



ChiLDReNLink: PROBE

PROBE Form 11 Surgery

A: SURGERY DATE

A1	Has the subject undergone an exploration and/or Portoenterostomy?	O No → Done	O Yes
A2	Date of Surgery:	____ / ____ / ____	

B: ABDOMINAL ANATOMY

To be completed by attending surgeon

B1	The surgery was:	O Open	O Laparoscopic
B2	Please identify all of the abdominal anatomy abnormalities that were noted during surgery (check all that apply):	<input type="checkbox"/> No abnormality identified <input type="checkbox"/> Intestinal malrotation <input type="checkbox"/> Situs inversus <input type="checkbox"/> Midline liver <input type="checkbox"/> Polysplenia <input type="checkbox"/> Asplenia <input type="checkbox"/> Pre-duodenal portal vein <input type="checkbox"/> Other abnormalities, specify: _____	
B3	Was ascites present?	O No → go to B5	O Yes
B4	If Yes, estimated volume:	_____ cc	
B5	Liver appearance:	O Normal	O Firm O Nodular

C: HILAR BILIARY ANATOMY

To be completed by attending surgeon

C1	Gallbladder fluid:	O None → go to C4	O Bilious	O Clear
		O Other (specify): _____		
C3	If aspirated for repository, volume received:	_____ cc	O Not Done	
Common bile duct				
C4	Gross description:			

C: HILAR BILIARY ANATOMY

C5	Diameter:	_____ mm
C6	Please identify each of the following that were noted during surgery (check all that apply):	<input type="checkbox"/> Normal <input type="checkbox"/> Solid cord <input type="checkbox"/> Cystic <input type="checkbox"/> Absent
C7	Was the common bile duct inflamed?	<input type="radio"/> No <input type="radio"/> Yes
C8	Was an intraoperative cholangiogram performed?	<input type="radio"/> No <input type="radio"/> Yes
C9	Were any of the following observed to be patent (check all that apply)?	<input type="checkbox"/> None <input type="checkbox"/> Common bile duct <input type="checkbox"/> Common (proper) hepatic duct <input type="checkbox"/> Right hepatic duct <input type="checkbox"/> Left hepatic duct <input type="checkbox"/> Cystic duct <input type="checkbox"/> Flow into duodenum

D: POST EXPLORATION DIAGNOSIS

To be completed by attending surgeon

D1	What was the subject's diagnosis after exploration?	<input type="radio"/> Biliary atresia <input type="radio"/> Other (specify): _____ → go to E1
Biliary atresia anatomic classification (Ryoji Ohi and Masaki Nio):		
D2	Main types	<input type="radio"/> Type I: Atresia of common bile duct (10%) <input type="radio"/> Type II: Atresia of hepatic duct (2%) <input type="radio"/> Type III: Atresia at porta hepatis (88%)
D3	Subtypes according to the patterns of distal ducts	<input type="radio"/> Subtype a: Patent common bile duct (20%) <input type="radio"/> Subtype b: Fibrous common bile duct (62%) <input type="radio"/> Subtype c: Aplasia of common bile duct (15%) <input type="radio"/> Subtype d: Miscellaneous (3%)
D4	Subgroups according to the patterns of hepatic radicles at the porta hepatis	<input type="radio"/> Subgroup α: Dilated hepatic ducts (5%) <input type="radio"/> Subgroup β: Hypoplastic hepatic ducts (6%) <input type="radio"/> Subgroup γ: Bile lake (8%) <input type="radio"/> Subgroup μ: Fibrous hepatic ducts (19%) <input type="radio"/> Subgroup ν: Fibrous mass (56%) <input type="radio"/> Subgroup ο: Aplasia of hepatic ducts (6%)

E: Hilar Dissection

To be completed by attending surgeon

Operative dissection dimensions

E1	Left to Right:	_____ mm
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E: Hilar Dissection

E2	Anterior to Posterior:	_____ mm
E3	Was dissection carried out to first branches of right and left hepatic artery?	<input type="radio"/> No <input type="radio"/> Yes

F: DRAINAGE PROCEDURE

To be completed by attending surgeon

F1	Was drainage procedure performed on this subject during surgery?	<input type="radio"/> No → go to F8 <input type="radio"/> Yes
F2	Please identify the drainage procedure performed on this subject (choose only one):	<input type="radio"/> Roux-en-Y Kasai → skip F5, F6, F7, and F8 <input type="radio"/> Gallbladder Kasai → go to G1 <input type="radio"/> Choledochojejunostomy → go to F5 and F6, skip F3, F4, F7, and F8 <input type="radio"/> Other → go to F7, skip F3, F4, F5, F6, and F8

Roux-en-Y Kasai

F3	Length:	_____ cm
F4	Other modifications:	

Choledochojejunostomy

F5	Length:	_____ cm
F6	Other modifications:	

Other drainage procedure

F7	Specify:	
F8	Why was a drainage procedure not performed?	<input type="radio"/> Not biliary atresia <input type="radio"/> Too old for portoenterostomy <input type="radio"/> Other (specify): _____

G: INTRAOPERATIVE COMPLICATIONS

To be completed by attending surgeon

G1	Was blood transfused?	<input type="radio"/> No → go to G4 <input type="radio"/> Yes
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G: INTRAOPERATIVE COMPLICATIONS

G2	What was used (check all that apply)?	<input type="checkbox"/> Whole blood <input type="checkbox"/> Packed red blood cells
G3	What volume was transfused?	_____ ml
G4	Were there any intraoperative complications for this subject?	<input type="radio"/> No → go to H1 <input type="radio"/> Yes
G5	Please specify complications:	

H: SURGEON SIGNATURE

H1	Surgeon signed?	<input type="radio"/> No → go to I1 <input type="radio"/> Yes

H2	Date surgeon signed:	____ / ____ / _____

I: BIOPSY MATERIAL OBTAINED

To be completed by surgeon or study coordinator

I1	Was a liver biopsy performed?	<input type="radio"/> No → go to I3 <input type="radio"/> Yes
I2	What type of liver biopsy was performed?	<input type="radio"/> Wedge <input type="radio"/> Needle <input type="radio"/> Both
I2a	Were liver samples collected for the repository?	<input type="radio"/> No → go to I3 <input type="radio"/> Yes
I2b	Total time elapsed between harvested and snap-freezing :	_____ O Minutes <input type="radio"/> Not Done
I3	Was a sample of bile (aspirate from gallbladder or other cystic structures) collected?	<input type="radio"/> No → go to I4 <input type="radio"/> Yes
I3b	Total time elapsed between harvested and snap-freezing:	_____ O Minutes <input type="radio"/> Not Done
I4	Was a specimen from the hilar dissection (gallbladder and biliary remnant) collected?	<input type="radio"/> No → go to I5 <input type="radio"/> Yes
I4b	Total time elapsed between harvested and snap-freezing:	_____ O Minutes <input type="radio"/> Not Done
I5	Was a lymph node removed?	<input type="radio"/> No → Done <input type="radio"/> Yes
I6	What type of lymph node was removed?	<input type="radio"/> Hilar node <input type="radio"/> Mesenteric node
I6a	Were lymph samples collected for the repository?	<input type="radio"/> No → go to Done <input type="radio"/> Yes
I6b	Total time elapsed between harvested and snap-freezing:	_____ O Minutes <input type="radio"/> Not Done