

Complete Patient Details or Affix Sticker

Name _____

Female Male Intersex/Indeterminate

Date of Birth _____

Address _____

Postcode _____

Mobile Ph _____

Home Ph : _____

Email _____

Hospital UR (MRN) Number _____

Medicare Number _____ Ref _____

Indigenous Status *Tick box*

- Neither Aboriginal or Torres Strait Islander
- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Unknown/Not stated

Hospital _____

Surgeon _____

Operation Date _____

Height _____ Pre-Op Weight _____ kg

Operation Weight _____ kg

Diabetes Yes (*select treatment below*) or No

- Diet/exercise Non-insulin therapy (single)
- Insulin Non-insulin therapy (multiple)

Operation Details *Tick box*

- Procedure Completed
- Procedure Abandoned *State reason below*

Concurrent Transplant

Liver Kidney

Surgical Approach *Tick one*

- Laparoscopic Robotic
- Open (Laparotomy) Robotic converted to Open
- Endoscopic Robotic converted to Laparoscopic

- Primary Bariatric Operation
 - Revision Bariatric Operation
- STATE REASON FOR REVISION:**

Current Operation *Tick ALL that apply*

- Sleeve Gastrectomy
- Roux-en-Y Gastric Bypass
- One Anastomosis Gastric Bypass
- Laparoscopic Gastric Band
- SIPS/SADI-S
- Bilio Pancreatic Bypass/Duodenal Switch
- Addition* of Ring over Bypass/ Sleeve
- Endoscopic Sleeve Gastroplasty (ESG)
- Gastroplasty
- Gastric Imbrication Plus iBand
- Sub-total Gastrectomy
- Surgical Reversal of Gastric Band
- Removal* of Ring over Bypass or Sleeve
- Surgical Reversal of Bypass
- Port Revision Removal or Insertion
- Control of Post Op Bleeding
- Dilatation of Stricture
- Division of Adhesions
- Lavage/Washout ± Drainage
- Stent Removal or Insertion
- Other (Specify) _____

Tick box for Previous Operation:

- Laparoscopic Gastric Band
- Endoscopic Sleeve Gastroplasty (ESG)
- Gastroplasty
- Sleeve Gastrectomy
- Gastric Imbrication with iBand
- One Anastomosis Gastric Bypass
- SIPS/SADI-S
- Roux en-Y Gastric Bypass
- Bilio Pancreatic Bypass/Duodenal Switch
- Other _____

Device/Staple Tracking

Complete, or affix stickers, if surgeon did not use 'Favourite Devices' or if Favourite Devices are yet to be provided to the BSR.

- Gastric Band *Brand/size* _____
- Access Port Alone Tubing Repair Kit
- Fixed Gastric Ring *Brand* _____
- Stapling Powered or Manual
 - Echelon Endopath
 - Endo GIA Reinforced Endo GIA
 - DaVinci OTHER _____

Reloads Used (colour and length):

- Staple Line Reinforcement
Type: _____

BSR to list this as the 'Favourite Device(s)' for this type of procedure.

Notes

- Translated Participant Fact Sheet required
Language: _____

Please return form to the BSR by

Fax 03 9903 0717, or

Post: Contact the BSR for Post Paid envelopes, call 03 9903 0725.

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