

Fistula Day first cohort

Please complete the survey below. Do not leave any questions blank

Thank you! for your valuable participation.

Country

City

Site Demographics

NAME OF HOSPITAL

What is the level of attention of your institution?

- General hospital
 - High specialty center
-

What is the monthly average of postoperative patients who get admitted in your institution?

- 1-2
 - 3-4
 - >4
-

Does your Hospital have an intensive care unit?

- YES
 - NO
-

Is there a multidisciplinary clinical nutrition team in your hospital?

- YES
 - NO
-

How many beds does your hospital have?

- 1-50
- 51-100
- 101-200
- 201-300
- 301-400
- 401-500
- >500

Is there an intestinal failure unit or a specialized and highly trained unit dedicated to the treatment of postoperative fistulas?

- YES
 NO

If you are the physician How much experience do you consider to have in the management of leaks/fistulas?

- Expert
 High
 Medium
 Low
 None

PATIENT SPECIFICATIONS

SEX

- MALE
 FEMALE

Patient report number (given by institution)

It is highly important that each institution gives a specific report number to each patient that will participate in the study. This number will continue to be the same along the three cohorts, that way it will allow us to have an adequate follow up and set them apart from the hundreds of reports in the platform.

e.i; Texas General Hospital: Total number of patients reported: 2

1st Cohort: Patient 1, Patient 2
2nd Cohort: Patient 1, Patient 2
3rd Cohort: Patient 1, Patient 2

Age

Duration of in hospital stay at the time of the survey? (days)

- 0-30
 30-60
 >60

The primary diagnosis refers to the diagnosis for which the patient was admitted to the hospital, if the patient meets the inclusion criteria it would have a diagnosis such as:

i.e: Enterocutaneous Fistula
Enteroatmospheris Fistula
Postanastomotic Leak

Primary diagnosis

Additional diagnosis

Comorbidities

- Cancer
- Diabetes Mellitus
- Obesity post bariatric surgery
- Autoimmune disease
- Heart disease
- Inflammatory Intestinal disease
- Others
- The patient doesn't have comorbidities

Does the patient have previous bariatric surgery?

- YES
- NO

Does the patient smoke cigarettes or use tobacco?

- Smoke cigarettes
- Use tobacco
- Both of them
- None of them

is the patient receiving steroid therapy?

- YES
- NO

has the patient been treated with abdominal radiotherapy?

- YES
- NO

Location of fistula

(You may choose more than one option. Be as specific as possible.)

- Esophagus
- Stomach
- Proximal small intestine
- Distal Small intestine
- Colon
- Rectum
- Other
- Unknown

The postoperative fistula occurred in
(You may choose more than one option)

- Emergency surgery
- Elective surgery
- Digestive tract cancer
- Intestinal obstruction
- Hostile abdomen
- Abdominal trauma
- Secondary to inflammatory intestinal disease
- Other

Was the patient managed with open abdomen technique?

- YES
- NO

What was initially used?

(You may choose more than one option)

- Bogota Stock Exchange
- Mesh
- V.A.C system (Negative wound pressure)
- Wittmann Patch

During the intervention, Was any anastomosis or gastrointestinal tissue repair performed?

- Yes
- No

What type of anastomosis or tissue repair was performed?

- 1st Plane
- 2nd Plane
- Mechanical

if there was intestinal discharge from the anastomosis or tissue repair, did it exteriorize by one of the following?

- Drainage of abdominal cavity
- Drainage of abdominal cavity and surgical wound
- It did not exteriorize (difusse peritonitis)

Were there clinical manifestations of the fistula within the first 5 days of the postoperative recovery

- YES
- NO

Did you use a CT scan with oral contrast to corroborate the fistula diagnosis?

- YES
- NO

Did you surgically intervene the patient in an early manner? (first 7 days)

- YES
- NO

Did the fistula appear after draining an abscess?

- YES
 NO

How was the drainage performed?

- Spontaneously
 Surgically
 Percutaneously

Is it an entero-atmospheric fistula?

- YES
 NO

How did you treat it?

- Negative wound pressure
 Rivera`s Condom
 Suction without negative pressure
 Other

How much output was the drainage of the fistula on the day previous to the survey?

- < 500 ml
 >500 ml
 It was not quantified

What was the patient`s C-reactive protein value? If requested. (mg/L)

- < 0.56
 0.56 -4
 5-50
 51-100
 101-200
 >200

It is highly important that you report the patient`s height in centimeters so that it can be calculated automatically.

i.e: Height 1.80 meters, must be reported 180.

Height (cm)

Weight (Kg)

BMI (kg/mt2)

Circumference of the patient`s gastrocnemius (cm)

If the patient is being managed by oral route. Does the patient have decreased food intake?

- YES.
 NO.
 The patient is not being managed by oral route.

Under which of the following categories does it fall?

- < 50% of energetic requirement >1 week
 < 75% of energetic requirement >2 weeks
 Other

Does the patient have chronic gastro-intestinal malabsorption ?

- YES
 NO

Has the patient experience weight lost compared to his/her usual body weight?

- Yes
 No

What percentage of the total body weight has been lost?

- 5%
 5-10%
 10-15%
 >20%

What is the time frame in which the weight loss occurred?

- 1 week
 1 month
 3 months
 6 months
 1 year

Did you follow any clinical guidelines?

- Yes
 No

Did you follow any of the following clinical guidelines or recommendations for the management?

- Recommendation of a special interest group from ESPEN about management of acute intestinal failure
 ASPEN-FELANPE clinical Guidelines Nutrition support of adult patients with enterocutaneous fistula
 Mexican consensus on the integral management of digestive tract fistulas.
 Mexican Clinical guidelines of Hostile Abdomen
 SOWATS
 SNAP
 SIVACO
 CHAPMAN
 Other
 None of them above

Do you have your own management?

- YES
 NO

Is the patient in total fasting?

- YES
 NO

Please fill in the value of the patient's albumin at the moment of the survey (g/dL)
(if albumin was requested))

- < 0.5
 0.5-1
 1.1-2
 2.1-3
 3.1-4
 >4

Type of artificial nutrition administered

- Parenteral Nutrition
 Enteral Nutrition
 Peripheral Parenteral nutrition
 Parenteral nutrition + Enteral nutrition

What kind of formula was used?

- Standardized bag
 Individualized bag

Is the patient being treated with glutamin?

- YES
 NO

What route did you use?

- Oral
 Enteral
 Parenteral
 Oral + Enteral
 Oral + Parenteral
 Enteral + Parenteral

What is the patient's Kcal /kg/day caloric intake?

- < 15
 15-20
 21-25
 26-30
 >30

What is the patient's gr/kg/day protein intake?

- 0.5- 1
- 1.1-1.5
- 1.6- 2
- >2

Did you apply a therapeutic test using 48 hour octreotide or a somatostatin analogue?

- YES
- NO

What route did you use?

- Subcutaneous
- Intra-venous
- Inside of Parenteral mix nutrition

How many days has the patient received sandostatina?

- 3-10
- 11-20
- >20

Did the patient undergo surgery to repair the fistula on previous days BEFORE the day of the survey?

- YES
- NO

What was the value of the pre-operative albumin? (gr/dL)
(If albumin was requested)

- < 0.5
- 0.5-1
- 1.1 - 2
- 2.1 - 3
- 3.1 - 4
- >4

Did you place enteral access during the surgery?

- YES
- NO

What type did you use?

- Naso-gastric
- Naso-jejunal
- Surgical

Did the abdominal cavity drain?

- YES
- NO

Did the patient require temporary abdominal closure?

- YES
 NO

What did you use?

- Wittmann Patch
 Bogota Bag
 Negative wound pressure
 Mesh

Was the patient admitted to the Intensive care unit during his/her inhospital stay?

- YES
 NO

For how long? (days)

- 1-3
 4-10
 11-20
 21-30
 >30

Did the patient require Mechanical Ventilation for more than 48 hours?

- YES
 NO