



SurgiCal Obesity Treatment Study



**National Institute for
Health Research**

Patient operation details – Gastric band

Name: _____

CHI:

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Sex: Male Female

Is this the patient's first operation? Yes No

If No, please complete a re-operation form for the previous procedure describing the reasons for re-operation. Only record re-operation data for patients whose first procedure was included in SCOTS.

Surgeon: _____

Site: _____

Pre surgical Intervention:

None

Gastric Balloon Insertion date ____/____/____

Removal date ____/____/____

Endobarrier (TM) Insertion date ____/____/____

Removal date ____/____/____

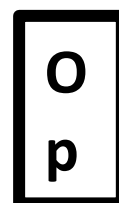
Other, _____

Start date ____/____/____

End date ____/____/____

Date of operation: ____/____/____

Day Month Year





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Age at time of operation: _____ years

Height: *Not required. Already recorded in SCOTS system.*

Weight at time of operation: _____ . _____ kg

When the data are entered, BMI will be calculated by the SCOTS system.

Funding: NHS Private-NHS Funded Private-self funded

If Private,

Date of admission: ____ / ____ / _____
 Day Month Year

Planned discharge date: ____ / ____ / _____

Please write, circle or tick (✓) the corresponding option.

ASA Grade: I II III IV

Did the patient receive peri-operative blood transfusion? Yes No

If yes, how many units? ____ units

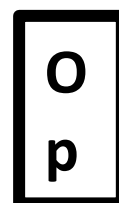
Was this operation carried out by another surgeon for training purposes? Yes No

If yes, Name of surgeon _____

Grade Registrar Consultant

Approach:

Laparoscopic Endoscopic Laparoscopic converted to open Open





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Type of Operation: Gastric band

Gastric band registration form

Please choose the options applying to this surgery.

Type of Gastric band:

- Allergen AP small BioEnterics LAP-BAND MID SAGB (Velocity)
- Allergen AP large Bioring (Cousin) Minimizer Extra
- AMI Heliogast SAGB (Quickclose)
- Other - please specify _____

Dissection: Pars flaccida Peri-gastric

Gastro-gastric tunnelling sutures: Yes No

