

Centre ID Participant ID

To be completed following the operation

WOLLF - Operation Note**Section 1**

1. Lead Surgeon's Name (please print)

2. Lead Surgeon grade: (Please tick the appropriate box)

Consultant Staff Grade/Associate Specialist
Specialist Trainee Other3. Please indicate how many other surgeons were present in theatre: (Please add the number below)Consultant Staff Grade/Associate Specialist
Specialist Trainee Other**Section 2**1. Date of operation (dd/mm/yyyy):

2. Where was the wound associated with the most severe open fracture?

Limb: Right Left
Femur Patella Tibia/Fibula Foot 3. Start time of operation (24hr clock) 4. Finish time of operation (24hr clock)

5. How was the fracture associated with the most severe open injury fixed?

Yes
Nail
Plate and screws
Wires/tension band wires
External fixator—half-pin
External fixator—fine wire
Other

6. Were there any intra-operative problems associated with the fixation of the most severe open fracture? Yes No

If Yes please select all that apply

- Nerve injury
Vascular injury
Tendon injury
Extension of fracture
Other

7. Was the surgeon satisfied with the debridement? Yes No

8. Was the surgeon satisfied with the application of dressing? Yes No

If the patient was randomised to the NPWT dressing please answer the following question:

9. How many foam dressing packs were used for the WOLLF wound?

What were the settings on the NPWT pump?

a.) Pressure: 125mmHg Other.....

b.) Continuous Intermittent

c.) Did you use any irrigation through the pump? Yes No

d.) If Yes, did you add antibiotics to the fluid? Yes No

If the patient was randomised to 'standard dressing' please answer the following question:

10. Did the surgeon use:

- Gauze soaked in antiseptic with a 'wool and crepe' bandage Yes
Bead pouch
Other antibiotic-impregnated dressing
Other

Centre ID Participant ID 11. At the time of wound debridement, did the patient have any other surgery? Yes No

If yes, tick all that apply:

- Head Type of surgery.....
- Chest Type of surgery.....
- Abdomen Type of surgery.....
- Pelvis Type of surgery.....
- Spine Type of surgery.....
- Upper limbs Type of surgery.....
- Ipsilateral limb Type of surgery.....
 If this was a fracture, was it: Open Closed
- Contralateral limb Type of surgery.....
 If this was a fracture, was it: Open Closed

12. If any of the other injuries were 'open' did the patient have:

- Standard dressing
- NPWT dressing
- Primary Closure
- Flap Graft
- Other.....

13. Did the patient have prophylactic antibiotics? Yes No

14. Previous experience:

How many open fractures has the lead operating surgeon performed before:

0 <5 5-10 11-20 >20

How many NPWT dressings has the lead operating surgeon applied before:

0 <5 5-10 11-20 >20

Research Associate Signature: .