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

For office use only.

Adjustment to Gastric Band Procedure (AGBP) – Version 06/30/2008 FORMV

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

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

Surgeon certification number: __ __ __ __ __ **CERT**

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

Date of Adjustment/UGI __ __ / __ __ / 20 __ __
ADJDAT mm dd yy

Event # _____ **AGBPEVNT**

To be completed each time an adjustment is made or an U.G.I. is performed

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1. Was an adjustment attempted? ☐ 0. No ☐ 1. Yes **ADJMT**

If yes,

No	Yes		No	Yes	
☐	☐	Routine **ADJROUT**	☐	☐	Esophageal Dilatation **ADJDILA**
☐	☐	Weight gain **ADJWTG**	☐	☐	Solid food intolerance **ADJFOOD**
☐	☐	Lack of weight loss **ADJWTLL**	☐	☐	Reflux symptoms **ADJREFLUX**
☐	☐	Reduced early satiety **ADJSAT**	☐	☐	Pregnancy **ADJPREG**
☐	☐	Nausea/vomiting **ADJVOMIT**	☐	☐	Other **ADJOTH** (Specify: **_ADJOTHS__**)
☐	☐	Increased appetite/hunger **ADJHUNG**			

2. Was an U.G.I. performed? ☐ 0. No ☐ 1. Yes **RADIO**

If yes, specify based on the **most recent** radiological study:

2.1 Date of U.G.I. **RADIODAT** __ __ / __ __ / 20 __ __

2.2 Angle of band relative to the vertical **RADIOANG** _____ ^{o} (degree)

2.3 Reason for U.G.I. (check "no" or "yes" for each):

No	Yes		No	Yes	
☐	☐	Routine **UGIROUT**	☐	☐	Esophageal Dilatation **UGIDILA**
☐	☐	Weight gain **UGIWTG**	☐	☐	Solid food intolerance **UGIFOOD**
☐	☐	Lack of weight loss **UGIWTLL**	☐	☐	Reflux symptoms **UGIREFLUX**
☐	☐	Reduced early satiety **UGISAT**	☐	☐	Pregnancy **UGIPREG**
☐	☐	Nausea/vomiting **UGIVOMIT**	☐	☐	Other **UGIOTH** (Specify: **_UGIOTHS__**)
☐	☐	Increased appetite/hunger **UGIHUNG**			

3. Was the procedure done at bedside or under fluoroscopy? **PROCDONE** ☐ 1. bedside ☐ 2. under fluoroscopy

4. Was access to the port successful? **PORTACC** □ 0. No → *Stop, do not complete the rest of this form.*
□ 1. Yes

5. Fluid in band:
   5.1 Volume recovered: _____ (cc) **VOLREC**
   5.2 Volume at the end of the procedure: _____ (cc) **VOLEND**

6. Type of fluid in band: **FLUTYPE** □ 1. Saline □ 2. Other (Specify: **_FLUTYPES**___)

7. Total time of adjustment: _____ (minutes) **ADJTIME** _____ (minutes) **ADJTIMES**