

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____

For office use only.

Post-Operative Evaluation Form (POST2) – Version - 08/28/2006 FORMV

Patient ID _____ - _____ - _____ ID

Form Completion Date __/__/20__
POST2DAT mm dd yy

Certification number: _____ **CERT**

Date of Surgery __/__/20__
SURGDAT mm dd yy

- | | No | Yes | | Date of most recent contact: | | | |
|---|--------------------------|--------------------------|------------------------------------|------------------------------|----------------------------|--------------------------|-----------------------------|
| 1. Source(s) of information: (check all that apply) | <input type="checkbox"/> | <input type="checkbox"/> | Patient in person SPERSON | __/__/20__ | <input type="checkbox"/> | SPERSOND | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Patient by telephone SPHONE | __/__/20__ | <input type="checkbox"/> | SPHONED | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Patient representative SREP | __/__/20__ | <input type="checkbox"/> | SREPD | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other physician SPHYSIC | __/__/20__ | <input type="checkbox"/> | SPHYSICD | |
| | <input type="checkbox"/> | <input type="checkbox"/> | Chart Review SCHART | __/__/20__ | <input type="checkbox"/> | SCHARTD | |
| 2. Length of hospital stay for obesity surgery: _____ (days) LOS | | | 3. Discharge location: | <input type="checkbox"/> | 1. Home | <input type="checkbox"/> | 3. Skilled nursing facility |
| | | | DISLOC | <input type="checkbox"/> | 2. Rehabilitation facility | <input type="checkbox"/> | 4. Other hospital |
| | | | | | | <input type="checkbox"/> | 5. Was not discharged |

4. Did the patient die? **POSTDIE** 0. No 1. Yes → Date of death: __/__/20__ **DIEDATM/DIEDATD/DIEDATY**
mm dd yy (replaced with AGE_D)

If No,

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

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

If yes,

- 5.1 Number of times rehospitalized: # __ **REHOSPT**
- 5.2 Date of first re-hospitalization: __/__/20__ **REHOSPM/REHOSPD/REHOSPY**
mm dd yy
- 5.3 Were any of these related to a cardiac event? **REHOSPC** 0. No 1. Yes

6. Did the patient have any post-discharge complications? **POSTCOMP** 0. No 1. Yes

If yes,

6.1. Wound infection WINF	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
6.2. Fascial dehiscence DEHIS	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
If yes,		
6.2.1 Did the wound edges open within 30 days following surgery? WEDGE <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes		
6.2.2 Did the wound edges separate within 30 days following surgery requiring packing or bandage? WEDGEB <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes		
6.3. Small bowel obstruction SBOBS	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
If yes,		
6.11.1 Specify obstruction: SBOBSS		
6.11.2 Specify cause: SBOBSC		
<input type="checkbox"/> 1. Partial obstruction	<input type="checkbox"/> 1. Internal hernia	<input type="checkbox"/> 4. obstructed JJ Anastomosis
<input type="checkbox"/> 2. Complete obstruction	<input type="checkbox"/> 2. Adhesions	<input type="checkbox"/> 5. Unknown
	<input type="checkbox"/> 3. Anastomotic anatomy	<input type="checkbox"/> 6. Other (Specify: SBOBSCS_)
6.4. Incisional/ventral hernia VH	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
6.5. Acute cholecystitis/biliary colic CHOL	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
6.6. Common bowel duct stones/cholangitis STONE	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes

7. Did the patient have any post-bariatric surgical operations or undergo unplanned post-discharge anticoagulation therapy? 0. No 1. Yes
 If yes, specify all of the bariatric surgical operations or anticoagulation therapies below: **EVENTS**

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
<input type="checkbox"/>	<input type="checkbox"/>	7.1 Abdominal re-operation REOPABD 7.1.1. Specify approach: <input type="checkbox"/> 1. Laparoscopic REOPAPPR → <input type="checkbox"/> 2. Laparoscopic converted to Open <input type="checkbox"/> 3. Open 7.1.2. Specify procedure: No Yes <input type="checkbox"/> <input type="checkbox"/> a. Operative drain placement ODRAIN	ODRAINM/ ODRAIND/ ODRAINY	ODRAINC		
		<input type="checkbox"/> <input type="checkbox"/> b. Gastrostomy GASTR	GASTRM/ GASTRD / GASTRY	GASTRC		CGASTR
		<input type="checkbox"/> <input type="checkbox"/> c. Anastomotic revision ANAREV Specify revision: → <input type="checkbox"/> GJ	GJM/ GJD / GJY	GJC		CGJ
		<input type="checkbox"/> <input type="checkbox"/> JJ	JJM/ JJD/ JJY	JJC		CJJ
		<input type="checkbox"/> <input type="checkbox"/> DJ	DJM/ DJD/ DJY	DJC		CDJ
		<input type="checkbox"/> <input type="checkbox"/> d. Band replacement BREPLA	BREPLAM/ BREPLAD/ BREPLAY	BREPLAC		CBREPLA
		<input type="checkbox"/> <input type="checkbox"/> e. Band/port revision BREVIS	BREVISM/ BREVISD / BREVISY	BREVISC		CBREVIS
		<input type="checkbox"/> <input type="checkbox"/> f. Wound revision or evisceration WREVIS	WREVISM/ WREVISD/ WREVISY	WREVISC		CWREVIS
		<input type="checkbox"/> <input type="checkbox"/> g. Re-exploration REXPLO	REXPLOM / REXPLOD/ REXPLOY	REXPLOC		CREXPLO
		<input type="checkbox"/> <input type="checkbox"/> h. Other REOPOTH (Specify: REOPS)	REOPOTHM / REOPOTHD / REOPOTHY	REOPOTHC		CREOPOTH
<input type="checkbox"/>	<input type="checkbox"/>	7.2 Tracheal reintubation TRACHEA	TRACHEAM / TRACHEAD / TRACHEAY	TRACHEAC		CTRACHEA
<input type="checkbox"/>	<input type="checkbox"/>	7.3 Tracheostomy TRACHEO	TRACHEOM / TRACHEOD/ TRACHEOY	TRACHEOC		CTRACHEO
<input type="checkbox"/>	<input type="checkbox"/>	7.4 Endoscopy ENDOS	ENDOSM/ ENDOSD / ENDOSY	ENDOSC		CENDOS
<input type="checkbox"/>	<input type="checkbox"/>	7.5 Placement of percutaneous drain PDRAIN	PDRAINM / PDRAIND/ PDRAINY	PDRAINC		CPDRAIN
<input type="checkbox"/>	<input type="checkbox"/>	7.6 Anticoagulation therapy for presumed/confirmed DVT DVTTHERA	n/a	n/a		n/a
<input type="checkbox"/>	<input type="checkbox"/>	7.7 Anticoagulation therapy for presumed/confirmed PE PETHERA	n/a	n/a		n/a
<input type="checkbox"/>	<input type="checkbox"/>	7.8 Readmission (other) 1 EVEO1 (Specify: EVEO1S)	EVEO1M / EVEO1D / EVEO1Y	EVEO1C		CEVEO1
<input type="checkbox"/>	<input type="checkbox"/>	7.9 Readmission (other) 2 EVEO2 (Specify: EVEO2S)	EVEO2M/ EVEO2D/ EVEO2Y	EVEO2C		CEVEO2
<input type="checkbox"/>	<input type="checkbox"/>	7.10 Readmission (other) 3 EVEO3 (Specify: EVEO3S)	EVEO3M/ EVEO3D / EVEO3Y	EVEO3C		CEVEO3

8. Were any planned post-discharge anticoagulation therapies received? **DVTRECPD** 0. No 1. Yes
 If yes,

	No	Yes	Prophylactic (preventative) Use?			Therapeutic (as treatment) Use?				
			No	Yes	# of Days	Times per day	No	Yes	# of Days	Times per day
PSHEP		5000 units sub-cutaneous heparin	PSHEPPU	PSHEPPUD	PSHEPPUX	PSHEPTU	PSHEPTUD	PSHEPTUX		
PAHEP		Other dose heparin (Dose AHEPD units)	PAHEPPU	PAHEPPUD	PAHEPPUX	PAHEPTU	PAHEPTUD	PAHEPTUX		
PLHEP		Low molecular weight heparin If yes,	PLHEPPU	PLHEPPUD	PLHEPPUX	PLHEPTU	PLHEPTUD	PLHEPTUX		
		<input type="checkbox"/> PLHEPD Specify dose: <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg <input type="checkbox"/> 60 mg <input type="checkbox"/> Other (Specify: PLHEPS _ mg)								
POTH		Other Anticoagulant If yes,	POTHPU	POTHPUUD	POTHPUX	POTHTU	POTHTUD	POTHTUX		
		Specify name: <u> POTHS </u> Specify dose: POTHD <input type="checkbox"/> 1.mg <input type="checkbox"/> 2. units DOSETYPE								

**Table of codes for
suspected reason for an intervention**

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