

Entered: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

Verified: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

**For office use only.**

**Adjudication Committee**

**Mortality Report Form – Version 06/15/2005 FORMV**

Form completion date: \_\_/\_\_/20\_\_ **MORTDAT**  
mm dd yy

Names: **ANAME1...5**

Re-adjudication? **READJ**

*Supplied by the DCC:*

Patient ID \_\_\_\_\_ - **ID** \_\_\_\_\_ - \_\_\_\_\_

Date of death: **DOIDAT** (replaced with AGE\_D)

Date of Bariatric Surgery: **SURGDAT**

1. Cause of Death (check only one): **MORTD**

- 0. Indeterminate
- 1. Bleeding
- 2. Sepsis from anastomotic leak
- 3. Sepsis from other abdominal source
- 4. Pulmonary embolus
- 5. Cardiac failure
- 6. Myocardial infarction
- 7. Cerebrovascular accident
- 8. Bowel obstruction
- 9. Evisceration
- 10. Pneumonia
- 11. Respiratory failure, including ARDS
- 12. Accident → end
- 13. Suicide → end
- 14. Other (Specify: **MORTDS**)
- 15. Cancer
- 16. Ethanol/Drug abuse

1.1. What is the Adjudication Committee Members' level of certainty for the above cause of death? **MORTC**

- 1. Definite
- 2. Probable
- 3. Indeterminate

2. Did the patient die as a direct result of a complication occurring during, or within 24 hours after bariatric surgery? **MORT24**

- 0. No
- 1. Yes

3. Did the patient die as a direct result of a complication occurring during or after a procedure related to the bariatric surgery? **MORTDR**

- 0. No → Do not complete the rest of this form
- 1. Yes
- 2. Indeterminate

3.1 Specify **procedure** directly related to the complication (check all that apply):

- | No                       | Yes                      |                                            | No                       | Yes                      |                                                                                                                                                               |
|--------------------------|--------------------------|--------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Primary Bariatric Surgery <b>PBS</b>       | <input type="checkbox"/> | <input type="checkbox"/> | Incisional hernia <b>INH</b>                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Liver biopsy <b>LB</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | Crural repair <b>CRURE</b>                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Planned fiber optic intubation <b>PFOI</b> | <input type="checkbox"/> | <input type="checkbox"/> | Cholecystectomy <b>CHOLE</b>                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Gastrostomy <b>MOGA</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | Lysis of extensive adhesions <b>LOEA</b>                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Partial gastrectomy <b>PARGA</b>           | <input type="checkbox"/> | <input type="checkbox"/> | Band replacement <b>BANDRE</b>                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Subtotal gastrectomy <b>SUBGAS</b>         | <input type="checkbox"/> | <input type="checkbox"/> | Anastomotic revision ( <input type="checkbox"/> 1.GJ <input type="checkbox"/> 2. JJ <input type="checkbox"/> 3. DJ) <b>MASR</b><br><b>(MASGJ MASJJ MASDJ)</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | Truncal vagotomy <b>TVAG</b>               | <input type="checkbox"/> | <input type="checkbox"/> | Band/port revision <b>BAPR</b>                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Partial vagotomy <b>PVAG</b>               | <input type="checkbox"/> | <input type="checkbox"/> | Wound revision or evisceration <b>WREV</b>                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Endoscopy <b>MOEN</b>                      | <input type="checkbox"/> | <input type="checkbox"/> | Tracheal reintubation <b>TRRE</b>                                                                                                                             |

<input type="checkbox"/>	<input type="checkbox"/>	Placement of percutaneous drain <b>PPD</b>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy <b>TRAC</b>
<input type="checkbox"/>	<input type="checkbox"/>	Panniculectomy <b>PANNI</b>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify: _____ <b>MOTS</b> _____) <b>MOT</b>
<input type="checkbox"/>	<input type="checkbox"/>	Unplanned splenectomy <b>UPST</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Umbilical hernia <b>UMH</b>			

*Continued,*

3.2. What is the Adjudication Committee Members' level of certainty for the above procedure(s)? **MORTDRL**

1. Definite  
 2. Probable  
 3. Indeterminate

3.3 Specify **complication** directly related to the death (*check all that apply*):

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding <b>MOB</b>	<input type="checkbox"/>	<input type="checkbox"/>	Evisceration <b>MEV</b>
<input type="checkbox"/>	<input type="checkbox"/>	Sepsis from anastomotic leak <b>SFAL</b>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia <b>MPNE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Sepsis from other abdominal source <b>SFOAS</b>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory failure, including ARDS <b>RFIA</b>
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolus <b>PLE</b>	<input type="checkbox"/>	<input type="checkbox"/>	Staple line breakdown <b>SLB</b>
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac failure <b>CF</b>	<input type="checkbox"/>	<input type="checkbox"/>	Port or tube problems <b>POTP</b>
<input type="checkbox"/>	<input type="checkbox"/>	Myocardial infarction <b>MYCI</b>	<input type="checkbox"/>	<input type="checkbox"/>	Gastric prolapse <b>GPO</b>
<input type="checkbox"/>	<input type="checkbox"/>	Cerebrovascular accident <b>CA</b>	<input type="checkbox"/>	<input type="checkbox"/>	Esophageal motility disorder or dilation <b>EMDD</b>
<input type="checkbox"/>	<input type="checkbox"/>	Bowel obstruction <b>BOWO</b>	<input type="checkbox"/>	<input type="checkbox"/>	Gastroesophageal reflux <b>GPRX</b>
<input type="checkbox"/>	<input type="checkbox"/>	Incisional/ventral hernia <b>IVH</b>	<input type="checkbox"/>	<input type="checkbox"/>	Persistent diarrhea <b>PDI</b>
<input type="checkbox"/>	<input type="checkbox"/>	Wound dehiscence <b>WODE</b>	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration <b>DEHY</b>
<input type="checkbox"/>	<input type="checkbox"/>	Acute cholecystitis <b>ACH</b>	<input type="checkbox"/>	<input type="checkbox"/>	Acute renal failure <b>ARF</b>
<input type="checkbox"/>	<input type="checkbox"/>	Anastomotic stricture →( <input type="checkbox"/> 1.GJ <input type="checkbox"/> 2. JJ) <b>ANS</b> ( <b>ANSG</b> <b>ANSJ</b> )	<input type="checkbox"/>	<input type="checkbox"/>	Liver failure <b>LIFA</b>
<input type="checkbox"/>	<input type="checkbox"/>	Gastric band erosion <b>GBE</b>	<input type="checkbox"/>	<input type="checkbox"/>	Common bowel stones/cholangitis <b>CBSC</b>
<input type="checkbox"/>	<input type="checkbox"/>	Gastric band slippage <b>GBS</b>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify: _____ <b>MO7S</b> _____) <b>MO7</b>
<input type="checkbox"/>	<input type="checkbox"/>	Gastric band leakage <b>GBL</b>	<input type="checkbox"/>	<input type="checkbox"/>	Indeterminate <b>MO7I</b>

3.4. What is the Adjudication Committee Members' level of certainty for the above complication(s)? **MORTCMPL**

1. Definite  
 2. Probable  
 3. Indeterminate

Comments: \_\_\_\_\_ **ADJCOM** \_\_\_\_\_

*The final determination on this form may in no way be conditional on the comments listed above.*