

Wilms tumor Surgical Oncology Operative Record Form

Patient's Name: _____		Sex: _____	Age: _____
Medical Record No. _____		Date of surgery: _____	
Surgeon	_____	Assistant Surgeon: _____	
Anesthetist	_____	Anesthesia: _____	
Scrub nurse	_____	Runner: _____	
Preoperative diagnosis			
Postoperative diagnosis			
Primary site			
Preoperative status	Preoperative Stage (if metastatic, specify site of metastasis)		
	Previous tumor biopsy or surgery	☐ No ☐ Yes Procedure: _____ Date: _____	
	Preoperative tumor rupture	☐ No ☐ Yes Basis: ☐ clinical ☐ US ☐ CT	
	Neoadjuvant therapy	☐ No ☐ Yes Type and duration: _____	

Operative status	Surgical access	☐ Open ☐ minimally invasive surgery
	Type of resection	☐ Radical Resection ☐ Organ sparing ☐ Debulking ☐ Biopsy only
	Completeness of resection from surgeon's perspective	☐ R0 ☐ R1 ☐ R2
	Size of tumor: _____	Weight of the mass: _____
	Origin of the tumor: _____	
	Clinical margin width (mm)	
	Resection bed sampled?	☐ Yes ☐ No
	Seeding or invasion of surrounding organs (suspected)	☐ No ☐ Yes Where? _____
	Other organs resected	☐ No ☐ Yes Which organ(s)? _____
	Tumor spillage (intraoperative)	☐ No ☐ Minor confined ☐ Major contamination
	Intravascular extension	☐ No ☐ Yes ☐ Renal Vein ☐ IVC ☐ Other
	Level of intravascular extension	Where is the residual thrombus? _____ _____

	Complete resection	☐ No ☐ Yes
	Incomplete resection	☐ en bloc ☐ piecemeal ☐ Only incisional biopsy ☐ Not touched
	Vascular encasement	☐ No ☐ Yes If yes Which vessels? _____
	Involvement of ureter:	☐ wall invasion ☐ thrombus
	Palpable lymph nodes:	☐ No ☐ Hilar/ Regional ☐ Paraaortic ☐ Mesentric
	Lymph node sampling	☐ No ☐ Yes Which nodes? _____ _____ Number of LNs sampled: _____
	Adjacent structure involvement	☐ Yes ☐ No
	Intraoperative staging:	
	Estimated blood loss (mL)	
	Intraoperative complication(s)	_____ _____ _____
	Intervention(s) to address intraoperative complications	_____ _____ _____

	Drains - type and location abdominally:	_____
Postop disposition	Condition of patient immediately postop	Stable _____ ICU _____
Any additional note: (Especially capsule, perirenal fat, colon splenic invasion; Tumor consistency; and more):		

