

## Chyme Reinfusion Case Report Template

Do you have consent from the patient to write about their journey \*

Do you have consent to share patient photos \*

Multidisciplinary professional involved with care \*

Pseudonym/Alias of patient \*

Age and Sex at Birth \*

Surgical History leading to ostomy \*

Any relevant surgical history \*

History of patient condition leading to initiating chyme reinfusion (include days in hospital, other treatments attempted, how the patient was managing) \*

**Initiating chyme reinfusion therapy with The Insides System. (Include what you did to prepare, supporting the patient, and how they managed). Provide specific information \***

**Closure surgery (talk about any complications, post operative recovery, time to eating, time to discharge and any follow up afterwards) \***

**Summarise the healthcare professional and patient experiences \***

## **Your Details**

### **Contact Details \***

First Name

Last Name

Email \*

example@example.com