



**The Society of Thoracic Surgeons
General Thoracic Surgery Database Data Collection Form
Version 2.07**

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A. Demographics

Participant ID: |_|_|_|_|_|_|_|

Medical Record # _____
 First Name: _____ MI: _____ Last: _____ SSN: _____
 Date of Birth: ___/___/___ Age: _____ Postal Code: _____
 Gender: (Male) (Female) **Race:** (Select all that apply) (Caucasian) (Black) (Hispanic) (Asian) (Native American) (Other)

B. Admission

Zubrod Score _____ Surgeon: _____ Hospital: _____
 Hospital Postal Code _____ Admission Date ___/___/___ Surgery Date ___/___/___

C. Pre-Operative Risk Factors

Height _____(cm) _____(In) Weight _____(kg) _____(lbs) Wt loss over last 3 months? Enter "0" if none _____(kg)

Category of Disease (select one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Trachea - Malignant | <input type="checkbox"/> Pleura - Neoplastic | |
| <input type="checkbox"/> Trachea - Benign | <input type="checkbox"/> Pleura - Infection | → If Lung or Pleural Infection: (select one) |
| <input type="checkbox"/> Lung - Primary | <input type="checkbox"/> Pleura - Other | (Gram-(+) bacteria) (Gram-(-) bacteria) (Fungal) (Mycobacterium Tuberculosis) |
| <input type="checkbox"/> Lung - Benign | <input type="checkbox"/> Esophagus - Primary | (Multi-drug resistant tuberculosis) (Mycobacterium other than tuberculosis) (Culture (-)) |
| <input type="checkbox"/> Lung - Infection | <input type="checkbox"/> Esophagus - Benign | |
| <input type="checkbox"/> Mediastinum | <input type="checkbox"/> Primary Chest Wall | |
| <input type="checkbox"/> Metastases - Lung | <input type="checkbox"/> Trauma | → Trauma Requiring OR Intervention: (No) (Yes) if yes, select type: (Penetrative) |
| <input type="checkbox"/> Metastases - Other | <input type="checkbox"/> Other | (Non-penetrative) |

Comorbidities: (Yes) ↓ (No)

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> PreOp Chemotherapy → Indicate When: (Any time - same disease) (Within 6 mths – unrelated) (> 6 mths – unrelated) |
| <input type="checkbox"/> Steroids | <input type="checkbox"/> PreOp Thoracic RT → Indicate When: (Any time - same disease) (Within 6 mths – unrelated) (> 6 mths – unrelated) |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Prior CTS → If Prior CTS, When: (Prior Admission) (Current Admission) |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Peripheral vascular disease | |

Tobacco Use: (Yes) ↓ (No) →

(Select all that apply)

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Smokeless | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cigarettes | → Pack-Years _____ |
| <input type="checkbox"/> Pipe/Cigar | |

When Patient Quit Smoking: (Select one)

- | |
|--|
| <input type="checkbox"/> Never Smoked (<100 cigarettes/lifetime) |
| <input type="checkbox"/> 0 –14 days preop (Current smoker) |
| <input type="checkbox"/> > 14 days and < = 1mo preop |
| <input type="checkbox"/> > 1mo and < =12 mo preop |
| <input type="checkbox"/> >12 months preop |

Cerebrovascular History

- | |
|---|
| <input type="checkbox"/> No CVD history |
| <input type="checkbox"/> Any reversible event |
| <input type="checkbox"/> Any irreversible event |

Diabetes : (Yes) ↓ (No)

- Diabetes control:**
- | |
|----------------------------------|
| <input type="checkbox"/> None |
| <input type="checkbox"/> Diet |
| <input type="checkbox"/> Oral |
| <input type="checkbox"/> Insulin |

Renal insufficiency History

- | |
|---|
| <input type="checkbox"/> No renal insufficiency |
| <input type="checkbox"/> Creatinine > = 2 |
| <input type="checkbox"/> Dialysis of any type |

Clinical Staging (if appropriate category of disease)

Clinical Staging: (Yes) ↓ (No)

Clinical Stage T: (1) (2) (3) (4) (X) (O) (S)
 Clinical Stage N: (1) (2) (3) (X) (O)
 Clinical Stage M: (1) (X) (O)
 (Esophagus): (M1a) (M1b)

Preoperative PFT'S

Pulmonary Function Tests Done: (Yes) ↓ (No)

Test Performed	(Yes) (No)	If Yes →	%Predicted	Actual
FVC	(Yes) (No)	→	_____	_____
FEV ₁	(Yes) (No)	→	_____	_____
DLCO	(Yes) (No)	→	_____	_____

D. Procedures

ASA Class: (I) (II) (III) (IV) (V)

Time Patient Enters OR

Skin Incision START time

Skin Incision STOP

Time Patient Exits OR

00:00 – 23:59 _____:_____

00:00 – 23:59 _____:_____

00:00 – 23:59 _____:_____

00:00 – 23:59 _____:_____

Multi-Day Operation (operation continued through midnight 24:00): (Yes) (No)

Status of the operation: (Emergent) (Urgent) (Elective)

Reoperation: (Yes) (No)

Blood Transfusion Intraop: (Yes) (No)

Check ALL of the procedures attempted.

Circle the one Primary Procedure.

Chest wall	Mediastinum/Neck	Tracheobronchial
Chest wall biopsy	Mediastinal LN biopsy	Flexible bronchoscopy
Rib resection (single)	Mediastinoscopy	Rigid bronchoscopy
First/cervical rib resection	Anterior mediastinotomy	Removal of foreign body
Chest wall resection	Extended cervical mediastinoscopy	Endobronchial ablation, laser / pdt
Chest wall reconstruction	Mediastinal lymph node dissection	Endobronchial ablation, mechanical
Thoracoplasty	Mediastinal lymph node sampling	Tracheal/bronchial stent
Pectus repair	Biopsy, mediastinal mass	Tracheostomy
Sternectomy, complete	Resection, Mediastinal mass	Tracheal repair
Sternectomy, partial	Thymectomy	Tracheal stricture resection
Muscle flap	Sympathectomy	Tracheal tumor resection
Other chest wall repair	Thoracic duct ligation	Carinal Resection (no lung resection)
	Other Mediastinal/neck procedure	Bronchotomy
		Bronchial repair
		Bronchoplasty
		TE fistula repair
		Other tracheobronchial procedure
	Esophagogastric	
	Esophagoscopy, flexible	
	Esophagoscopy, rigid	
Pulmonary	Removal of foreign body	Cardiac/Pericardium/Great Vessels
Wedge resection, single	Dilation of esophagus	Pericardial window
Wedge resection, multiple	Esophageal Tumor Ablation, Laser/PDT	Pericardiectomy
Segmentectomy	Stent placement	Repair cardiac laceration
Lobectomy	Cervical esophagostomy	Other pericardial procedure
Sleeve lobectomy	Anterior thoracic esophagostomy	Repair/reconstruction thoracic aorta
Bilobectomy	Zenker's diverticulum repair	Repair/reconstruction abd aorta
Pneumonectomy, standard	Myotomy, cricopharyngeal	Repair/reconstruction SVC
Pneumonectomy, carinal	Myotomy, esophageal (long)	Repair/reconstruction IVC
Completion pneumonectomy	Myotomy, cardia (short)	Repair/reconstruction pulmonary artery
Extrapleural pneumonectomy	Resection, intrathoracic diverticulum	Repair/reconstruction pulmonary vein(s)
Pneumonectomy, intrapericardial	Resection, esophagus (esophagectomy)	Repair/reconstruction left atrium
Lung volume reduction	Resection, esophageal wall lesion	Repair/reconstruction subclavian artery
Bullectomy/repair	Repair, perforation of esophagus- Iatrogenic	Cardiopulmonary bypass
Hydatid cyst resection	Repair, perforation of esophagus- Malignant	Other cardiac procedure
Single lung transplant	Repair, perforation of esophagus- Other	
Double lung transplant	Fundoplication, circumferentia	
Lung donor harvest	Fundoplication, partial	
Other lung procedure	Gastroplasty	
	Pyloroplasty	
	Pyloromyotomy	
	Gastrectomy	
Air Leak Control Measures	Gastrostomy	
Fibrin glue	Jejunostomy	
Pericardial strips	Conduit, gastric	
Lung sealant	Conduit, Colon	
Pleural tent	Conduit, Jejunum	
Other air leak control measures	Conduit, Other	
	Anastomosis, neck	
	Anastomosis, chest	
	Other esophageal procedure	
	Other GI procedure	
Diaphragm	Pleura	
Plication of diaphragm	Pleural drainage procedure – open	
Diaphragmatic hernia repair, acute	Pleural drainage procedure – closed	
Diaphragmatic hernia repair, chronic	Pleural biopsy	
Resection of diaphragm	Pleurodesis	
Reconstruction of diaphragm	Pleurectomy	
Other diaphragm procedure	Decortication	
	Clagett procedure	
	Other pleural procedure	

For the PRIMARY procedure, select:

Approach (select all that apply): (Thoracoscopy) (Thoracotomy) (Thoracoabdominal) (Median sternotomy) (Partial sternotomy) (Tranverse sternotomy) (Laparotomy) (Laparoscopy) (Cervical) (Subxyphoid) (Other approach)

Laterality: (Right) (Left) (Both)

E. Post Operative Events

The postoperative period, in which postoperative events can be captured, is defined as one of the following:

1. Immediately postoperatively until discharge from the acute care facility, if discharged > 30 days after procedure.
2. Immediately postoperatively, up to 30 days, if discharged from the acute care facility prior to 30 days.

Postoperative Events Occurred: (Yes) ↓ (No)

(If yes, select all that apply)

Pulmonary

- Air leak > 5 days duration
- Atelectasis req bronch
- Pneumonia
- ARDS
- Bronchopleural fistula
- Pulmonary embolus
- Initial vent support > 48 hrs
- Reintubation
- Tracheostomy
- Other pulmonary event

Cardiovascular

- Atrial arrhythmia req Rx
- Ventricular arrhythmia req Rx
- Myocardial infarct
- DVT req Rx
- Other CV event

Gastrointestinal

- Gastric outlet obstruction
- Ileus
- Anastomotic leak req medical Rx only
- Anastomotic leak req surgical intervention
- Dilation esophagus prior to discharge
- Other GI event

Hematology

- Bleeding requiring re-operation
- Blood transfusion postop
- Other hematology or bleeding event req Rx

Infection

- Urinary tract infection
- Empyema
- Wound infection
- Sepsis

Neurology

- New central neurological event (TIA, CVA, etc.)
- Recurrent laryngeal nerve paresis or paralysis
- Other neurological event

Miscellaneous

- New renal failure req Rx or worsening (Cr >=2x preop)
- Chylothorax req drainage / medical Rx only
- Chylothorax req surgical intervention
- Delerium tremens
- Other events req medical Rx (incl. endoscopy)
- Other events req OR with general anesthesia

F. Discharge

Discharge Date: ___/___/___

Discharge Status: (Alive) (Dead)

Date of Death: ___/___/___

Status at 30 days after surgery: (Alive) (Dead) (Unknown)

Chest tube used during this admission: (Yes) ↓ (No)

Discharged with chest tube in: (Yes) (No) ↓

Chest Tube Out Date : ___/___/___

Pathological Staging Applicable: (Yes) ↓ (No)

Pathological Stage T: (1) (2) (3) (4) (X) (O) (S)

Pathological Stage N: (1) (2) (3) (X) (O)

Pathological Stage M: (1) (X) (O)

(Esophagus): (M1a) (M1b)

Form completed by: _____