



Spine Surgical Procedures Form

Acute

SPROC-MULT

Operative Date: _____ (YYYY-MM-DD)

Operative Start Time (Incision): _____ (2400 hrs)

Operative End Time (Closure): _____ (2400 hrs)

☐ operation ended on next calendar day (overnight surgery)

Approach: ☐ Anterior only ☐ Posterior only ☐ Anterior AND posterior

This form is for decompression and stabilization of the spine. Please do not include incision and drainage or removal of hardware without other procedures.

	Anterior levels (e.g. C5, C6, C7)	Posterior levels (e.g. T7, T8, T9, T10)
Decompression		
Fusion		
Instrumentation (including PMMA & Arthroplasty)		

Notes on completion

- Please note all intervening levels for a multilevel procedure; e.g. a C3-C7 posterior decompression would be marked as C3,C4,C5,C6,C7
- Anterior decompression includes discectomy or corpectomy
- Posterior decompression includes laminectomy, laminotomy, laminoplasty or osteotomy
- Fusion includes any graft material (bone or other) attached to or replacing bone. Includes arthrodesis, local or other bone graft, BMP, cement, etc. Anterior: attached to or replacing vertebral body; posterior: attached to lamina, facets, transverse processes
- Instrumentation includes any rods, screws, wires, cages, plates, interspinous devices that touch that vertebrae. (Anterior: replacing or attached to vertebral body; posterior: replacing or attached to lamina, facets, transverse processes, pedicles)

As per Mirza et al. 2006

Please consult with a surgeon for any questions.

Intraoperative Adverse Events
☐ No intraoperative adverse events

Yes	Adverse event
<input type="checkbox"/>	01. Anaesthesia related
<input type="checkbox"/>	02. Cardiac
<input type="checkbox"/>	03. Airway/ventilation
<input type="checkbox"/>	04. Hypotension (systemic <85mm Hg for 15 min)
<input type="checkbox"/>	05. Massive blood loss (>5L in 24 hrs or >2L in 3 hrs)
<input type="checkbox"/>	06. Cord injury
<input type="checkbox"/>	07. Nerve root injury
<input type="checkbox"/>	08. Dural tear

Yes	Adverse event
<input type="checkbox"/>	09. Vascular injury
<input type="checkbox"/>	10. Visceral injury
<input type="checkbox"/>	11. Bone implant interface requiring revision
<input type="checkbox"/>	12. Hardware malposition requiring revision
<input type="checkbox"/>	13. Hardware malposition not requiring revision
<input type="checkbox"/>	14. Surgery cancelled or delayed
<input type="checkbox"/>	15. Other (specify):

FOR OFFICE USE ONLY:**Data Collection Details****Collection Method:**

- ☐ Completed by physician
- ☐ Abstracted, reviewed by physician
- ☐ Abstracted, not reviewed by physician

If abstracted, abstracted by (please print name): _____

Date Review Completed: _____