Entered: _ _ / _ _ / 20_ _ Initials: _________ Verified: _ _ / _ _ / 20_ _ Initials: _________

For office use only.

Post-Operative Evaluation Form (POST2) – Version - 08/28/2006 FORMV

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

Form Completion Date __ __ / __ __ / 20 __ __ **POST2DAT** mm dd yy

Certification number: ___ ___ ___ ___ ___ **CERT**

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

1. Source(s) of information: (*check all that apply*)

No	Yes		Date of most recent contact:
☐	☐	Patient in person **SPERSON**	__ __ / __ __ / 20 __ __ **SPERSOND**
☐	☐	Patient by telephone **SPHONE**	__ __ / __ __ / 20 __ __ **SPHONED**
☐	☐	Patient representative **SREP**	__ __ / __ __ / 20 __ __ **SREPD**
☐	☐	Other physician **SPHYSIC**	__ __ / __ __ / 20 __ __ **SPHYSICD**
☐	☐	Chart Review **SCHART**	__ __ / __ __ / 20 __ __ **SCHARTD**

2. Length of hospital stay for obesity surgery: _______ (days) **LOS**

3. Discharge location: **DISLOC**
   - ☐ 1. Home
   - ☐ 2. Rehabilitation facility
   - ☐ 3. Skilled nursing facility
   - ☐ 4. Other hospital
   - ☐ 5. Was not discharged

4. Did the patient die? **POSTDIE** ☐ 0. No ☐ 1. Yes → Date of death: __ __ / __ __ / 20 __ __ ~~DIEDATM/DIEDATD/DIEDATY~~ mm dd yy **(replaced with AGE_D)**

   If No,

   4.1 Status Date: __ __ / __ __ / 20 __ __ (Most recent date participant known to be alive) **STATDAT**

5. Was the patient re-hospitalized after initial discharge? **REHOSP** ☐ 0. No ☐ 1. Yes

   If yes,

   5.1 Number of times rehospitalized: # __ __ **REHOSPT**

   5.2 Date of first re-hospitalization: __ __ / __ __ / 20 __ __ **REHOSPM/REHOSPD/REHOSPY** mm dd yy

   5.3 Were any of these related to a cardiac event? **REHOSPC** ☐ 0. No ☐ 1. Yes

6. Did the patient have any post-discharge complications? **POSTCOMP** ☐ 0. No ☐ 1. Yes

   If yes,

   6.1. Wound infection **WINF** ☐ 0. No ☐ 1. Yes

   6.2. Fascial dehiscence **DEHIS** ☐ 0. No ☐ 1. Yes

   If yes,

   6.2.1 Did the wound edges open within 30 days following surgery? **WEDGE** ☐ 0. No ☐ 1. Yes

   6.2.2 Did the wound edges separate within 30 days following surgery requiring packing or bandage? **WEDGEB** ☐ 0. No ☐ 1. Yes

   6.3. Small bowel obstruction **SBOBS** ☐ 0. No ☐ 1. Yes

   If yes,

   6.11.1 Specify obstruction: **SBOBSS**
   - ☐ 1. Partial obstruction
   - ☐ 2. Complete obstruction

   6.11.2 Specify cause: **SBOBSC**
   - ☐ 1. Internal hernia
   - ☐ 2. Adhesions
   - ☐ 3. Anastomotic anatomy
   - ☐ 4. obstructed JJ Anastomosis
   - ☐ 5. Unknown
   - ☐ 6. Other (Specify: **SBOBSCS**_)

   6.4. Incisional/ventral hernia **VH** ☐ 0. No ☐ 1. Yes

   6.5. Acute cholecystitis/bilaric colic **CHOL** ☐ 0. No ☐ 1. Yes

   6.6. Common bowel duct stones/cholangitis **STONE** ☐ 0. No ☐ 1. Yes

6.7. Stomal/gastric outlet obstruction **STOBS**	☐ 0. No	☐ 1. Yes
6.8. Stapleline breakdown **SLBREAK**	☐ 0. No	☐ 1. Yes
6.9. Anastomotic stricture: Gastro-jejunostomy **GJSTRICT**	☐ 0. No	☐ 1. Yes
6.10. Anastomotic stricture: Jejuno-jejunostomy **JJSTRICT**	☐ 0. No	☐ 1. Yes
6.11. Gastric band stenosis **GBSTENO**	☐ 0. No	☐ 1. Yes
6.12. Gastric band erosion **GBEROS**	☐ 0. No	☐ 1. Yes
6.13. Gastric band slippage **GBSLIP**	☐ 0. No	☐ 1. Yes
6.14. Gastric band leakage **GBLEAK**	☐ 0. No	☐ 1. Yes
6.15. Port or tube problems **PORTPROB**	☐ 0. No	☐ 1. Yes
6.16. Gastric prolapse **GPROLA**	☐ 0. No	☐ 1. Yes
6.17. Esophageal motility disorder or dilation **ESOMOT**	☐ 0. No	☐ 1. Yes
6.18. Gastroesophageal reflux **REFLUX**	☐ 0. No	☐ 1. Yes

If yes,

6.18.1 Specify how it was identified: **REFLUXID**
- ☐ 1. Symptoms
- ☐ 2. pH probe (_**PHPROBE**__ #

6.19. Primary dumping syndrome *(including nausea, bloating, diarrhea, colic)* **PDUMP**	☐ 0. No	☐ 1. Yes
6.20. Late-dumping symptoms *(including light-headedness, palpitations, sweating)* **LDUMP**	☐ 0. No	☐ 1. Yes
6.21. Nausea or vomiting**VOMIT**	☐ 0. No	☐ 1. Yes

If yes,

6.21.1 Complete table below:

Complication	Severity level*: None (0)	Mild (1)	Moderate (2)	Severe (3)	Extremely severe (4)	Frequency level**: None (0)	Rare (1)	Occasional (2)	Frequent (3)	Extremely frequent (4)
Nausea			**NAUSEAS**					**NAUSEAF**		
Vomiting			**VOMITS**					**VOMITF**		

*Severity definitions	**Frequency definitions
None = does not have this complication. Mild = not influencing usual activities. Moderate = diverting from, but not urging modification. Severe = influencing usual activities, severely enough to urge modifications. Extremely severe = requiring hospitalization or bed rest.	None = does not have this complication. Rare = 1 time per week. Occasional = 2 or 3 times per week. Frequent = 4 to 6 times per week. Extremely frequent = 7 or more times week.

6.22. Flatulence *(Defined as excessive interference with lifestyle)* **FLATU**	☐ 0. No	☐ 1. Yes
6.23. Persistent diarrhea *(Defined as excessive interference with lifestyle)* **DIARRH**	☐ 0. No	☐ 1. Yes
6.24. Constipation *(Defined as excessive interference with lifestyle)* **CONSTIP**	☐ 0. No	☐ 1. Yes
6.25. Dehydration *(Defined as requiring hospitalization)* **DEHYDRA**	☐ 0. No	☐ 1. Yes
6.26. Acute renal failure**RENALF**	☐ 0. No	☐ 1. Yes
6.27. Liver failure **LFAIL**	☐ 0. No	☐ 1. Yes
6.28. Myocardial infarction**MI**	☐ 0. No	☐ 1. Yes
6.29. Cardiac arrest**ARREST**	☐ 0. No	☐ 1. Yes
6.30 Other event that resulted in an unexpected course of action **OTHEVT** (Specify: _**OTHEVTS**__________________)	☐ 0. No	☐ 1. Yes

7. Did the patient have any post-bariatric surgical operations or undergo unplanned post-discharge anticoagulation therapy? ☐ 0. No ☐ 1. Yes
   If yes, specify all of the bariatric surgical operations or anticoagulation therapies below: **EVENTS**

No	Yes	Event	Date first performed after surgery (mm/dd/yy)	Suspected reason for intervention *(see codes on next page)*	Was the reason for the intervention confirmed? No / Yes
☐	☐	7.1 Abdominal re-operation **REOPABD**			
		7.1.1. Specify approach: **REOPAPPR** → ☐ 1. Laparoscopic ☐ 2 Laparoscopic converted to Open ☐ 3. Open			
		7.1.2. Specify procedure: (No / Yes)			
		☐ ☐ a. Operative drain placement **ODRAIN**	**ODRAIN M/ ODRAIN D/ ODRAINY**	**ODRAINC**	**CODRAIN**
		☐ ☐ b. Gastrostomy **GASTR**	**GASTRM/ GASTRD / GASTRY**	**GASTRC**	**CGASTR**
		☐ ☐ c. Anastomotic revision **ANAREV**			
		Specify revision: → ☐ **GJ**	**GJ M/ GJD / GJY**	**GJC**	**CGJ**
		☐ **JJ**	**JJ M/ JJ D/ JJY**	**JJC**	**CJJ**
		☐ **DJ**	**DJM/DJD/DJY**	**DJC**	**CDJ**
		☐ ☐ d. Band replacement **BREPLA**	**BREPLAM/ BREPLA D/BREPLAY**	**BREPLAC**	**CBREPLA**
		☐ ☐ e. Band/port revision **BREVIS**	**BREVIS M/ BREVISD / BREVISY**	**BREVISC**	**CBREVIS**
		☐ ☐ f. Wound revision or evisceration **WREVIS**	**WREVIS M/ WREVIS D/ WREVISY**	**WREVISC**	**CWREVIS**
		☐ ☐ g. Re-exploration **REXPLO**	**REXPLOM / REXPLO D/REXPLOY**	**REXPLOC**	**CREXPLO**
		☐ ☐ h. Other **REOPOTH** (Specify: **REOPS**)	**REOPOTHM / REOPOTHD / REOPOTHY**	**REOPOTHC**	**CREOPOTH**
☐	☐	7.2 Tracheal reintubation **TRACHEA**	**TRACHEAM / TRACHEA D /TRACHEAY**	**TRACHEAC**	**CTRACHEA**
☐	☐	7.3 Tracheostomy **TRACHEO**	**TRACHEOM / TRACHEO D/TRACHEOY**	**TRACHEOC**	**CTRACHEO**
☐	☐	7.4 Endoscopy **ENDOS**	**ENDOS M/ ENDOSD / ENDOSY**	**ENDOSC**	**CENDOS**
☐	☐	7.5 Placement of percutaneous drain **PDRAIN**	**PDRAINM / PDRAIND/ PDRAINY**	**PDRAINC**	**CPDRAIN**
☐	☐	7.6 Anticoagulation therapy for presumed/confirmed DVT **DVTTHERA**	n/a	n/a	n/a
☐	☐	7.7 Anticoagulation therapy for presumed/confirmed PE **PETHERA**	n/a	n/a	n/a
☐	☐	7.8 Readmission (other) 1 **EVEO1** (Specify: **EVEO1S**)	**EVEO1M / EVEO1D / EVEO1Y**	**EVEO1C**	**CEVEO1**
☐	☐	7.9 Readmission (other) 2 **EVEO2** (Specify: **EVEO2S**)	**EVEO2 M/ EVEO2 D/ EVEO2Y**	**EVEO2C**	**CEVEO2**
☐	☐	7.10 Readmission (other) 3 **EVEO3** (Specify: **EVEO3S**)	**EVEO3M/ EVEO3D / EVEO3Y**	**EVEO3C**	**CEVEO3**

8. Were any planned post-discharge anticoagulation therapies received? **DVTRECPD** ☐ 0. No ☐ 1. Yes
If yes,

No Yes		Prophylactic (preventative) Use? No Yes	# of Days	Times per day	Therapeutic (as treatment) Use? No Yes	# of Days	Times per day
PSHEP	5000 units sub-cutaneous heparin	**PSHEPPU**	**PSHEPPUD**	**PSHEPPUX**	**PSHEPTU**	**PSHEPTUD**	**PSHEPTUX**
PAHEP	Other dose heparin (Dose **AHEPD** units)	**PAHEPPU**	**PAHEPPUD**	**PAHEPPUX**	**PAHEPTU**	**PAHEPTUD**	**PAHEPTUX**
PLHEP	Low molecular weight heparin If yes,	**PLHEPPU**	**PLHEPPUD**	**PLHEPPUX**	**PLHEPTU**	**PLHEPTUD**	**PLHEPTUX**
	PLHEPD Specify dose: 20 mg 40 mg 60 mg Other (Specify: **PLHEPS**_ mg)						
POTH	Other Anticoagulant If yes,	**POTHPU**	**POTHPUD**	**POTHPUX**	**POTHTU**	**POTHTUD**	**POTHTUX**
	Specify name: __ **POTHS**__________ Specify dose: **POTHD** 1.mg 2. units **DOSETYPE**						

Table of codes for
suspected reason for an intervention

Code	Suspected reason for an intervention	Code	Suspected reason for an intervention
1	Anastomotic leak	8	Wound infection/evisceration
2	Other abdominal sepsis	9	Fluid or electrolyte depletion
3	Intestinal obstruction	10	Vomiting or poor intake
4	DVT	11	Gastric distension
5	Pulmonary embolism	12	Strictures
6	Pneumonia	13	Bleeding
7	Other respiratory failure	14	Infection/fever
		15	Other