



SurgiCal Obesity Treatment Study



**National Institute for
Health Research**

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

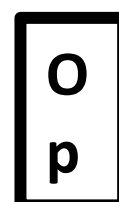
Was this operation carried out by another surgeon for training purposes? Yes No

If yes, Name of surgeon _____

Grade Registrar Consultant

Approach:

Laparoscopic Endoscopic Laparoscopic converted to open Open





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Type of Operation: Sleeve gastrectomy

Sleeve gastrectomy registration form

Please choose the options applying to this surgery.

Linear stapler for sleeve (please enter the predominant stapler used)

Black Purple Tan Green (2.0mm) Gold (1.8mm) Blue (1.5mm)

Type of Reinforcement None Seamguard Peristrips
 Biodesign SLR Duet TRS Suturing

Banded sleeve gastrectomy Yes No

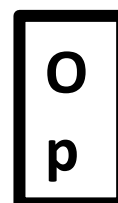
If yes Gastric Band

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

Dissection Pars flaccid
 Peri-gastric

Gastro-gastric tunnelling sutures Yes No

Bougie used ? Yes No





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If yes, please answer the following options

32 Fr

34 Fr

Other, please specify _____

