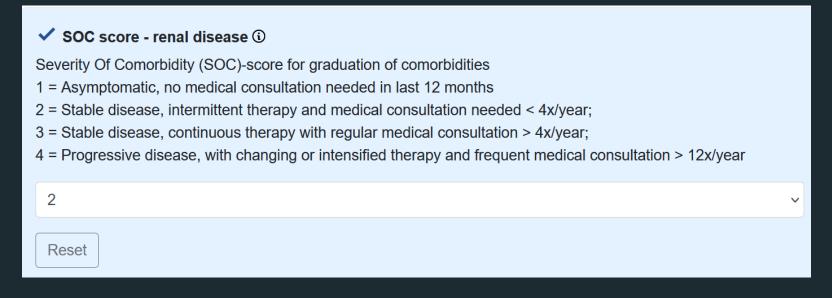
Comorbidities

Other comorbities can be specified in a free text field.



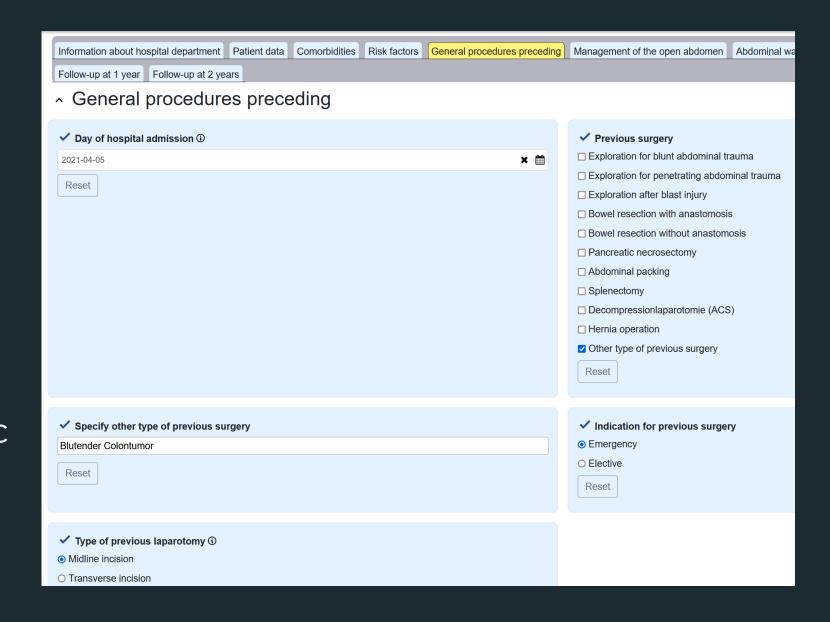
Comorbidities

Categorized comorbidities are asked to be graded according to there severety (SOC score)



General procedures preceding

Previous surgery is considered to be a procedure that leads to secondary surgery with the need for OAT (e.g. bowel resection with anastomosis, anastomotic leakage and OAT due to secondary peritonitis)

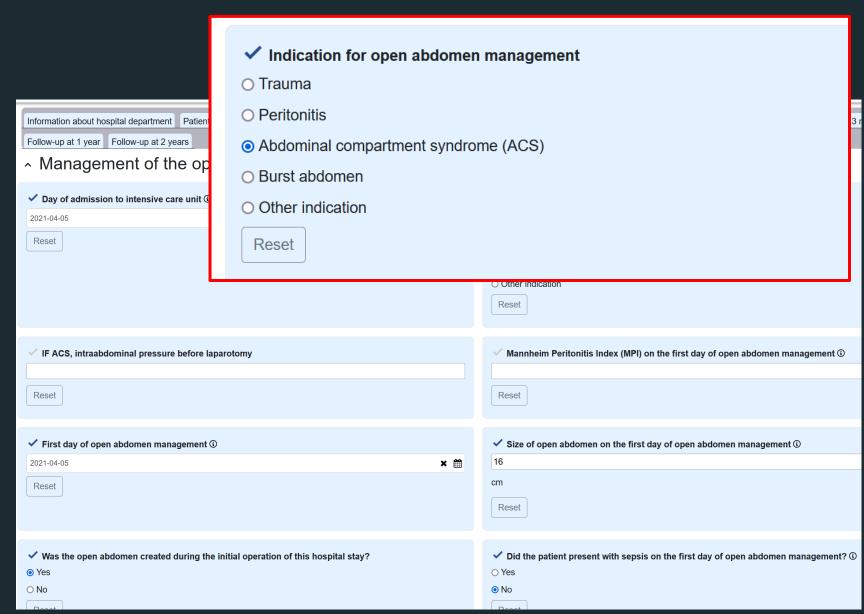


Management of the open abdomen

This is a key category of the registry.

Please take care of entering the correct dates.

The indication of the OAT can be given as trauma, peritonitis, ACS, burst abdomen or other (free text)



Three keyquestions of open abdomen management

1. Which material has direct contact to the intestines?

- 2. Fascial traction applied?
- 3. Negative-pressure wound therapy used?

- ✓ Type of OA management (Part I): What material is in direct contact with the viscera?
- Surgical towels placed directly over the viscera
- O Plastic sheet placed over the viscera (second layer can consist of surgical towels or hook and loop sheets)
- Specific type of visceral protection (e.g. KCI, Suprasorb)
- O Vicryl mesh placed directly over the viscera
- O Biological mesh placed directly over the viscera
- Other type of dressing or protection

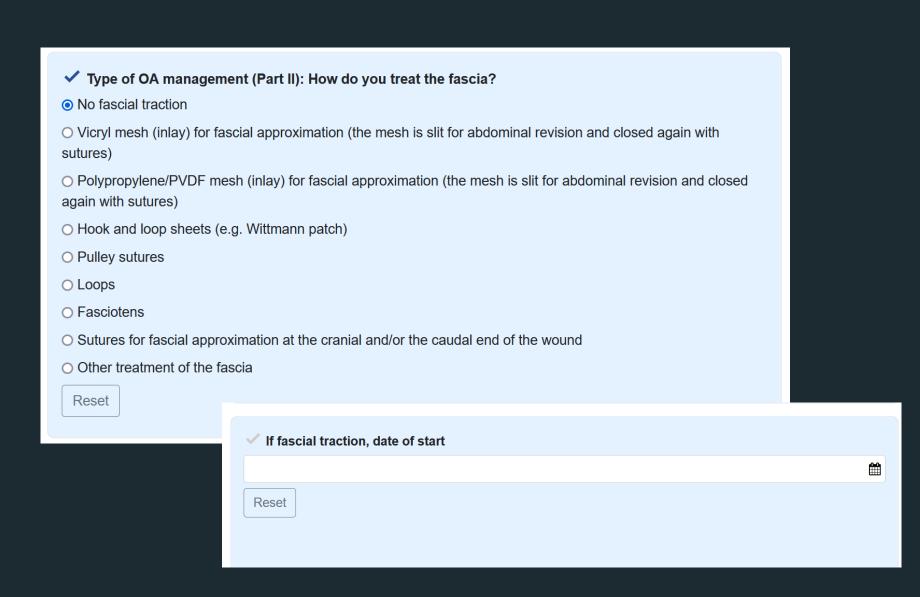
Reset

Three keyquestions of open abdomen management

1. Which material has direct contact to the intestines?

2. Fascial traction applied?

3. Negative-pressure wound therapy used?



Three keyquestions of open abdomen management

- 1. Which material has direct contact to the intestines?
- 2. Fascial traction applied?
- 3. Negative-pressure wound therapy used?



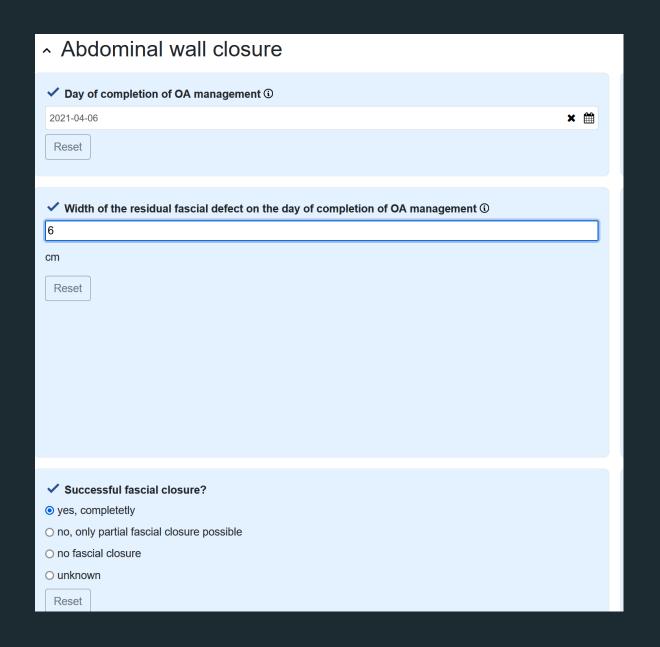


- Mannheim Peritonitis Index (MPI)
- APACHE II
- Injury Severity Score (ISS)
- Clavien-Dindo classification
 - Björck classification (amended version of 2016)

Abdominal wall closure

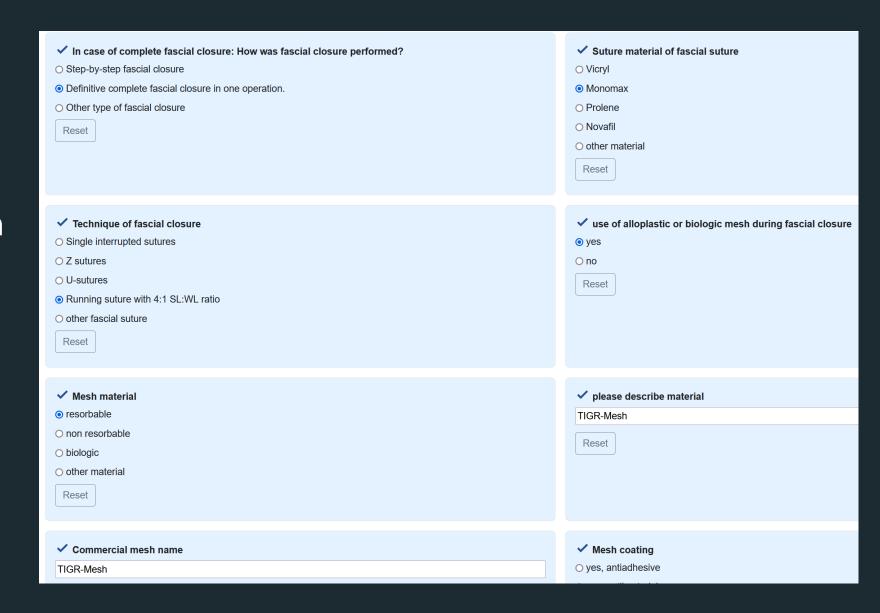
Residual dehiscence on the day of end of the OAT

Dehiscence is referred to as the gap (cm) between the facial edges, not the incisional length.



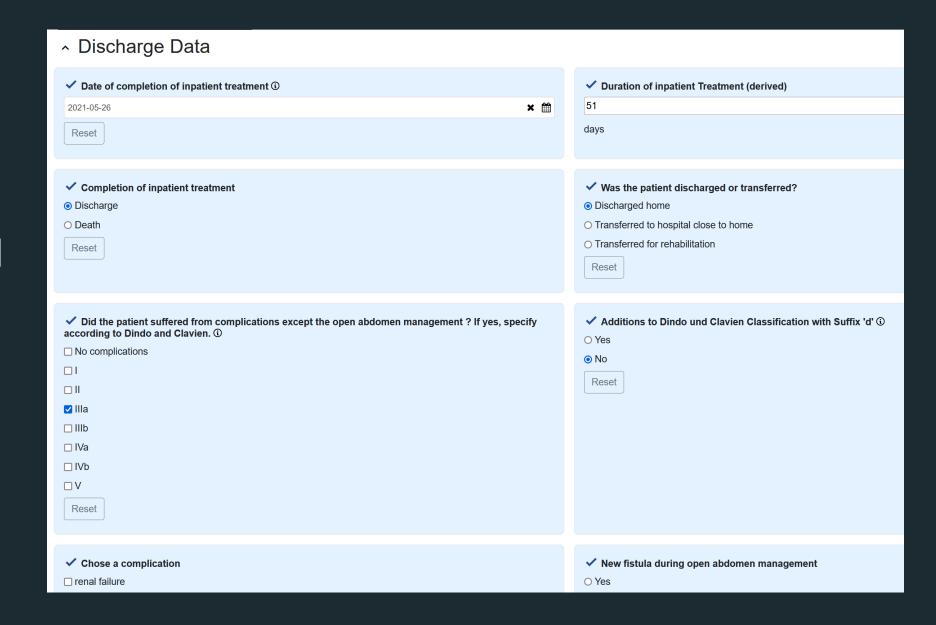
Abdominal wall closure

Detailed information on how fascial has been performed



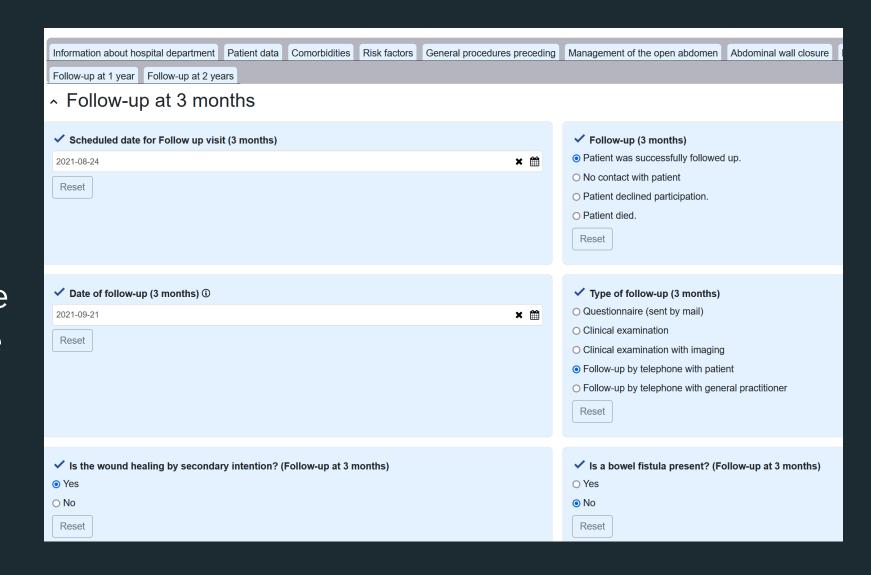
Outcome - Discharge data

Information on complications and fistula development



Follow-ups after 3 months, 1 and 2 years

The follow up can be done by telephone, or more reliable if the patient reports to the outpatient unit. Nine follow up questions are asked. The data can be entered later via "Load case" in the main menu.





Thank you for your contribution!

In case you you encounter difficulties or have any questions, write us an email!

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