



Network
 Urogenital Diseases (ERN eUROGEN)

Clinical Practice Snapshot

AMS800

FINAL VERSION, 221109

1.	Please update the common data elements. (Changes might have occurred in patient status/hospital or	
	treatment/genetics/diagnosis etc.)	[Radio button, one selection]
	○ I have changed nothing	
	I have added previously unknown information	
2.	1 st surgery implant date:	[Date, dd/mm/yy format; on/after DoB]
3.	Complications within 6 weeks after surgery:	
	a. Local pain at prosthesis site:	[Radio button, one selection]
	yes no unknown	
	b. Fever (>38°Celsius):	[Radio button, one selection]
	yes no unknown	•
	c. Redness and swelling at prosthesis site:	[Radio button, one selection]
	yes no unknown	[nadio sation) one selection]
	d. Retention:	[Radio button, one selection]
	yes \(\) no \(\) unknown	[Naulo button, one selection]
	yes Ono Ounknown	
4	Was the ANGOOD activated 6 weeks after surgary	[Dadia button, and calcution]
4.	Was the AMS800 activated 6 weeks after surgery:	[Radio button, one selection]
	○ yes ○ no	
	(if no, answer question 5; if yes, answer question 6)	
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5.	Was the AMS800 activated later:	[Radio button, one selection]
	○ yes ○ no	
	(if yes, answer question 6)	
6.	Complications within 3 months after activation:	
0.	a. Local pain at prosthesis site:	[Radio button, one selection]
	yes () no () unknown	[Naulo button, one selection]
		[Padio button, one selection]
	b. Fever (>38°Celsius):	[Radio button, one selection]
	○ yes ○ no ○ unknown	to the second second second
	c. Redness and swelling at prosthesis site:	[Radio button, one selection]
	○ yes ○ no ○ unknown	
	d. Mechanical failure:	[Radio button, one selection]
	e. Number of pads used per day:	[Numeric (integer)]
7.	Is the patient able to operate the pump properly?	
	yes no unknown	[Radio button, one selection]
	yes one ounknown	[Radio batton, one selection]
8.	Last visit evaluation:	
	a. Last follow up date:	[Date, dd/mm/yy format; on/after DoB]
	b. Revision:	[Radio button, one selection]
	yes \(\) no \(\) unknown	[Madio Batton, one selection]
	(if yes, answer question 6c, 6d and 6e)	
	lij yes, aliswei question oc, ou and oej	

c.	First revision date:	[Date, dd/mm/yy format; on/after DoB]
d.	Number of pads used per day:	[Numeric (integer)]
e.	Was there another revision?:	[Radio button, one selection]
	yes one ounknown	
,	(if yes, answer question 6f, 6g and 6h)	[Data and Improved the state of
f.	Second revision date:	[Date, dd/mm/yy format; after 1 st revision]
g.	Number of pads used per day:	[Numeric (integer)]
h.	Was there another revision?: yes on ounknown	[Radio button, one selection]
	(if yes, answer question 6i, 6j and 6k)	
i.	Third revision date:	[Date, dd/mm/yy format; after 2 nd revision
j.	Number of pads used per day:	[Numeric (integer)]
k.	Was there another revision?:	[Radio button, one selection]
	yes one unknown (if yes, answer question 61, 6m and 6n)	
l.	Fourth revision date:	[Date, dd/mm/yy format; after 3 rd revision]
m.	Number of pads used per day:	[Numeric (integer)]
n.	Was there another revision?:	[Radio button, one selection]
	yes on ounknown	
	(if yes, answer question 60 and 6p)	to a 11/ / c and the second
0.	Fifth revision date:	[Date, dd/mm/yy format; after 4 th revision]
p.	Number of pads used per day:	[Numeric (integer)]



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