

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
For office use only.			

Abdominal Surgery Classification (ASC) Form – Version: 09/1/2014 FORMV ASCDAT

Patient ID _____ ID _____ Form Completion Date __/__/20__
mm dd yy

Certification number: CERT Date of Abdominal Surgery (as reported on the EC form) __/__/20__
mm dd yy

ASECM / ASECD / ASECY
Event #: ASCEVNT

1. Were medical documents obtained for this abdominal surgery event?

- MEDDOC** 0. No → Do not complete the remainder of this form unless the primary procedure for abdominal surgery was C-Section or Tubal Ligation.
1. Yes →

a. Date of abdominal surgery (as reported on the medical document): __/__/20__ **ASMEDM / ASMEDD / ASMEDY**
mm dd yy

b. Specify medical documents obtained.

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	History & physical ASMHIS	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Summary ASMDIS
<input type="checkbox"/>	<input type="checkbox"/>	Operation Note(s) ASMOP	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ ASMOTH ASMOTHS

2. Reason for Abdominal surgery (select no or yes for each)

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding RASBLE			
<input type="checkbox"/>	<input type="checkbox"/>	Sepsis RASSEP			
<input type="checkbox"/>	<input type="checkbox"/>	Small bowel obstruction RASSBO			
<input type="checkbox"/>	<input type="checkbox"/>	Large bowel obstruction RASLBO			
<input type="checkbox"/>	<input type="checkbox"/>	Pelvic organ disease (women) RASPOD			
<input type="checkbox"/>	<input type="checkbox"/>	Hernia → RASHER	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Wall Hernia RASHABD
			<input type="checkbox"/>	<input type="checkbox"/>	Internal hernia RASHINT
			<input type="checkbox"/>	<input type="checkbox"/>	Hiatal hernia RASHHIA
			<input type="checkbox"/>	<input type="checkbox"/>	Inguinal hernia RASHING
			<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ RASHOTH RASHOTHS
<input type="checkbox"/>	<input type="checkbox"/>	Bariatric Procedure → RASBP			
			<input type="checkbox"/>	<input type="checkbox"/>	Inadequate weight loss RASBIWL
			<input type="checkbox"/>	<input type="checkbox"/>	Weight regain RASBWR
			<input type="checkbox"/>	<input type="checkbox"/>	Non-resolved comorbidities RASBNRC
			<input type="checkbox"/>	<input type="checkbox"/>	Impaired quality of life RASBIQOL
			<input type="checkbox"/>	<input type="checkbox"/>	Technical/Medical complication RASBTMC
			<input type="checkbox"/>	<input type="checkbox"/>	Reached goal weight RASBGW
			<input type="checkbox"/>	<input type="checkbox"/>	2 nd stage procedure RASB2ND
			<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ RASBOTH RASBOTHS
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis RASAPP			
<input type="checkbox"/>	<input type="checkbox"/>	Cholelithiasis RASCHO			
<input type="checkbox"/>	<input type="checkbox"/>	Childbirth RASCHI			
<input type="checkbox"/>	<input type="checkbox"/>	Cancer RASCAN			
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ RASOTH RASOTHS			

3. Timing of abdominal surgery (select no or yes for each)

No	Yes		No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	Elective TASELE	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	Emergent/Urgent TASEME

PPROC

4. Specify primary procedure (select only one)

<input type="checkbox"/>	1	Band or port revision																																					
<input type="checkbox"/>	2	Band removal																																					
<input type="checkbox"/>	3	Band replacement																																					
<input type="checkbox"/>	4	Repair of perforated marginal ulcer (<i>post gastric bypass</i>)																																					
<input type="checkbox"/>	5	Perforated ulcer (<i>other</i>)																																					
<input type="checkbox"/>	6	Conversion to another bariatric procedure →	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>6.1</td> <td>Band to RYB</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.2</td> <td>Band to Sleeve</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.3</td> <td>Band to new Band</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.4</td> <td>Band to BPD/DS</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.5</td> <td>Bypass to BPD/DS</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.6</td> <td>Revision of bypass →</td> <td> <input type="checkbox"/> GJ <input type="checkbox"/> JJ <input type="checkbox"/> Both PPCONVGJ </td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.7</td> <td>Band over RYB</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.8</td> <td>2nd stage procedure →</td> <td>Specify: _____ PPCONV2S</td> </tr> <tr> <td><input type="checkbox"/></td> <td>6.9</td> <td>Other: _____</td> <td>PPCONVOS</td> </tr> </table>	<input type="checkbox"/>	6.1	Band to RYB		<input type="checkbox"/>	6.2	Band to Sleeve		<input type="checkbox"/>	6.3	Band to new Band		<input type="checkbox"/>	6.4	Band to BPD/DS		<input type="checkbox"/>	6.5	Bypass to BPD/DS		<input type="checkbox"/>	6.6	Revision of bypass →	<input type="checkbox"/> GJ <input type="checkbox"/> JJ <input type="checkbox"/> Both PPCONVGJ	<input type="checkbox"/>	6.7	Band over RYB		<input type="checkbox"/>	6.8	2 nd stage procedure →	Specify: _____ PPCONV2S	<input type="checkbox"/>	6.9	Other: _____	PPCONVOS
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<input type="checkbox"/>	9	Operative assisted ercp (post gastric bypass)																																					
<input type="checkbox"/>	10	Hysterectomy																																					
<input type="checkbox"/>	11	Oophorectomy and/or Salpingectomy																																					
<input type="checkbox"/>	12	Tubal ligation	PPCOLRES																																				
<input type="checkbox"/>	13	Colon resection →	<input type="checkbox"/> a. Benign disease <input type="checkbox"/> b. Malignancy																																				
<input type="checkbox"/>	14	Small bowel resection																																					
<input type="checkbox"/>	15	Colostomy	PPLYSIS																																				
<input type="checkbox"/>	16	Lysis of adhesions →	<input type="checkbox"/> a. Lysis of adhesions only <input type="checkbox"/> b. with bowel resection																																				
<input type="checkbox"/>	17	Omentectomy																																					
<input type="checkbox"/>	18	C-section																																					
<input type="checkbox"/>	19	Other: _____	PPOTHIS																																				

5. Specify the approach to the procedure (*select only one*)

<input type="checkbox"/>	1	Laparoscopic	
<input type="checkbox"/>	2	Laparoscopic converted to open	
<input type="checkbox"/>	3	Open	PPAPPR
<input type="checkbox"/>	4	Percutaneous	
<input type="checkbox"/>	5	Endolumenal or natural orifice	
<input type="checkbox"/>	6	Other: _____	PPAPPROS

6. What is the reviewer's level of certainty about the procedure performed that is recorded above?

<input type="checkbox"/>	1	Definite	
<input type="checkbox"/>	2	Probable	
<input type="checkbox"/>	3	Uncertain / indeterminate	PPCERT

7. Is the procedure performed and recorded above related to the initial bariatric operation?

<input type="checkbox"/>	1	Definitely related	
<input type="checkbox"/>	2	Probably related	
<input type="checkbox"/>	3	Not related	PPREL
<input type="checkbox"/>	4	Uncertain /cannot be determined	