

ETS PROFORMA - IJN

MRN: _____

Name: _____

Age: _____

Sex: ☐ Male ☐ Female

Race: ☐ Malay ☐ Chinese ☐ Indian ☐ Others: _____

Marital Status: ☐ Married ☐ Divorced ☐ Single

Occupation: _____

Address: _____

Contact no.: Home: _____

Mobile: _____

Height: _____ (cm)

Weight: _____ (kg)

Date of Admission: _____ (DD/MM/YYYY)

Co-morbidities: _____

Thyroid Function Test: ☐ Normal ☐ Abnormal: Hyperthyroidism/ Hypothyroidism (please circle)

Diabetes Mellitus: ☐ Yes ☐ No

Primary Hyperhidrosis: ☐ Face ☐ Axilla ☐ Hands ☐ Feet ☐ Trunk

Medical: ☐ No ☐ Yes: _____

Treatment

Operative
Procedure

☐Bilateral ☐Unilateral: Left / Right (please circle)

Date of
Operation:

_____ (DD/MM/YYYY)

Surgeon's name:

VATS DETAILS

Procedure:

☐Bilateral ☐Single

Patient Position:

☐Lateral ☐Supine/ Semi Upright

Number of Ports:

Size of Ports:

Right: _____ (mm) Left: _____ (mm)

Thoroscope
degree:

Usage of CO2:

☐Yes ☐No

Level of
Sympathectomy:

Method of
Excision:

☐Thermocoagulation ☐Division ☐Others: _____

Histopathology
Sent:

☐Yes ☐No

Histopathology
Results:

Right HPE: _____

Left HPE: _____

Right accessory nerve: _____

Left accessory nerve: _____

Duration of
Surgery:

Right side: _____ (mins)

Left side: _____ (mins)

Total duration both sides: _____(mins)

Conversion to Open ☐Yes ☐No

Surgery:

Local Anaesthetic Given: ☐Yes ☐No

Extubation: ☐Immediate ☐Delay

Post-Operative Inotrope: ☐Yes ☐No

Analgesia: ☐NSAIDs ☐Morphine ☐Others:_____

ICU Stay: ☐Yes: _____(hours) ☐No

Hospital Stay (Days): _____

Complications: ☐Yes ☐No

If Yes: ☐Pneumothorax ☐Horner's Syndrome ☐Respiratory Distress

☐Others: _____

Date of Discharge: _____(DD/MM/YYYY)

Follow-up: ☐Yes ☐No

Number of Follow-ups: _____

Issues: ☐Yes ☐No

If Yes: _____

Compensatory
Sweating:

☐Yes ☐No

When Noticed:

☐Immediate after surgery

☐Delayed:

State time after surgery: _____

Severity:

☐Very ☐Moderate ☐Mild

Location of CS:

☐Upper Back ☐Lower Back ☐Chest ☐Abdomen ☐Buttock

☐Groin ☐Back of thighs ☐Knees ☐Other: _____

Follow-ups

Progression of CS: ☐Reduces ☐Increases ☐Status Quo

Last Follow-up:

☐Weeks after surgery: _____

☐Still On Follow-up