

RCP Biliary Stricture Comp Severity

Date of Onset		Resolution of the complication within 3	○Yes
		months post- operatively. This does not apply to complications that are self-limiting acute events.	○ No
			Not Applicable
			OUnknown
If No or N/A to Resolution, Complication		○Yes	
worsened. (requiring intervention in an effort to control the complication or its sequelae)		○ No	
Medications Required for Treatment		○Yes	
		○ No	
		ORoutine Medications	
If yes to Medications Required for Treatment, Type of Medications		Medications for bacterial, viral or fungal infections other than prophylaxis	
		Ulcer Therapy other than prophylaxis	
		Other	
Interventions/Procedures		○Yes	
		○No	
If was to Interventions/Pr	caduras Typa of	Bedside therapeutic procedure (e.g. evacuation of pneumothorax, pleural effusion or monitoring lines)	
If yes to Interventions/Procedures, Intervention or Procedure		Surgical Intervention	
		© Endoscopic Intervention	
		Radiologic Intervention	
Blood Transfusion		○ Yes	
		○No	

If yes to Blood Transfusi	ion, Units of RBC's		
ICU Admission of 5 days or more?		○ Yes ○ No	
Management of this complication required the patient's hospital stay to be longer than 4 weeks (if initial transplant surgery admission) or 14 days (if subsequent post transplant admission) total	○ Yes	Residual Disability/Disease resulting from the complication	O Yes O No
	○ No		
Re-Listing		○ Yes ○ No	
If Yes to Re-Listing, Dat	e of Re-Listing		
Re-Transplantation		○ Yes ○ No	
Death		○ Yes ○ No	
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