Roux-en-Y Gastric Bypass (RYB) – Version12/15/2006

Patient ID __ __ __ - __ __ __ - __ __

Certification number: __ __ __ __ __

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

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

POUCH STAPLING MEASUREMENTS:

		How was it measured?		
		String (1)	Ruler (2)	Grasper (3)
1. Total length of staple line:	_____ (cm) →	☐	☐	☐

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

3 Record the staple height for the pouch:
   (check "no" or "yes" for each)

	No	Yes			No	Yes	
	☐	☐	2.5 millimeters		☐	☐	4.5 millimeters
	☐	☐	3.5 millimeters		☐	☐	Other (specify: _____ millimeters)

4. Identify the manufacturer of the <u>stapling device</u>:
   ☐ 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:
   >   ☐ 1. Silastic ring   ☐ 3. Synthetic mesh
   >   ☐ 2. Patient's fascia   ☐ 4. Other (specify:)

6. 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

7. *LIMB MEASUREMENTS*:

		How was it measured?		
		String (1)	Ruler (2)	Grasper (3)
7.1 Length of the biliopancreatic limb:	_____ (cm) →	☐	☐	☐
7.2 Length of the alimentary limb:	_____ (cm) →	☐	☐	☐
7.3 Length of the common channel:	_____ (cm) →	☐	☐	☐

8. Configuration used for the <u>proximal</u> (Gastric-Jejunum) anastomosis:

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

9. Method of <u>proximal</u> (Gastric-Jejunum) anastomosis (check "no" or "yes" for each):

No Yes

☐ ☐ Hand sewn

9.1 Stitch type: ☐ 1. Absorbable	9.2. Stitch layers: ☐ 1. One layer
☐ 2. Non-absorbable	☐ 2. Two layers

☐ ☐ Linear stapled

☐ ☐ Circular stapled

9.3 Height of staples: ☐ 2.5 mm   ☐ 4.5 mm
(check all that apply) ☐ 3.5 mm   ☐ Other (___ mm)

9.4 Staple Manufacturer:
☐ 1. U.S. Surgical®
☐ 2. Ethicon®
☐ 3. Other (Specify: _____)

9.5 Staple size:
☐ 1. 21 mm
☐ 2. 25 mm
☐ 3. Other (___ mm)

9.6 Staple Manufacturer:
☐ 1. U.S. Surgical®
☐ 2. Ethicon®
☐ 3. Other (Specify: _____)

9.7 Pre-closure height of staples :
(check all that apply)
☐ 2.5 mm ☐ 4.5 mm
☐ 3.5 mm ☐ 4.8 mm
☐ Other (___ mm)

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

10. 1 If yes, check "no" or "yes" to each item in the box:

No	Yes		Results 1. Neg.	2. Pos.	*If any of the tests were positive, was an action taken?*	No	Yes	Action *check 'no' or 'yes' for each item.*
☐	☐	1. Air by Tube →	☐	☐		☐	☐	Suture repair
☐	☐	2. Air by endoscopy →	☐	☐	☐ 0. No ☐ 1. Yes →	☐	☐	Glue
☐	☐	3. Methylene Blue →	☐	☐		☐	☐	Complete anastomosis redo

11. Specify additional <u>protectant</u> used around the Gastric-Jejunum anastomosis creation:

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

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

13. Record the configuration used for the <u>distal</u> (Jejunum-Jejunum) anastomosis: ☐ 1. Side-to-side   ☐ 2. End-to-side

14. Method of <u>distal</u> (Jejunum-Jejunum) anastomosis:

No Yes

☐ ☐ Hand sewn

14.1 Stitch type: ☐ 1. Absorbable	14.2. Stitch layers: ☐ 1. One layer
☐ 2. Non-absorbable	☐ 2. Two layers

☐ ☐ Linear stapled

☐ ☐ Circular stapled

14.3 Height of staples: ☐ 2.5 mm   ☐ 4.5 mm
(check all that apply) ☐ 3.5 mm   ☐ Other (___ mm)

14.4 Staple Manufacturer:
☐ 1. U.S. Surgical®
☐ 2. Ethicon®
☐ 3. Other (Specify: _____)

14.5 Diameter of stapler:
☐ 1. 21 mm
☐ 2. 25 mm
☐ 3. Other (___ mm)

14.6 Staple Manufacturer:
☐ 1. U.S. Surgical®
☐ 2. Ethicon®
☐ 3. Other (Specify: _____)

14.7 Pre-closure Height of staples *(check all that apply)*:
☐ 2.5 mm ☐ 4.5 mm
☐ 3.5 mm ☐ 4.8 mm
☐ Other (____ mm)

14.8 Length of Jejunum-jejunal anastomosis: _____ cm

15. Mesenteric defects closure:

No Yes		No Yes		No Yes	
☐ ☐	Petersen's	☐ ☐	Entero-enterostomy	☐ ☐	Transmesenteric – *only answer if route of alimentary limb ascension, #6, was retro-colic.*

16. Was an anti-obstruction stitch placed? □ 0. No   □ 1. Yes

17. Were the laterjet nerves seen? □ 0. No   □ 1. Yes
    If yes,

17.1 Were the nerves cut?	□ 0. No □ 1. Yes →	□ 1. Partially cut □ 2. Completely cut

18. 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

19. Was there difficulty due to intra-abdominal fat distribution?   □ 0. No   □ 1. Yes

20. Was there difficulty due to thick abdominal wall?   □ 0. No   □ 1. Yes

21. Was there difficulty due to limited exposure due to enlarged/fatty liver?   □ 0. No   □ 1. Yes

22. Was there difficulty due to adhesion from previous surgery?   □ 0. No   □ 1. Yes

PURPOSE:	The RYB form consists of specific questions related to the Roux-en-Y 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 Roux-en-Y surgeries. This form should NOT be completed if surgery 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
Stapling Measurements	1. <u>Total length of staple line</u>: Record in centimeters the total length of the staple line of the pouch. Check if the measurement was done with a string, ruler or grasper.
	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 pouch</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.
Banding or ring for pouch reinforcement	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. 5.1 Type of pouch reinforcement: Specify whether the reinforcement used was siliastic ring, patient's fascia, synthetic mesh, or other.
Route of small bowel ascension	6. <u>Route of alimentary limb ascension</u>: Record the route in which the alimentary limb was ascended to the proximal pouch.
Measurements	7. <u>LIMB MEASUREMENTS</u> 7.1 <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. Check if the measurement was done with a string, ruler or grasper. 7.2 <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. Check if the measurement was done with a string, ruler or grasper. 7.3 <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. Check if the measurement was done with a string, ruler or grasper.

Proximal Anastomosis	8. <u>Configuration of proximal (G-J) anastomosis:</u> Record the manner in which the proximal (gastric-jejunum) anastomosis was configured as either:
	    (1) side-to-side,
	    (2) end-to-side, or
	    (3) end-to-end.

9. Method of proximal (G-J) anastomosis: 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.

> If "yes" was checked for **Hand sewn:**
> 9.1 Record stitch type as absorbable or non-absorbable.
> 9.2 Record the stitch layers as one layer or two.
>
> If "yes" was checked for **linear stapled:**
> 9.3 Record height of the staples as 2.5 mm, 3.5 mm, 4.5 mm, or other (in mm).
> 9.4 Record the Staple Manufacturer as U.S. Surgical, Ethicon or other.
>
> If "yes" was checked for **circular stapled:**
> 9.5 Record the diameter of the stapler as 21 mm, 25 mm, or other (in mm).
> 9.6 Record the Staple Manufacturer as U.S. Surgical, Ethicon or other.
> 9.7 Record height of the staples as 2.5 mm, 3.5 mm, 4.5 mm, 4.8 mm or other (in mm).

10. 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.

11. Additional **protectant** used around the (G-J) anastomosis creation: If seal was used as additional protectant, check "yes," otherwise check "no." If buttress was used as additional protectant, check "yes" otherwise check "no."

12. Drain placed around proximal (G-J) anastomosis: Check "no" or "yes" as to whether a drain was placed around the proximal (gastric-jejunum) anastomosis.

13. 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.

Distal Anastomosis	14. <u>Method of distal (J-J) anastomosis:</u> 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:**
	      14.1 <u>Record stitch type</u> as absorbable or non-absorbable.
	      14.2 <u>Record the stitch layers</u> as one layer or two.
	
	     If "yes" was checked for **linear stapled:**
	     14.3 <u>Record height of the staples</u> as 2.5 mm, 3.5 mm, 4.5 mm, or other (in mm).
	     14.4 <u>Record the Staple Manufacturer</u> as U.S. Surgical, Ethicon or other.
	
	     If "yes" was checked for **circular stapled:**
	     14.5 <u>Record the diameter of the stapler</u> as 21 mm, 25 mm, or other (in mm).
	     14.6 <u>Record the Staple Manufacturer</u> as U.S. Surgical, Ethicon or other.
	     14.7 <u>Record the pre-closure height of the staple</u> as 2.5 mm, 3.5 mm, 4.5 mm, 4.8 mm or other (in mm).
	     14.8 <u>Record the length of the JJ anastomosis</u> in cm
	
	15. <u>Mesenteric defects closure:</u> Record the area(s) in which closure for mesenteric defects was performed. Check no or yes to Petersen's, Entero-enterostomy, Transmesenteric (should only be used if route of alimentary limb ascension (#6) was retro-colic.
	
	16 <u>Anti-obstruction stitch pad placed:</u> Check "yes" if an anti-obstruction stitch pad was placed, otherwise check "no."

Difficulty of Procedure	17. <u>Laterjet Nerves:</u> Record if the laterjet nerves were seen.
	
	     17.1 <u>Record if the laterjet nerves were cut</u> as yes or no.
	       If yes, record if they were partially or completely cut.
	
	18. <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.
	
	19. <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.
	
	20. <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.
	
	21. <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.
	
	22. <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.