

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Adjustable Gastric Band (AGB) – Version 07/31/2007 FORMV

AGBDAT

Patient ID _____ - _____ - _____ ID

Form Completion Date ____/____/20____
mm dd yy

Certification number: _____ CERT

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

- 1. Length/circumference of band: **BANDSIZE** : 9.75 cm AP™ Small
 10 cm AP™ Large
 11 cm (or Vanguard™) Other (specify: **AGBS** cm)

2. Was a balloon sizer used prior to band placement? 0. No 1. Yes **BALSIZER**

3. Volume of fluid in the band at the end of the operation: _____ (cc) **BANDVOL**

4 Method of band fixation: 1. Sutures → **BANDFIX**

a. Were they running sutures? 0. No 1. Yes → (# of bites : **BANDSUT**)
BANDSUTU

b. Were they interrupted sutures? 0. No 1. Yes → (# of sutures **BANDSUT**)
BANDSUTI

- 2. Other (specify: **BANDFIXS_**)
- 5. Not done

5. Port:

- 5.1 Position: **PORTP** 1. On top of the anterior rectus sheath
 2. Under the anterior rectus sheath
 3. Other (Specify: **PORTPS**_____)

5.2 Number of sutures: **PORTSUT**

6 Type of band: **BANDTYPE**

- 1. Inamed
- 2. Other (Specify: **BANDTYPS**_____)

7. Was the fat pad resected/mobilized? 0. No 1. Yes **FATPAD**

8. Band placement approach used (check "no" or "yes" for each):

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|
| No | Yes | No | Yes | No | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PARGF | | PERIG | | Other: (Specify: BANDAPPS _____) | |

9. Does the patient have evidence of a hiatal hernia? 0. No 1. Yes **HHEVID**

18. Were the nerves of the laterjet seen? 0. No 1. Yes **LATERJET**

19 Were the nerves of the laterjet cut? **NERVECUT** 0. NO 1. Yes → 1. Partially cut 2. Complet cut **NERVPCUT**

12. On a scale of 1 to 10, with 1 being "easy" and 10 being "very difficult," circle the level of difficulty in performing the surgical procedure from start to finish:

DIFLEV

Easy												Very difficult
	1	2	3	4	5	6	7	8	9	10		

- 13. Was there difficulty due to intra-abdominal fat distribution? **DIFFAT** 0. No 1. Yes
- 14. Was there difficulty due to thick abdominal wall? **DIFABD** 0. No 1. Yes
- 15. Was there difficulty due to limited exposure due to enlarged/fatty liver? **DIFLIV** 0. No 1. Yes
- 16. Was there difficulty due to adhesion from previous surgery? **DIFSUR** 0. No 1. Yes