

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Roux-en-Y Gastric Bypass (RYB) – Version 07/31/2007 FORMV

Patient ID _____ - _____ - _____ ID

Form Completion Date ____/____/20____
RYBDAT mm dd yy

Certification number: _____ CERT

Date of Surgery ____/____/20____
SURGDAT mm dd yy

POUCH STAPLING MEASUREMENTS:

How was it measured? SLINEM		
String (1)	Ruler (2)	Grasper (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Total length of staple line: STAPLINE _____ (cm) →

2. Type of stapling line: TYPELINE

- 1. Partitioned
- 2. Divided

3. Record the staple height for the pouch: No Yes No Yes
 (check “no” or “yes” for each) 2.5 millimeters SLE25 4.5 millimeters SLE45
 3.5 millimeters SLE35 Other SLEO (specify: _SLES millimeters)

4. Identify the manufacturer of the stapling device: 1. U.S. Surgical® STPLMFG
 2. Ethicon®
 3. Other (specify: _STPLMFGS_)

5. Was banding or a ring used? BREINF 0. No 1. Yes
 If yes,

5.1 Specify the type of reinforcement:

- 1. Silastic ring
- 2. Patient’s fascia
- 3. Synthetic mesh
- 4. Other (specify: BREINFS)

6. Route of alimentary limb ascension AROUTE

- 1. Ante-colic, Ante-gastric
- 2. Ante-colic, Retro-gastric
- 3. Retro-colic, Ante-gastric
- 4. Retro-colic, Retro-gastric

7. LIMB MEASUREMENTS:

How was it measured?		
String (1)	Ruler (2)	Grasper (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.1 Length of the biliopancreatic limb: BILLEN _____ (cm) →

BILLENM

7.2 Length of the alimentary limb: ALILEN _____ (cm) →

ALILENM

7.3 Length of the common channel: CHANLEN _____ (cm) →

CHANLENM

8. Configuration used for the proximal (Gastric-Jejunum) anastomosis: GJCONF

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

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

No	Yes	9.1 Stitch type: <input type="checkbox"/> 1. Absorbable GJHSEWT <input type="checkbox"/> 2. Non-absorbable	9.2. 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	9.3 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	
		9.4 Staple Manufacturer: GJLSUS <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: <u>GJLSOTHS</u>)	

9.5 Staple size: GJCIRCD <input type="checkbox"/> 1. 21 mm <input type="checkbox"/> 2. 25 mm <input type="checkbox"/> 3. Other (<u>GJCIRCD</u> mm)	9.6 Staple Manufacturer: GJCSUS <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: <u>GJCSOTHS</u>)	9.7 Pre-closure height of staples : (check all that apply) <input type="checkbox"/> 2.5 mm GJCIRC25 <input type="checkbox"/> 4.5 mm GJCIRC45 <input type="checkbox"/> 3.5 mm GJCIRC35 <input type="checkbox"/> 4.8 mm GJCIRC48 <input type="checkbox"/> Other GJCIRCO (GJCIRCS _ mm)
---	--	---

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

TESTANA

10. 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	Action		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Neg.	2. Pos.		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Air by Tube AIR	→	RESAIR		<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	→	RESEGD			<input type="checkbox"/>	<input type="checkbox"/>	Glue ACTGLU
<input type="checkbox"/>	<input type="checkbox"/>	3. Methylene Blue MBLU	→	RESMBLU			<input type="checkbox"/>	<input type="checkbox"/>	Complete anastomosis redo ACTREDO

11. Specify additional protectant used around the Gastric-Jejunum anastomosis creation:

No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Seal GJSEAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buttress GJBUTT → was omentum used? OMENTUM <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sutures GJSUT
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify: PROTECTO/PROTECTS)		

12. Was a drain placed at the Gastric-Jejunum anastomosis? **GJDRAIN** 0. No 1. Yes

13. Record the configuration used for the distal (Jejunum-Jejunum) anastomosis: **JJCONF** 1. Side-to-side 2. End-to-side

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

No	Yes	14.1 Stitch type: <input type="checkbox"/> 1. Absorbable JJHSEWT <input type="checkbox"/> 2. Non-absorbable	14.2. Stitch layers: <input type="checkbox"/> 1. One layer JJHSEWL <input type="checkbox"/> 2. Two layers
<input type="checkbox"/>	<input type="checkbox"/>	Hand sewn	

<input type="checkbox"/>	<input type="checkbox"/>	Linear stapled JJLIN	14.3 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 (JJLINS _ mm)
<input type="checkbox"/>	<input type="checkbox"/>	Circular stapled JJCIRC	
		14.4 Staple Manufacturer: JJLSUS <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: <u>JJLSOTHS</u>)	

14.5 Diameter of stapler: JJCIRCD <input type="checkbox"/> 1. 21 mm <input type="checkbox"/> 2. 25 mm <input type="checkbox"/> 3. Other (JJCIRCS _ mm)	14.6 Staple Manufacturer: JJCSUS <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: _ JJCSOths _)	14.7 Pre-closure Height of staples (<i>check all that apply</i>): <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)	14.8 Length of Jejunum-jejunal anastomosis: _ JJAL _ cm
---	--	---	--

15. Mesenteric defects closure: No Yes Petersen's **PETERSEN** No Yes Entero-enterostomy **ENTERO** No Yes Transmesenteric **TRANSM**— *only answer if route of alimentary limb ascension, #6, was retro-colic.*

16. Was an anti-obstruction stitch placed? **ANTI OBS** 0. No 1. Yes

17. Were the nerves of the laterjet seen? 0. No 1. Yes **LATERJET**

18. Were the nerves of the laterjet cut? **NERVE CUT** 0. No 1. Yes →

<input type="checkbox"/> 1. Partially cut <input type="checkbox"/> 2. Completely cut NERVPCUT

19. 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

20. Was there difficulty due to intra-abdominal fat distribution? **DIFFAT** 0. No 1. Yes
21. Was there difficulty due to thick abdominal wall? **DIFABD** 0. No 1. Yes
22. Was there difficulty due to limited exposure due to enlarged/fatty liver? **DIFLIV** 0. No 1. Yes
23. Was there difficulty due to adhesion from previous surgery? **DIFSUR** 0. No 1. Yes