Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ / 20 _ _ Initials: _____

For office use only.

Operative Evaluation Form (OP1) – Version: 07/31/2007 FORMV

Patient ID __ __ __ - __ __ __ __- __ __ **ID** **Form Completion Date** __ __ / __ __ / 20 __ __ **OP1DAT** mm dd yy

Surgeon Certification Number: ___ ___ ___ ___ ___ **CERT**

1. Date of Surgery __ __ / __ __ / 20 __ __ (mm/dd/yy) **SURGDAT**

2. Operative times: (military time)

2.1 Time patient entered the operating room: __ __ : __ __ (hr : min) **INORH:INORM**

2.2 Time in which the first open or laparoscopic incision was made: __ __ : __ __ (hr : min) **OPENH:OPENM**

2.3 Time in which the final skin closure was made: __ __ : __ __ (hr : min) **CLOSEH:CLOSEM**

2.4 Time in which the patient left the operating room: __ __ : __ __ (hr : min) **OUTORH:OUTORM**

3. Is this procedure a revision? ☐ 0. No ☐ 1. Yes **OP_REVIS**

4. Is this procedure a reversal? ☐ 0. No ☐ 1. Yes **OP_REVER**

5. Procedure performed: **SURGPERF**

☐ 1. None (Surgery cancelled after anesthesia induction) → ***Do not complete the remainder of this form***.

☐ 2. Gastric bypass

Specify: ☐ 1. Proximal (Roux length < 250 cm) → (Roux Length: ___ ___ ___ cm) **ROUXL**
GBTYPE ☐ 2. Distal (Roux length ≥ 250 cm) → (Common Channel Length: _ **CHANL** _ cm)

☐ 3. Biliopancreatic diversion (BPD)

☐ 4. Biliopancreatic diversion with Duodenal Switch (BPDS)

5.1 Was the stomach divided? ☐ 0. No ☐ 1. Yes **STODIV**

5.2 How was the Gastrojejunostomy / Duodenal-jejunostomy done?	No	Yes	
	☐	☐	a. Hand sewn **HSEWN**
	☐	☐	b. Linear stapled **LSTAPLE**
	☐	☐	c. Circular stapled (EEA) **EEA**

5.3 Was the Gastrojejunostomy / Duodenal-jejunostomy reinforced/sealed? **GJDJREIN** ☐ 0. No ☐ 1. Yes

5.3.1 If yes, specify how:

No	Yes		No	Yes	
☐	☐	a. Sutures **SUTURES**	☐	☐	e. Other **REINO**
☐	☐	b. Omental Buttress **BUTTR**			(Specify: __**REINS**_____)
☐	☐	c Sealant **GLUE**			

5.4 Was banding (ring, fascia, mesh, siliastic) used? ☐ 0. No ☐ 1. Yes **BREINF**

5.5 Was this a second stage procedure following a sleeve gastrectomy ☐ 0. No ☐ 1. Yes **S2PROC**

☐ 5. Adjustable band →

Specify length: **AGBL**
☐ 9.75 cm ☐ 10 cm ☐ 11 cm (or Vanguard)
☐ AP Small ☐ AP Large ☐ Other (specify: **AGBS** cm)

☐ 6. Sleeve gastrectomy – initial stage

☐ 8. Vertical Banded Gastroplasty

☐ 9. Other (Specify:_____**SURGPERS**_____)

☐10. Banded gastric bypass (Gastric bypass + non-adjustable band)

6. Was a resident or trainee present? ? ☐ 0. No ☐ 1. Yes **RESID**

7. Method of Surgical Procedure: **SURGPROC**

☐ 1. Laparoscopic: →

# of ports/incisions for each width (*enter '0' if none*):	5 mm	10-12 mm	15 mm
	# **PORT5**	# **PORT10**	# **PORT15**

☐ 2. Laparoscopic converted to open: →

a. # of ports/incisions for each width (*enter '0' if none*):	5 mm # **PORT5**	10-12 mm # **PORT10**	15 mm # **PORT15**

b. Specify reason for conversion:

No	Yes		No	Yes	
☐	☐	a. Exposure **EXPO**	☐	☐	d. Instrument/equipment failure **EQPTF**
☐	☐	b. Bleeding **BLEED**	☐	☐	e. Other **LPOPO** (Specify: ____**LPOPOS**_____)
☐	☐	c. Anatomy **ANAT**			

c. Length of open incision (cm): __ __ __ . __ **OPNLGTH**

☐ 3. Open (no laparoscopic ports): → (Length of incision (cm): __ __ __ . __) **OPNLGTH**

8. Were any concurrent procedures performed? ☐ 0. No ☐ 1. Yes **CONCPROC**

8.1 If yes, check "no" or "yes" to each item in the box:

No	Yes		No	Yes		No	Yes	
☐	☐	a. Liver biopsy **CLIVER** ☐ 0. R lobe ☐ 1. L lobe **TXSITE**	☐	☐	f. Crural repair **CCRURL**	☐	☐	k. Panniculectomy **CPANN**
☐	☐	b. Drain placed at gj **CDRAIN**	☐	☐	g. Gastrectomy → **CGAST** ☐ 1. Partial **CGASTS** ☐ 2. Subtotal	☐	☐	l. Planned fiberoptic intubation **CINTUB**
☐	☐	c. Gastrostomy **CGASTY**	☐	☐	h. Cholecystectomy **CCHOL**	☐	☐	m. Incisional hernia **CHERNI**
☐	☐	d. Unplanned splenectomy **CSPLE**	☐	☐ **CEGD**	i. Diagnostic EGD/EGJ: *NOTE: This item should NOT be checked if it was only used to check the integrity of the anastomosis.*	☐	☐	n. Lysis of extensive adhesions **CLYSIS**
☐	☐	e. Umbilical hernia **CUMBIL**	☐	☐	j. Vagotomy → **CVAGO** ☐ 1. Tru. **CVAGOS** ☐ 2. Par.	☐	☐	o. Other **COTH** (specify: ____**COTHS**_____)

9. Was a method used to test anastomosis? **TESTANA** ☐ 0. No ☐ 1. Yes ☐ -2. N/A (band)

9. 1 If yes, check "no" or "yes" to each item in the box:

No	Yes		Results 1. Neg. 2. Pos.	*If any of the tests were positive, was an action taken?*	No	Yes	Action *check "no" or "yes" for each item.*
☐	☐	a. Air by Tube **AIR** →	**RESAIR**		☐	☐	Suture repair **ACTSUT**
☐	☐	b. Air by Endoscopy * → **EGD**	**RESEGD**	☐ 0. No ☐ 1. Yes → **ACTION**	☐	☐	Glue **ACTGLU**
☐	☐	c. Methylene Blue → **MBLU**	**RESMBLU**		☐	☐	Complete anastomosis redo **ACTREDO**

10. Were any DVT prophylaxis administered (pre-operative or intra-operative) or ordered (post-operative)? **DVTPERF** ☐ 0. No ☐ 1. Yes

10.1 If yes, check "no" or "yes" to each item in the box:

No	Yes		Pre-Operative Administration Timing					Intra-Operative Administration		Post-operatively Ordered	
			None (0)	1 - 2 hours (1)	Within 1 hour (2)	Within 30 minutes (3)	> 2 hours (4)	No (0)	Yes (1)	No (0)	Yes (1)
☐	☐	Compression stockings **PSTOCK**									
☐	☐	Sequential compression device **PSEQD**									
☐	☐	Prophylactic vena cava filter **PFILTER**									
☐	☐	Foot pump **PFOOT**									
☐	☐	5000 units sub-cutaneous heparin **PSHEP** →			**TSHEP**			→ **ISHEP**		→ **POSHEP**	
☐	☐	Other dose heparin **PAHEP** (Dose: **_AHEPD__** units) →			**TAHEP**			→ **IAHEP**		→ **POAHEP**	
☐	☐	Low molecular weight heparin **PLHEP** →			**TLHEP**			→ **ILHEP**		→ **POLHEP**	
		If low molecular weight heparin: **PLHEPD** ☐ 20 mg ☐ 40 mg ☐ 60 mg ☐ Other (specify: **PLHEPS** mg)									
☐	☐	Other Anticoagulant **POTH** →			**TOTH**			→ **IOTH**		→ **POOTH**	
		Name: **__POTHS___** Dose **__POTHD__** Specify whether mg or unit: ☐ 1. mg ☐ 2. unit **DOSETYPE**									

11. Record fluids and blood loss during surgery:
Crystalloid fluids: __ __ __ (ml) **CRYFLUML**
Colloid fluids: __ __ __ (ml) **COLFLUML**
Blood loss: __ __ __ (cc) *(if < 50 cc, enter "0")* **BLOSSCC**
Blood transfusion: __ __ __ (units) **BTRANSU**

12. Anesthesia risk-derived classification: ☐ 1. Stage I ☐ 2. Stage II ☐ 3. Stage III ☐ 4. Stage IV
ACLASS

13. Were there any intra-operative events? ☐ 0. No ☐ 1. Yes
IOEVENT

13.1 If yes, check "no" or "yes" to each item in the box:

No	Yes							
☐	☐	a. Instrument/equipment failure **EVNFAIL**						
☐	☐	b. Revision of anastomosis (if yes) **EVEREV**						
		☐ ☐ Gastrojejunostomy **REVGAS**						
		☐ ☐ Jejunostomy **REVJEJ**						
		☐ ☐ Other **REVOT** (Specify: **__REVS__**)						
☐	☐	c. Organ injury requiring suture/other repair (if yes) **EVEINJ**						
		☐ ☐ Spleen → **INJSPL**	Grade: **SPGRADE**	☐ I	☐ II	☐ III	☐ IV	☐ V
		☐ ☐ Liver → **INJLIV**	Grade: **INJLIVG**	☐ I	☐ II	☐ III	☐ IV	☐ V
		☐ ☐ Bowel → **INJBOW**	Grade: **INJBOWG**	☐ I	☐ II	☐ III	☐ IV	☐ V
		☐ ☐ Named Blood Vessel → **INJVES**	Grade: **INJVESG**	☐ I	☐ II	☐ III	☐ IV	☐ V
		☐ ☐ Other (Specify: _____) **OTHORGAN** **OTHOGNSP**						
☐	☐	d. Subcutaneous emphysema **EVEEMPH**						
☐	☐	e. Intra-operative transfusion **EVETRANS**						
☐	☐	f. Anesthesia event(s) (if yes) **EVEOBJ**						
		☐ ☐ Witnessed aspiration **OBJINTUB**						
		☐ ☐ Surgical airway required **OBJAIRW**						
		☐ ☐ Multiple intubation attempts or unplanned fiber optic intubation **OBJASP**						
		☐ ☐ Cardiac ischemia **SUBISCH**						
		☐ ☐ Sustained dysrhythmia **SUBDYSR**						
		☐ ☐ Sustained hypoxia **SUBHYPOX**						
		☐ ☐ Sustained hypotension **SUBHYPOT**						
		☐ ☐ Sustained hypercarbia **SUBHYPER**						
☐	☐	g. Other event that required an unexpected course of action. **IOEVENTO** (Specify: **___IOEVENTS_**_____)						

14. Lowest reported or known body temperature: __ __. __ (C^o) → 14.1 Specify temperature source: ☐ 1. Skin (including cartilage) ☐ 2. Core
BODTEMP **BODTEMPS**