



## **Data Summary Document**

The following data points will be recorded within the HIPPO Study REDCap Database:

Pre-operative Data Fields	Required data (definition / comment)
1. Patient age	Years (months if < 1y)
2. Patient sex	Male / Female
3. Height	(cm)
4. Weight	(kg)
<b>5. Gestational age</b> Branching logic if the patient is a child (<16y)	(weeks)
6. Patient ASA grade	Grade I / Grade II / Grade IV / Grade V
7. Smoking status	Never smoked / Current smoker or Ex-smoker (<6 weeks ago) / Ex-smoker (>6 weeks ago)
8. Clinical Frailty scale*	1/2/3/4/5/6/7/8/9
9. Co-morbidities	Ischemic heart disease / Congestive heart failure / Cerebrovascular disease / Chronic kidney disease / Diabetes Mellitus (NIDDM / IDDM)
10. Did the patient have a test for SARS-CoV-2 in the 72h before surgery?	Yes (PCR / Lateral flow) / No
11. Did the patient have any symptoms related to inguinal hernia before surgery?	Yes (e.g., pain, heaviness, dull discomfort, dragging sensation) / No
<b>12. Time of first symptoms</b> Branching logic if the patient had symptoms	mm
13. Date of diagnosis	Dd/ mm / yyyy / At birth (neonate 28d) / Infant (up to 1 year)
14. Date of decision for surgery	Dd / mm / yyyy
15. Date of operation	Dd/ mm / yyyy
16. Was the patient able to do daily activities while waiting for surgery (work, school, or family duties)?	Yes (completely) / Some, but not all / No, not at all
17. Site of hernia	Left / Right / Bilateral
18. Size of inguinal hernia Referring to the biggest one if bilateral	Limited to inguinal region / Limited to scrotum / Extend to mid-thigh / Extend to knee or beyond
19. Indication for surgery	Symptomatic / Incarcerated / Obstruction / Strangulated

Int	ra-operative Data Fields	Required data (definition / comment)
		Elective / Emergency
1.	Urgency of surgery	
		If emergency: Was the patient already on the elective waiting list for surgery? (Yes / No)
2.	Mode of Anaesthesia	
	This refers to the main anaesthetic used	Local / Regional (spine-related / regional nerve block) / Sedation (e.g., midazolam) /
	during the operation and not as induction	General Inhaled (sevoflurane / halothane / desflurane / N <sub>2</sub> 0 / isoflurane) / TIVA
	agents	
3.	Was the anaesthesia given by the	Voc (o m. grannen) / No (omerceth atiet / omerceth atie mrune / technicien)
	professional who repaired the hernia?	Yes (e.g., surgeon) / No (anaesthetist / anaesthetic nurse / technician)
4.	Was the WHO checklist used?	Yes / No
5.	Prophylactic antibiotic	Yes / No
6.	Primary Operator	Senior surgeon (Consultant or Attending) / Trainee surgeon / Non-surgeon (medical
		practitioners / non-surgeon / non-medical practitioners)
		If selected any:
		How many inguinal hernias were performed prior to this? (0-50 / 51-100 / 101-200 /
		≥201) -What was the speciality? (general surgeon / urology / paediatric surgeon / other)
		-What was the speciality? (general surgeon / urology / paediatric surgeon / other)





7.	Operative approach	Open (performed exclusively using instruments inserted in to the abdomen through a surgical incision in the groin area).  Laparoscopic (performed exclusively using instruments inserted in to the abdomen through ports)  Laparoscopic converted to open (surgery planned to be performed laparoscopically but for unforeseen reasons the decision was made to change to an open approach).  Robotic (robot-assisted surgery with no conversion to either laparoscopic or open approaches).  Robotic converted to open (surgery planned to be performed robotically but for unforeseen reasons the decision was made to change to an open approach).
8.	Size of inguinal hernia	Up to 1.5cm / Up to 3cm / >3cm / Not known
9.	Bowel resection	Yes / No
10.	Type of hernia repair	Primary herniotomy / Mesh (Lichenstein / Transinguinal pre-peritoneal (TIPP) / Trans rectal pre-peritoneal (TREPP) / plug and patch / PHS (bilayer) / other) / Non-mesh (Desarda / Bassini / Shouldice, other) / MIS (TAPP / TEP / SILS)
11.	Mesh used	Yes / No   If mesh used:  - Country of manufacture: (Longlist, unknown)  - Type: Permanent synthetic / Absorbable synthetic / Biological / Composite  - Was the excess mesh re-sterilised and re-used? Yes /No  - Suture used to fix the mesh to inguinal ligament: absorbable / non-absorbable / not fixed  - / glue (fibrin / histo-acryl) / tackers
	Operative contamination	Clean (Gastrointestinal (GI) and genitourinary (GU) tract not entered).  Clean-Contaminated (GI or GU tracts entered but no gross contamination).  Contaminated (GI or GU tracts entered with gross spillage or major break in sterile technique).  Dirty (There is already contamination prior to operation, e.g. faeces or bile).
	Were reusable gowns used in this procedure?	Yes (All scrubbed staff/ some scrubbed staff) / No
	Were reusable drapes used in this procedure?	Yes / No
15.	Was recycling of waste performed?	Yes, paper / Yes plastic / Yes glass / No

Po	st-operative Data Fields	Required data (definition / comment)
1.	30-day follow-up	Yes (Telephone / In-person) / No
2.	30-day surgical site infection	Yes (No readmission within 30-days / readmission within 30-days) / No
3.	30-day Reoperation	Yes (early recurrence, bleeding, injury to the vas deferens, other) / No
	Post-operative length of stay	Same day discharge
4.		Admitted (If admitted, Number of days inpatient, considering day after surgery as day 1
4.		to day of discharge. If the patient has not been discharged prior to the end of 30-day
		follow-up, enter '31').)
5.	Overall Clavien-Dindo complication	None / Grade I / Grade II / Grade IIIa / Grade IIIb / Grade IVa / Grade IVb / Grade V