



The CIPHER Study

SURGICAL TECHNIQUE

TH1

Patient Initials:

CIPHER Study ID:

SURGEON DETAILS

Most senior surgeon scrubbed in at time of stoma formation:

Name:

GMC number:

PATIENT DETAILS

Operation date:

Operation start time  
(defined as knife to skin: time):

:

Operation end time  
(defined as time of final skin suture in wound):

:

Month of birth:

Year of birth:

Patient's Sex:

Male

☐

Female

☐

SURGICAL APPROACH TO STOMA FORMATION

Indication for surgery (*please select one option*):

Tumour – benign

☐

Tumour – malignant

☐

Diverticular Disease

☐

Functional Intestinal Disorder

☐

Inflammatory Bowel Disease (IBD)

☐

IBD – Crohn's

☐

IBD – Ulcerative Colitis

☐

Other

☐

If other, specify:

ASA Classification:

I

☐

II

☐

III

☐

IV

☐

V

☐

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Murkin C, et al. BMJ Open 2023; 12:e061300. doi: 10.1136/bmjopen-2022-061300

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Name of procedures (tick YES or NO as appropriate for each):

	Yes	No
Small bowel resection	<input type="checkbox"/>	<input type="checkbox"/>
Colectomy: left (including sigmoid colectomy and anterior resection)	<input type="checkbox"/>	<input type="checkbox"/>
Colectomy: right (including ileocaecal resection)	<input type="checkbox"/>	<input type="checkbox"/>
Colectomy: subtotal or panproctocolectomy	<input type="checkbox"/>	<input type="checkbox"/>
Hartmann's procedure	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal resection – other	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of volvulus	<input type="checkbox"/>	<input type="checkbox"/>
Strictureplasty	<input type="checkbox"/>	<input type="checkbox"/>
Drainage of abscess/collection	<input type="checkbox"/>	<input type="checkbox"/>
Debridement	<input type="checkbox"/>	<input type="checkbox"/>
Abdominoperineal excision	<input type="checkbox"/>	<input type="checkbox"/>
Posterior pelvic exenteration	<input type="checkbox"/>	<input type="checkbox"/>
Repair or revision of anastomosis	<input type="checkbox"/>	<input type="checkbox"/>
Repair of intestinal fistula	<input type="checkbox"/>	<input type="checkbox"/>
Resection of other intra-abdominal tumour(s)	<input type="checkbox"/>	<input type="checkbox"/>
Stoma formation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: \_\_\_\_\_

If YES to **abdominoperineal excision** or **posterior pelvic exenteration**:

Vertical rectus abdominis myocutaneous (VRAM) flap

Yes ☐

No ☐

Intended type of access used (**please select one**):

SLS	<input type="checkbox"/>
Laparoscopic	<input type="checkbox"/>
Robotic	<input type="checkbox"/>
Open	<input type="checkbox"/>
Trephine	<input type="checkbox"/>

Intended type of procedure converted to open:

Yes ☐

No ☐

(Do not answer if intended type of access was open)

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 Envisaged longevity of stoma: Permanent ☐ Uncertain ☐
Type of stoma formed (*please select one*):

- End ☐
- Loop ☐
- Loop end ☐
- Double barrelled ☐
- Other ☐

If **loop**, with or without rod: With ☐

Without ☐

Section of bowel used to form functioning end of stoma (*please select one*):

- Jejunum ☐
- Ileum ☐
- Ascending colon ☐
- Transverse colon ☐
- Descending colon ☐
- Sigmoid colon ☐

Stoma site pre-marked (*please select one*):

- Not preserved ☐
- Preserved with suture ☐
- Pre-marked with pen ☐

If **preserved with suture** or **pre-marked with pen**,Stoma site marked by (*please select one*):

- Stoma nurse ☐
- Surgeon ☐
- Non-specialist nurse ☐
- Other ☐

If other, specify: \_\_\_\_\_

Stoma formed at pre-marked site: Yes ☐ No ☐

 Route of stoma: Trans-peritoneal ☐ Extra-peritoneal ☐

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**SURGICAL TECHNIQUE**

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**TREPHINE FORMATION**

Subcutaneous tissue excised:

Yes ☐ No ☐Relationship of the muscle layer incision to the rectus abdominis (***please select one***):

Outside of the rectus sheath (within oblique abdominal muscles)

☐**Continue on next page**

Within the rectus sheath - through the belly of the rectus abdominis

☐

Within the rectus sheath - lateral to the belly of the rectus abdominis

☐

Complete the box below

Anterior sheath: was a laparoscopic trocar used to puncture the anterior sheath  
(***Only answer for laparoscopic or robotic procedures***)Yes ☐ No ☐

Anterior sheath: size of incision [widest diameter in mm] \_\_\_\_\_

Anterior sheath: Shape of incision (***please select one***)

Linear - horizontal

☐

Linear - vertical

☐

Cruciate

☐

Circular

☐

Other

☐

Anterior sheath: was any of the anterior sheath removed

Yes ☐ No ☐

Anterior sheath: adjustments made to the size of the incision

Yes ☐ No ☐Posterior sheath: was a laparoscopic trocar used to puncture the posterior sheath  
(***Only answer for laparoscopic or robotic procedures***)Yes ☐ No ☐

Posterior sheath: size of incision [widest diameter in mm] \_\_\_\_\_

Posterior sheath: Shape of incision (***please select one***)

Linear - horizontal

☐

Linear - vertical

☐

Cruciate

☐

Circular

☐

Other

☐

Posterior sheath: was any of the posterior sheath removed

Yes ☐ No ☐

Posterior sheath: adjustments made to the size of the incision

Yes ☐ No ☐

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Muscle fibres separated with blunt dissection

Yes

☐

No

☐

Intra-operative vessel damage - epigastric vessel

Yes

☐

No

☐Location of trephine in relation to port site (***please select one***):**(Only answer for laparoscopic or robotic procedures, including procedures converted to open)**Trephine created at the port site as the beginning of procedure  
(then subsequently used as port site)☐

Trephine created at end of procedure (conversion of port site to trephine)

☐

Trephine created in a location other than port site

☐Were sutures used to buttress the incision (***please select one***):**(Only answer if relationship of the muscle layer incision to the rectus abdominis is “within rectus sheath”)**

Anterior sheath only

☐

Posterior sheath only

☐

Both anterior and posterior sheath

☐

Anterior and posterior sheath sutured together

☐

No

☐

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**REINFORCING THE STOMA TREPHINE WITH MESH**

Was mesh used to reinforce the stoma trephine

Yes ☐No ☐

If YES, complete the box below

If NO,  
continue on  
next page

Mesh product code (attach product sticker)

**Attach product sticker here**

Mesh cut or adjusted

Yes ☐No ☐

If YES,

Cranio-caudal length of mesh inserted if changed from original [in cm]

Medio-lateral length of mesh inserted if changed from original [in cm]

Diameter of mesh inserted if changed from original [in cm]

Shape of mesh inserted if changes from original (**please select one**):

3D/funnel

☐

Circular/Oval

☐

Square/rectangular

☐

No change in shape

☐
Location of mesh replacement (**please select one**):

Sublay/pre-peritoneal/retro-rectus

☐

Underlay/intra-peritoneal

☐

Onlay

☐
Route used to position mesh (**please select one**):

Through the main operative incision

☐

Through the stoma trephine

☐

Via a port

☐

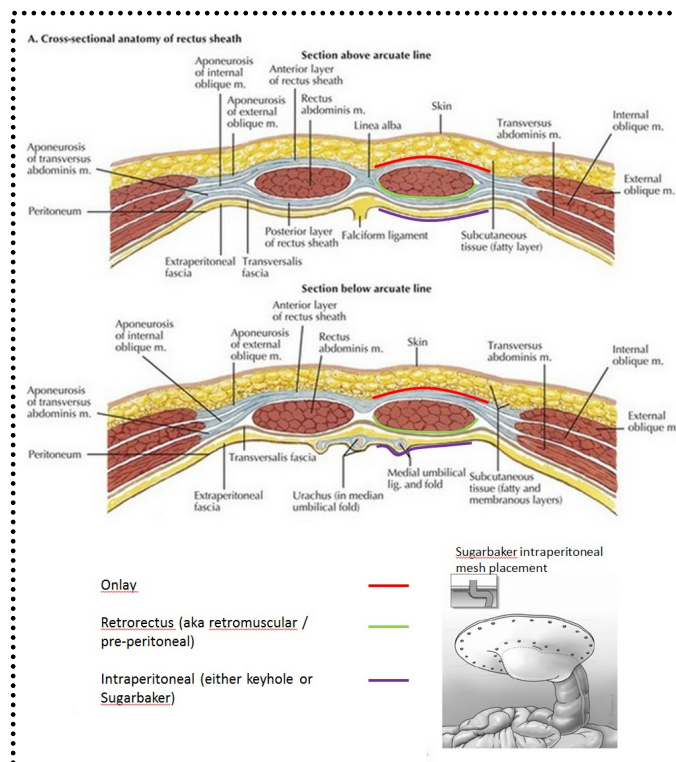
What shape was the hole in the mesh?

Cruciate ☐Circular/oval ☐Slit ☐None (Sugarbaker) ☐What size was the hole in the mesh [in mm] 

Mesh secured to abdominal wall (including sheath, muscle, peritoneum)

Yes ☐No ☐

Mesh secured to stoma serosa

Yes ☐No ☐

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USE OF THE STOMA TREPHINE AS A SPECIMEN EXTRACTION SITE

Stoma trephine used as an extraction site

Yes

No

CLOSURE OF OTHER WOUNDS FORMED DURING THE PROCEDURE

Main abdominal incision (*please select one*):

Small bite closure

Large bite closure

N/A

Biggest port size [in mm]

(Only answer for laparoscopic or robotic procedures, including procedures converted to open)

Closure of deep layer

Yes

No

(Only answer for laparoscopic or robotic procedures, including procedures converted to open)

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SPOUTING THE STOMA LUMEN

Has the stoma been spouted

Yes

No

COMMENTS

Who has collated this data?

GMC/NMC number:

Date completed:  /  /