

Entered: \_\_/\_\_/20\_\_ Initials: \_\_\_\_\_ Verified: \_\_/\_\_/20\_\_ Initials: \_\_\_\_\_

For office use only.

LABS-2 Pre-operative Update Form (PU2) – Version: 12/15/2006 FORMV

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ID Evaluation Date PU2DAT \_\_/\_\_/20\_\_  
mm dd yy

Certification number: \_\_\_\_\_ CERT Consent Date DOC2DAT \_\_/\_\_/20\_\_  
mm dd yy

Surgery Date SURGDAT \_\_/\_\_/20\_\_  
mm dd yy

1. Weight: \_\_\_ \_\_\_ (lbs) WGT

2. How was weight measured?  1. Tanita Scale  
 2. Other Scale  
 3. Last available bed weight  
 4. Estimate

WGTMEAS

2. Smoking status:  1. Never smoked  
 2. Current: → SMOKE

Age started regularly: \_\_\_\_\_  
CIGSTART  
Average packs/day: \_\_\_\_\_  
CIGAVE

3. Former: → Age started regularly: \_\_\_\_\_  
CIGSTART  
Age quit: \_\_\_\_\_ CIGQUIT  
Average packs/day: \_\_\_\_\_  
CIGAVE

3. Planned procedure:

- 1. Gastric bypass (Roux-en-Y) PROC
- 2. Biliopancreatic diversion (BPD)
- 3. Biliopancreatic diversion with Doudenal Switch (BPDS)
- 4. Laparoscopic adjustable gastric band (LAGB)
- 5. Sleeve gastrectomy-initial stage
- 6. Sleeve gastrectomy- → second stage SGA
- 7. Other (Specify: \_\_\_\_\_ PROCS)
- 8. Banded Gastric bypass (Gastric bypass + non-adjustable band)
- 9. Vertical Banded Gastroplasty
- 3. Unknown at this time

4. Planned approach:  1. Laparoscopic  2. Open  -3. Unknown  
APPRCH

5. Is the planned procedure a revision?  0. No  1. Yes REVIS

6. Is the planned procedure a reversal?  0. No  1. Yes REVER

7. Most recent laboratory value within 180 days of surgery:

	Blood Draw Date	Not done		Blood Draw Date	Not done
Fasting Glucose: _____ mg/dl FPG	__/__/_____ FPGDAT	<input type="checkbox"/>	AST (SGOT): _____ IU/L	__/__/_____ ASTDAT	<input type="checkbox"/>
Creatinine: _____ mg/dl CREAT	__/__/_____ CREATDAT	<input type="checkbox"/>	Hematocrit: _____ %	__/__/_____ HMTCRDAT	<input type="checkbox"/>
Albumin: _____ g/dl ALB	__/__/_____ ALBDAT	<input type="checkbox"/>	Triglycerides: _____ mg/dl	__/__/_____ TRIGDAT	<input type="checkbox"/>
HbA1C: _____ % HBA1C	__/__/_____ HBA1CDAT	<input type="checkbox"/>	HDL: _____ mg/dl	__/__/_____ HDLDAT	<input type="checkbox"/>
Normal HbA1C High range: _____ % HBA1CHI			Total Cholesterol: _____ mg/dl	__/__/_____ TCDAT	<input type="checkbox"/>
ALT (SGPT): _____ IU/L ALT	__/__/_____ ALTDAT	<input type="checkbox"/>	Alkaline Phosphatase: _____ IU/L	__/__/_____ ALKDAT	<input type="checkbox"/>

8. Medications in the past 90 days:  
(check "no" or "yes" for each item)

No Yes

Therapeutic oral/IV immunosuppressant IMMUNO

Therapeutic anticoagulation ANTIC

Narcotic NARC

- Statin or other lipid lowering agent **STATIN**
- Antidepressant **ADEPRS**
- Beta-blocker **BETAB**

9. Blood pressure: \_\_\_\_\_ / \_\_\_\_\_ (mmHg)  
 Systolic / Diastolic  
**SBP / DBP**

7.1 How was blood pressure measured?  1. Mercury  
 2. Gauge  
 3. Electronic

**10 Comorbidities:**

Comorbidity	No	Yes		<i>If yes, check the <u>one</u> best response</i>				
a. Hypertension <b>HTN</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>HTNS</b>	<input type="checkbox"/> 1. No medication	<input type="checkbox"/> 2. Single medication	<input type="checkbox"/> 3. Multiple medications		
b. Diabetes <b>DM</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>DMS</b>	<input type="checkbox"/> 1. No medication	<input type="checkbox"/> 2. Single oral medication	<input type="checkbox"/> 3. Multiple oral medication	<input type="checkbox"/> 4. Insulin	<input type="checkbox"/> 5. Oral meds and insulin
c. CHF <b>CHF</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>CHFS</b>	NYHC:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV <input type="checkbox"/> Unknown
d. Asthma <b>ASTH</b>	<input type="checkbox"/>	<input type="checkbox"/>	→ <b>ASTHS</b>	<input type="checkbox"/> 1. History of Intubation		<input type="checkbox"/> 2. No History of Intubation		

e. Functional Status **FS**  1. Can walk (length of grocery store aisle) 200 ft unassisted  2. Able to walk 200 ft with assist device (cane, walker)  3. Cannot walk 200 ft with assist device  -3. Unknown

Comorbidity	No	Yes		Check "No" or "Yes" for each item	
				No	Yes
f. History of DVT/PE <b>DVT</b>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/> Documented DVT <b>DOCDVT</b>
				<input type="checkbox"/>	<input type="checkbox"/> Documented PE <b>DOCPE</b>
				<input type="checkbox"/>	<input type="checkbox"/> Venous edema w/ ulceration <b>VEDEMA</b>
g. Sleep apnea <b>SLPA</b>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/> C-pap/ Bi-pap <b>CPAP</b>
				<input type="checkbox"/>	<input type="checkbox"/> Supplemental oxygen dependent <b>OXYDEP</b>
h. Ischemic Heart Disease <b>HD</b>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/> History of MI <b>HXMI</b>
				<input type="checkbox"/>	<input type="checkbox"/> No active ischemia <b>NOISCH</b>
				<input type="checkbox"/>	<input type="checkbox"/> Abnormal EKG but unable to assess ischemia <b>ABNEKG</b>
				<input type="checkbox"/>	<input type="checkbox"/> PCI, CABG <b>CORINTRV</b>
				<input type="checkbox"/>	<input type="checkbox"/> Anti-ischemic medications <b>AISCHM</b>
i. Pulmonary hypertension <b>PULHYP</b>	<input type="checkbox"/>	<input type="checkbox"/>			
j. History of venous edema with ulcerations? <b>HXVE</b>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes				

11. Are there any comorbid conditions the patient may have that could affect clinical outcome following bariatric surgery?  0. No  1. Yes

**OCOND**

11.1 If yes, specify (*do not enter into database*):

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