



SurgiCal Obesity Treatment Study

Re-op



**National Institute for
Health Research**

Patient re-operation details – Gastric bypass

Name: _____

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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: Gastric bypass

Gastric bypass revision form

Please choose all the options applying to this surgery.

Main reason for re-operation

Leak

Location of leak

Gastrojejunostomy

Jejuno-jejunostomy

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 bowel 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 request

Patient request due to

Intolerance

Patient satisfaction



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Other

Please specify _____

Endoscopy

- Endoscopic dilation Attention to bleeding area

Type of Re-operation performed

- Refashioning anastomosis Attention to bleeding area Hernia repair
- Drain replacement Gastrostomy Enteral feeding
- Laparoscopy only Converted to Sleeve gastrectomy
- Converted to Duodenal Switch
- Other, please specify _____

Approach for re-operation

- Laparoscopic Laparoscopic converted to open Open