

BOLD Postoperative Adverse Event/Re-operation Encounter Form

Last Name _____ First Name _____ Chart Number _____

Date of Event _____

POST-DISCHARGE ADVERSE EVENT

- | | | |
|---|---|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Erosion | <input type="checkbox"/> Obstruction, device related |
| <input type="checkbox"/> Acute asthma exacerbation | <input type="checkbox"/> Esophageal dilation | <input type="checkbox"/> Open conversion – from minimal access procedure |
| <input type="checkbox"/> Adrenal insufficiency | <input type="checkbox"/> Fluid leak from device | <input type="checkbox"/> Pancreatitis, all other etiologies |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Folate deficiency | <input type="checkbox"/> Pancreatitis, gallstone etiology |
| <input type="checkbox"/> Anastomotic, hemorrhage | <input type="checkbox"/> Gall stones | <input type="checkbox"/> Panniculitis |
| <input type="checkbox"/> Anastomotic, leakage | <input type="checkbox"/> Gastroesophageal reflux disease | <input type="checkbox"/> Paralytic Ileus |
| <input type="checkbox"/> Anemia, cause other than iron deficiency | <input type="checkbox"/> Gastrogastric fistula / gastric pouch staple line disruption | <input type="checkbox"/> Pleural effusion |
| <input type="checkbox"/> Angina | <input type="checkbox"/> GI bleeding | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anoxic brain injury | <input type="checkbox"/> Heart failure and/or pulmonary edema | <input type="checkbox"/> Pneumothorax |
| <input type="checkbox"/> ARDS / non-cardiogenic pulmonary edema | <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Pouch dilation |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hernia, surgical incision site | <input type="checkbox"/> Procedure intolerance requiring reversal |
| <input type="checkbox"/> Atelectasis | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Protein deficiency / protein malnutrition |
| <input type="checkbox"/> Bacteremia | <input type="checkbox"/> Hyperparathyroidism | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Bleeding / hemorrhage, intra-abdominal | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Pulmonary embolism |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Hypovolemia | <input type="checkbox"/> Renal calculus / kidney stone |
| <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Infection, device related | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Calcium deficiency / osteopenia / osteoporosis | <input type="checkbox"/> Injury of esophagus | <input type="checkbox"/> Rhabdomyolysis |
| <input type="checkbox"/> Cholecystitis | <input type="checkbox"/> Injury of intestine, including duodenum, jejunum, colon | <input type="checkbox"/> Roux limb, ischemia |
| <input type="checkbox"/> Common bile duct obstruction | <input type="checkbox"/> Injury of liver | <input type="checkbox"/> Roux limb, obstruction |
| <input type="checkbox"/> Death due to accident | <input type="checkbox"/> Injury of pancreas | <input type="checkbox"/> Sepsis from anastomotic leak |
| <input type="checkbox"/> Death due to suicide | <input type="checkbox"/> Injury of spleen | <input type="checkbox"/> Sepsis from other abdominal source |
| <input type="checkbox"/> Death from bleeding | <input type="checkbox"/> Injury of stomach | <input type="checkbox"/> Severe weakness / motor dysfunction, including Guillen-Barre syndrome |
| <input type="checkbox"/> Death caused by sepsis from an anastomotic leak | <input type="checkbox"/> Internal hernia | <input type="checkbox"/> Slippage, gastric band, adjustable |
| <input type="checkbox"/> Death caused by sepsis from other abdominal source | <input type="checkbox"/> Intestinal obstruction | <input type="checkbox"/> Slippage, gastric band, non-adjustable |
| <input type="checkbox"/> Death from pulmonary embolus | <input type="checkbox"/> Intolerance, device related | <input type="checkbox"/> Slippage, banded gastric bypass |
| <input type="checkbox"/> Death from cardiac failure | <input type="checkbox"/> Intra-abdominal abscess | <input type="checkbox"/> Stricture |
| <input type="checkbox"/> Death due to myocardial infarction | <input type="checkbox"/> Iron deficiency / resulting anemia | <input type="checkbox"/> Stroke / cerebrovascular accident |
| <input type="checkbox"/> Death due to cerebrovascular accident (stroke) | <input type="checkbox"/> Lead malfunction or displacement | <input type="checkbox"/> Superficial phlebitis |
| <input type="checkbox"/> Death due to bowel obstruction | <input type="checkbox"/> Liver failure | <input type="checkbox"/> Surgical site infection |
| <input type="checkbox"/> Death due to evisceration | <input type="checkbox"/> Magnesium deficiency | <input type="checkbox"/> Surgical wound infection / soft tissue abscess |
| <input type="checkbox"/> Death due to pneumonia | <input type="checkbox"/> Malfunction, device related | <input type="checkbox"/> Systemic inflammatory response syndrome |
| <input type="checkbox"/> Death due to respiratory failure, including ARDS | <input type="checkbox"/> Mesenteric arterial thrombosis | <input type="checkbox"/> Thyroid dysfunction – hyper or hypo |
| <input type="checkbox"/> Death due to other cause | <input type="checkbox"/> Mesenteric ischemia | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Death indeterminate | <input type="checkbox"/> Mesenteric ischemia / bowel ischemia / infarction | <input type="checkbox"/> Urinary infection |
| <input type="checkbox"/> Decubitus ulceration of skin / underlying tissues | <input type="checkbox"/> Mesenteric venous thrombosis, e.g. portal | <input type="checkbox"/> Vitamin A deficiency |
| <input type="checkbox"/> Deep venous thrombosis | <input type="checkbox"/> Multi-system organ failure | <input type="checkbox"/> Vitamin B1 (thiamin) deficiency – Peripheral neuropathy |
| <input type="checkbox"/> Dehiscence / evisceration | <input type="checkbox"/> Myocardial infarction | <input type="checkbox"/> Vitamin B1 (thiamin) deficiency -- Wernicke-Korsakoff syndrome |
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Nausea / vomiting | <input type="checkbox"/> Vitamin B12 deficiency |
| <input type="checkbox"/> Delirium (altered mental status) | <input type="checkbox"/> Neisidioblastosis / hyperinsulinemia | <input type="checkbox"/> Vitamin D deficiency |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nerve injury | <input type="checkbox"/> Vitamin E deficiency |
| <input type="checkbox"/> Drug reaction | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Vitamin K deficiency |
| <input type="checkbox"/> Electrolyte imbalance requiring treatment | <input type="checkbox"/> Nutritional support required via TPN | <input type="checkbox"/> Wound complications |
| | <input type="checkbox"/> Nutritional support required, Enteral nutrition via feeding tube | <input type="checkbox"/> Zinc deficiency |
| | <input type="checkbox"/> Obstruction | |

HOSPITAL READMISSION

Was readmission to the hospital required? Yes No

Facility: _____

Primary surgeon: _____

Was surgical intervention of the primary bariatric procedure required? Yes No

Procedure:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Anastomotic leak, repair gastrojejunostomy | <input type="checkbox"/> Abscess drainage | <input type="checkbox"/> Band, removal | <input type="checkbox"/> Band, replacement | |
| <input type="checkbox"/> Band, port revision | <input type="checkbox"/> Cholecystectomy | <input type="checkbox"/> Colectomy | <input type="checkbox"/> Drain abdominal fluid | <input type="checkbox"/> Drain abdominal hematoma |
| <input type="checkbox"/> EGD with dilatation | <input type="checkbox"/> Enteroenterostomy, revise | <input type="checkbox"/> Gastrectomy, partial | <input type="checkbox"/> Gastrectomy, total | |
| <input type="checkbox"/> Gastric tube, placement | <input type="checkbox"/> Gastrojejunostomy, revise | <input type="checkbox"/> Hernia repair, hiatal | <input type="checkbox"/> Hernia repair, internal | |
| <input type="checkbox"/> Hernia repair, umbilical | <input type="checkbox"/> Hernia repair, ventral | <input type="checkbox"/> Small bowel obstruction, repair | | |
| <input type="checkbox"/> Venous catheter placement | <input type="checkbox"/> Vena cava filter placement | <input type="checkbox"/> Wound, debridement | <input type="checkbox"/> Wound, incision and drainage | |
| <input type="checkbox"/> Wound repair | | | | |