

This operative case record has specifically been designed for recording the performance of:

### **Transthoracic oesophagectomy with infra-carinal lymphadenectomy**

The primary operating surgeon should complete all sections. Any deviation from the agreed approach to perform the procedure should be explained in the relevant section.

### **ROMIO ID**

Patient name: .....

### **ABDOMINAL PHASE**

#### **Instructions for use:**

Please tick the appropriate box to indicate if each task was performed (Column Y), or not (Column N).

Please explain any deviations from this protocol in the allocated box at the end of each section.

However, this is not necessary for optional tasks (**o**), which can be omitted if not applicable.

Please note that the order in which these tasks may be performed is flexible.

## OPERATIVE FINDINGS

Please state operative findings

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>Abdominal access</b>  | <b>Y</b>                 | <b>N</b>                 |
| Safe access to the abdominal cavity was obtained.  | <input type="checkbox"/> | <input type="checkbox"/> |
| The absence of metastatic disease, and the appropriateness of the planned procedure, was confirmed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Diaphragmatic hiatus</b>  | <b>Y</b>                 | <b>N</b>                 |
| The oesophagus was mobilised from the diaphragmatic hiatus to the gastroesophageal junction.   | <input type="checkbox"/> | <input type="checkbox"/> |
| The right and left paracardial lymphatic (LN) tissue was resected. (LN stations 1 & 2)   | <input type="checkbox"/> | <input type="checkbox"/> |
| The dissection continued along the pericardial adventitia, removing the pericardial fat.   | <input type="checkbox"/> | <input type="checkbox"/> |
| The dissection continued along the pre-aortic fascia.  | <input type="checkbox"/> | <input type="checkbox"/> |
| A cuff of diaphragm and both the right and left lung pleura were included in the circumferential resection margin (o).                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Gastric mobilisation</b>  | <b>Y</b>                 | <b>N</b>                 |
| The right gastroepiploic vessels were identified.  | <input type="checkbox"/> | <input type="checkbox"/> |
| The greater omentum was divided to enter the lesser sac, ensuring that the gastroepiploic vessels were preserved.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| LN tissue along the greater curvature was resected (o). (LN stations 4sa & 4sb)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Coeliac axis and portal vein</b>  | <b>Y</b>                 | <b>N</b>                 |
| The stomach was retracted and dissection started along the superior border of the pancreas to expose the portal vein (o).                            | <input type="checkbox"/> | <input type="checkbox"/> |
| A sling was placed around the common hepatic artery (o).   | <input type="checkbox"/> | <input type="checkbox"/> |
| LN tissue along the proper hepatic artery was dissected (o). (LN station 12a)  | <input type="checkbox"/> | <input type="checkbox"/> |
| LN tissue along the common hepatic artery was dissected. (LN station 8a)   | <input type="checkbox"/> | <input type="checkbox"/> |
| LN tissue along the coeliac artery was dissected. (LN station 9)   | <input type="checkbox"/> | <input type="checkbox"/> |
| The left gastric vein was ligated and divided close to the portal vein.  | <input type="checkbox"/> | <input type="checkbox"/> |
| The left gastric artery was ligated and divided at its origin from the coeliac artery, resecting LN tissue along left gastric artery. (LN station 7) | <input type="checkbox"/> | <input type="checkbox"/> |
| LN tissue along the proximal splenic artery was dissected. (LN station 11p)  | <input type="checkbox"/> | <input type="checkbox"/> |

LN tissue was dissected from the left side of the coeliac artery, to the left crus at the oesophageal hiatus and left side of Gerota's fascia.

**Splenic artery and hilum** **Y** **N**

The dissection was continued along the anterior surface of the proximal splenic artery towards the splenic hilum.

The posterior gastric vessels were ligated at their origin from the splenic artery.

Any remaining LN tissue along the distal splenic artery was resected, clearing to the splenic vein inferiorly and the abdominal wall posteriorly, until the splenic hilum was reached **(o)**. (LN station 11d)

The splenic hilum was cleared of LN tissue **(o)**. (LN station 10)

**Gastric tube** **Y** **N**

The lesser curvature of the stomach was cleared of LN tissue at the appropriate level, until the expected distal resection margin was reached. (LN stations 3a & 3b)

The gastric tube was formed (This may be done in the thoracic phase).

The gastric tube's staple line was oversewn **(o)**.

A pyloric procedure, to avoid delayed gastric emptying, was performed **(o)**.

Type of pyloric procedure: .....

Site of formation of stomach tube: .....

**Feeding jejunostomy** **Y** **N**

A feeding jejunostomy was placed **(o)**.

If the abdominal phase of the operation was performed minimally invasively, was a port site incision extended in order to facilitate the placement of a feeding jejunostomy?

**Abdominal drains**

**Y**      **N**

Abdominal drain(s) were placed **(o)**.

    

Please expand about site of placement: .....

**Abdominal closure**

**Y**      **N**

Abdominal lavage was performed **(o)**.

    

Haemostasis was confirmed.

    

The abdomen was closed.

    

The wound was dressed as per trial guidelines.

    

**DEVIATIONS FROM THE PROTOCOL**

*Please explain any deviations from the protocol for the abdominal phase of the operation here, numbered in the order in which they appear in the text:*

## ERRORS AND THEIR RECOVERY

*Please describe any errors that occurred, and how they were recovered.*

*Example errors include damage to surrounding structures and bleeding from major vessels.*

## THORACIC PHASE

### Thoracic access

Y N

Safe access to the patient's right chest was obtained.

The absence of metastatic disease was confirmed.

### Thoracic lymphadenectomy

Y N

The inferior pulmonary ligament was divided.

The azygos arch was ligated and divided.

Dissection was performed along the pericardium.

The left pleura was included in the radial excision margin (o).

A sub-carinal lymphadenectomy was performed. (LN station 107)

Both bronchi were cleared of LN tissue until the hilum of each lung was reached.

### (LN station 109)

The dissection continued along the right pulmonary veins, progressing posteriorly until the left pulmonary veins were reached (o).

The mediastinal pleura was dissected at the anterolateral border of the thoracic aorta.

The pre-aortic fascia was dissected from the proximal resection margin towards the diaphragm. (LN station 112)

LN tissue along the aorto-pulmonary window was dissected, clearing the arch of the aorta, pulmonary artery, and recurrent laryngeal nerve as it hooks around the arch of the aorta (o).

The thoracic duct was identified and ligated at the proximal resection margin and above the level of the diaphragm, such that it was resected with the specimen.

### Specimen excision

Y N

The thoracic part of the specimen was circumferentially free, from the previously completed diaphragmatic mobilisation (performed during the abdominal phase) to at least the level of the carina. (LN stations 107, 108, 109, 110, 111 & 112)

|   |                          |                          |
|---|--------------------------|--------------------------|
| The stomach was delivered into the right chest cavity, ensuring that the gastric tube could reach the site of anastomosis without tension or torsion. | <input type="checkbox"/> | <input type="checkbox"/> |
| The specimen was excised with suitable resection margins.   | <input type="checkbox"/> | <input type="checkbox"/> |
| The specimen was sent to pathology as per the trial protocol.   | <input type="checkbox"/> | <input type="checkbox"/> |

|                    |          |          |
|--------------------|----------|----------|
| <b>Anastomosis</b> | <b>Y</b> | <b>N</b> |
|--------------------|----------|----------|

|   |                          |                          |
|---|--------------------------|--------------------------|
| An oesophago-gastrostomy was performed.   | <input type="checkbox"/> | <input type="checkbox"/> |
| If a 2-phase minimally invasive procedure was performed, a further incision was made in addition to the existing ports (o). | <input type="checkbox"/> | <input type="checkbox"/> |
| If a 3-phase procedure was performed, a left cervical incision was required for the anastomosis.                            | <input type="checkbox"/> | <input type="checkbox"/> |

Details of anastomosis .....

|  |          |          |
|--|----------|----------|
| <b>Nasogastric and nasojejunal tubes</b> | <b>Y</b> | <b>N</b> |
|--|----------|----------|

|  |                          |                          |
|--|--------------------------|--------------------------|
| A nasogastric and/ or nasojejunal tube was placed. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

|                        |          |          |
|------------------------|----------|----------|
| <b>Thoracic drains</b> | <b>Y</b> | <b>N</b> |
|------------------------|----------|----------|

|  |                          |                          |
|--|--------------------------|--------------------------|
| Thoracic drain(s) were placed prior to the closure of the thoracic incision. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Please expand on location: .....

|                         |          |          |
|-------------------------|----------|----------|
| <b>Thoracic closure</b> | <b>Y</b> | <b>N</b> |
|-------------------------|----------|----------|

|  |                          |                          |
|--|--------------------------|--------------------------|
| Lavage was performed (o).                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Haemostasis was confirmed.                       | <input type="checkbox"/> | <input type="checkbox"/> |
| The lung was re-inflated under direct vision.    | <input type="checkbox"/> | <input type="checkbox"/> |
| The chest was closed.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| The wound was dressed as per the trial protocol. | <input type="checkbox"/> | <input type="checkbox"/> |



## DEVIATIONS FROM THE PROTOCOL

*Please explain any deviations from the protocol for the thoracic phase of the operation here, numbered in the order in which they appear in the text:*

## ERRORS AND THEIR RECOVERY

*Please describe any errors that occurred, and how they were recovered.*

*Example errors include damage to surrounding structures and bleeding from major vessels.*

## POSTOPERATIVE INSTRUCTIONS

*Please describe instructions for postoperative care*

**Surgeon name**

**Surgeon signature**