Replacing Ambulatory Clinic Follow-up with Mobile App Home Monitoring in Breast Reconstruction Patients: A Randomized Controlled Trial

Telephone questionnaire capturing email, telephone and in-person encounters and postoperative complications. All patients will complete this at week two and week four.

Patient Identification No: ______________________  Date: ______________________

1. Did you want to be in contact with your health care provider/surgeon but did not call/email/visit?
   □ yes
   □ no
   If “yes”, please describe what kind of contact you wanted.
   ________________________________________________________________
   ________________________________________________________________

2. Did you call the hospital/your surgeon/your nurse while you were recovering at home, before your first or second follow-up appointment?
   □ yes, before my □ first appointment and/or □ second appointment
   □ no
   If “yes”, please describe why
   ________________________________________________________________
   ________________________________________________________________

3. Did you email the hospital/your surgeon/your nurse while you were recovering at home, before your first or second follow-up appointment?
   □ yes
   □ no
   If “yes”, please describe why
   ________________________________________________________________
   ________________________________________________________________
4. Did you visit the emergency department/hospital/your surgeon/your nurse (unscheduled) while you were recovering at home, during the first month after surgery?
   □ yes
   □ no

   If “yes”, please describe why

   ____________________________________________________________

   ____________________________________________________________

5. (Seroma) Did you experience a collection of fluid under the skin that required drainage by needle?
   □ yes
   □ no

6. (Hematoma) Did you experience a collection of blood under the skin that required drainage by needle or another stay in the hospital or surgery?
   □ yes
   □ no

7. (Infection) Did you experience redness and/or pus around a site of operation that required an antibiotic prescription?
   □ yes
   □ no

8. (Wound dehiscence) Did you experience a wound that required prolonged nursing care or another procedure the clinic or in the operating room?
   □ yes
   □ no

9. Please describe any complications that you experienced related to your breast surgery:

   ____________________________________________________________

   ____________________________________________________________