



ChiLDReNLink

Form 26 F/U Surgery

B: SURGERIES/PROCEDURES

B1	This is a report of:	<input type="checkbox"/> Incisional surgery <input type="checkbox"/> Endoscopy <input type="checkbox"/> Percutaneous liver biopsy <input type="checkbox"/> Other (specify): _____
B2	Date of surgery/procedure	____ / ____ / ____
B3	Were tissue samples collected for the repository?	<input type="checkbox"/> No → go to B4 <input type="checkbox"/> Yes
B3b	Total time elapsed between harvested and snap-freezing:	____ O Minutes <input type="checkbox"/> Not Done
B4	Were bile samples collected for the repository?	<input type="checkbox"/> No → go to B5 <input type="checkbox"/> Yes
B4b	Total time elapsed between harvested and snap-freezing:	____ O Minutes <input type="checkbox"/> Not Done
B5	Type of surgery performed (select one):	<input type="checkbox"/> Repeat Kasai → complete section C <input type="checkbox"/> Other drainage procedure → complete section D <input type="checkbox"/> Bile leak → complete section E <input type="checkbox"/> Transplant (Complete form 25N) → Done <input type="checkbox"/> Vascular access (e.g. Broviac) → Done <input type="checkbox"/> Liver biopsy → complete section G <input type="checkbox"/> GI Endoscopy → complete section H <input type="checkbox"/> Placement of enteral feeding Access → complete section I <input type="checkbox"/> Other invasive procedure (specify): _____ → Done

C: REPEAT KASAI

C1	Bile draining from porta hepatic:	<input type="checkbox"/> No <input type="checkbox"/> Yes
C2	Roux limb approximately:	____ cm to anastomosis
C3	Operative findings:	_____

D: OTHER DRAINAGE PROCEDURE

D1	Choledochojejunostomy performed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
D2	Hepaticojejunostomy performed:	<input type="checkbox"/> No <input type="checkbox"/> Yes

D: OTHER DRAINAGE PROCEDURE

D3	Operative findings:	
----	---------------------	--

E: BILE LEAK

E1	Describe bile leak:	
----	---------------------	--

G: LIVER BIOPSY

G1	Type of biopsy performed:	<input type="radio"/> Wedge <input type="radio"/> Both	<input type="radio"/> Needle <input type="radio"/> Explant
G2	Method:	<input type="radio"/> Percutaneous <input type="radio"/> Laparoscopic surgery	<input type="radio"/> Open surgery <input type="radio"/> Transjugular
G2a	Was liver tissue collected for the repository?	<input type="radio"/> No → go to Done	<input type="radio"/> Yes
G2b	Total time elapsed between harvested and snap-freezing:	____ ____ ____ <input type="radio"/> Minutes	<input type="radio"/> Not Done

H: GI ENDOSCOPY

H1	Indication:	<input type="radio"/> Varices surveillance <input type="radio"/> GI Bleed <input type="radio"/> Other (specify): _____
H2	Varices grade:	<input type="radio"/> None <input type="radio"/> Small varices without luminal prolapse <input type="radio"/> Moderate-sized varices showing luminal prolapse with minimal obscuring of the gastroesophageal junction <input type="radio"/> Large varices showing luminal prolapse substantially obscuring the gastroesophageal junction <input type="radio"/> Very large varices completely obscuring the gastroesophageal junction <input type="radio"/> Not mentioned
H3	Red Signs (black spots):	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Not mentioned
H4	Portal gastropathy:	<input type="radio"/> No <input type="radio"/> Yes
H5	Other findings (specify):	_____

H: GI ENDOSCOPY

H6	Interventions taken (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Banding <input type="checkbox"/> Octreotide <input type="checkbox"/> β -blocker <input type="checkbox"/> Other (specify): _____
----	---	--

I: PLACEMENT OF ENTERAL FEEDING ACCESS

I1	Type of access:	<input type="radio"/> Open surgery <input type="radio"/> Laparoscopic surgery <input type="radio"/> Percutaneous
----	-----------------	--