

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Biliopancreatic Diversion with Duodenal Switch (BPDS) – Version 07/31/2007 FORMV

Patient ID _____ - _____ - _____ ID

Form Completion Date ____/____/20____

BPDSDAT mm dd yy

Certification number: _____ CERT

Date of Surgery ____/____/20____

SURGDAT mm dd yy

		How was it measured?		
		String (1)	Ruler (2)	Grasper (3)
1. SLEEVE STAPLING MEASUREMENTS:				
1.1 Total length of staple line: STAPLINE	_____ (cm) →	SLINEM		
1.2 Bougie/tube size: BOUGIE	_____ (Fr)	n/a	n/a	n/a
1.3 Distance from the Pylorus to the sleeve staple line: PYLORUS	_____ (cm) →	PYLORUSM		

2. Type of stapling line: **TYPELINE** 1. Partitioned
 2. Divided

3. Record the staple height for the pouch/sleeve: (check "no" or "yes" for each)

No Yes

 2.5 millimeters **SLE25**

No Yes

 4.5 millimeters **SLE45** 3.5 millimeters**SLE35** Other **SLEO** (specify: **SLES** mm)4. Identify the manufacturer of the stapling device: 1. U.S. Surgical® 2. Ethicon® 3. Other (specify: **STPLMFGS**)
STPLMFG5. Distance from the pylorus to duodenal stapling measured along the greater curvature: _____ (cm) **PYLD40**6. Was buttress material used for the staple line? 0. No 1. Yes **BUTTMAT**7. Route of alimentary limb ascension: 1. Ante-colic 2. Retro-colic **AROUTEBD**

		How was it measured?		
		String (1)	Ruler (2)	Grasper (3)
8. LIMB MEASUREMENTS:				
8.1 Length of the biliopancreatic limb BILLEN	_____ (cm) →	BILLENM		
8.2 Length of the alimentary limb: ALILEN	_____ (cm) →	ALILENM		
8.3 Length of the common channel: CHANLEN	_____ (cm) →	CHANLENM		

9. Was the anastomosis at the duodenum banded? 0. No 1. Yes **ANASBAND**

10. Configuration used for the proximal (Duodenal-Jejunum) anastomosis: **DJCONF**

1. Side-to-side 2. End-to-side 3. End-to-end

11. Method of proximal (Gastric-Jejunum) anastomosis (check "no" or "yes" for each):

No	Yes	11.1 Stitch type: <input type="checkbox"/> 1. Absorbable GJHSEWT <input type="checkbox"/> 2. Non-absorbable	11.2. Stitch layers: <input type="checkbox"/> 1. One layer GJHSEWL <input type="checkbox"/> 2. Two layers
<input type="checkbox"/>	<input type="checkbox"/>	Hand sewn	

<input type="checkbox"/>	<input type="checkbox"/>	Linear stapled GJLIN	11.3 Height of staples: <input type="checkbox"/> 2.5 mm GJLIN25 <input type="checkbox"/> 4.5 mm GJLIN45 (check all that apply) <input type="checkbox"/> 3.5 mm GJLIN35 <input type="checkbox"/> Other GJLINO (GJLINS mm)
<input type="checkbox"/>	<input type="checkbox"/>	Circular stapled GJCIRC	

11.4 Staple Manufacturer: GJLSUS	
<input type="checkbox"/>	1. U.S. Surgical®
<input type="checkbox"/>	2. Ethicon®
<input type="checkbox"/>	3. Other (Specify: GJLSOths)

11.5 Staple size: GJCIRCD	11.6 Staple Manufacturer: GJCSUS	11.7 Pre-closure height of staples : (check all that apply)
<input type="checkbox"/> 1. 21 mm	<input type="checkbox"/> 1. U.S. Surgical®	<input type="checkbox"/> 2.5 mm GJCIRC25 <input type="checkbox"/> 4.5 mm GJCIRC45
<input type="checkbox"/> 2. 25 mm	<input type="checkbox"/> 2. Ethicon®	<input type="checkbox"/> 3.5 mm GJCIRC35 <input type="checkbox"/> 4.8 mm GJSTPL48
<input type="checkbox"/> 3. Other GJCIRCD (mm)	<input type="checkbox"/> 3. Other (Specify: GJCSOths)	<input type="checkbox"/> Other GJCIRCO (GJCIRCS mm)

12. Was a method used to test anastomoses? 0. No 1. Yes

TESTANA

12.1 If yes, check "no" or "yes" to each item in the box:

No	Yes		Results		If any of the tests were positive, was an action taken? ACTION	No	Yes	Action check "no" or "yes" for each item.
			1. Neg.	2. Pos.				
<input type="checkbox"/>	<input type="checkbox"/>	1. Air by tube AIR →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes →	<input type="checkbox"/>	<input type="checkbox"/>	Suture repair ACTSUT
<input type="checkbox"/>	<input type="checkbox"/>	2. Air by endoscopy EDG →	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Glue ACTGLU
<input type="checkbox"/>	<input type="checkbox"/>	3. Methylene Blue MBLU →	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Complete anastomosis redo ACTREDO

13. Specify additional protectant used around the Duodenal-Jejunum anastomosis creation:

- No Yes
- Seal **DJSEAL**
- Buttress **DJBUTT** → was omentum used? 0. No 1. Yes **OMENTUM**
- Sutures **DJSUT**
- Other **PROTECTO** (Specify: _____ **PROTECTS** _____)

14. Configuration used for the distal anastomosis of the small bowel proximal to the terminal ileum:

JJCONF

1. Side-to-side
2. End-to-side

15. Method of distal (Jejunum-Jejunum) anastomosis:

No Yes <input type="checkbox"/> <input type="checkbox"/> Hand sewn JHSEW	15.1 Stitch type: <input type="checkbox"/> 1. Absorbable JHSEWT <input type="checkbox"/> 2. Non-absorbable	15.2. Stitch layers: <input type="checkbox"/> 1. One layer JHSEWL <input type="checkbox"/> 2. Two layers
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<input type="checkbox"/> <input type="checkbox"/> Linear stapled JJLIN	15.3 Height of staples: <input type="checkbox"/> 2.5 mm JJLIN25 <input type="checkbox"/> 4.5 mm JJLIN45 (check all that apply) <input type="checkbox"/> 3.5 mm JJLIN35 <input type="checkbox"/> Other JJLINO (<u>JJLINS</u> mm)
<input type="checkbox"/> <input type="checkbox"/> Circular stapled JJCIRC	

15.4 Staple Manufacturer: JJSUS <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: <u>JJLSOths</u>)

15.5 Diameter of stapler: JJCIRCDS <input type="checkbox"/> 1. 21 mm <input type="checkbox"/> 2. 25 mm <input type="checkbox"/> 3. Other (JJCIRCDS mm)	15.6 Staple Manufacturer: JJCSUS <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: <u>JJCSOths</u>)	15.7 Pre-closure Height of staples (check all that apply): <input type="checkbox"/> 2.5 mm JJCIRC25 <input type="checkbox"/> 4.5 mm JJCIRC45 <input type="checkbox"/> 3.5 mm JJCIRC35 <input type="checkbox"/> 4.8 mm JJCIRC48 <input type="checkbox"/> Other JJCIRCO (JJCIRCS mm)	15.8 Length of Jejunum-jejunal anastomosis: _____ cm JJAL
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16. Were the nerves of the laterjet seen? 0. No 1. Yes **LATERJET**

19 Were the nerves of the laterjet cut? NERVECUT <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes →	<input type="checkbox"/> 1. Partially cut <input type="checkbox"/> 2. Completely cut NERVPCUT
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18. 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 1 2 3 4 5 6 7 8 9 10 Very difficult

- | | | |
|--|--------------------------------|---------------------------------|
| 19. Was there difficulty due to intra-abdominal fat distribution? DIFFAT | <input type="checkbox"/> 0. No | <input type="checkbox"/> 1. Yes |
| 20. Was there difficulty due to thick abdominal wall? DIFABD | <input type="checkbox"/> 0. No | <input type="checkbox"/> 1. Yes |
| 21. Was there difficulty due to limited exposure due to enlarged/fatty liver?
DIFLIV | <input type="checkbox"/> 0. No | <input type="checkbox"/> 1. Yes |
| 22. Was there difficulty due to adhesion from previous surgery? DIFSUR | <input type="checkbox"/> 0. No | <input type="checkbox"/> 1. Yes |