

**Number of
Form:**

**Post-Intubation Tracheal Stenosis- Questionnaire
PITS Data Registry
(Tracheal Diseases Research Center)**

- Code of the patient:
- Medical record number:
- Name:
- Age:
- Sex:
- Marital Status: Single Married Separated Widow
- National Identity Number:
- Type of Health Insurance:
- Job:
- Primary Hospital:
- City of residence
- Patient Contact Number Landline:
- Patient Contact Number Cellphone:
- Patient's Family Contact Number Landline:
- Patient's Family Contact Number Cellphone:
- Date of Admission:
- Level of Education: Illiterate High school Diploma Bachelor and
 Higher Age>7y
- Address:
- Name of the person completed the form:

Position intubation recent cause of refer tracheal center

- Date of Intubation:
 - Place of intubation:
 - At scene
 - ICU
 - Emergency Room
 - Operating Room
 - Other
 - Place of Accident:
- Name of Hospital:
Name of Hospital:
Name of Hospital

- Duration of Intubation-Days:
- Length of ICU admission-Days:
- Length of Hospital Stay-Days:
- Time to become symptomatic after Extubation-Days:
- Time to become symptomatic after Extraction of tracheostomy-Days:

Past History

UNDERLYING DISEASES: YES

NO

- Diabetes:
- Hypertension:
- Congestive Heart Failure:
- Autoimmune Disease:
- Gastroesophageal Reflux:
- Sepsis:
- Tuberculosis
- COPD:
- Anemia: Hb less than 10
- Malignancy:
- Other Comorbidities:
- Acquired immune deficiency syndrome:
- Cigarette: Yes No
- Cigarette packed per year:
- Quit Smoking: Yes No
- Years of Quitting smoking:
- Shisha:
- Opium:
- Type of Opium:
- Alcohol:
- Amount of Alcohol:
- Past Drug history: Yes No
- Corticosteroid:
- Other Medications:
- History of Intubation:
- Duration of previous Intubation-Days
- HX.Intubation time < 1 day : Yes NO
- Cause of previous intubation:

- History of Airway Trauma: Yes NO
- 1) Time of Airway Trauma:
- 2) Site of Airway Trauma:
- 3) Management of AirwayTrauma:

Symptoms & Signs

- Dyspnea at Rest:
- Exertional Dyspnea:
- Cough:
- Hemoptysis:
- Hoarseness:
- Sputum:
- Stridor:
- Scar:
- Other Symptoms:

Cause of Tracheal Stenosis

- Post Intubation Tracheal Stenosis: Yes No
- CAUSE OF PITS

	Intubation	Intubation/Tracheostomy/T-tube
Tracheostomy/T-tube <ul style="list-style-type: none"> ▪ Idiopathic: ▪ Airway Trauma: ▪ Congenital: ▪ Tumor: ▪ Tuberculosis: ▪ The onset of TB: ▪ Active TB: Yes No ▪ AntiTB Medication: 		
<ul style="list-style-type: none"> • Cure of TB: Yes NO • Tracheopathia Osteochondroplastica: • Chondromalacia: • Cause of intubation: <ul style="list-style-type: none"> ▪ Head Trauma ▪ Falling ▪ Operation ▪ Cerebrovascular accident ▪ Respiratory Failure ▪ Respiratory Failure due to Sepsis ▪ Respiratory Failure due to Cardiovascular 		

- Respiratory Failure due to Suicide
- Type of Suicide:
 - Poisoning
 - Drug
 - Other reasons:
 - Hanging
 - Self-Immolation:

History of Tracheostomy

- Tracheostomy before referral
- Tracheostomy Reason: Elective Emergent
- Date of Tracheostomy:
- Place of Tracheostomy:
- The operator of Tracheostomy:
- Tracheostomy at admission: Yes NO

History of T-tube

- T-Tube before referral:
- Date of T-tube :
- Place of T-tube:
- The operator of T-tube :
- T-tube at admission: Yes NO

Previous Tracheal Resection Anastomosis

- RA before referral:
- Date of Previous RA
- Operator of Previous RA
- Type of Previous RA :
 - Type I
 - Type II
 - Type III
- The complications of Previous RA: Yes NO
- Types of complications of Previous RA:
- Stent after Previous RA:
- Date of Stent after previous RA
- Type of Stent after last RA:
- Tracheostomy
- T-tube

- **EVALUATION OF VCs IN :**
 - **FIBROTIC BRONCHOSCOPY**
 - **RIGID BRONCHOSCOPY**
 - **LARYNGOSCOPY**

- **LOCAL OF STENOSIS IN THE FIRST RIGID BRONCHOSCOPY:**
 - **TRACHEA**
 - **SUBGLOT**
 - **TRACHEA&SUBGLOT**
 - **LT BRONCHUS**
 - **RT BRONCHUS**

- **Distance between VCs and stenosis-mm**
- **Length of stenosis-mm**
- **Distance between stenosis and carina-mm**
- **Type of stenosis**
 - **Mature/Fibrosis**
 - **Immature/ Inflammation&Granulation**
 - **Malacia**

Mucous below stenosis: Normal Abnormal
Mucous above stenosis: Normal Abnormal

- **The length between VCs and stoma-mm**
- **Length of stoma-mm**
- **Distance between stoma and carina-mm**
- **Place of stoma**
- **The diameter of the airway in the stenosis-mm**
- **Times of bronchoscopy before airway surgery/RA**

Follow-up in none operated patient

- **Follow- up in none operated patients:**
 - Yes No
- **Date of last bronchoscopy :**
- **Results of the last bronchoscopy :**

- **PLACE OF STENOSIS IN FOLLOW-UP(LAST BRONCHO) OF NONE OPERATES:**
 - **CARINA**
 - **TRACHEA AND SUBGLOT**
 - **SUBGLOT**

- TRACHEA
- LT BRONCHUS
- RT BRONCHUS

- **Grade of stenosis in follow- up in none operated patients (last broncho):**
 - Mild
 - Moderate
 - Severe
 - Complete obstruction

- **The first size of rigid bronchoscopy for dilation during in follow- up in none operated patients (last broncho)-mm**

- **Times of bronchoscopy in follow-up:**
- **Last date of follow-up:**
- **Symptoms in the last follow-up:**
 - **Exertional dyspnea during the last follow-up:**
 - **Dyspnea at rest during the last follow-up:**
 - **Dyspnea with cough during the last follow-up:**
- **VCs assessment during the last follow-up:**
 - Normal
 - Rt VC paralysis
 - Left VC paralysis
 - Rt&Lt VCs paralysis
 - Others

- **Voice in the last follow-up**
 - Normal
 - Hoarseness
 - Mute
- **Stent during discharge: Yes NO**
- **Types of the stent during discharge**
 - Tracheostomy
 - T-Tube
 - Other stents

- **Next plan:**
 - Bronchoscopy & Dilation
 - Placement of Stent

- Maintaining of Stent
- Airway surgery
- Refer to Laryngologist
- Corton
- Others

Corton Before & After Surgery

- Corton before surgery: No Yes
- Date of start:
- Cause of corton prescription:
- Name of corton :
- Dose-mg:
- Corton still continues before surgery: No Yes
- Reason for continuous Corton before surgery:
- Date of the ceasing of corton before surgery:

- Corton after surgery: No Yes

- Date of starting after surgery:
- Reason of start of corton after surgery:
- Name of corticosteroid after surgery:
- Dose-mg
- Corton still continues after surgery: No Yes

- Reason of continuous for corton after surgery:

- Date of the ceasing of corton after surgery:

Characteristic of current Resection Anastomosis

- Date of the Last bronchoscopy before RA:
- Date of present RA:
- Type of operation:
 - Type I
 - Type II
 - Type III
 - Type IV
 - Others

- Type of incision
 - Cervical
 - T-shape without sternotomy
 - T-shape partial sternotomy
 - T-shape complete sternotomy

- **Other**

- **Stent after surgery:** Yes No
- **Stent post-operation**
 - **Tracheostomy**
 - **T-Tube**
 - **Other**

- **Early Results of current RA:** No Yes
- **Management of dyspnea after current RA:**

- **Voice after current RA**
 - **Normal**
 - **Hoarseness**
 - **Severe Hoarseness;**
 - **Severe Hoarseness with Trach/T-tube**

- **Complications after current RA:** No Yes
 - **Wound infection:** No Yes
 - **Seroma or Hematoma need drainage:**
No Yes

- **Complication: Vocal cords in laryngoscopy:**
 - **Hoarseness**
 - **Lt VC paralysis**
 - **Rt VC paralysis**
 - **Bilateral VCs paralysis**
 - **Lt VC paralysis**
- **Complication: Dehiscence:** No Yes
- **Grade of Dehiscence**
 - **Mild/No procedure**
 - **Severe/Stent**
 - **Very severe/Re-operation**

- **Complication: Bronchoscopy one or more before the first month:**
NO Yes
- **Reason of bronchoscopy before the first month:**
 - **Diagnostic for the reason of dyspnea**
 - **Secretions evacuation**
 - **Both**

- **Complication: Dilation of stenotic anastomosis:**
No Yes
- **Complication: Dilation for granulation tissue removal**
No Yes

- **Complication: TI fistula bleeding:** No Yes

- **Panic about dyspnea probably becomes worse in follow-up:**

- **Never**
- **Hardly ever**
- **A few time**
- **Several times**
- **Many time**
- **A great many time**
- **All the time**

- **Upset about dyspnea in Follow-up:**

- **Never**
- **Hardly ever**
- **A few time**
- **Several times**
- **Many time**
- **A great many time**
- **All the time**

- **Limited physical activity in Follow-up: Yes No**

- **Not limited**
- **Very slightly limited**
- **Slightly limited**
- **Moderately limited**
- **Very limited**
- **Extremely limited**
- **Totally limited**

- **Follow-up: Limited Daily activity**

- **Not limited**
- **Very slightly limited**
- **Slightly limited**
- **Moderately limited**
- **Very limited**
- **Extremely limited**
- **Totally limited**

- **Follow-up: Limited Social activity**

- **Not limited**

- Very slightly limited
- Slightly limited
- Moderately limited
- Very limited
- Extremely limited
- Totally limited

- Follow-up: Spirometry

Yes No

- Follow-up: FEV1 (lit)
- Follow-up:FVC (lit)
- Follow-up: PEFR (lit/second)

- FOP: Voice
 - Normal
 - Hoarseness
 - Not Voice
 - Discharged with stent:

- Follow-up: Decannulated: Yes NO

- Date of decannulation:
- Having stent in Follow-up: Yes NO

- Follow-up: Evaluation of VCs:
 - Normal
 - RT paralysis
 - Lt paralysis
 - Bilateral paralysis
 - Others

- Need to be re-visited for follow-up:
- Cause of re-follow up:

Death

- **Death:**
- **Date of death:**
- **The time between the last procedure and death-Days:**
- **Death in hospital: Yes No**
- **Death after discharge: Yes No**

- **Cause of death:**
- **Related to Tracheal stenosis**
- **Not related to Tracheal stenosis**
- **Unknown**

- **Reason of death**

Multisegmental Tracheal Stenosis

- **Multisegmental tracheal stenosis: Yes NO**

- **Distance between proximal stenosis and VCs-mm:**
- **Distance between proximal and distal stenosis-mm:**
- **Length of proximal stenosis-mm:**
- **Length of the distance between two stenoses:**
- **Distance between distal stenosis and carina-mm:**

- **Stoma in multisegmental stenosis**

- **Multisegmental tracheal stenosis: Place of stoma**
- **Above proximal stenosis**
- **Within proximal stenosis**
- **Between 2 stenoses**
- **Within distal stenosis**
- **Below distal stenosis**

- **Distance between stoma and VCs-mm:**

- Distance between stoma and carina-mm:
- Length of stoma-mm:

- Management: Type I (Type of surgery for two stenoses in one stage)
 - Type I
 - Type II
 - Type III
 - Type IV
 - Others

- Date of surgery in Type I MSTs:

- Management: Type II (Surgery of two stenoses in the separated time)
 - Date of Surgery of proximal stenosis:
 - Type of incision for proximal stenosis:
 - Cervical
 - T-shape without sternotomy
 - T-shape partial sternotomy
 - T-shape full sternotomy
 - Sternotomy
 - Rt Thoracotomy
 - LT Thoracotomy

- Length of proximal resection-surgeon report-mm:
- length of proximal resection-pathologist report-mm:
- Proximal:Length between two tracheal segments in extension-mm:
- Proximal stenosis: Anterior size-mm:
- Proximal stenosis: Posterior size-mm:
- Proximal stenosis: Number of removed rings:

- Proximal surgery: Surgeon assumption
 - Easy
 - slightly difficult
 - difficult
 - Very difficult

- Tension in Proximal anastomosis: Yes No

- Distal stenosis surgery:
 - Date:
 - Type of incision
 - Cervical

- T-shape without sternotomy
- T-shape partial sternotomy
- T-shape full sternotomy
- Sternotomy
- Rt Thoracotomy
- LT Thoracotomy

- Distal stenosis: length of resection-surgeon report-mm
- Distal stenosis: Length of resection-pathologist report-mm
- Distal: Length between two tracheal segments in extension-mm
- Distal stenosis:Anterior size-mm
- Distal stenosis: Posterior size-mm
- Distal stenosis: Number of removed rings

- Distal surgery: Surgeon assumption
 - Easy
 - Slightly difficult
 - Difficult
 - Very difficult
- Tension in Distal anastomosis: Yes NO
- Management: Type-III
- Cause of 2nd stenosis which was not operated:
- Treatment of not surgeried stenosis:
 - Bronchoscopy & Dilation
 - Placement of Stent
 - Maintaining Stent
 - Refer to Laryngologist
 - Other
- Multisegmental: Mangement Type IV
- Type IV: Cause of not operating of proximal stenosis
 - Mild stenosis
 - Cured by bronchoscopy
 - Cured by stent
 - Inoperable

- **Neuro-muscular**
- **Limited function**
- **Will be surgeried**
- **Others**

- **Treatment of proximal stenosis:**
 - **Bronchoscopy & Dilation**
 - **Placement of Stent**
 - **Maintaining Stent**
 - **Refer to Laryngologist**
 - **Other**

- **MS.Type IV: Cause of not operating of distal stenosis:**
 - **Mild stenosis**
 - **Cured by bronchoscopy**
 - **Cured by stent**
 - **Inoperable**
 - **Neuro-muscular**
 - **Limited function**
 - **Will be surgeried**
 - **Others**

- **MS.Type IV: Treatment of distal stenosis**
 - **Bronchoscopy & Dilation**
 - **Placement of Stent**
 - **Maintaining Stent**
 - **Refer to Laryngologist**
 - **Other**

COMMENTS:

