

**AN EVALUATION OF THE SENSITIVITY OF MULTI-CHANNEL DETECTOR
CT SCANNERS IN DIAGNOSING PANCREATIC INJURY
A Retrospective Multicenter AAST Study**

DATA SHEET

Institutional Information

Institution Name:

Investigator:

Level of Trauma Center: I II III IV Non-TC

Type of CT scanner used: ___16 channel ___64 channel

Date (month and year) of commencement of institutional use of above scanner:

Patient Demographics

Date of admission:

Patient initials:

Patient medical record number:

Age: ___ **Gender:** ___ **Mechanism:** GSW SW MVC Fall Other **ISS:** ___

CT SCAN:

CT contrast used (check all that apply): IV ___ PO ___ Rectal ___ None ___

CT pancreatic findings:

Specifically, did main pancreatic duct appear to be injured on CT: Yes ___ No ___

Based on CT findings, pancreas classified as:

___ Uninjured pancreas

___ "AAST Grade I/II injury" Group

___ "AAST Grade III/IV/V injury" Group

If subsequent CTs were performed for the pancreas, describe the date and findings:

OPERATION:

Reason for exploration:

___ Hemodynamic instability ___ Abdominal tenderness

___ Presence of abd. penetrating injury ___ CT scan findings

Other (explain) _____

___ Please check here if there was delay in operation due to a misleading CT scan

Pancreatic injury:

Note: For the following section, inspection alone is an acceptable method of attempted duct status ascertainment

___ Head ___ Neck ___ Body ___ Tail

Does op note clearly state minor contusion only? ___ Yes ___ No

___ Duct status clearly mentioned (what method of duct assessment? _____)

- Duct transected
 Duct not transected
 Duct status indeterminate despite clear mention of attempt at ascertainment
 Attempt at ascertaining duct status not mentioned

Based on op note review, pancreas injury classified as:

- "AAST Grade I/II injury" Group
 "AAST Grade III/IV/V injury" Group
 indeterminate duct status despite attempted ascertainment
 no mention of attempt to determine duct status

- Other abdominal injuries?** Yes No
Other extra-abdominal injuries? Yes No

Pancreatic Operation (Damage Control? Yes No):

- Drainage
 Pancreatorrhaphy
 Distal resection
 Pancreatoduodenectomy
 Other (explain: _____)

Pancreatic complications:

- Pancreatic fistula (>70 ml for more than 5 days of amylase-rich fluid)
 Pseudocyst
 Peripancreatic abscess
 Leak from pancreatico-enteric anastomosis
 Bleeding from pancreas
 Other (describe: _____)

Please, describe only complications related to the pancreatic injury or intervention

Hospital stay (days): _____ **Death:** Yes No

AAST Pancreatic Injury Scale:

Grade	Description
I	Hematoma
	Laceration
II	Hematoma
	Laceration
III	Laceration
IV	Laceration
V	Laceration

*Advance one grade for multiple injuries to the same organ

Please send your completed data sheet to Herb Phelan, MD by email at hphela@yahoo.com, fax at 251-470-5827, or mail (Department of Surgery, University of South Alabama Medical Center, 2451 Fillingim, MSTN 708, Mobile, AL 36617).