



NIDDK

Liver Transplantation Database

**INTRA-OPERATIVE SURGEON ASSESSMENT FORM**

01/30/1991

DONOR ID \_\_\_\_\_

COMPLETION LOG

Data Collector ID \_\_\_\_\_ - \_\_\_\_\_  
Center Initials

DATE

Data Collection \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Data Entry \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

      Sysid \_\_\_\_\_

Verification \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cleaned \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Transfer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YY

<u>FORM KEYS</u>
Patient ID _____
Transplant No. _____

INTRA-OPERATIVE SURGEON ASSESSMENT FORM
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PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

TRANSPLANT NO. \_\_\_\_\_

DATE OF TRANSPLANT (at time of closure) \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YY

I. SURGEON ASSESSMENT OF DONOR LIVER

Table with 3 columns: Assessment Item, AT END (after biliary reconstruction) Yes, AT END (after biliary reconstruction) No. Rows include: 1. ASSESSMENT OF LIVER (1.1 Consistency/texture: normal, 1.2 Perfusion/color: well perfused, 1.3 Injury/trauma), 2. OVERALL QUALITY OF LIVER (check one), 3. BILE PRODUCTION (check one).

II. TYPE OF ARTERIAL ANASTOMOSIS (Final)

- 1. Donor (check one)
\_\_\_ 1. Celiac axis with aortic patch
\_\_\_ 2. Celiac axis
\_\_\_ 3. Common hepatic artery
\_\_\_ 4. Superior mesenteric artery single vessel
\_\_\_ 5. SMA with composite SMA - celiac patch
\_\_\_ 6. Aortic conduit
\_\_\_ 7. Other \_\_\_\_\_ specify (30 char)
2. Recipient (check one)
\_\_\_ 1. Celiac axis
\_\_\_ 2. Common hepatic artery
\_\_\_ 3. Proper hepatic artery
\_\_\_ 4. SMA hepatic artery
\_\_\_ 5. Aorta
\_\_\_ 6. Splenic
\_\_\_ 7. Other \_\_\_\_\_ specify (30 char)
3. Was iliac interposition graft done? Yes\_\_\_ No\_\_\_
4. Anastomosis redone? Yes\_\_\_ No\_\_\_

IF YES, reason

Form box containing: \_\_\_ 4.1 Poor blood flow, \_\_\_ 4.2 Other \_\_\_\_\_ specify (30 char)

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III. TYPE OF PORTAL VEIN RECONSTRUCTION (Final)

1. Donor portal vein to: (check one)

- 1. Recipient portal vein
- 2. Recipient portal vein with interposition graft
- 3. SMV with interposition graft
- 4. Other \_\_\_\_\_  
specify (30 char)

2. REDONE? Yes\_\_ No\_\_

IF YES

2.1 Reason _____ specify (30 char)
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IV. BILIARY ANASTOMOSIS PERFORMED (check one)

- 1. Choledochocholedochostomy with T tube
- 2. Choledochojejunostomy
- 3. Other \_\_\_\_\_  
specify (30 char)

V. INTRAOPERATIVE SURGICAL PROCEDURES Yes\_\_ No\_\_

IF YES, check all that apply

<input type="checkbox"/> 1. Bowel perforation/resection <input type="checkbox"/> 2. Splenectomy <input type="checkbox"/> 3. Ligate splenic artery <input type="checkbox"/> 4. Graft size reduction  <p style="text-align: center;">IF YES, check segments transplanted (see diagram on opposite page)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> 1.</td> <td><input type="checkbox"/> 5.</td> </tr> <tr> <td><input type="checkbox"/> 2.</td> <td><input type="checkbox"/> 6.</td> </tr> <tr> <td><input type="checkbox"/> 3.</td> <td><input type="checkbox"/> 7.</td> </tr> <tr> <td><input type="checkbox"/> 4.</td> <td><input type="checkbox"/> 8.</td> </tr> </table> <input type="checkbox"/> 5. Umbilical hernia repair <input type="checkbox"/> 6. Ligation of prior portosystemic shunt <input type="checkbox"/> 7. Other _____ <input type="checkbox"/> 8. Other _____ specify (30 char)	<input type="checkbox"/> 1.	<input type="checkbox"/> 5.	<input type="checkbox"/> 2.	<input type="checkbox"/> 6.	<input type="checkbox"/> 3.	<input type="checkbox"/> 7.	<input type="checkbox"/> 4.	<input type="checkbox"/> 8.
<input type="checkbox"/> 1.	<input type="checkbox"/> 5.							
<input type="checkbox"/> 2.	<input type="checkbox"/> 6.							
<input type="checkbox"/> 3.	<input type="checkbox"/> 7.							
<input type="checkbox"/> 4.	<input type="checkbox"/> 8.							

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VI. PREVIOUS ABDOMINAL/SHUNT SURGERIES Yes\_\_ No\_\_  
IF YES, check all that apply

<input type="checkbox"/> 1. Biliary enterostomy		
<input type="checkbox"/> 2. Portosystemic shunts	IF YES	Taken down during surgery? Yes__ No__
<input type="checkbox"/> 3. Peritoneal (LeVeen, Denver) shunts		
<input type="checkbox"/> 4. Proctocolectomy		
<input type="checkbox"/> 5. Cholecystectomy		
<input type="checkbox"/> 6. Previous ulcer surgery, specify type _____		(30 char)
<input type="checkbox"/> 7. Splenectomy		
<input type="checkbox"/> 8. Gynecological surgery		
<input type="checkbox"/> 9. Other _____		
<input type="checkbox"/> 10. Other _____		specify (30 char)

VII. MISCELLANEOUS INFORMATION ITEMS

1. ASCITES at time of initial opening Yes\_\_ No\_\_

IF YES

1.1 Specify quantity removed _____ liters
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2. OTHER ORGAN TRANSPLANT DONE? Yes\_\_ No\_\_

IF YES, check all that apply

<input type="checkbox"/> 2.1 Bowel	<input type="checkbox"/> 2.4 Heart
<input type="checkbox"/> 2.2 Pancreas	<input type="checkbox"/> 2.5 Heart/lung
<input type="checkbox"/> 2.3 Kidney	<input type="checkbox"/> 2.6 Other _____
specify (30 char)	

VIII. PATIENT'S CONDITION AT THE END OF SURGERY (check one)

- 1. Did not survive surgery
- 2. Unstable blood pressure requiring vasopressors
- 3. Stable blood pressure but urine output less than or equal to 1 ml/kg/hr
- 4. Stable blood pressure and urine output greater than 1 ml/kg/hr

IX. SURGEON OF RECORD \_\_\_\_\_-

Center #	Initials
(2 char)	(3 char)

