



ChiLDReNLink

**Form 26 F/U Surgery**

**B: SURGERIES/PROCEDURES**

B1	This is a report of:	<input type="checkbox"/> Incisional surgery <input type="checkbox"/> Endoscopy <input type="checkbox"/> Percutaneous liver biopsy <input type="checkbox"/> Other (specify): _____
B2	Date of surgery/procedure	____ / ____ / ____
B3	Were tissue samples collected for the repository?	<input type="checkbox"/> No → go to B4 <input type="checkbox"/> Yes
B3b	Total time elapsed between harvested and snap-freezing:	____ ____ <input type="checkbox"/> Minutes <input type="checkbox"/> Not Done
B4	Were bile samples collected for the repository?	<input type="checkbox"/> No → go to B5 <input type="checkbox"/> Yes
B4b	Total time elapsed between harvested and snap-freezing:	____ ____ <input type="checkbox"/> Minutes <input type="checkbox"/> Not Done
B5	Type of surgery performed (select one):	<input type="checkbox"/> Repeat Kasai → <b>complete section C</b> <input type="checkbox"/> Other drainage procedure → <b>complete section D</b> <input type="checkbox"/> Bile leak → <b>complete section E</b> <input type="checkbox"/> Transplant (Complete form 25N) → <b>Done</b> <input type="checkbox"/> Vascular access (e.g. Broviac) → <b>Done</b> <input type="checkbox"/> Liver biopsy → <b>complete section G</b> <input type="checkbox"/> GI Endoscopy → <b>complete section H</b> <input type="checkbox"/> Placement of enteral feeding Access → <b>complete section I</b> <input type="checkbox"/> Other invasive procedure (specify): _____ → <b>Done</b>

**C: REPEAT KASAI**

C1	Bile draining from porta hepatic:	<input type="checkbox"/> No <input type="checkbox"/> Yes
C2	Roux limb approximately:	____ cm to anastomosis
C3	Operative findings:	_____

**D: OTHER DRAINAGE PROCEDURE**

D1	Choledochojejunostomy performed:	<input type="checkbox"/> No <input type="checkbox"/> Yes
D2	Hepaticojejunostomy performed:	<input type="checkbox"/> No <input type="checkbox"/> Yes

**D: OTHER DRAINAGE PROCEDURE**

D3	Operative findings:	
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**E: BILE LEAK**

E1	Describe bile leak:	
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**G: LIVER BIOPSY**

G1	Type of biopsy performed:	<input type="radio"/> Wedge <input type="radio"/> Both	<input type="radio"/> Needle <input type="radio"/> Explant
G2	Method:	<input type="radio"/> Percutaneous <input type="radio"/> Laparoscopic surgery	<input type="radio"/> Open surgery <input type="radio"/> Transjugular
G2a	Was liver tissue collected for the repository?	<input type="radio"/> No → go to Done	<input type="radio"/> Yes
G2b	Total time elapsed between harvested and snap-freezing:	____ ____ ____ <input type="radio"/> Minutes	<input type="radio"/> Not Done

**H: GI ENDOSCOPY**

H1	Indication:	<input type="radio"/> Varices surveillance <input type="radio"/> GI Bleed <input type="radio"/> Other (specify): _____
H2	Varices grade:	<input type="radio"/> None <input type="radio"/> Small varices without luminal prolapse <input type="radio"/> Moderate-sized varices showing luminal prolapse with minimal obscuring of the gastroesophageal junction <input type="radio"/> Large varices showing luminal prolapse substantially obscuring the gastroesophageal junction <input type="radio"/> Very large varices completely obscuring the gastroesophageal junction <input type="radio"/> Not mentioned
H3	Red Signs (black spots):	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Not mentioned
H4	Portal gastropathy:	<input type="radio"/> No <input type="radio"/> Yes
H5	Other findings (specify):	_____

**H: GI ENDOSCOPY**

H6	Interventions taken (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Banding <input type="checkbox"/> Octreotide <input type="checkbox"/> $\beta$ -blocker <input type="checkbox"/> Other (specify): _____
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**I: PLACEMENT OF ENTERAL FEEDING ACCESS**

I1	Type of access:	<input type="radio"/> Open surgery <input type="radio"/> Laparoscopic surgery <input type="radio"/> Percutaneous
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