Entered: _ _ / _ _ / 20_ _ Initials: ________ Verified: _ _ / _ _ / 20_ _ Initials: ________

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LABS-2 Subsequent Bariatric Procedure (SBP) – Version 08/28/2006 FORMV

Patient ID __ __ __ - __ __ __ __- __ __ **ID** **Form Completion Date** __ __ / __ __ / 20 __ __ **SBPDAT** mm dd yy

Certification number: __ __ __ __ __ **CERT**

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

2. Surgical procedure priority (check one): PROCPRIO ☐ 1. Elective ☐ 2. Urgent ☐ 3. Emergent

3 Was this procedure planned or unplanned at time of initial procedure (*check one*): **PLANPROC**
☐ 1. Unplanned
☐ 2. Planned → if planned, | Was the procedure a follow-up of an initial procedure? **PLANPROF** ☐ 0. No ☐ 1. Yes

4. Type of Surgery Performed *(check all that apply):*

No	Yes	
☐	☐	4.1 Revision of existing bariatric procedure - same/similar type of procedure performed. **REVBARI**
☐	☐	4.2 New bariatric procedure performed to augment/replace prior different procedure performed. **NBARIPRO**

5. Reason(s) for subsequent bariatric procedure *(check "no" or "yes" for each):*

No	Yes		
☐	☐	5.1	Inadequate weight loss → *if yes,* **INWGTLOS** — % of *excess* weight loss since the primary bariatric surgery __ __ % **INWGTLOP**
☐	☐	5.2	Weight regain **WGTGAIN** → *if yes,* — % of excess weight regained since the primary bariatric surgery __ __ % **WGTGAINP**
☐	☐	5.3	Non-resolved comorbidities **NONCOM**

If yes,

No	Yes		No	Yes	
☐	☐	a. Hypertension **HTN**	☐	☐	f. Sleep apnea **SLPA**
☐	☐	b. Diabetes **DM**	☐	☐	g. Pulmonary hypertension **PULHYP**
☐	☐	c. CHF **CHF**	☐	☐	h. Gastroesophageal reflex disease (GERD) **GERD**
☐	☐	d. Asthma **ASTH**			
☐	☐	e. Impaired functional status (i.e. walking capacity) **IFS**	☐	☐	i. Venous edema with ulcerations **VEDEMA**
			☐	☐	j. Other **NONCOMO**(Specify: __ **NONCOMS**_____

No	Yes		
☐	☐	5.4	Impaired quality of life **IMPLIFE**

If yes,

No	Yes		No	Yes	
☐	☐	a. Primary dumping syndrome **PDS**	☐	☐	k. Arrhythmia **ARRHY**
☐	☐	b. Vomiting **VOMITING**	☐	☐	l. Anemia **ANEMIA**
☐	☐	c. Diarrhea **DIARRH**	☐	☐	m. Constipation **CONSTIP**
☐	☐	d. Cramping **CRAMP**	☐	☐	n. Dehydration **DEHYDRA**
☐	☐	e. Hypotension **HYPOTEN**	☐	☐	o. Headache **HEADACHE**
☐	☐	f. Nausea **NAUSEA1**	☐	☐	p. Dairy intolerance **DAIRYINT**
☐	☐	g. Lightheadedness **LIGHTHED**	☐	☐	q. Hair loss **HAIRLOSS**
☐	☐	h. Dizziness **DIZZI**	☐	☐	r. Depression **DEPRESS**
☐	☐	i. Excessive sweating **EXSWEAT**	☐	☐	s. Abdominal pain **ABDPAIN**
☐	☐	j. Tachycardia **TACH**	☐	☐	t. Bile reflux **BILIREF**
					u. Other **IMPLIFEO** (Specify: ___ **IMPLIFES** _______________)

No	Yes		
☐	☐	5.5	Technical/Medical Complications **TECHCOM**

If yes,

No	Yes		No	Yes	
☐	☐	a. Band slippage **BANDSLP**	☐	☐	j. Intractable stomal stenosis **ISS**
☐	☐	b. Band prosthesis erosion **BPR**	☐	☐	k. Stretched stomach outlet **SSO**
☐	☐	c. Band prosthesis migration **BPM**	☐	☐	l. Gastric erosion **GASTERO**
☐	☐	d. Marginal ulcers **MARGULC**	☐	☐	m. Severe gastroesophageal reflux disease **SGRD**
☐	☐	e. Stapleline breakdown **SLBREAK**	☐	☐	n. Esophageal dilation **ESODIL**
☐	☐	f. Anastomosis stenosis **ANASTEN**	☐	☐	o. Esophageal dismotility **ESODIS**
☐	☐	g. Anastomosis stricture **ASTRICT**	☐	☐	p. Esophageal erosion **ESOERO**
☐	☐	h. Bowel obstruction **BOWELOB**	☐	☐	q. Abdominal hernia **ABDHERN**
☐	☐	i. Port-site problem(s) **PORTPROB**	☐	☐	r. Other **TECHCOMO** (Specify:__**TECHCOMS**____________)

No	Yes		
☐	☐	5.6	Reached goal weight **GOALWGT**
☐	☐	5.7	Other: **BARIPROO** (Specify ___ **BARIPROS**________________________)