

Entered: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

Verified: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

**For office use only.**

**Pre-operative Update Form (PU1) – Version: 12/15/2006 FORMV**

Patient ID \_\_\_\_\_ ID

Evaluation Date PUIDAT \_\_/\_\_/20\_\_  
mm dd yy

Certification number: \_\_\_\_\_ CERT

Consent Date DOC1DAT \_\_/\_\_/20\_\_  
mm dd yy

**Instructions:** This form should be administered no more than 90 days prior to bariatric surgery and only if the LABS-1 Pre-operative (PO1) form was completed more than 90 days prior to surgery. Note that if this form was completed more than 30 days prior to surgery, the patient's weight must be recorded again within 30 days and entered into the database.

1. Weight: \_\_\_\_ (lbs) **WGT**

2. How was weight measured? **WGTMEAS**
- 1. Tanita Scale
  - 2. Other Scale
  - 3. Last available bed weight
  - 4. Estimate

*If this form was completed more than thirty days before surgery, ONLY the patient's weight must be recorded again within thirty days of surgery.*

2. Smoking status:  1. Never smoked **SMOKE**

2. Current: →

Age started regularly: \_\_\_\_\_  
**CIGSTART**  
Average packs/day: \_\_\_\_\_  
**CIGAVE**

3. Former: →

Age started regularly: \_\_\_\_\_  
**CIGSTART**  
Age quit: \_\_\_\_\_ **CIGQUIT**  
Average packs/day: \_\_\_\_\_  
**CIGAVE**

3. Planned procedure:

- 1. Gastric bypass (Roux-en-Y) **PROC**
- 2. Biliopancreatic diversion (BPD)
- 3. Biliopancreatic diversion with Doudenal Switch (BPDS)
- 4. Laparoscopic adjustable gastric band (LAGB)
- 5. Sleeve gastrectomy-initial stage

6. Sleeve gastrectomy- → second stage **SGA**

- 1. Gastric bypass (Roux-en-Y)
- 2. BPD
- 3. BPDS

- 7. Other (Specify: \_\_\_\_\_ **PROCS**)
- 8. Banded Gastric bypass (Gastric bypass + non-adjustable band)
- 9. Vertical Banded Gastroplasty
- 3. Unknown at this time

4. Planned approach:  1. Laparoscopic  2. Open  -3. Unknown **APPRCH**

5. Most recent laboratory value within 180 days of surgery:

	Blood Draw Date	Not done		Blood Draw Date	Not done
Fasting Glucose: _____ mg/dl <b>FPG</b>	__/__/____ <b>FPGDAT</b>	<input type="checkbox"/>	AST (SGOT): _____ IU/L <b>AST</b>	__/__/____ <b>ASTDAT</b>	<input type="checkbox"/>
Creatinine: _____ mg/dl <b>CREAT</b>	__/__/____ <b>CREATDAT</b>	<input type="checkbox"/>	Hematocrit: _____ %	__/__/____ <b>HMTCRDAT</b>	<input type="checkbox"/>
Albumin: _____ g/dl <b>ALB</b>	__/__/____ <b>ALBDAT</b>	<input type="checkbox"/>	Triglycerides: _____ mg/dl	__/__/____ <b>TRIGDAT</b>	<input type="checkbox"/>
HbA1C: _____ % <b>HBA1C</b>	__/__/____ <b>HBA1CDAT</b>	<input type="checkbox"/>	HDL: _____ mg/dl	__/__/____ <b>HDLDAT</b>	<input type="checkbox"/>
Normal HbA1C <b>High</b> range: _____ %	_____ <b>HBA1CHI</b>		Total Cholesterol: _____ mg/dl	__/__/____ <b>TCDAT</b>	<input type="checkbox"/>
ALT (SGPT): _____ IU/L <b>ALT</b>	__/__/____ <b>ALTDAT</b>	<input type="checkbox"/>	Alkaline Phosphatase: _____ IU/L	__/__/____ <b>ALKDAT</b>	<input type="checkbox"/>

6. Medications in the past 90 days: (check "no" or "yes" for each item)

No  Yes

Therapeutic oral/IV immunosuppressant **IMMUNO**

Therapeutic anticoagulation **ANTIC**

- Narcotic **NARC**
- Statin or other lipid lowering agent **STATIN**
- Antidepressant **ADEPRS**
- Beta-blocker **BETAB**

7. Blood pressure: \_\_\_\_\_ / \_\_\_\_\_ (mmHg)  
 Systolic / Diastolic  
**SBP / DBP**

7.1 How was blood pressure measured?  1. Mercury  
 2. Gauge  
 3. Electronic

**8. Comorbidities:**

Comorbidity	No	Yes		If yes, check the <u>one</u> best response				
a. Hypertension <b>HTN</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>HTNS</b>	<input type="checkbox"/> 1. No medication	<input type="checkbox"/> 2. Single medication	<input type="checkbox"/> 3. Multiple medications		
b. Diabetes <b>DM</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>DMS</b>	<input type="checkbox"/> 1. No medication	<input type="checkbox"/> 2. Single oral medication	<input type="checkbox"/> 3. Multiple oral medication	<input type="checkbox"/> 4. Insulin	<input type="checkbox"/> 5. Oral meds and insulin
c. CHF <b>CHF</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>CHFS</b>	NYHC:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV <input type="checkbox"/> Unknown
d. Asthma <b>ASTH</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>ASTHS</b>	<input type="checkbox"/> 1. History of Intubation		<input type="checkbox"/> 2. No History of Intubation		

e. Functional Status **FS**  1. Can walk (length of grocery store aisle) 200 ft unassisted  2. Able to walk 200 ft with assist device (cane, walker)  3. Cannot walk 200 ft with assist device  -3. Unknown

Comorbidity	No	Yes		Check "No" or "Yes" for each item	
				No	Yes
f. History of DVT/PE <b>DVT</b>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/> Documented DVT <b>DOCDVT</b>
				<input type="checkbox"/>	<input type="checkbox"/> Documented PE <b>DOCPE</b>
				<input type="checkbox"/>	<input type="checkbox"/> Venous edema w/ ulceration <b>VEDEMA</b>
g. Sleep apnea <b>SLPA</b>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/> C-pap/ Bi-pap <b>CPAP</b>
				<input type="checkbox"/>	<input type="checkbox"/> Supplemental oxygen dependent <b>OXYDEP</b>
h. Ischemic Heart Disease <b>HD</b>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/> History of MI <b>HXMI</b>
				<input type="checkbox"/>	<input type="checkbox"/> No active ischemia <b>NOISCH</b>
				<input type="checkbox"/>	<input type="checkbox"/> Abnormal EKG but unable to assess ischemia <b>ABNEKG</b>
				<input type="checkbox"/>	<input type="checkbox"/> PCI, CABG <b>CORINTRV</b>
				<input type="checkbox"/>	<input type="checkbox"/> Anti-ischemic medications <b>AISCHM</b>
i. Pulmonary hypertension <b>PULHYP</b>	<input type="checkbox"/>	<input type="checkbox"/>			

j. History of venous edema with ulcerations? **HXVE**  0. No  1. Yes

9. Are there any comorbid conditions the patient may have that **OCOND**  0. No  1. Yes  
could affect clinical outcome following bariatric surgery?

9.1 If yes, specify (*do not enter into database*):

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