SPLENECTOMY REGISTRY

ICIS
Intercontinental Cooperative ITP Study Group
www.itpbasel.ch

Yearly Follow-up after SE

Please fill out this questionnaire and e-mail it to:

splenectomy@ukbb.ch

University Children's Hospital
ICIS Study Group
Postfach
CH-4056 Basel, Switzerland
FAX: +41 61 704 12 41

UPN: _____

Study Number: _____

_____ *Name of participating physician*

_____ *City / State / Country*

Personal history during last 12 months (after splenectomy or last Follow up)

date of SE: __/__/____ *date of last FU:* __/__/____

1. *Was your patient hospitalized during this time*

☐ *No* ☐ *Yes; reason:* _____

2. *Bleeding*

☐ *No* ☐ *Yes, details* ☐ *skin bleeding only* ☐ *mucosal bleeding*

3. *Therapy of that bleeding*

☐ *oral prednisone* ☐ *oral dexamethasone* ☐ *IVIg* ☐ *anti-Rh(D)*

☐ *other:* _____

4. *Sepsis or other serious infections*

☐ *No* ☐ *Yes*

If yes, please provide blood culture result:

☐ *negative* ☐ *H. influenzae* ☐ *Meningococci* ☐ *Pneumococci*

☐ *other:* _____

5. *Platelet counts after splenectomy*

a) _____ *x10^9/L Date:* __/__/____ *(dd/mm/yyyy)*

b) _____ *x10^9/L Date:* __/__/____ *(dd/mm/yyyy)*

c) _____ *x10^9/L Date:* __/__/____ *(dd/mm/yyyy)*

d) _____ *x10^9/L Date:* __/__/____ *(dd/mm/yyyy)*