

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. Laparoscopic
- B2. 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. Yes

F2. 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 cii. 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. Yes

a. 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