

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Biliopancreatic Diversion (BPD) – Version 12/15/2006

Patient ID _____ - _____ - _____

Form Completion Date ____/____/20____
mm dd yy

Certification number: _____

Date of Surgery ____/____/20____
mm dd yy

POUCH STAPLING MEASUREMENTS:

		How was it measured?		
		String (1)	Ruler (2)	Grasper (3)
1.1 Total length of staple line:	_____ (cm) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Bougie/tube size:	_____ (Fr)	n/a		

2. Type of stapling line: 1. Partitioned
 2. Divided

3 Record the staple height for the gastrectomy:
(check “no” or “yes” for each)

No	Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/> 2.5 millimeters	<input type="checkbox"/>	<input type="checkbox"/> 4.5 millimeters
<input type="checkbox"/>	<input type="checkbox"/> 3.5 millimeters	<input type="checkbox"/>	<input type="checkbox"/> Other (specify: _____ millimeters)

4. Identify the manufacturer of the stapling device: 1. U.S. Surgical 2. Ethicon 3. Other (Specify: _____)

5. Was banding or a ring used? 0. No 1. Yes
If yes,

5.1 Specify the type of reinforcement: <input type="checkbox"/> 1. Siliastic ring <input type="checkbox"/> 3. Synthetic mesh <input type="checkbox"/> 2. Patient’s fascia <input type="checkbox"/> 4. Other (specify: _____)

6. AMOUNT OF ANTRUM RESECTED:

6.1 Distance of the pylorus to the cut edge of the greater curvature: _____ (cm)
6.2 Distance of the pylorus to the cut edge of the lesser curvature: _____ (cm)

		How was it measured?		
		String (1)	Ruler (2)	Grasper (3)
7.1 Distance from the pylorus to cut edge along the greater curvature:	_____ (cm) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Distance from the pylorus to cut edge along the lesser curvature:	_____ (cm) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Was buttress material used for the staple line? 0. No 1. Yes

9. Route of alimentary limb ascension: 1. Ante-colic, Ante-gastric 3. Retro-colic, Ante-gastric
 2. Ante-colic, Retro-gastric 4. Retro-colic, Retro-gastric

		How was it measured?			
		String (1)	Ruler (2)	Grasper (3)	
10.1	Length of the biliopancreatic limb:	_____ (cm) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Length of the alimentary limb:	_____ (cm) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Length of the common channel:	_____ (cm) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Record the configuration used for the proximal (Gastric-Jejunum) anastomosis:

1. Side-to-side 2. End-to-side 3. End-to-end

12. Method of proximal (Gastric-Jejunum) anastomosis (check “no” or “yes” for each):

No	Yes	12.1 Stitch type: <input type="checkbox"/> 1. Absorbable <input type="checkbox"/> 2. Non-absorbable	12.2. Stitch layers: <input type="checkbox"/> 1. One layer <input type="checkbox"/> 2. Two layers
<input type="checkbox"/>	<input type="checkbox"/>	Hand sewn	
<input type="checkbox"/>	<input type="checkbox"/>	Linear stapled	
<input type="checkbox"/>	<input type="checkbox"/>	Circular stapled	

12.3 Height of staples: (check all that apply)	<input type="checkbox"/> 2.5 mm	<input type="checkbox"/> 4.5 mm
	<input type="checkbox"/> 3.5 mm	<input type="checkbox"/> Other (___ mm)
12.4 Staple Manufacturer:		
<input type="checkbox"/> 1. U.S. Surgical®		
<input type="checkbox"/> 2. Ethicon®		
<input type="checkbox"/> 3. Other (Specify: _____)		

12.5 Staple size:	12.6 Staple Manufacturer:	12.7 Pre-closure height of staples : (check all that apply)
<input type="checkbox"/> 1. 21 mm	<input type="checkbox"/> 1. U.S. Surgical®	<input type="checkbox"/> 2.5 mm <input type="checkbox"/> 4.5 mm
<input type="checkbox"/> 2. 25 mm	<input type="checkbox"/> 2. Ethicon®	<input type="checkbox"/> 3.5 mm <input type="checkbox"/> 4.8 mm
<input type="checkbox"/> 3. Other (___ mm)	<input type="checkbox"/> 3. Other (Specify: _____)	<input type="checkbox"/> Other (___ mm)

13. Was a method used to test anastomoses? 0. No 1. Yes

13.1 If yes, check “no” or “yes” to each item in the box:

No	Yes		Results		If any of the tests were positive, was an action taken?	No	Yes	Action check ‘no’ or ‘yes’ for each item.
			1. Neg.	2. Pos.				
<input type="checkbox"/>	<input type="checkbox"/>	1. Air by tube	→ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Suture repair
<input type="checkbox"/>	<input type="checkbox"/>	2. Air by endoscopy	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes →	<input type="checkbox"/>	<input type="checkbox"/>	Glue
<input type="checkbox"/>	<input type="checkbox"/>	3. Methylene Blue	→ <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Complete anastomosis redo

14. Specify additional protectant used around the Gastric-Jejunum anastomosis creation?

- No Yes
- Seal
- Buttress → was omentum used? 0. No 1. Yes
- Sutures
- Other (Specify: _____)

15. Was a drain placed at the Gastric-Jejunum anastomosis? 0. No 1. Yes

16. Record the configuration used for the distal (Jejunum-Jejunum) anastomosis: 1. Side-to-side 2. End-to-side

17. Method of distal (Jejunum-Jejunum) anastomosis:

No	Yes	17.1 Stitch type: <input type="checkbox"/> 1. Absorbable <input type="checkbox"/> 2. Non-absorbable	17.2. Stitch layers: <input type="checkbox"/> 1. One layer <input type="checkbox"/> 2. Two layers
<input type="checkbox"/>	<input type="checkbox"/> Hand sewn		
<input type="checkbox"/>	<input type="checkbox"/> Linear stapled		

<input type="checkbox"/>	<input type="checkbox"/> Circular stapled	17.3 Height of staples: <input type="checkbox"/> 2.5 mm <input type="checkbox"/> 4.5 mm (check all that apply) <input type="checkbox"/> 3.5 mm <input type="checkbox"/> Other (____ mm)
		17.4 Staple Manufacturer: <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: _____)

17.5 Diameter of stapler: <input type="checkbox"/> 1. 21 mm <input type="checkbox"/> 2. 25 mm <input type="checkbox"/> 3. Other (____ mm)	17.6 Staple Manufacturer: <input type="checkbox"/> 1. U.S. Surgical® <input type="checkbox"/> 2. Ethicon® <input type="checkbox"/> 3. Other (Specify: _____)	17.7 Pre-closure Height of staples (check all that apply): <input type="checkbox"/> 2.5 mm <input type="checkbox"/> 4.5 mm <input type="checkbox"/> 3.5 mm <input type="checkbox"/> 4.8 mm <input type="checkbox"/> Other (____ mm)	17.8 Length of Jejunum-jejunal anastomosis: ____ cm
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18. Were the laterjet nerves seen? 0. No 1. Yes

If yes,

18.1 Were the nerves cut? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes →	<input type="checkbox"/> 1. Partially cut <input type="checkbox"/> 2. Completely cut
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19. On a scale of 1 to 10, with 1 being “easy” and 10 being “very difficult,” circle the level of difficulty in performing the surgical procedure from start to finish:

Easy 1 2 3 4 5 6 7 8 9 10 Very difficult

- 20. Was there difficulty due to intra-abdominal fat distribution? 0. No 1. Yes
- 21. Was there difficulty due to thick abdominal wall? 0. No 1. Yes
- 22. Was there difficulty due to limited exposure due to enlarged/fatty liver? 0. No 1. Yes
- 23. Was there difficulty due to adhesion from previous surgery? 0. No 1. Yes

Biliopancreatic Diversion (BPD)

PURPOSE:	The BPD form consists of specific questions related to the Biliopancreatic Diversion surgery procedure. It is used to assess specific elements for this procedure.
PERSON(S) RESPONSIBLE:	Surgeon
SOURCE(S) OF INFORMATION:	Surgeon, Anesthesiologist, Clinical Staff
TIME OF ADMINISTERING FORM:	Form completed immediately following all Biliopancreatic Diversion surgeries. This includes surgery that was cancelled after anesthesia induction.
GENERAL INSTRUCTIONS: (Patient)	N/A
GENERAL INSTRUCTIONS: (Clinician)	Patient ID: Record the patient's ID number in the top left hand corner of the form. Form Completion Date: Record the date (mm/dd/20yy) on which the surgeon is completing the questionnaire. This should be the same date as the surgery. Certification Number: Record the certification code of the surgeon completing the form. Only LABS certified surgeons can complete this form.
SCORING ALGORITHM:	N/A

DATA SECTION	COMPLETION INSTRUCTIONS
<p>Stapling Measurements</p>	<ol style="list-style-type: none"> 1. <u>Record the pouch stapling measurement:</u> <ol style="list-style-type: none"> 1.1 <u>Left to right (horizontal) linear staple line:</u> Record from left to right in centimeters the length of the horizontal linear staple line of the pouch. Check if the measurement was done with a string, ruler or grasper. 1.2 <u>Record the Bougie/tube size in French (Fr)</u> 2. <u>Type of stapling line:</u> Record whether the staple line was <u>partitioned</u> or <u>divided</u>. Partitioned is defined as stapler closing but not dividing the pouch from the gastric remnant. Divided is defined as both the horizontal and vertical staple lines being made in a continuous linear manner that divide the pouch. 3. <u>Staple height for the sleeve:</u> Record the height of the staples used in making the pouch as 2.5 mm, 3.5 mm, 4.5 mm or other. If other, specify 4. <u>Manufacturer of stapling device:</u> Record whether the manufacturer of the stapling device is U.S. Surgical, Ethicon, or Other. If other, specify. 5. <u>Banding or ring for pouch reinforcement:</u> Record Yes or No if any type of banding or ring device or approach was used to reinforce the pouch after stapling. <ol style="list-style-type: none"> 5.1 Type of pouch reinforcement: Specify whether the reinforcement used was siliastic ring, Patient's fascia, synthetic mesh, or other.
<p>Antrum Resected</p>	<ol style="list-style-type: none"> 6. AMOUNT OF ANTRUM RESECTED: <ol style="list-style-type: none"> 6.1 Record the distance of the Pylorus to the cut edge of the <u>greater</u> curvature in cm. 6.2 Record the distance of the pylorus to the cut edge of the <u>lesser</u> curvature in cm.
<p>Pylorus Measurements</p>	<ol style="list-style-type: none"> 7. PYLORUS MEASUREMENTS: <ol style="list-style-type: none"> 7.1 Record the distance from the Pylorus to the cut edge along the greater curvature and specify whether the measurement was done via string, ruler or grasper. 7.2 Record the distance from the Pylorus to the cut edge along the lesser curvature and specify whether the measurement was done via string, ruler or grasper. 8. <u>Buttress material used:</u> If buttress material was used mark "yes," otherwise mark no. 9. <u>Route of alimentary limb ascension:</u> Record the route in which the alimentary limb was ascended to the proximal pouch.

<p>Limb Measurements</p>	<p>10. LIMB MEASUREMENTS:</p> <p>10.1 <u>Length of biliopancreatic limb</u>: Measure the length of the biliopancreatic limb in centimeters as the length from the ligament of Treitz to the point in which the small bowel is divided. Also, specify how it was measured by checking either string, ruler, grasper or estimate.</p> <p>10.2 <u>Length of alimentary limb</u>: Measure the length of the alimentary limb in centimeters as the total length of small intestine attached at the proximal pouch to the point in which the common channel commences. Also, specify how it was measured by checking either string, ruler, grasper or estimate.</p> <p>10.3 <u>Length of common channel</u>: Measure the length of the common channel as the total length of small intestine from the alimentary limb enteroenterostomy to the terminal ileum. Also, specify how it was measured by checking either string, ruler, grasper or estimate.</p>
<p>Proximal Anastomosis</p>	<p>11. <u>Configuration of proximal (G-J) anastomosis</u>: Record the manner in which the proximal (gastric-jejunum) anastomosis was configured as either:</p> <ul style="list-style-type: none"> (1) side-to-side, (2) end-to-side, or (3) end-to-end. <p>12. <u>Method of proximal (G-J) anastomosis</u>: Record the method(s) by which the proximal (gastric-jejunum) anastomosis was achieved as (check “no” or “yes” for each): hand sewn, linear stapled, circular stapled.</p> <p style="padding-left: 40px;">If “yes” was checked for Hand sewn:</p> <ul style="list-style-type: none"> 12.1 <u>Record stitch type</u> as absorbable or non-absorbable. 12.2 <u>Record the stitch layers</u> as one layer or two. <p style="padding-left: 40px;">If “yes” was checked for linear stapled:</p> <ul style="list-style-type: none"> 12.3 <u>Record height of the staples</u> as 2.5 mm, 3.5 mm, 4.5 mm, or other (in mm). 12.4 <u>Record the number of staple rows</u> as a whole number. <p style="padding-left: 40px;">If “yes” was checked for circular stapled:</p> <ul style="list-style-type: none"> 12.5 <u>Record the diameter of the stapler</u> as 21 mm, 25 mm, or other (in mm). 12.6 <u>Record Staple Manufacturer</u> as U.S. Surgical, Ethicon or other. 12.7 <u>Record pre-closure height of the staples</u> as 2.5 mm, 3.5 mm, 4.5 mm, 4.8 mm, or other (in mm).

Distal Anastomosis

13. Method used to test anastomosis: Indicate the method(s) by which the integrity of the GJ anastomosis was tested by checking the appropriate method(s) used.
- “Air by Tube” = inflation with air by tube to inspect for evidence of anastomotic leakage, “Air by Endoscopy” = inflation with air by endoscopy to inspect for evidence of anastomotic leakage or “Methylene Blue” = injection of Methylene blue to inspect for evidence of anastomotic leakage.
- For the method(s) that were used to test the anastomoses, record whether results were negative or positive. If the results were positive, record whether any corrective action was taken by checking either “yes” or “no” for suture repair, glue or complete anastomosis redo.
14. Additional protectant used for proximal (G-J) anastomosis creation: Record the type of additional protectant used in the creation of the proximal (gastric-jejunum) anastomosis: Check no or yes for each.
15. Drain placed around proximal (G-J) anastomosis: Record Yes or No as to whether a drain was placed around the proximal (gastric-jejunum) anastomosis.
16. Configuration of distal (J-J) anastomosis: Record the manner in which the distal (jejunum-jejunum) anastomosis was configured as either:
- (1) side-to-side; or
 - (2) end-to-side.
17. Method of distal (J-J) anastomosis: Record the method(s) by which the distal (jejunum-jejunum) anastomosis was achieved as (check “no” or “yes” for each): hand sewn, linear stapled, circular stapled.
- If “yes” was checked for **Hand sewn:**
- 17.1 Record stitch type as absorbable or non-absorbable.
 - 17.2 Record the stitch layers as one layer or two.
- If “yes” was checked for **linear stapled:**
- 17.3 Record height of the staples as 2.5 mm, 3.5 mm, 4.5 mm, or other (in mm).
 - 17.4 Record the Staple Manufacturer as U.S. Surgical, Ethicon, or other.
- If “yes” was checked for **circular stapled:**
- 17.5 Record the diameter of the stapler as 21 mm, 25 mm, or other (in mm).
 - 17.6 Record the Staple Manufacturer as U.S. Surgical, Ethicon, or other.
 - 17.7 Record the pre-closure height as 2.5 mm, 3.5 mm, 4.5 mm, 4.8 mm or other (in mm).
 - 17.8 Record the length of the JJ anastomosis in cm
18. Laterjet Nerves: Record if the laterjet nerves were seen.
- 18.1 Record if the laterjet nerves were cut as yes or no. If yes, record if they were partially or completely cut.

<p>Difficulty of Procedure</p>	<p>19. <u>Overall Level of Difficulty</u>: Record the overall level of difficulty in performing the surgical procedure from start to finish using a 1 (easy) to 10 (very difficult) scale. To assess the overall level of difficulty, consider anatomic characteristics of the patient related to difficulty, as opposed to complications per se that may have occurred.</p> <p>20. <u>Procedural difficulty due to intra-abdominal fat distribution</u>: Record Yes or No as to whether performing the surgical procedure was difficult because of intra-abdominal fat distribution of the patient.</p> <p>21. <u>Procedural difficulty due to thick abdominal wall</u>: Record Yes or No as to whether performing the surgical procedure was difficult because of a thick abdominal wall of the patient.</p>
	<p>22. <u>Procedural difficulty due to limited exposure due to enlarged /fatty liver exposure</u>: Record Yes or No as to whether performing the surgical procedure was difficult because of limited exposure due to an enlarged or fatty liver.</p> <p>23. <u>Procedural difficulty due to adhesion from previous surgery</u>: Record Yes or No as to whether performing the surgical procedure was difficult because of adhesions the patient had from a previous surgery.</p>