



SurgiCal Obesity Treatment Study

**Re-op**



**National Institute for  
Health Research**

**Patient re-operation details - Sleeve gastrectomy**

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: Sleeve gastrectomy

Sleeve gastrectomy revision form

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

Staple line leak

If there was a leak, specify location

Gastric sleeve  Other, please specify \_\_\_\_\_

If there was a leak, how was it treated?

Attention to leaking area  Percutaneous drain  
 Enteral feeding  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?** \_\_\_\_\_

**Weight Problem**

**Nature of weight problem**

- Failure to lose weight               Weight regain

**Severe nutritional deficiency**

**Intolerance**

**Patient satisfaction**

**Other**

Please specify \_\_\_\_\_

**Type of Re-operation performed (please include all that apply)**

- Repair gastric line staple     Attention to bleeding area     Hernia repair  
 Drain replacement               Gastrostomy                       Laparoscopy only  
 Converted to Gastric bypass  
 Converted to Duodenal Switch  
 Other, please specify \_\_\_\_\_

**Approach for re-operation**

- Laparoscopic                       Open                                       Laparoscopic converted to open

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