



**BAUS - SECTION OF ENDOUROLOGY  
LAPAROSCOPIC NEPHRECTOMY AUDIT**

<b>Q1 Consultant Number &amp;/or Centre Number</b> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Consultant Number                  Centre Number										<b>Q2 Patient Hospital Number</b> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
<b>Q3 Patient NHS Number</b> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>														<b>Q4 Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female															
<b>Q5 Date of Birth</b> D D    M M    Y Y Y Y <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>														<b>Q6 Date of Operation</b> D D    M M    Y Y Y Y <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															
<b>Q7 Diagnosis</b> <input type="checkbox"/> Renal Cell Carcinoma :    Size of Tumour <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Stage: T <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> TCC:    Stage: T <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> Non – functioning Kidney <input type="checkbox"/> Stone Disease <input type="checkbox"/> Other - Specify: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																													
<b>Q8 Operation</b> <input type="checkbox"/> Simple Nephrectomy <input type="checkbox"/> Radical Nephrectomy <input type="checkbox"/> Nephroureterectomy <input type="checkbox"/> Partial Nephrectomy <input type="checkbox"/> Heminephrectomy  Was this a mentored procedure ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, by Whom (including self): <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																													
<b>Q9 Side</b> <input type="checkbox"/> Left <input type="checkbox"/> Right				<b>Q10 Approach</b> <input type="checkbox"/> Extraperitoneal <input type="checkbox"/> Transperitoneal				<b>Q11 Technique</b> <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Hand assisted																					
<b>Q12 Kidney Retrieval</b> <input type="checkbox"/> Retrieval bag -                  Morcellation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open retrieval																													

**P.T.O.**

**Q13 Conversion**

Yes

No

*If YES, give reason:*

Haemorrhage

Failure to progress

Other - Specify:

**Q14 Operating Time (skin to skin)**

**Q15 Blood Transfusion**

Yes

No

If YES No of Units

**Q16 Peri-operative morbidity (Choose more than one option if required)**

**30 day mortality:**

Yes

No

Cause of Death:

D D M M Y Y Y Y

Date of Death:

**Morbidity:**

Major

Minor

Port site bleeding

Port site bruising

DVT

PE

Respiratory

Cardiac

Compartment syndrome

Neuropraxia – Leg

Neuropraxia - Arm

Other - Specify:

**Q17 Date of Discharge**

D D M M Y Y Y Y

Reason for any Delay