OPERAS

PRIVATE AND CONFIDENTIAL PATIENT INFORMATION

OPERAS Case Report Form (CRF)

Use with Appendix (Data Dictionary) to help data collection.

Unique ID	
Data Collection Period	

Baseline demographics

Date of birth	_ _ / _ _ /_ _ _ _	Gender	□ Male □ Female □ Other	Weight (kg)	_ _ _ . _ (1dp)	Height (m)	_ . _ _ (2dp)	OR BMI (if known)	_ _

Field	Options	Field	Options
Ethnicity	□ European □ Māori □ Pacific Peoples □ Asian □ Middle Eastern □ Latin American □ African □ Aboriginal or Torres Strait Islander □ Other (specify): [ ]	Underlying co-morbidities (Tick all that apply)	□ Myocardial Infarction or Congestive Heart Failure □ Peripheral vascular disease □ Cerebrovascular Accident or Transient Ischaemic Attack □ Peptic ulcer disease □ Diabetes Mellitus (Type 1 or 2) □ Chronic Kidney Disease (CKD) (eGFR < 60/ml/min/1.73m2, dialysis or post kidney transplant, or uraemia) □ Liver disease □ Cancer (active/remission) □ None of the above
ASA Physical Status	□ I □ II □ III □ IV □ V		
Any relative or absolute contraindications to opioid use? (select all that apply)	□ Allergy □ Renal impairment □ Severe respiratory disease □ Previous adverse event □ Previous opioid use disorder / opioid misuse □ Concurrent benzodiazepine use □ Other (specify): [ ] □ None	Smoking status	□ Current □ Ex-smoker (>12 mths) □ Ex-smoker (<12 mths) □ Never □ Unknown status
		Vaping status	□ Current □ Ex-vaper (>12 mths) □ Ex-vaper (<12 mths) □ Never □ Unknown status
Any relative or absolute contraindication to NSAID use? (select all that apply)	□ Previous GI bleeding / ulcer □ Allergy □ Renal impairment □ NSAID-responsive asthma □ Other (specify): [ ] □ None	Alcohol consumption (standard drinks/week)	□ Non-drinker (0) □ Light (1-5) □ Moderate (6-10) □ Heavy (11+) □ Unknown status

Intraoperative data fields

Field	Options	Field	Options
Procedure	*See Appendix A for list of operation types (in protocol and on REDCap)*		
Surgical approach	□ Laparoscopic □ Open □ Laparoscopic converted to open □ Robotic □ Arthroscopic □ Vaginal	If relevant	□ Unilateral □ Bilateral □ Total □ Partial □ Reverse
		Indication	□ Malignancy □ Benign
		Urgency	□ Emergency □ Elective
Duration of procedure	___ mins	Complications during in patient stay (Clavien Dindo)	□ None □ I □ II □ III-V

Date of admission	_ _/_ _/_ _ _ _	Date of procedure	_ _/_ _/_ _ _ _	Date of discharge	_ _/_ _/_ _ _ _	Referral to acute pain service for difficulty managing pain (excludes routine referrals)	□ Yes □ No

Opioids given in 24h prior to discharge

*For each medication, please record the **generic name**, **formulation** (slow release (SR) vs immediate release (IR)), dose (mg/mcg per pill/ tablet/ patch per 24hrs/ concentration per 1ml), **route**, **total amount consumed** in the 24 hours prior to discharge*

Opioid	Generic name		Formulation		Route		Total dose consumed
Opioid 1	*See protocol for generic names*	Formulation	□ SR □IR	Route		Total dose consumed	___mg/mcg
Opioid 2	*See protocol for generic names*	Formulation	□ SR □IR	Route		Total dose consumed	___mg/mcg
Opioid 3	*See protocol for generic names*	Formulation	□ SR □IR	Route		Total dose consumed	___mg/mcg
Opioid 4	*See protocol for generic names*	Formulation	□ SR □IR	Route		Total dose consumed	___mg/mcg
Opioid 5	*See protocol for generic names*	Formulation	□ SR □IR	Route		Total dose consumed	___mg/mcg

Discharge analgesia

Discharge paracetamol advised or prescribed	Yes/No	Discharge NSAIDs advised or prescribed	Yes/No	Discharge gabapentinoids for neuropathic pain prescribed	Yes/No
Discharge tricyclic antidepressants or SNRIs for neuropathic pain prescribed	Yes/No	Discharge opioid(s) prescribed	Yes/No	(if opioid prescribed) Information provided about safe disposal of surplus opioids?	Yes/No

*For each discharge medication, please record the **generic name**, **formulation** (slow release (SR) vs immediate release (IR)), dose (mg/mcg per pill/ tablet/ patch per 24hrs/ concentration per 1ml), **route**, **frequency**, and **total number of pills/ liquid/ tablets/ injectable volume prescribed***

Opioid	Generic name			Dose		Route		Freq.		Total amount prescribed	
Opioid 1	*See protocol for generic names*	Form.	□ SR □IR	Dose of medication		Route		Freq.		Total amount prescribed	
Opioid 2	*See protocol for generic names*	Form.	□ SR □IR	Dose of medication		Route		Freq.		Total amount prescribed	
Opioid 3	*See protocol for generic names*	Form.	□ SR □IR	Dose of medication		Route		Freq.		Total amount prescribed	
Opioid 4	*See protocol for generic names*	Form.	□ SR □IR	Dose of medication		Route		Freq.		Total amount prescribed	
Opioid 5	*See protocol for generic names*	Form.	□ SR □IR	Dose of medication		Route		Freq.		Total amount prescribed	

7-day follow-up

*For follow-up please ensure to follow the **phone follow up script** to complete this section. If the patient is not reachable on day 7, please continue to reach out to the patient as per the flow chart on the REDCap data collection form before marking as lost-to-follow up*

Date of follow up	_ _/_ _/_ _ _ _	Patient consent for follow up	Y/N	Used opioid medication?	Y/N	Date of last opioid use	_ _/_ _/_ _ _ _

*For each opioid medication listed in the section 'Discharge analgesia', please confirm the **generic name**, and the **amount consumed by the patient at 7-day follow up.** If a patient is prescribed oral pills, this can be recorded by the number of pills consumed*

Opioid		Amount of medication consumed		Opioid		Amount of medication consumed	
Opioid 1		Amount of medication consumed		Opioid 2		Amount of medication consumed	
Opioid 3		Amount of medication consumed		Opioid 4		Amount of medication consumed	

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Opioid 5		Amount of medication consumed	

Any of the following side effects? 0 (none) – 10 (extreme)	Nausea or vomiting	___/10	Drowsiness	___/10	Itching	___/10	Dizziness	___/10	Constipation	___/10

Prescribed laxatives on discharge?	Y/N	Prescribed antiemetics on discharge?	Y/N	Paracetamol use since discharge	Y/N	NSAID use since discharge	Y/N	Nerve pain medication use since discharge	Y/N

Sought additional medical care for pain relief after discharge?	□ Yes – GP □ Yes – Urgent care/Emergency department □ Yes – Direct surgeon contact □ Yes – Readmission to hospital □ Yes – other (specify [ ]) □ No	Were any additional medications prescribed/ used?	Y/N	Were any additional opioids prescribed/ used?	Y/N	What was the dose compared to discharge prescription	□ Lower □ The same □ Higher □ Other medication

Pain relief from other sources?	Y/N	Was this pain relief an opioid?	Y/N	Name of opioid used (if relevant)		Dose of opioid used (if relevant)		Quantity of opioid used (if relevant)	

Sought additional medical care for side effects of your pain medication?	□ Yes – GP □ Yes – Urgent care/Emergency department □ Yes – Direct surgeon contact □ Yes – Readmission to hospital □ Yes – other (specify [ ]) □ No	For 3 months prior to readmission, were you using pain killers routinely?	Y/N	No. of days/week pain relief was used?		Medication used	□ Paracetamol □ NSAID □ Opioid □ Other

EQ-5D-5L Quality of Life

Mobility	□ No problems walking about □ Slight problems walking about □ Moderate problems walking about □ Severe problems walking about □ Unable to walk about	Self-care	□ No problems washing or dressing self □ Slight problems washing or dressing self □ Moderate problems washing or dressing self □ Severe problems washing or dressing self □ Unable to wash or dress self	Usual activities e.g. work, study, leisure	□ No problems doing usual activities □ Slight problems doing usual activities □ Moderate problems doing usual activities □ Severe problems doing usual activities □ Unable to do usual activities

Pain or discomfort	□ No pain or discomfort □ Slight pain or discomfort □ Moderate pain or discomfort □ Severe pain or discomfort □ Extreme pain or discomfort	Anxiety or depression	□ Not anxious or depressed □ Slightly anxious or depressed □ Moderately anxious or depressed □ Severely anxious or depressed □ Extremely anxious or depressed	Health today on a scale of 0 (lowest) -100 (highest)	____/100

Other patient-reported questions

% of time in severe pain since discharge	____/100%	Did the patient receive information/ advice/ education about managing pain from their doctor/ nurse before discharge?	Y/N	Did the patient receive information/ advice/ education about how to dispose of excess opioids?	Y/N

Opinion on amount of pain medication received	□ Too little □ Just right □ Too much	Satisfaction with pain treatment during first week post-discharge (0: extremely dissatisfied, 10: extremely satisfied)	___/10