



SurgiCal Obesity Treatment Study

Re-op



**National Institute for
Health Research**

Patient re-operation details – Gastric band

Name: _____

CHI:

--	--	--	--	--	--	--	--	--	--

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: Gastric band

Gastric band revision form

Main reasons for re-operation (Please choose all the options applying to this surgery).

- Band intolerance
- Erosion
- Pouch/ oesophageal dilatation
- Slippage
- Perforation



SurgiCal Obesity Treatment Study

Re-op



**National Institute for
Health Research**

Port/ tubing/ technical band problem

Infection

Bleeding

If bleeding was blood transfusion required? Yes No

If yes, how many units? _____

Failure to lose weight

Weight regain

Nutritional deficiency

Other,

Please specify _____

Endoscopy

Endoscopic band removal

Attention to bleeding area

Type of Re-operation performed

Band repositioned Band removed Band replaced Attention to port or tubing

Converted to Sleeve gastrectomy Converted to Gastric bypass

Converted to Duodenal switch

Other, please specify _____