



SurgiCal Obesity Treatment Study



National Institute for Health Research

### Patient operation details – Other

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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_

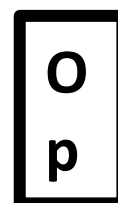
Other, \_\_\_\_\_

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

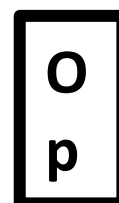
Was this operation carried out by another surgeon for training purposes?     Yes     No

If yes, Name of surgeon \_\_\_\_\_

Grade                       Registrar                       Consultant

**Approach:**

Laparoscopic     Endoscopic     Laparoscopic converted to open     Open





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**Type of Operation:** Other

Other operation registration form

Please describe the type of procedure, any devices or implants remaining, sutures or staples used.

