



SurgiCal Obesity Treatment Study

Re-op



**National Institute for
Health Research**

Patient re-operation details - Duodenal switch

Name: _____

CHI:

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Sex: Male Female

Age at time of re-operation: _____ years

Weight at time of re-operation: _____ . _____ kg

Surgeon: _____

Site: _____

Date of re-operation: ____ / ____ / _____

Type of Re-operation: Duodenal switch

Duodenal switch revision form

Please choose all the options applying to this surgery.

Main reason for re-operation

Leak

Leak location

Gastro-ileal

Ileo-ileal

Gastric remnant

Other, please specify _____

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Bleeding

Probable source of bleeding

GI tract

Intra-abdominal

Other, please specify _____

If bleeding, was blood transfusion required?

Yes

No

If yes how many units? _____

Obstruction

Cause of obstruction

Petersen's hernia

Mesenteric anastomosis defect

Mesocolic defect

Anastomotic anatomy

Adhesions

Other, please specify _____

If there was an obstruction, which treatment was followed?

Settled conservatively

Endoscopic dilatation

Severe nutritional deficiency

Failure to lose weight

Weight regain

Patient requested

Reason for patient request

Intolerance

Patient satisfaction

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Other

Please specify _____

Type of re-operation performed

- Refashioning anastomosis Attention to bleeding area Hernia repair
 Drain replacement Enteral feeding Laparoscopy only
 Other, please specify _____

Approach for re-operation

- Laparoscopic Laparoscopic converted to open Open