

Entered: \_\_/\_\_/20\_\_ Initials: \_\_\_\_\_ Verified: \_\_/\_\_/20\_\_ Initials: \_\_\_\_\_

**For office use only.**

**Surgeon's Questionnaire (SQ) – Version 07/31/2007 FORMV**

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **ID** Form Completion Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

**SQDAT**

Certification number: \_\_\_\_\_ **CERT** Date of Surgery \_\_\_\_/\_\_\_\_/20\_\_\_\_

**SURGDAT**

1. Operative times: (military time)
- 1.1 Time patient entered the operating room: \_\_\_\_:\_\_\_\_ **INORH:INORM**
- 1.2 Time in which the first open or laparoscopic incision was made: \_\_\_\_:\_\_\_\_ **OPENH:OPENM**
- 1.3 Time in which the final skin closure was made: \_\_\_\_:\_\_\_\_ **CLOSEH:CLOSEM**
- 1.4 Time in which the patient left the operating room: \_\_\_\_:\_\_\_\_ **OUTORH:OUTORM**
2. Duration of anesthesia: (military time)
- 2.1 Time of tube insertion: \_\_\_\_:\_\_\_\_ **TUBINH:TUBINM**
- 2.2 Time of tube removal or time when patient left the O.R. if tube remained in: \_\_\_\_:\_\_\_\_ **TUBEOUTH:TUBEOUTM**

3. Was surgery cancelled after anesthesia induction? **SURGNO**  0. No  1. Yes → *If yes, do not complete the remainder of this form.*

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

4.1 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)
<input type="checkbox"/>	<input type="checkbox"/>	a. Compression stockings <b>PSTOCK</b>									
<input type="checkbox"/>	<input type="checkbox"/>	b. Sequential compression device <b>PSEQD</b>									
<input type="checkbox"/>	<input type="checkbox"/>	c. Prophylactic vena cava filter <b>PFILTER</b>									
<input type="checkbox"/>	<input type="checkbox"/>	d. Foot pump <b>PFOOT</b>									
<input type="checkbox"/>	<input type="checkbox"/>	e. 5000 units sub-cutaneous heparin <b>PSHEP</b>	→		<b>TSHEP</b>			→	<b>ISHEP</b>	→	<b>POSHEP</b>
<input type="checkbox"/>	<input type="checkbox"/>	f. Other dose heparin <b>PAHEP</b> (Dose: <u>  AHEPD  </u> units)	→		<b>TAHEP</b>			→	<b>IAHEP</b>	→	<b>POAHEP</b>
<input type="checkbox"/>	<input type="checkbox"/>	g. Low molecular weight heparin <b>PLHEP</b>	→		<b>TLHEP</b>			→	<b>ILHEP</b>	→	<b>POLHEP</b>
<input type="checkbox"/>	<input type="checkbox"/>	h. Other Anticoagulant <b>POTH</b>	→		<b>TOTH</b>			→	<b>IOTH</b>	→	<b>POOTH</b>

**PLHEPD** → If low molecular weight heparin:  20 mg  40 mg  60 mg  Other (specify:   PLHEPS   mg)

**POTHS** Name:   POTHS   Dose   POTHD   Specify whether mg or unit:  1. mg  2. unit **DOSETYPE**

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

6. Were pre-operative antibiotics used?  0. No  1. Yes

**ANTIB**

If yes,

<u>Antibiotic code:</u>	<u>Dose (mg):</u>	<u>Time given (military):</u>	<u>Location administered:</u>	
6.1 <b>ANTIBC1</b>	<b>ANTIBD1</b>	<b>ANTIBH1:ANTIBM1</b> (hr : min)	<input type="checkbox"/> 1. Pre-surg holding room	<input type="checkbox"/> 2. Operating room
			<b>ANTIBL1</b>	
6.2 <b>ANTIBC2</b>	<b>ANTIBD2</b>	<b>ANTIBH2:ANTIBM2</b> (hr : min)	<input type="checkbox"/> 1. Pre-surg holding room	<input type="checkbox"/> 2. Operating room
			<b>ANTIBL2</b>	
6.3 <b>ANTIBC3</b>	<b>ANTIBD3</b>	<b>ANTIBH3:ANTIBM3</b> (hr : min)	<input type="checkbox"/> 1. Pre-surg holding room	<input type="checkbox"/> 2. Operating room
			<b>ANTIBL3</b>	
<u>code</u>	<u>Name</u>	<u>code</u>	<u>Name</u>	<u>code</u>
01	Ancef® (cephalosporin – 1 <sup>st</sup> generation)	04	Levaquin® (Levofloxacin)	07
02	Cefotan® (cephalosporin – 3 <sup>rd</sup> generation)	05	Unasyn® (Ampicillin/Sulbactam)	Other
03	Vancocin® (Vancomycin)	06	Flagyl® (Metronidazole)	

7. Placement of central line:  0. No  1. Yes **CLINE**

8. Placement of arterial line:  0. No  1. Yes **ALINE**

9. Record fluids and blood loss during surgery: Crystalloid fluids: \_\_\_\_\_ (ml) **CRYFLUML** Blood loss: \_\_\_\_\_ (cc) (if less than 50 cc, enter 0) **BLOSSCC**  
 Colloid fluids: \_\_\_\_\_ (ml) **COLFLUML** Blood transfusion: \_\_\_\_\_ (units) **BTRANSU**

10. Lowest reported body temperature: **BODTEMP** (c°) → 10.1 Specify temperature source: **BODTEMPS**  1. Skin (including cartilage)  2. Core

11. Surgery performed: **SURG**

- 1. Gastric bypass (Roux-en-Y) ----->
- 2. Biliopancreatic diversion (BPD) ----->
- 3. Biliopancreatic diversion w/Doudenal Switch (BPDS)----->
- 4. Laparoscopic adjustable gastric band (LAGB)
- 5. Sleeve gastrectomy-initial stage
- 7. Other (Specify **SURGS** \_\_\_\_\_)
- 8. Banded Gastric bypass (Gastric bypass + non-adjustable band)
- 9. Vertical Banded Gastroplasty

*if Gastric bypass, BPD, or BPDS*

11.1 Was this a second stage procedure following a sleeve gastrectomy <b>S2PROC</b>
<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

12. Is this procedure a revision?  0. No  1. Yes **OP\_REVIS**

13. Is this procedure a reversal?  0. No  1. Yes **OP\_REVER**

14. Measure sagittal abdominal diameter (SAD) from the table to the highest point of the abdomen when lying flat: \_\_\_\_\_ (inches) **SADIN**

15. Overall size of liver:  1. Normal  2. Large  3. Extremely large **LIVERS**

16. Liver appearance:  1. Normal  2. Abnormal **LIVERA**

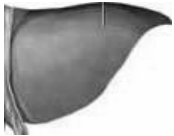
16.1 Liver color:	<input type="checkbox"/> 1. Dark red (normal)	<input type="checkbox"/> 2. Pale pink (fatty)	<input type="checkbox"/> 3. Congested/Engorged/Nutmeg	<b>LIVCOL</b>
16.2 Surface appearance:	<input type="checkbox"/> 1. Smooth (normal) <b>LIVSURF</b> <input type="checkbox"/> 2. Surface scarring <input type="checkbox"/> 3. Nodular (cirrhotic) <input type="checkbox"/> 4. Other (Specify: _____ <b>LIVSURFS</b> _____)			
16.3 Consistency:	<input type="checkbox"/> 1. Normal	<input type="checkbox"/> 2. Firm	<input type="checkbox"/> 3. Hard	<b>LIVCONS</b>
16.4 Mass lesion:	<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Single	<input type="checkbox"/> 3. Multiple	<b>LIVMASS</b>
16.5 Evidence of portal hypertension:	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>LIVHYPE</b>			
<i>If yes,</i>				
16.5.1 Splenomegaly:	<b>LIVSPLE</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. Could not observe
16.5.2 Varices:	<b>LIVVARI</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. Could not observe
16.5.3 Other:	<b>LIVOTH</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes → (Specify: _____ <b>LIVOTHS</b> _____)	

17. On a scale of 1 to 5, with 1 being gauged as normal and sharp and 5 being gauged as thick and rounded, circle the level of the sharpness of the edge of the left lateral segment of the liver.

The left lateral segment of the liver is normal and sharp

**LIVERE**

The left lateral segment of the liver is thick and rounded



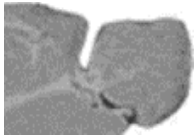
**1**

**2**

**3**

**4**

**5**



18. Method of Surgical Procedure: **SURGPCOC**

<input type="checkbox"/> 1. Laparoscopic: →	# of ports/incisions for each width (enter '0' if none):	5 mm # <b>PORT5</b>	10-12 mm # <b>PORT10</b>	15 mm # <b>PORT15</b>
---	--	------------------------	-----------------------------	--------------------------

<input type="checkbox"/> 2. Laparoscopic converted to open: →	a. # of ports/incisions for each width (enter '0' if none):	5 mm # <b>PORT5</b>	10-12 mm # <b>PORT10</b>	15 mm # <b>PORT15</b>
b. Specify reason for conversion:	No	Yes	No	Yes
	<input type="checkbox"/>	<input type="checkbox"/> a. Exposure <b>EXPO</b>	<input type="checkbox"/>	<input type="checkbox"/> d. Instrument/equipment failure <b>EQPTF</b>
	<input type="checkbox"/>	<input type="checkbox"/> b. Bleeding <b>BLEED</b>	<input type="checkbox"/>	<input type="checkbox"/> e. Other <b>LPOPO</b> (Specify: <b>LPOPOS_</b> )
	<input type="checkbox"/>	<input type="checkbox"/> c. Anatomy <b>ANAT</b>		
c. Length of open incision (cm): _____	<b>OPNLGTH</b>			

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

19. Was a resident or trainee present?  0. No  1. Yes **RESID**  
If yes,

19.1 Was the resident or trainee involved in the Gastric-Jejunum anastomosis?	<b>RESIDGJ</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> -2. N/A
19.2 Was the resident or trainee involved in the Jejunum-Jejunum anastomosis?	<b>RESIDJJ</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> -2. N/A
19.3 Was the resident or trainee involved in the Duodenal-Jejunum anastomosis?	<b>RESIDDJ</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> -2. N/A

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

If yes,

<p>Check "no" or "yes" to each item in the box:</p> <p>No      Yes</p> <p><input type="checkbox"/>    <input type="checkbox"/> a. Liver biopsy <b>CLIVER</b></p> <p style="text-align: center;">If yes,</p> <p>Area of biopsy: <input type="checkbox"/> 0. R lobe    <input type="checkbox"/> 1. L lobe    <input type="checkbox"/> 2. Both Lobes <b>TXSITE</b></p> <p style="text-align: center;">No      Yes</p> <p>Indication for biopsy: <b>IROUT</b> Routine/standard of care  <b>IDISEA</b> Signs or symptoms of liver disease  <b>ILFT</b> Abnormal pre-op LFTs -----&gt;  <b>IABN</b> Abnormal appearance of liver in O.R.  <b>INDOTH</b> Other          (Specify: <u>    <b>INDOTHS</b>    </u>)</p> <p>Biopsy type: <b>TXTYPE</b>  <input type="checkbox"/> 0. Needle biopsy  <input type="checkbox"/> 1. Wedge biopsy  <input type="checkbox"/> 2. Other (Specify: <u>  <b>TXTYPES</b>  </u>)</p>	<p>If yes, were there any complications?</p> <p>No      Yes      If complication, specify:</p> <p><b>CLIVERC</b>    <b>CLIVERS</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>If abnormal pre-op LFT's, specify test and results (check all that apply):</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Upper Limit of Normal</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> <b>SQDBILI</b></td><td><b>SQDBILIR</b> (mg/dl)</td><td><b>SQDBILIU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQTBILI:</b></td><td><b>SQTBILIR</b> (mg/dl)</td><td><b>SQTBILIU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQALT:</b></td><td><b>SQALTR</b> (IU/L)</td><td><b>SQALTU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQAST:</b></td><td><b>SQASTR</b> (IU/L)</td><td><b>SQASTU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQALK:</b></td><td><b>SQALKR</b> (IU/L)</td><td><b>SQALKU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQPTR:</b></td><td><b>SQPTR</b> (sec)</td><td><b>SQPTRU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQINR:</b></td><td><b>SQINRR</b> (ratio)</td><td><b>SQINRU</b></td></tr> <tr><td><input type="checkbox"/> <b>SQLIVO:</b></td><td><b>SQLIVOR</b>_____</td><td><b>SQLIVOU</b></td></tr> </tbody> </table> <p>(Specify test and result measure: <b>SQLIVOS</b>_____)</p> </div>	Test	Result	Upper Limit of Normal	<input type="checkbox"/> <b>SQDBILI</b>	<b>SQDBILIR</b> (mg/dl)	<b>SQDBILIU</b>	<input type="checkbox"/> <b>SQTBILI:</b>	<b>SQTBILIR</b> (mg/dl)	<b>SQTBILIU</b>	<input type="checkbox"/> <b>SQALT:</b>	<b>SQALTR</b> (IU/L)	<b>SQALTU</b>	<input type="checkbox"/> <b>SQAST:</b>	<b>SQASTR</b> (IU/L)	<b>SQASTU</b>	<input type="checkbox"/> <b>SQALK:</b>	<b>SQALKR</b> (IU/L)	<b>SQALKU</b>	<input type="checkbox"/> <b>SQPTR:</b>	<b>SQPTR</b> (sec)	<b>SQPTRU</b>	<input type="checkbox"/> <b>SQINR:</b>	<b>SQINRR</b> (ratio)	<b>SQINRU</b>	<input type="checkbox"/> <b>SQLIVO:</b>	<b>SQLIVOR</b> _____	<b>SQLIVOU</b>
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<input type="checkbox"/> <b>SQLIVO:</b>	<b>SQLIVOR</b> _____	<b>SQLIVOU</b>																										
<input type="checkbox"/> <input type="checkbox"/> b. Drain placed at gastrojejunostomy <b>CDRAIN</b>	<b>CDRAIN</b>	<b>CDRAINS</b>																										
<input type="checkbox"/> <input type="checkbox"/> c. Gastrostomy <b>CGASTY</b>	<b>CGASTYC</b>	<b>CGASTYS</b>																										
<input type="checkbox"/> <input type="checkbox"/> d. Unplanned splenectomy <b>CSPLE</b>	<b>CSPLEC</b>	<b>CSPLES</b>																										
<input type="checkbox"/> <input type="checkbox"/> e. Umbilical hernia <b>CUMBIL</b>	<b>CUMBILC</b>	<b>CUMBILS</b>																										
<input type="checkbox"/> <input type="checkbox"/> f. Crural repair <b>CCRURL</b>	<b>CCRURLC</b>	<b>CCRURLS</b>																										
<input type="checkbox"/> <input type="checkbox"/> g. Partial Gastrectomy <b>PGAST</b>	<b>PGASTC</b>	<b>PGASTS</b>																										
<input type="checkbox"/> <input type="checkbox"/> h. Subtotal gastrectomy <b>SGAST</b>	<b>SGASTC</b>	<b>SGASTS</b>																										
<input type="checkbox"/> <input type="checkbox"/> i. Cholecystectomy <b>CCHOL</b>	<b>CCHOLC</b>	<b>CCHOLS</b>																										
<input type="checkbox"/> <input type="checkbox"/> j. Diagnostic EGD/EGJ <b>CEGD</b> <i>Note: This item should NOT be checked if it was only used to check the integrity of the anastomosis.</i>	<b>CEGDC</b>	<b>CEGDS</b>																										
<input type="checkbox"/> <input type="checkbox"/> k. Truncal Vagotomy <b>TVAGO</b>	<b>TVAGOC</b>	<b>TVAGOS</b>																										
<input type="checkbox"/> <input type="checkbox"/> l. Partial Vagotomy <b>PVAGO</b>	<b>PVAGOC</b>	<b>PVAGOS</b>																										
<input type="checkbox"/> <input type="checkbox"/> m. Panniculectomy <b>CPANN</b>	<b>CPANNC</b>	<b>CPANNS</b>																										
<input type="checkbox"/> <input type="checkbox"/> n. Planned fiberoptic intubation <b>CINTUB</b>	<b>CINTUBC</b>	<b>CINTUBS</b>																										
<input type="checkbox"/> <input type="checkbox"/> o. Incisional hernia <b>CHERNI</b>	<b>CHERNIC</b>	<b>CHERNIS</b>																										
<input type="checkbox"/> <input type="checkbox"/> p. Lysis of extensive adhesions <b>CLYSIS</b>	<b>CLYSISC</b>	<b>CLYSIS</b>																										
<input type="checkbox"/> <input type="checkbox"/> q. Other <b>COTH</b> (specify: <u>  <b>COTHS</b>  </u> )	<b>COTHC</b>	<b>COTHS</b>																										

21. Does the patient have a ventral hernia?  0. No  1. Yes **VH**

If yes,

21.1 Specify the features of the ventral hernia (check "no" or "yes" for each):	
No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic <b>VHSYMP</b>	
<input type="checkbox"/>	<input type="checkbox"/>
Prior abdominopelvic surgery <b>VHABDSUR</b>	
<input type="checkbox"/>	<input type="checkbox"/>
Prior hernia repair in this area <b>VHERNIA</b>	
<input type="checkbox"/>	<input type="checkbox"/>
Contents incarcerated → <b>VHINCARC</b>	
Evidence of bowel compromise? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>VHBOWEL</b>	
21.2 Width of fascial defect (largest dimension): _____ (cm) <b>FWIDTH</b>	

22. Did the patient have any Intra-Operative events? **IOEVENT**  0. No, (stop completing this form)  1. Yes

If yes,

22.1. Anesthesia – related complications <b>EVEOBJ</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
If yes,		
22.1.1 Specify Event code(s) – see page 6 for Anesthesia codes & complications: Code #: 1. <b>AECODE1</b> 2. <b>AECODE2</b> 3. <b>AECODE3</b> 4. <b>AECODE4</b> 5. <b>AECODE5</b>		
22.2. Hypercapnia (presence of carbon dioxide in the circulating blood more than 50 for a period of at least 10 minutes) <b>SUBHYPER</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.3. Hypoxemia (overt signs or symptoms indicative of inadequate oxygen intake or use for a period of at least 10 minutes measured via arterial line measurements) <b>SUBHYPOX</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.4 Revision of Anastomosis <b>EVEREV</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.4.1 Specify: No Yes <b>REVGAS</b> No Yes <b>REVJ EJ</b> No Yes <b>REVOTH</b> <input type="checkbox"/> <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> <input type="checkbox"/> Jejunostomy <input type="checkbox"/> <input type="checkbox"/> Other: Specify <b>REVS</b> )		
22.5. Instrument/equipment failure <b>EVNFAIL</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
If yes,		
22.5.1 Specify cause (check all that apply): No Yes No Yes No Yes <b>EVNSTPL</b> <input type="checkbox"/> <input type="checkbox"/> Staple misfire <input type="checkbox"/> <input type="checkbox"/> Trocar injury <b>EVNTROC</b> <input type="checkbox"/> <input type="checkbox"/> Other <b>EVNOTH</b> (Specify: <b>EVNS</b> )		
22.6. Diaphragmatic injury <b>INJDIAP</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
If yes,		
22.6.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJDIAPG</b> 22.6.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJDIAPR</b>		

**Intra-Operative events (continued)**

22.7 Liver laceration <b>INJLIV</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.7.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJLIVG</b> 22.7.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJLIVR</b>		
22.8. Splenic injury <b>INJSPL</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.8.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>SPGRADE</b> 22.8.2 Did this lead to organ loss? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJSPLOL</b> 22.8.3 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJSPLR</b>		
22.9. Mesenteric bleeding/hematoma <b>MESENTB</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.10. Colon laceration <b>INJCOLON</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.10.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJCOLNG</b> 22.10.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJCOLR</b>		
22.11. Urethral injury (including Foley catheter problems) <b>INJURET</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.11.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJURETG</b> 22.11.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJURETR</b>		
22.12. Pancreatic injury <b>INJPAN</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.12.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJPANG</b> 22.12.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJPANR</b>		
22.13. Large vessel (named vessel) laceration <b>INJVES</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.13.1 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJVESR</b>		
22.14. Esophageal injury <b>INJESO</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.14.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJESOG</b> 22.14.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJESOR</b>		
22.15 Bowel injury <b>INJBOW</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes
22.15.1 Specify grade: <input type="checkbox"/> 1. Grade I <input type="checkbox"/> 2. Grade II <input type="checkbox"/> 3. Grade III <input type="checkbox"/> 4. Grade IV <input type="checkbox"/> 5. Grade V <b>INJBOWG</b> 22.15.2 Did this require suture or other repair? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>INJBOWR</b>		

**Intra-Operative events (continued)**

22.16. Bleeding (>=2 units blood loss) <b>BLEEDING</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.17. Serosal tear of intestine that required repair <b>SEROS</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
<table border="1"> <tr> <td>22.17.1 Specify number of tears: ___ ___ ___ <b>SEROSNUM</b></td> </tr> <tr> <td>22.17.2 Specify location (<i>check all that apply</i>): <input type="checkbox"/> stomach <b>SEROSTOM</b> <input type="checkbox"/> small bowel <b>SEROSBOW</b> <input type="checkbox"/> colon <b>SEROSCOL</b></td> </tr> <tr> <td>22.17.3 Specify method of serosal tear repair (<i>check only one</i>): <input type="checkbox"/> 1. resection <input type="checkbox"/> 2. oversew <input type="checkbox"/> 3. no repair necessary <b>SEROSMET</b></td> </tr> </table>			22.17.1 Specify number of tears: ___ ___ ___ <b>SEROSNUM</b>	22.17.2 Specify location ( <i>check all that apply</i> ): <input type="checkbox"/> stomach <b>SEROSTOM</b> <input type="checkbox"/> small bowel <b>SEROSBOW</b> <input type="checkbox"/> colon <b>SEROSCOL</b>	22.17.3 Specify method of serosal tear repair ( <i>check only one</i> ): <input type="checkbox"/> 1. resection <input type="checkbox"/> 2. oversew <input type="checkbox"/> 3. no repair necessary <b>SEROSMET</b>
22.17.1 Specify number of tears: ___ ___ ___ <b>SEROSNUM</b>					
22.17.2 Specify location ( <i>check all that apply</i> ): <input type="checkbox"/> stomach <b>SEROSTOM</b> <input type="checkbox"/> small bowel <b>SEROSBOW</b> <input type="checkbox"/> colon <b>SEROSCOL</b>					
22.17.3 Specify method of serosal tear repair ( <i>check only one</i> ): <input type="checkbox"/> 1. resection <input type="checkbox"/> 2. oversew <input type="checkbox"/> 3. no repair necessary <b>SEROSMET</b>					
22.18. Enterotomy <b>ENTER</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
<table border="1"> <tr> <td>22.18.1 Specify location (<i>check all that apply</i>): <input type="checkbox"/> stomach <b>ENTERSTO</b> <input type="checkbox"/> small bowel <b>ENTERBOW</b> <input type="checkbox"/> colon <b>ENTERCOL</b></td> </tr> <tr> <td>22.18.2 Specify method of enterotomy repair: <input type="checkbox"/> 1. resection <input type="checkbox"/> 2. oversew <b>ENTERMET</b></td> </tr> </table>			22.18.1 Specify location ( <i>check all that apply</i> ): <input type="checkbox"/> stomach <b>ENTERSTO</b> <input type="checkbox"/> small bowel <b>ENTERBOW</b> <input type="checkbox"/> colon <b>ENTERCOL</b>	22.18.2 Specify method of enterotomy repair: <input type="checkbox"/> 1. resection <input type="checkbox"/> 2. oversew <b>ENTERMET</b>	
22.18.1 Specify location ( <i>check all that apply</i> ): <input type="checkbox"/> stomach <b>ENTERSTO</b> <input type="checkbox"/> small bowel <b>ENTERBOW</b> <input type="checkbox"/> colon <b>ENTERCOL</b>					
22.18.2 Specify method of enterotomy repair: <input type="checkbox"/> 1. resection <input type="checkbox"/> 2. oversew <b>ENTERMET</b>					
22.19. Cardiac arrhythmias resulting in significant change in blood pressure and pharmacological intervention. <b>IOARRH</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.20. Cardiac arrest <b>CARREST</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.21. Subcutaneous Emphysema <b>EVEEMPH</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.22. Pneumothorax. <b>PNEUX</b> If yes,	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
<table border="1"> <tr> <td>22.22.1 Did the patient require chest tube or pigtail placement? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>PNEUXTUB</b></td> </tr> </table>			22.22.1 Did the patient require chest tube or pigtail placement? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>PNEUXTUB</b>		
22.22.1 Did the patient require chest tube or pigtail placement? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <b>PNEUXTUB</b>					
22.23. Gas embolism with clinically significant gas introduced into central venous system. <b>GASE</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.24. Respiratory arrest (cessation of respiratory function) <b>RESPA</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.25. Respiratory failure (requiring continued mechanical ventilation) <b>RESPF</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.26. Death <b>IODEATH</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			
22.27. Other event that required an unexpected course of action. <b>IOEVENTO</b> (Specify: ___ <b>IOEVENTS</b> ___)	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes			

## APPENDIX A

## Bariatric Anesthesia Events

<u>Code</u>	<u>Event</u>	<u>Code</u>	<u>Event</u>
01	Dental fracture or avulsion	24	Perforation of gastrointestinal tract by esophageal probes
02	Nose bleeds, severe	25	Failure to extract intact esophageal probes
03	Soft tissue injury: upper airway	26	Allergic reaction, severe
		27	Ocular injury, minor
04	Unplanned fiber optic intubation	28	Ocular injury, major
05	Difficult, successful intubation (>2 attempts by laryngoscopist not in training)	29	Severe endocrine disturbance
06	Cannot intubate, successful mask ventilation	30	Malignant hyperthermia
07	Unsuccessful airway management, wake-up without sequelae	31	Positional injury
08	Use of airway rescue device (LMA, LMA-fastrach, Tacheal Esophageal Combitublightwand, etc) after failed airway management	32	Integument injury
09	Cannot intubate, cannot ventilate	33	Acute renal insufficiency, failure
10	Invasive airway, by anesthesia	34	Congestive heart failure
		35	Myocardial (cardiac) ischemia
11	Surgical airway required	36	Myocardial infarction
12	Esophageal intubation, unwitnessed	37	Sustained dysrhythmia
13	Laryngospasm	38	Sustained hypoxia
14	Bronchospasm	39	Sustained hypotension
15	Negative-pressure pulmonary edema	40	Sustained hypercarbia
16	Witnessed aspiration	41	Peripheral nerve injury
17	Pneumothorax	42	Stroke
18	Rupture of bleb (<2 cm), bulla (>2 cm)	43	Hypoxic encephalopathy
19	Postoperative pneumonia	44	Coma or impaired consciousness
20	Pulmonary edema	45	Cardiac arrest
21	Re-intubation, within 24 hours		
22	Re-intubation, within 48 hours	46	Death
23	Prolonged postoperative intubation (>4 hours)	47	Case cancellation, involving anesthesia
		48	Miscellaneous



**- APPENDIX B -**  
**Injury scales**

**6. Diaphragm injury scale:**

Grade	Injury description	AIS-90
I	Contusion	2
II	Laceration $\leq$ 2 cm	3
III	Laceration 2 -10 cm	3
IV	Laceration $>$ 10 cm with tissue loss $\leq$ 25 cm <sup>2</sup>	3
V	Laceration with tissue loss $>$ 25 cm <sup>2</sup>	3

**7. Liver injury scale - laceration:**

Grade	Injury description	AIS-90
I	Capsular tear, $<$ 1 cm parenchymal depth	2
II	Capsular tear, 1 – 3 cm parenchymal depth, $<$ 10 cm in length	2
III	$>$ 3 cm parenchymal depth	3
IV	Parenchymal disruption involving 25% - 75% of hepatic lob or 1 – 3 Couinaud's segments within a single lobe	4
V	Parenchymal disruption involving $>$ 75% of hepatic lobe or $>$ 3 Couinaud's segments within a single lobe	5

**8. Spleen scale - laceration:**

Grade	Injury description	AIS-90
I	Capsular tear, $<$ 1 cm parenchymal depth	2
II	Capsular tear, 1 – 3 cm parenchymal depth, which does not involve a trabecular vessel	2
III	$>$ 3 cm parenchymal depth or involving trabecular vessels	3
IV	Laceration involving segmental or hilar vessels producing major devascularization ( $>$ 25% of spleen)	4
V	Complete shattered spleen	5

**10. Colon injury - laceration:**

Grade	Injury description	AIS-90
I	Partial thickness, no perforation	2
II	Laceration $<$ 50% of circumference	3
III	Laceration $\geq$ 50% of circumference without transection	3
IV	Transection of the colon	4
V	Transection of the colon with segmental tissue loss	4

**Appendix B (continued)****11. Urethra injury - laceration:**

Grade	Injury type	Injury description	AIS-90
I	Contusion	Blood at urethral meatus; urethrography normal	2
II	Stretch injury	Elongation of urethra without extravasation on urethrography	3
III	Partial disruption	Extravasation of urethrography contrast at injury site with contrast visualized in the bladder	3
IV	Complete disruption	Extravasation of urethrography contrast at injury site without visualization in the bladder; <= 2 cm of urethral separation	4
V	Complete disruption	Complete transection with > 2 cm urethral separation, or extension into the prostate or vagina	4

**12. Pancreas injury - laceration:**

Grade	Injury description	AIS-90
I	Superficial laceration without duct injury	2
II	Major laceration without duct injury or tissue loss	3
III	Distal transection or parenchymal injury with duct injury	3
IV	Proximal transection or parenchymal injury involving ampulla	4
V	Massive disruption of pancreatic head	5

**14. Esophagus injury:**

Grade	Injury description	AIS-90
I	Contusion/hematoma	2
	Partial-thickness laceration	3
II	Laceration <= 50% circumference	3
III	Laceration > 50% circumference	4
IV	Segmental loss or devascularization <= 2 cm	4
V	Segmental loss or devascularization > 2 cm	5

**15. Bowel injury:**

Grade	Injury description	AIS-90
I	Contusion or hematoma without devascularization	2
II	Laceration < 50% circumference	3
III	Laceration >= 50% circumference without transection	3
IV	Transection of the small bowel with segmental tissue loss	4
V	Devascularized segment	4