

Happy Holidays! Meri Kirihimete!

Please be advised of the shutdown period for the Bariatric Surgery Registry over the holidays:

AUSTRALIA

Closed from Monday 23rd December 2019 to Friday 3rd January 2020, reopening Monday 6th January 2020

For any urgent matters during this period, please email Brooke.Backman@monash.edu

During this period, please continue to send/fax through all data forms as per usual.

AOTEAROA NEW ZEALAND

Closed from Monday 23rd December 2019 to Friday 3rd January 2020, reopening Monday 6th January 2020

For any urgent matters during this period, please email Brooke.Backman@monash.edu

*Registry Snapshot as of the
18th of November:*

Over 78,500
*participants enrolled
with an opt out rate of 3.01%*

Farewell and Thanks to Anna Rattray

The successful roll out of the Bariatric Surgery Registry in New Zealand has been due to the hard work of Anna-Marie Rattray. Anna was the Research Assistant for the project at NIHI within the University of Auckland.

Anna, who has been with the Registry since July 2017, recently left NIHI to take up an internship in Wellington. She will be focusing on mental health in the workplace with Housing New Zealand (Kainga Ora). All staff and members of the Registry's Steering Committee wish Anna every success with her new role and extend their gratitude for her accomplishments with the NZ arm of the Registry.

The Project Manager in NZ, Kristin Sutherland, will be attending to all Registry matters for New

Zealand, until a new research assistant is appointed. Kristin can be contacted via: k.sutherland@auckland.ac.nz

Data Access Requests-please allow time

The use of the Registry's data for presentations and research is welcomed, however, please allow for considerate and sufficient time for the processing of such requests.

Please allow at least three weeks for data for the purpose of presentations and/or posters,

Data requests for research purposes must be done in accordance with the Registry's [Data Access Policy](#). The policy requires the completion of a Data Access Form, project proposal and a certificate of ethics approval for the proposed study. The Data Access Policy is available on the Registry's website here:

https://www.monash.edu/_data/assets/pdf_file/0003/937254/bsr-clinical-quality-registry-reporting-policy-v1.1.pdf

All research proposals must be submitted for review by the Registry's Steering Committee. Meeting dates planned for 2020 are 13 March, 19 June, 11 September and 4 December. Please keep these dates in mind when making a submission.

For all data requests, please email the Registry's Programme Manager, Brooke Backman directly at: Brooke.Backman@monash.edu

Important Notice: New Patient and Operation Form to Be Used

Unless the BSR-i is used to enter operation information directly, Australian surgeons, staff, and hospital data collectors are asked to please use the new template of the Patient and Operation Form (version 12.0) which will be posted to them.

Please make sure that this version of the form is available for anyone who assists with data entry, such as operating theatres. Instructions on

completing the form will be included in the mail-out. Surgeons' rooms and bariatric clinics are asked to please retain this information as it can be useful when training staff about the Bariatric Surgery Registry.

For additional copies or a pdf of the instructions to pass on to the hospital data collectors, please contact the Registry E: med-bsr@monash.edu

Consent for Minors, not Opt Out

The Registry has recently received a number of operation forms for procedures completed on minor aged patients, without an accompanied signed consent form. Notification about this change to the Registry's protocol was provided earlier this year by email and was included in Newsletter #17 March 2019.

Consent forms are site specific for the hospital where the operation will take place. If a bariatric procedure is planned for a patient under 18 years old in Australia or under 16 years in New Zealand, please contact the Registry for a **Participant Information Sheet/Consent Form - Parent/Guardian** or for further information on what is involved in the consent process.

Any operation information received about minors will not be included in the Registry until a signed consent form is received.

Please direct any queries (for both NZ and AUS) for further information or for consent form templates to Jenifer.cottrell@monash.edu

BSR (AU) Information Available in Arabic

Registry flyers and Participant Fact Sheets (PFS) are now available in Arabic. Please contact the Registry to request these flyers. For a translated PFS, please indicate on the operation form or in the comments on BSR-i.

Please enquire with the Registry for translations in other languages.

FAQ about Data Submission

The upcoming holiday period can be a good time to get caught on submitting Registry data.

With the Registry shut down over the holiday period, some of the frequently asked questions are answered below:

Diabetes: "Yes" or "No"?

Only answer "Yes" if a patient has been diagnosed with type I or type II diabetes mellitus.

If a patient is described as

- Pre-diabetic,
- Insulin resistant, or
- has PCOS and on Metformin,

please enter "**No**" to diabetes.

How is follow-up data to be completed?

The main purpose of the Bariatric Surgery Registry is to demonstrate the quality and safety of bariatric surgery. This is indicated by the occurrence in the 90 day post-operative period of any defined adverse event being:

- an unplanned hospital readmission; and/or,
- an unplanned return theatre; and/or,
- an unplanned admission to ICU; and/or
- patient death (any cause).

The quality of surgical outcomes are also determined from the annual follow-up data collected regarding whether the patient had another procedure as a result of having a bariatric procedure in the preceding 12 months.

The **Perioperative 'Follow-up Date'** is the date when it can be confirmed whether the patient had a defined adverse event in that 90 day period after surgery. This date can be the date of the patient's 6 week follow-up visit, a two or three months review visit, a phone call with the patient in the 20-90 day period, a visit with a dietician or nurse of a surgeon's practice or clinic, etc. It may also be the date when it was made known that the patient had one or more defined adverse event.

When reporting defined adverse events, as much information as possible should be provided about the reason and/or the complication. If the patient was admitted or transferred to another hospital, please include those details. **Remember that any RETURN TO THEATRE must be submitted as a separate procedure in the Registry.**

NOTE: Having a perioperative "Follow-Up Date" closer to the three months improves the Registry's reporting on the safety and quality of bariatric

Surgery. Most studies and other bariatric surgery registries only look at 30 day outcomes. Collecting the rate of occurrence of defined adverse events as far out as 90 days after surgery, clearly distinguishes the Bariatric Surgery Registry of Australia and New Zealand from other such registries and research.

The three month anniversary date can be entered, **once it has passed**, to confirm that the patient had no defined adverse event in the 90 days after surgery.

Example: A patient is reviewed 2 weeks after surgery and again at four months after surgery. The patient had no defined adverse event. Neither visit date falls within the 20-90 day reporting window which can be entered in the BSR-i. The follow-up date is entered as the date which is 3 months after the day of surgery.

NOTE: Any follow-up date prior to 20 days will NOT be accepted, unless information is being provided about an adverse event which occurred within that time.

Do not tick "BSR to follow-up" when completing Perioperative follow-up data. It is expected that surgeons and public bariatric services should be able to inform the Registry whether defined adverse events were experienced by their patients during the 90 day post-operative period. If the surgeon's rooms or clinic is made aware that a patient has been admitted to another hospital, but do not have all information at hand, any details regarding the event (or events) should be provided in the 'Comments'.

The **Annual "Follow-up Date"** is the date when the patient presented for an annual review to someone in the surgeon's practice or clinic, or, when information was obtained about the patient's annual surgical and health outcomes. The window for annual review is 3 months prior to the surgery anniversary to 3 months after the anniversary. Nonetheless, if the patient was reviewed within days of the window, it is not unreasonable to enter the closest date in the window and make a note in the comments regarding the actual date of collecting the patient's data.

Can 'BSR to follow-up' be selected for Annual Follow-up Data?

Annual follow-up is only collected for those patients enrolled in the Bariatric Surgery Registry with their **primary** bariatric operation.

It is expected that either the surgeon, their practice or clinic will follow-up on a patient's well-being at 12 months after undergoing a primary bariatric operation.

The box 'BSR to follow-up' may be ticked in the BSR-i (or on a paper form) only **after** the anniversary date of the surgery has passed and no one in the surgeon's practice or clinic was able to collect any information regarding the patient's outcome. Further, this request for the Registry to complete the follow up can be made once a patient has been completely discharged from the care of the practice or clinic.

Whilst the Registry plans to have an SMS platform to streamline the annual follow up and collect data directly from patients (Registry participants), the necessary approvals have not yet been obtained.

When are patients 'Lost to Follow-Up'?

The Registry's Call Centre will attempt to call patients (Registry participants) for their annual follow-up data if "BSR to follow-up" was marked on their annual follow-up forms in the BSR-i. Five calls will be attempted on different days, at different times, before the patient is allocated "Lost to Follow-up."

On request, the Registry can provide spreadsheets regarding a surgeon's or clinic's patients whom are amongst the Registry's 'lost to follow-up.'

How are Primary and Revision Operations defined by the Registry?

Primary Operation: A patient's initial bariatric operation.

Revision Operation: Any subsequent bariatric procedure; OR, procedures required by the patient as a result of having undergone bariatric surgery, especially due to complications arising from the surgical procedure.

REMEMBER all **returns to theatre** are to be entered

as separate revision procedures.

Example: If a patient requires four returns to theatre for washouts and placement of a stent, and then removal of the stent, an additional four operation forms should be submitted or entered as four separate revision operations in the BSR-i.

Is the Revision “Planned” or “Unplanned”?

When submitting revision operation data, it must be stated whether the need for the revision operation was *Planned* or *Unplanned*.

Planned Revision: A procedure which was part of the patient’s treatment plan *at the time* of the preceding operation is considered a Planned Revision procedure. That is, the surgeon had planned to do the revision surgery at the time of the preceding surgery.

Unplanned Revision: A procedure which was not part of the patient’s treatment plan at the time of the previous operation is considered Unplanned.

Example: A treatment plan for a patient to undergo a laparoscopic adjustable gastric band (LAGB) would not include the surgical removal of the band, port adjustments, etc. Any revision procedure which followed a LAGB should be considered UNPLANNED. The exception to this is when a clearly defined staged approach is planned for the patient’s treatment.

Example: If a port is infected, its removal would be **Unplanned**. When the patient returns to theatre 4 weeks later to re-insert the port, that procedure would be considered **Planned**.

Example: A patient is going to have a sleeve gastrectomy four months after their gastric band is removed. The operation to remove the lap-band is **Unplanned** but the sleeve procedure would be **Planned**.

The revision procedures which are reported when treating patient complications in the 90 day perioperative period will usually be Unplanned.

Example: The placement of a stent is required to treat a stricture. The placement of the stent is **Unplanned**. Its removal is **Planned**.

The selection of ‘Unplanned Revision’ will ask for the reason why the procedure was required,

whilst the selection of a ‘Planned Revision’ does not give a menu of potential reasons for the revision. Should there be a doubt about what to enter, **UNPLANNED** should be selected with the reason as to why the procedure was done, along with any comments. The Registry’s Data Management can review the comments and ensure that the data is entered correctly.

Are Unplanned Revision Operations Considered as Defined Adverse Events?

When an unplanned revision operation takes place within 90 days of a bariatric operation, or other return to theatre with circumstances related to a bariatric operation, the operation will be considered as a defined adverse event which resulted from the preceding bariatric operation. As such, the adverse event is recorded for the surgeon who performed the preceding bariatric operation, not the surgeon who looked after the patient for their complication(s) which required the return to theatre.

What is the message on the BSR-i Dashboard about the Follow-up Screen?

The Follow-up Screen is a new feature where all outstanding follow-ups can be accessed, regardless of the site. The Follow-up Screen can be accessed by clicking on the Follow Up button in the message on the Dashboard, or from the Work Lists menu.

The Follow-Up Screen is recommended when a large amount of outstanding follow-ups are due to be completed, as one can easily scroll through all patients requiring data. This new option is also helpful when multiple hospital sites are linked to the user as all are included in this feature, unlike having to select each site in the Missing Data Work List.

However, the Follow-up Screen does not currently have the option to search for a patient. Patient searches must be done from either the Dashboard or Missing Data Work List. The function to search a patient from the Follow-Up Screen is expected to be added to the BSR-i in the near future.

The BSR-i User Manual, version 5.0, can be referred to for further information. For the latest version of the User Manual, please contact the Registry for a hard copy or PDF.

Current Hospital Participation Report for Hospital Sites where Bariatric Surgery is Provided

As at 14 November 2019

State	Approved Sites		Sites in Progress	Ethics/Locality Approvals Yet to Commence	TOTAL
	Not Contributing	Contributing			
NSW/ACT	2	34	16	2	54
QLD	3	25	2	1	31
SA/NT	1	8	2	1	11
TAS	1	4	0	0	5
VIC	3	35	1	0	39
WA	1	9	4	0	13
AUS Total	10	114	25	4	154
NZ Total	5	10	8	3	26
TOTAL	15	124	33	7	180

	Approved Sites		Sites in Progress	Sites To Do
	Not Contributing	Contributing		
AUS Private	10	92	12	3
AUS Public	0	22	13	1
NZ Private	1	8	4	2
NZ Public	4	2	4	0
TOTAL	15	124	33	5

Hospital Participation in Australia	November 2019
Hospitals known to do bariatric surgery	154
Hospitals with ethics approval	124 (80.5%)
Contributing	114 (74%)

Hospital Participation in New Zealand	November 2019
Hospitals known to do bariatric surgery	26
Hospitals with ethics approval	15 (58%)
Contributing	10 (38.5%)

Current Report of Surgeon Participation

As at 14 November 2019

	At Sites with Ethics Approval		Enlisted but not at site with ethics approval	Not Enlisted		Total
	Not Contributing	Contributing		At site with ethics approval	At site yet to get ethics approval	
NSW/ACT	9	44	4	7	1	65
QLD	8	31	1	4	1	45
SA/NT	5	12	0	1	0	18
TAS	1	2	0	2	0	6
VIC	12	56	0	3	0	70
WA	6	21	1	2	0	30
AUS Total	41	166	6	19	2	234
NZ	4	14	5	2	2	27
Total	46	178	11	21	4	261

Bariatric Surgeon Participation (Australia)	November 2019	Percent of AUS Bariatric Surgeons
Surgeons known to do bariatric surgery	234	(100%)
Surgeons at approved sites	226	96%
Enlisted and at approved site	207	88%
Enlisted, but not at approved sites	6	2.5%
Contributing of those enlisted and at approved sites	166	81%
Total contributing of all known NZ Bariatric Surgeons	166	71%

Bariatric Surgeon Participation (New Zealand)	November 2019	Percent of NZ Bariatric Surgeons
Surgeons known to do bariatric surgery	27	(100%)
Surgeons at approved sites	20	74%
Enlisted and at approved site	23	85%
Enlisted, but not at approved sites	5	18%
Contributing of those enlisted and at approved sites	13	72%
Total contributing of all known NZ Bariatric Surgeons	13	48%

Australian Hospitals with Ethics Approval

Albury-Wodonga Private Hospital
 Ashford Private Hospital
 Austin Hospital
 Baringa Private Hospital
 Beleura Private Hospital
 Belmont District Hospital
 Box Hill Hospital
 Brisbane Waters Private Hospital
 Buderim Private Hospital
 Burnside War Memorial Hospital
 Cabrini Hospital Brighton
 Cabrini Hospital Malvern
 Cairns Private Hospital
 Calvary Central District Hospital
 Calvary North Adelaide Hospital
 Calvary Riverina Hospital
 Calvary St Vincent's Hospital
 Calvary Wakefield Hospital
 Campbelltown Private Hospital
 Concord Repatriation General Hospital
 Darwin Private Hospital
 Delmar Private Hospital
 Dubbo Private Hospital
 Dudley Private Hospital
 Epworth Eastern Hospital
 Epworth Freemasons Hospital
 Epworth Geelong Hospital
 Epworth Richmond Hospital
 Fiona Stanley Hospital
 Flinders Medical Centre
 Flinders Private Hospital
 Footscray Hospital
 Glen Iris Private
 Glengarry Private Hospital
 Gold Coast Private Hospital
 Gosford Private Hospital
 Gosford Hospital
 Greenslopes Private Hospital
 Hamilton Hospital
 Heidelberg Repatriation Hospital
 Hillcrest Private Hospital
 Hobart Private Hospital
 Holmesglen Private Hospital
 Hollywood Private Hospital
 Hurstville Private Hospital
 Ipswich General Hospital
 Jessie McPherson Private Hospital
 John Fawcner Private Hospital
 John Flynn Private Hospital
 John Hunter Hospital
 Joondalup Health Campus
 Kareena Private Hospital
 Kawana Private Hospital
 Knox Private Hospital
 Lake Macquarie Private Hospital
 Lakeview Private Hospital
 Latrobe Regional Hospital

Launceston General Hospital
 Lingard Private Hospital
 Maryvale Private Hospital
 Mater Health Services North Queensland
 Mater Hospital Brisbane
 Mater Hospital North Sydney
 Mater Misericordiae Bundaberg
 Mater Misericordiae Mackay
 Mater Private Hospital Brisbane
 Mater Private Hospital Redland
 Mater Private Hospital Rockhampton
 Mater Private Hospital Springfield
 Mildura Base Hospital
 Mildura Health Private Hospital
 Mitcham Private Hospital
 Monash Medical Centre
 Mount Hospital
 Mulgrave Private Hospital
 Nambour Selangor Private Hospital
 National Capital Private Hospital
 Nepean Private Hospital
 Newcastle Private Hospital
 Noosa Private Hospital
 North Shore Private Hospital
 North West Private Hospital (Brisbane)
 North West Private Hospital (Burnie)
 Northpark Private Hospital
 Norwest Private Hospital
 Nowra Private Hospital
 Peninsula Private Hospital
 Pindara Private Hospital
 Port Macquarie Private Hospital
 Prince of Wales Private Hospital
 Princess Alexandra Hospital
 Queen Elizabeth Hospital
 Queen Elizabeth II Jubilee Hospital
 Royal Brisbane and Women's Hospital
 Royal Hobart Hospital
 Royal North Shore Hospital
 Royal Prince Alfred Hospital
 Shepparton Private Hospital
 Southern Highlands Private Hospital
 St Andrew's War Memorial Hospital
 St Andrew's-Ipswich Private Hospital
 St George Private Hospital
 St John of God Hospital Ballarat
 St John of God Hospital Bendigo
 St John of God Hospital Berwick
 St John of God Hospital Bunbury
 St John of God Hospital Geelong
 St John of God Hospital Geraldton
 St John of God Hospital Mt Lawley
 St John of God Hospital Murdoch
 St John of God Hospital Subiaco
 St John of God Hospital Warrnambool
 St Vincent's Hospital Melbourne
 St Vincent's Private Hospital (Fitzroy)
 St Vincent's Private Hospital Northside
 St Vincent's Private Hospital Toowoomba
 Strathfield Private Hospital

Sunnybank Private Hospital
 Sunshine Coast University Private Hospital
 Sunshine Hospital
 Sydney Adventist Hospital
 Sydney Southwest Private Hospital
 The Alfred Hospital
 The Avenue Private Hospital
 The Bays Hospital
 The Wesley Hospital
 Tuggerah Lakes Private Hospital
 Wagga Wagga Base Hospital
 Waikiki Private Hospital
 Wangaratta Private Hospital
 Warringal Private Hospital
 Waverley Private Hospital
 Western Hospital (SA)
 Western Private Hospital (VIC)
 Westmead Private Hospital
 Williamstown Hospital
 Wollongong Private Hospital

New Zealand Hospitals with Ethics Approval

Auckland City Hospital
 Chelsea Hospital Trust
 Gisborne Hospital
 Grace Hospital
 Mercy Hospital (Dunedin)
 Middlemore Hospital
 Ormiston Hospital
 St George's Hospital
 Southern Cross Hospital Christchurch
 Southern Cross Hospital Hamilton
 Southern Cross Hospital North Harbour
 Southern Cross Hospital Wellington
 Southland Hospital
 Tauranga Hospital
 Waikato Hospital

CONTACT INFORMATION

Bariatric Surgery Registry AUSTRALIA

T: 03 9903 0725

F: 03 9907 0717

Email: medbsr@monash.edu

Bariatric Surgery Registry NEW ZEALAND

T: 0800 636 276

F: 9 273 1710

Email: bsr@auckland.ac.nz

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