



CHILDRENLink: LOGIC

Form 11 Surgery Procedure LOGIC

B: SURGERIES/PROCEDURES

Complete a separate copy of this form for each surgery or procedure

B1	This is a report of:	<input type="radio"/> Incisional surgery <input type="radio"/> Laparoscopic surgery <input type="radio"/> Endoscopy <input type="radio"/> Percutaneous liver biopsy <input type="radio"/> Other (specify): _____
B2	Date of surgery/procedure:	____ / ____ / ____
B3	Were tissue samples collected for the repository?	<input type="radio"/> No <input type="radio"/> Yes
B4	Were bile samples collected for the repository?	<input type="radio"/> No <input type="radio"/> Yes
Bile Drainage Procedure		
B5	Bile Drainage Procedure Performed?	<input type="radio"/> No → go to B10 <input type="radio"/> Yes
B6	Partial Biliary Diversion performed:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
B7	Illeal Exclusion performed:	<input type="radio"/> No → go to B9 <input type="radio"/> Yes <input type="radio"/> Unknown → go to B9
B8	Length of ileum excluded:	_____ cm
B9	Operative findings:	_____
Liver Biopsy		
B10	Liver biopsy performed?	<input type="radio"/> No → go to B16 <input type="radio"/> Yes
B11	Type of biopsy performed:	<input type="radio"/> Wedge <input type="radio"/> Needle <input type="radio"/> Explant
B12	Were liver samples collected for the repository?	<input type="radio"/> No → go to B15 <input type="radio"/> Yes
B14	Total time elapsed between harvested and snap-freezing:	_____ <input type="radio"/> Minutes <input type="radio"/> Not Done
B15	Method:	<input type="radio"/> Percutaneous <input type="radio"/> Open Surgery <input type="radio"/> Laparoscopic surgery <input type="radio"/> Transjugular

B: SURGERIES/PROCEDURES

Liver Transplant

B16	Liver transplant performed?	<input type="radio"/> No	<input type="radio"/> Yes
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GI Endoscopy

B18	GI Endoscopy Performed?	<input type="radio"/> No → go to B25	<input type="radio"/> Yes
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B19	Indication:	<input type="radio"/> Varices surveillance	<input type="radio"/> GI Bleed
		<input type="radio"/> Other (specify): _____	

B20	Esophageal varices grade:	<input type="radio"/> None <input type="radio"/> Small varices without luminal prolapse <input type="radio"/> Moderate-sized varices showing luminal prolapsed with minimal obscuring of the gastroesophageal junction <input type="radio"/> Large varices showing luminal prolapsed substantially obscuring the gastroesophageal junction <input type="radio"/> Very large varices completely obscuring the gastroesophageal junction <input type="radio"/> Not mentioned	
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B21	Red Signs (red spots):	<input type="radio"/> Absent	<input type="radio"/> Present	<input type="radio"/> Not mentioned
		<input type="radio"/> Other findings (specify): _____		

B22	Portal hypertensive gastropathy:	<input type="radio"/> No	<input type="radio"/> Yes
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B23	Gastric varices:	<input type="radio"/> No	<input type="radio"/> Yes
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B24	Interventions taken:	<input type="checkbox"/> None <input type="checkbox"/> Octreotide <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> β-blocker <input type="checkbox"/> Banding <input type="checkbox"/> Proton Pump inhibitor or H2 blocker <input type="checkbox"/> Other (specify): _____	
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Other invasive procedure

B25	Other invasive procedure performed?	<input type="radio"/> No → Done	<input type="radio"/> Yes
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B26	Specify:	_____
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B27	Date:	____ / ____ / ____
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