WOLLF Centre ID ☐☐☐

Six Week Follow-up Form Participant ID ☐☐☐☐

Section 1

1. Has the patient been discharged from the admitting hospital? Yes ☐ No ☐

If Yes, what was the date of discharge (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

2. Please confirm the location of the trial wound

a) Right ☐ Left ☐

b) Femur ☐ Patella ☐ Tibia/ ☐ Fibula ☐ Foot

3. Hospitalisation (please add details about the patient's stay in hospital to the table below)

Type of Ward	Number of days
Intensive Care Unit	
Acute Trauma Ward	
Rehabilitation Ward	
Other (please specify).....	

4. Which treatment did the patient receive?

Standard dressing ☐ NPWT ☐ Other ☐ (please specify) .....

5. Was this different to randomisation? Yes ☐ ☐ No

If Yes, was this due to: Yes

Surgeon choice ☐

Lack of equipment ☐

Other ..... ☐

6. Did the treatment subsequently change during the patients stay? Yes ☐ ☐ No

If Yes, what did the patient subsequently receive?

Standard dressing ☐ NPWT ☐ Other ☐ (please specify).....

Why did the treatment change? Yes

Surgeon choice ☐

Other ..... ☐

7. If treated with NPWT, how long was the pump on? ☐☐ (days)

8. For either dressing how many times in total was this changed? (Please give details below)

Date of change	Dressing description

Section 2—Trial wound complications

1. After surgery, have any of the following wound complications occurred in relation to the trial wound? *Please go through each, with the patient and tick all that apply.*
(Please ignore pin site infections if the fracture was treated with an external-fixator)

WOLLF wound only	Anytime since surgery	Symptoms present today	No
Is the wound red and inflamed?			
Is the area around the wound swollen?			
Is the area around the wound painful or tender?			
Is there any fluid leaking from the wound?			
If yes, is the fluid pus or cloudy yellow?			
Is the wound gaping open (dehisced?)			
Has a surgeon deliberately opened the wound?			
Any fever of >38°C since the surgery?			
Is there any sign of abscess or infection on direct examination?			
Has a culture swab been taken from the trial wound?			

If a culture swab was taken from the trial wound, please confirm:

Organism: ..... Date taken (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

2. Have antibiotics been prescribed for the trial wound infection? Yes ☐ No ☐
If yes please record below:

Name of drug	Dose	Times/day	Route	Duration	Prescribed by (GP/Surgeon)

3. Have antibiotics been prescribed for any other infection? Yes ☐ No ☐

4. Has a surgeon/doctor diagnosed a wound infection in the trial wound? Yes ☐ No ☐

5. Does the trial wound look fully healed? Yes ☐ No ☐

6. Does the patient feel that their trial wound has healed? Yes ☐ No ☐

7. If trial wound complications were treated surgically please give details:

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Surgeon ..... Hospital .....

Details (including type of surgery) .....

.....

Section 3—Other Complications

1. Has the patient had any of the following: (please select all that are relevant)

	Yes
Complications of anaesthesia	☐
Post-operative bleeding	☐
Thromboembolic event:	
DVT - Deep Vein Thrombosis	☐
PE - Pulmonary Embolis	☐
Possible damage to adjacent structures:	
Nerves	☐
Tendons	☐
Blood vessels	☐
Delayed unions/non-unions	☐
Further surgery to remove/replace metalwork	☐
A diagnosis of Complex Regional Pain Syndrome	☐
Other event	☐

e.g. chest infection, pressure sores or other complications after surgery

Details .....

.....

.....

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2. Following the initial wound debridement has the patient had any further operations for their WOLLF wound? (Please give details below)

Date (dd/mm/yyyy)	Procedure

Section 4

1. When was the WOLLF wound closed?

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

2. How was the WOLLF wound **finally** closed?

- Primarily ☐
- Skin graft ☐
- Local flap ☐
- Free flap ☐
- Other ☐ (Please specify).....

Section 5

1. Compared to how the patient felt when admitted to hospital do they feel (select one answer only)

Worse	☐	A Lot Better	☐
The Same	☐	Almost Back to Normal	☐
A Little Better	☐	Back to Normal	☐

2. Has the patient changed or is likely to change any contact details over the next 3 months? Yes ☐ No ☐

If Yes, have you completed a 'change of contact details' form? Yes ☐ No ☐

Research Associate signature: .....

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐