Entered: _ _ / _ _ /20_ _ Initials: ________ Verified: _ _ / _ _ /20 _ _ Initials: ________

For office use only.

Post -Operative Evaluation Form (POST1) – Version: 06/15/2006 FORMV

Patient ID __ __ __ - __ __ __ __ - __ __ ID
Certification number: ___ ___ ___ ___ ___ CERT

Form Completion Date _ POST1DAT _
Date of Surgery SURGDAT

1. Source(*s*) of Information: (*check all that apply*)

	Date of most recent contact:	
☐ Patient in Person **SPERSON**	__ __ / __ __ / 20 __ __	**SPERSOND**
☐ Patient by Telephone **SPHONE**	__ __ / __ __ / 20 __ __	**SPHONED**
☐ Patient Representative **SREP**	__ __ / __ __ / 20 __ __	**SREPD**
☐ Other Physician **SPHYSIC**	__ __ / __ __ / 20 __ __	**SPHYSICD**
☐ Chart Review **SCHART**	__ __ / __ __ / 20 __ __	**SCHARTD**

2. Length of hospital stay for obesity surgery: _______ (days) **LOS**

3. Discharge location: **DISLOC**
   - ☐ 1. Home
   - ☐ 2. Rehabilitation facility
   - ☐ 3. Skilled nursing facility
   - ☐ 4. Other hospital
   - ☐ 5. Was not discharged

4. Were the surgical wound edges opened within 30 days following surgery? ☐ 0. No ☐ 1. Yes **WEDGE**

5. Did the wound edges separate within 30 days following surgery requiring packing or bandage? ☐ 0. No ☐ 1. Yes **WEDGEPB**

6 Did the patient die? **POSTDIE** ☐ 0. No ☐ 1. Yes → Date of death: **~~DIEDATM / DIEDATD / DIEDATY~~** **(replaced with AGE_D)**
mm dd yy

If No, **STATDATE**

6.1 Status Date: __ __ / __ __ / 20 __ __ (Most recent date participant known to be alive)

7. Was the patient re-hospitalized after initial discharge? ☐ 0. No ☐ 1. Yes **REHOSP**

If Yes,

7.1 # of times re-hospitalized: # ___ ___ **REHOSPT**

7.2 Date of first re-hospitalization: __ __ / __ __ / 2 0 __ __
REHOSPM/ REHOSPD /REHOSPY

7.3 Were any of these related to a cardiac event? ☐ 0. No ☐ 1. Yes **REHOSPC**

Patient ID __ __ __ - __ __ __ __ __ - __ __

8. Did the patient have any post-bariatric surgical operations or undergo unplanned post-discharge anticoagulation therapy?
☐ 0. No ☐ 1. Yes **EVENTS**

If yes, specify all of the bariatric surgical operations or anticoagulation therapies below:

No	Yes	Event	Date first performed after surgery (mm/dd/yy)	Suspected reason for intervention *(see codes on next page)*	Was the reason for the intervention confirmed? No / Yes
☐	☐	8.1 Abdominal re-operation **REOPABD**			
		8.1.1. Specify approach: **REOPAPPR** → ☐ 1. Laparoscopic ☐ 2 Laparoscopic converted to Open ☐ 3. Open			
		8.1.2. Specify procedure: (No / Yes)			
		☐ ☐ a. Operative drain placement **ODRAIN**	**ODRAINM/ ODRAIND/ ODRAINY**	**ODRAINC**	**CODRAIN**
		☐ ☐ b. Gastrostomy **GASTR**	**GASTRM/ GASTRD / GASTRY**	**GASTRC**	**CGASTR**
		☐ ☐ c. Anastomotic revision **ANAREV**			
		Specify revision: → ☐ **GJ**	**GJM/ GJD / GJY**	**GJC**	**CGJ**
		☐ **JJ**	**JJM/ JJD/ JJY**	**JJC**	**CJJ**
		☐ **DJ**	**DJM/DJD/DJY**	**DJC**	**CDJ**
		☐ ☐ d. Band replacement **BREPLA**	**BREPLAM/ BREPLAD/BREPLAY**	**BREPLAC**	**CBREPLA**
		☐ ☐ e. Band/port revision **BREVIS**	**BREVIS M/ BREVISD / BREVISY**	**BREVISC**	**CBREVIS**
		☐ ☐ f. Wound revision or evisceration **WREVIS**	**WREVISM/ WREVISD/ WREVISY**	**WREVISC**	**CWREVIS**
		☐ ☐ g. Re-exploration **REXPLO**	**REXPLOM / REXPLOD/REXPLOY**	**REXPLOC**	**CREXPLO**
		☐ ☐ h. Other **REOPOTH** (Specify: **REOPS**)	**REOPOTHM / REOPOTHD / REOPOTHY**	**REOPOTHC**	**CREOPOTH**
☐	☐	8.2 Tracheal reintubation **TRACHEA**	**TRACHEAM / TRACHEAD /TRACHEAY**	**TRACHEAC**	**CTRACHEA**
☐	☐	8.3 Tracheostomy **TRACHEO**	**TRACHEOM / TRACHEOD/TRACHEOY**	**TRACHEOC**	**CTRACHEO**
☐	☐	8.4 Endoscopy **ENDOS**	**ENDOSM/ ENDOSD / ENDOSY**	**ENDOSC**	**CENDOS**
☐	☐	8.5 Placement of percutaneous drain **PDRAIN**	**PDRAINM / PDRAIND/ PDRAINY**	**PDRAINC**	**CPDRAIN**
☐	☐	8.6 Anticoagulation therapy for presumed/confirmed DVT **DVTTHERA**	**n/a**	n/a	n/a
☐	☐	8.7 Anticoagulation therapy for presumed/confirmed PE **PETHERA**	**n/a**	n/a	n/a
☐	☐	8.8 Readmission (other) 1 **EVEO1** (Specify: **EVEO1S**)	**EVEO1M / EVEO1D / EVEO1Y**	**EVEO1C**	**CEVEO1**
☐	☐	8.9 Readmission (other) 2 **EVEO2** (Specify: **EVEO2S**)	**EVEO2M/ EVEO2D/ EVEO2Y**	**EVEO2C**	**CEVEO2**
☐	☐	8.10 Readmission (other) 3 **EVEO3** (Specify: **EVEO3S**)	**EVEO3M/ EVEO3D / EVEO3Y**	**EVEO3C**	**CEVEO3**

Table of codes for suspected reason for an intervention

Code	Suspected reason for an intervention	Code	Suspected reason for an intervention
1	Anastomotic leak	9	Fluid or electrolyte depletion
2	Other abdominal sepsis	10	Vomiting or poor intake
3	Intestinal obstruction	11	Gastric distension
4	DVT	12	Strictures
5	Pulmonary embolism	13	Bleeding
6	Pneumonia	14	Infection/fever
7	Other respiratory failure	15	Other
8	Wound infection/evisceration		