SCOTS
SurgiCal Obesity Treatment Study

Re-op

NHS
National Institute for Health Research

Patient re-operation details – Other

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: Other

Other operation revision form

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

❑ **Bleeding**

If bleeding, was blood transfusion required? ❑ Yes ❑ No

If yes how many units?_____

❑ **Weight Problem**

Nature of weight problem

❑ Failure to lose weight ❑ Weight regain

❑ **Severe nutritional deficiency**

❑ **Intolerance**

❑**Patient satisfaction**

❑ **Other**

Please specify_____