

A1. Site/Study ID #: ____ / ____

A2. Date of Surgery: ____ / ____ / ____
Month Day Year

A3. Staff Initials: ____

To DCC ☐

SECTION B: ABDOMINAL ANATOMY – SECTIONS B TO G TO BE COMPLETED BY ATTENDING SURGEON

B1. The surgery was: 1. ☐ Open 2. ☐ LaparoscopicB2. Please identify all of the abdominal anatomy abnormalities that were noted during surgery (*check all that apply*):

- i. ☐ No abnormality identified
- a. ☐ Intestinal malrotation
- b. ☐ Situs inversus
- c. ☐ Midline liver
- d. ☐ Polysplenia
- e. ☐ Asplenia
- f. ☐ Pre-duodenal portal vein
- g. ☐ Other abnormalities (Specify: _____)

B3. Was ascites present? 1. ☐ No → **Go to B4** 2. ☐ Yes

a. Estimated volume: ____ cc

B4. Liver appearance: 1. ☐ Normal 2. ☐ Firm 3. ☐ Nodular

SECTION C: HILAR BILIARY ANATOMY – TO BE COMPLETED BY ATTENDING SURGEON

C1. Gallbladder fluid: 1. ☐ None 2. ☐ Billous 3. ☐ Clear
4. ☐ Other: _____

C2. If aspirated for repository, volume removed: ____ . ____ cc

C3. Common bile duct:

- a. Gross description: _____
- b. Diameter: ____ mm
- c. Please identify each of the following that were noted during surgery (*check all that apply*):
 - ci. ☐ Normal
 - cii. ☐ Solid cord
 - ciii. ☐ Cystic
 - civ. ☐ Absent
- d. Was the common bile duct inflamed? 1. ☐ No 2. ☐ Yes

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C4. Was an intraoperative cholangiogram performed? ¹ ☐ No ² ☐ Yes

C5. Were any of the following observed to be patent (*check all that apply*)?

- a. ☐ None
- b. ☐ Common bile duct
- c. ☐ Common (proper) hepatic duct
- d. ☐ Right hepatic duct
- e. ☐ Left hepatic duct
- f. ☐ Cystic duct
- g. ☐ Flow into duodenum




SECTION D: POST EXPLORATION DIAGNOSIS – TO BE COMPLETED BY ATTENDING SURGEON

D1. What was the subject's diagnosis after exploration?





- ¹ ☐ Biliary atresia ² ☐ Other (Specify: _____) → **Go to E1**

D2. Biliary atresia anatomic classification (Ryoji Ohi and Masaki Nio):

a. Main Types (*choose only one*):


- ai. ☐ Type I: Atresia of common bile duct  (10%)
- aii. ☐ Type II: Atresia of hepatic duct  (2%)
- aiii. ☐ Type III: Atresia at porta hepatis  (88%)


b. Subtypes according to the patterns of distal ducts (*choose only one*):

- bi. ☐ Subtype a: Patent common bile duct  (20%)
- bii. ☐ Subtype b: Fibrous common bile duct  (62%)
- biii. ☐ Subtype c: Aplasia of common bile duct  (15%)
- biv. ☐ Subtype d: Miscellaneous  (3%)


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c. Subgroups according to the patterns of hepatic radicles at the porta hepatis (*choose only one*):


ci. ☐ Subgroup α : Dilated hepatic ducts  (5%)

cii. ☐ Subgroup β : Hypoplastic hepatic ducts  (6%)

ciii. ☐ Subgroup γ : Bile lake  (8%)

civ. ☐ Subgroup μ : Fibrous hepatic ducts  (19%)

cv. ☐ Subgroup ν : fibrous mass  (56%)

cvi. ☐ Subgroup \omicron : Aplasia of hepatic ducts  (6%)

SECTION E: HILAR DISSECTION – TO BE COMPLETED BY ATTENDING SURGEON

E1. Have both pre-dissection and post-dissection photos (marked with operative margins) been attached to this form? 1. ☐ No 2. ☐ Yes
If yes, please make sure that the photos are de-identified.

E2. Operative dissection dimensions:

a. Left to Right: _____ mm

b. Anterior to Posterior: _____ mm

E3. Was dissection carried out to first branches of right and left hepatic artery? 1. ☐ No 2. ☐ Yes

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SECTION F: DRAINAGE PROCEDURE – TO BE COMPLETED BY ATTENDING SURGEON

F1. Was a drainage procedure performed on this subject during surgery? 1. ☐ No → **Go to F3** 2. ☐ YesF2. Please identify the drainage procedure performed on this subject (*choose only one*):

Anatomic Region	Results
a. <input type="checkbox"/> Roux-en-Y Kasai:	ai. Length: ____ cm a.ii. Other modifications: _____
b. <input type="checkbox"/> Gallbladder Kasai:	
c. <input type="checkbox"/> Choledochojejunostomy:	ci. Length: ____ cm c.ii. Other modifications: _____
d. Other	Specify: _____

----- Go to G1 -----

F3. Why was a drainage procedure not performed?

1. ☐ Not biliary atresia
 2. ☐ Too old for portoenterostomy
 3. ☐ Other (Specify: _____)

SECTION G: INTRAOPERATIVE COMPLICATIONS – TO BE COMPLETED BY ATTENDING SURGEON

G1. Was blood transfused? 1. ☐ No → **Go to G2** 2. ☐ Yesa. What was used (*check all that apply*):

- ai. ☐ Whole blood
 aii. ☐ Packed red blood cells

b. What volume was transfused? ____ ml

G2. Were there any intraoperative complications for this subject? 1. ☐ No → **Go to H1** 2. ☐ Yes

a. Please specify complications: _____

Surgeon Signature: _____ Date: ____ / ____ / ____
 Month Day Year

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SECTION H: BIOPSY MATERIAL OBTAINED – TO BE COMPLETED BY SURGEON OR BY STUDY COORDINATOR

H1. Was a liver biopsy performed?

1. ☐ No → **Go to H2**

2. ☐ Yes

a. What type of liver biopsy was performed?

1. ☐ Wedge

2. ☐ Needle

3. ☐ Both

H2. Was a sample of bile (aspirate from gallbladder or other cystic Structures) collected?

1. ☐ No

2. ☐ Yes

H3. Was a specimen from the hilar dissection (gallbladder and biliary remnant) collected?

1. ☐ No

2. ☐ Yes

H4. Was a lymph node removed?

1. ☐ No → **Go to H5**

2. ☐ Yes

a. What type of lymph node was removed?

1. ☐ Hilar node

2. ☐ Mesenteric node

H5. Image of the intraoperative cholangiogram attached?
(Please inscribe the image with the subject's research ID,
removing any other personal identifying information)

1. ☐ No

2. ☐ Yes

8. ☐ Not done