

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Adjudication Committee

Mortality Report Form – Version 06/15/2005 FORMV

Form completion date: __/__/20__ **MORTDAT**
mm dd yy

Names: **ANAME1...5**

Re-adjudication? **READJ**

Supplied by the DCC:

Patient ID _____ - **ID** _____ - _____

Date of death: **DOIDAT** (replaced with AGE_D)

Date of Bariatric Surgery: **SURGDAT**

1. Cause of Death (check only one): **MORTD**

- 0. Indeterminate
- 1. Bleeding
- 2. Sepsis from anastomotic leak
- 3. Sepsis from other abdominal source
- 4. Pulmonary embolus
- 5. Cardiac failure
- 6. Myocardial infarction
- 7. Cerebrovascular accident
- 8. Bowel obstruction
- 9. Evisceration
- 10. Pneumonia
- 11. Respiratory failure, including ARDS
- 12. Accident → end
- 13. Suicide → end
- 14. Other (Specify: **MORTDS**)
- 15. Cancer
- 16. Ethanol/Drug abuse

1.1. What is the Adjudication Committee Members' level of certainty for the above cause of death? **MORTC**

- 1. Definite
- 2. Probable
- 3. Indeterminate

2. Did the patient die as a direct result of a complication occurring during, or within 24 hours after bariatric surgery? **MORT24**

- 0. No
- 1. Yes

3. Did the patient die as a direct result of a complication occurring during or after a procedure related to the bariatric surgery? **MORTDR**

- 0. No → Do not complete the rest of this form
- 1. Yes
- 2. Indeterminate

3.1 Specify **procedure** directly related to the complication (check all that apply):

- | No | Yes | | No | Yes | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Primary Bariatric Surgery PBS | <input type="checkbox"/> | <input type="checkbox"/> | Incisional hernia INH |
| <input type="checkbox"/> | <input type="checkbox"/> | Liver biopsy LB | <input type="checkbox"/> | <input type="checkbox"/> | Crural repair CRURE |
| <input type="checkbox"/> | <input type="checkbox"/> | Planned fiber optic intubation PFOI | <input type="checkbox"/> | <input type="checkbox"/> | Cholecystectomy CHOLE |
| <input type="checkbox"/> | <input type="checkbox"/> | Gastrostomy MOGA | <input type="checkbox"/> | <input type="checkbox"/> | Lysis of extensive adhesions LOEA |
| <input type="checkbox"/> | <input type="checkbox"/> | Partial gastrectomy PARGA | <input type="checkbox"/> | <input type="checkbox"/> | Band replacement BANDRE |
| <input type="checkbox"/> | <input type="checkbox"/> | Subtotal gastrectomy SUBGAS | <input type="checkbox"/> | <input type="checkbox"/> | Anastomotic revision (<input type="checkbox"/> 1.GJ <input type="checkbox"/> 2. JJ <input type="checkbox"/> 3. DJ) MASR
(MASGJ MASJJ MASDJ) |
| <input type="checkbox"/> | <input type="checkbox"/> | Truncal vagotomy TVAG | <input type="checkbox"/> | <input type="checkbox"/> | Band/port revision BAPR |
| <input type="checkbox"/> | <input type="checkbox"/> | Partial vagotomy PVAG | <input type="checkbox"/> | <input type="checkbox"/> | Wound revision or evisceration WREV |
| <input type="checkbox"/> | <input type="checkbox"/> | Endoscopy MOEN | <input type="checkbox"/> | <input type="checkbox"/> | Tracheal reintubation TRRE |

<input type="checkbox"/>	<input type="checkbox"/>	Placement of percutaneous drain PPD	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy TRAC
<input type="checkbox"/>	<input type="checkbox"/>	Panniculectomy PANNI	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify: _____ MOTS _____) MOT
<input type="checkbox"/>	<input type="checkbox"/>	Unplanned splenectomy UPST			
<input type="checkbox"/>	<input type="checkbox"/>	Umbilical hernia UMH			

Continued,

3.2. What is the Adjudication Committee Members' level of certainty for the above procedure(s)? **MORTDRL**

1. Definite
 2. Probable
 3. Indeterminate

3.3 Specify **complication** directly related to the death (*check all that apply*):

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding MOB	<input type="checkbox"/>	<input type="checkbox"/>	Evisceration MEV
<input type="checkbox"/>	<input type="checkbox"/>	Sepsis from anastomotic leak SFAL	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia MPNE
<input type="checkbox"/>	<input type="checkbox"/>	Sepsis from other abdominal source SFOAS	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory failure, including ARDS RFIA
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolus PLE	<input type="checkbox"/>	<input type="checkbox"/>	Staple line breakdown SLB
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac failure CF	<input type="checkbox"/>	<input type="checkbox"/>	Port or tube problems POTP
<input type="checkbox"/>	<input type="checkbox"/>	Myocardial infarction MYCI	<input type="checkbox"/>	<input type="checkbox"/>	Gastric prolapse GPO
<input type="checkbox"/>	<input type="checkbox"/>	Cerebrovascular accident CA	<input type="checkbox"/>	<input type="checkbox"/>	Esophageal motility disorder or dilation EMDD
<input type="checkbox"/>	<input type="checkbox"/>	Bowel obstruction BOWO	<input type="checkbox"/>	<input type="checkbox"/>	Gastroesophageal reflux GPRX
<input type="checkbox"/>	<input type="checkbox"/>	Incisional/ventral hernia IVH	<input type="checkbox"/>	<input type="checkbox"/>	Persistent diarrhea PDI
<input type="checkbox"/>	<input type="checkbox"/>	Wound dehiscence WODE	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration DEHY
<input type="checkbox"/>	<input type="checkbox"/>	Acute cholecystitis ACH	<input type="checkbox"/>	<input type="checkbox"/>	Acute renal failure ARF
<input type="checkbox"/>	<input type="checkbox"/>	Anastomotic stricture →(<input type="checkbox"/> 1.GJ <input type="checkbox"/> 2. JJ) ANS (ANSG ANSJ)	<input type="checkbox"/>	<input type="checkbox"/>	Liver failure LIFA
<input type="checkbox"/>	<input type="checkbox"/>	Gastric band erosion GBE	<input type="checkbox"/>	<input type="checkbox"/>	Common bowel stones/cholangitis CBSC
<input type="checkbox"/>	<input type="checkbox"/>	Gastric band slippage GBS	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify: _____ MO7S _____) MO7
<input type="checkbox"/>	<input type="checkbox"/>	Gastric band leakage GBL	<input type="checkbox"/>	<input type="checkbox"/>	Indeterminate MO7I

3.4. What is the Adjudication Committee Members' level of certainty for the above complication(s)? **MORTCMPL**

1. Definite
 2. Probable
 3. Indeterminate

Comments: _____ **ADJCOM** _____

The final determination on this form may in no way be conditional on the comments listed above.