



# OSSI National Bariatric Surgery Registry

An initiative of Obesity Surgery Society of India

## USER GUIDE



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**VERSION:** 2.0

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*## This document is an WELCOME KIT and USER MANUAL to refer to in case of any clarifications / doubts on how to enter the patient records for OSSI registry. This is a confidential document and has been shared with you as a participant in the OSSI registry. DO NOT share this outside your organization without written permission from OSSI.*

Dear Member,

In this data-driven and Real World Evidence era we have initiated the first of its kind prospective observational multi-centric digital registry that aims to collect structured clinical data of patients through members. This is a unique and first of its kind initiative where all participants will be equal partners and publish original research.

**SCOPE:** Long term, open ended. No restrictions on number of participants and patients

OSSI National Bariatric Surgery Registry is being formed with the following objectives:

- To create a comprehensive nationwide database for analysis of outcomes from bariatric and metabolic surgery in India. To accumulate data with a commitment to improve the range of surgical information available, which in turn helps surgeons to continually assess and raise the standard of patient care.
- Promote research projects using the registry data through an impartial requisition queue system where all contributing members may submit a proposal for research and get an opportunity to publish original research.

We have chosen MEDEVA to help and facilitate the entire process so that you also gain in your practice from your own data. As an esteemed member of the OSSI, we feel privileged in inviting you to participate in this registry.

Along with the invitation please find all the necessary documents and training materials. The entire OSSI co-ordinating committee team and MEDEVA team is available to help you.

You can reach us at [ossiregistry@gmail.com](mailto:ossiregistry@gmail.com) or at [theossiregistry@medeva.io](mailto:theossiregistry@medeva.io)

We are looking forward to your enthusiastic support and participation in making this registry a success.

With Regards,

The Coordinating Committee

*Dr Praveen Raj, President*

*Dr Manish Khaitan, Immediate Past President*

*Dr. Sukhvinder S Saggu, Co-ordinator, OSSI Registry*

*Dr Randeep Wadhawan, Secretary*

*Dr Surendra Ugale, Chairman Scientific Committee*

## WELCOME LETTER

Dear Member,

Welcome to the OSSI National Bariatric Surgery Registry. Thank you for your consent participation and making this registry better and richer.

This WELCOME KIT will provide you with the following information

1. Context, why OSSI has launched the registry and its role and responsibility
2. KNOW about MEDEVA - As Scientific and Platform partners, role and responsibility of MEDEVA
3. Your role and responsibilities as a contributor

**Registry definition:** A registry is a REAL WORLD study that captures care being provided to patients undergoing Bariatric Surgery across India. You are not expected to deviate or do anything specific beyond what you see as in the best interest of the patient and your clinical judgement.

Your contribution will be to capture all the patient information as per the protocol. In case your organization requires IRB or IEC approval prior to participation please use documents from Section 2.0 for the same. This include All India Clearance already received from Tanvir hospital Independent Ethics Committee (TH/IEC/BHR/622/2022/SSS/P1)

This kit is a master document that provides all the information for you to participate successfully. Please save this at a convenient location so that you and your team can access this easily.

Apart from this, the MEDEVA team is always available for support.

We are excited about working closely with you on this path breaking project and looking forward to its success.

Many thanks,

TEAM MEDEVA

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# 1. INTRODUCTION

## 1.1. ROLE AND RESPONSIBILITY OF OSSI

OSSI is a not for profit, member based body of bariatric surgeons in India. As a scientific organization, it brings together other clinical experts such as Anaesthesiologists, Endocrinologists, Psychiatrists, Dieticians, Nurses etc. also within its ambit for the cause of treating morbidly obese patients.

OSSI National Bariatric Surgery Registry is being formed with the following objectives:

To create a comprehensive nationwide database for analysis of outcomes from bariatric and metabolic surgery in India. To accumulate data with a commitment to improve the range of surgical information available, which in turn helps surgeons to continually assess and raise the standard of patient care.

Promote research projects using the registry data through an impartial requisition queue system where all contributing members may submit a proposal for research and get an opportunity to publish original research.

### OSSI ROLE AND RESPONSIBILITY AS OWNER OF THE REGISTRY

- Plan the registry and any new collaborative research
- Manage Governance of the registry
- Review the functioning of the registry and make course corrections as required.
- Support participants with original research and publication.
- Create educational and training material from RWE for dissemination / learning

***Medeva is the implementation, maintenance and the analytics partner for the OSSI National Bariatric Surgery Registry.***

## 1.2. About MEDEVA - Role and Responsibility

Medeva is an “Digital Health Platform” from JSM (a healthcare analytics company). “Medeva helps doctors to capture and utilize patient health information from their practice, collaborate with other doctors to create RWE based protocols, care pathways, write research papers and introduce evidence based care that is relevant and customized for their patient population.”

Medeva is a tool built for clinicians by clinicians. Medeva helps doctors to capture and utilize patient health information from their practice, collaborate with other doctors to create RWE based protocols, care pathways, write research papers and introduce evidence based care that is relevant and customized for their patient population.

### Details of Medeva SmartEHR

- It's a 100% cloud based platform
- There is no local implementation or special software installation requirement
- Medeva will create user ID and provide access to all doctors and their assistants
- User can access the platform from <https://smarteHR.medeva.io>
- Laptop/ desktop or tablet with internet connection required to access the account



- Printer needed to print patient prescriptions

Medeva is an “Digital Health Platform” from JSM (a healthcare analytics company). “Medeva helps doctors to capture and utilize patient health information from their practice, collaborate with other doctors to create RWE based protocols, care pathways, write research papers and introduce evidence based care that is relevant and customized for their patient population.”

#### MEDEVA ROLE AND RESPONSIBILITY AS PARTNERS TO THE REGISTRY

- Create an account for all participating doctors. Have the platform available at all times
- Provide training and support to participating sites
- Have agreements and consent in place for capture and sharing of anonymised data
- Check data sanity and completeness periodically
- Liaise closely with the co-ordinating committee at OSSI to provide update and implement changes as may be needed
- Maintain data privacy and security
- Make sure only anonymised data of patients is part of the registry
- Execute analytics on the data as per requirement
- Help doctors and society with Bio-statistics, protocols, writing and publication support

## 2. STUDY DOCUMENTATION

### 2.1. Study documents overview

The following documents are included and have been approved by the Independent Ethics Committee

- Tanvir Hospital IEC approval
- The study protocol
- Patient Informed consent in ENGLISH AND HINDI
- Study CRF





## 2.2. Tanvir Hospital Ethics Committee Approval Letter (TH/IEC/BHR/622/2022/SSS/P1)

### Tanvir Hospital - Institutional Ethics Committee for Biomedical & Health Research

**Registration # EC/NEW/INST/2020/622**

#### TH IEC BHR – APPROVAL LETTER

EC Ref No.: 001/2022

Date: 20/04/2022

DR. SUKHVINDER SINGH SAGGU,  
DIRECTOR, GI, MINIMAL ACCESS, AND  
BARIATRIC SURGERY  
R 674 FIRST FLOOR, NEW RAJENDER  
NAGAR, NEW DELHI-110060

**Dr. Sukhvinder Singh Saggu,**

Subject: Decision by TH-IEC BHR for the protocol titled ‘**OSSI NATIONAL BARIATRIC SURGERY REGISTRY” (TH/IEC/BHR/622/2022/SSS/P1).**

The Tanvir Hospital-Institutional Ethics Committee for Biomedical & Health Research in its meeting held on 15 March 2022 has reviewed and discussed your application and study-related documents in detail to conduct the above-mentioned protocol with yourself as the Principal investigator.

The following study-related documents have been reviewed and have been **APPROVED** in the presented latest/updated form.

NO.	NAME OF THE DOCUMENT TO BE SUBMITTED	NAME OF THE DOCUMENT SUBMITTED BY THE INVESTIGATOR	VERSION NO. & DATE OF SUBMISSION
1.	INVESTIGATOR BROCHURE	N/A	N/A
2.	STUDY PROTOCOL	6. OSSI Registry Protocol Synopsis-V-D-1	1, 23/02/2022
3.	CASE REPORT FORM	7. CRF Document_OSSI_Registry-V-D-1	1, 23/02/2022
4.	PARTICIPANT INFORMATION SHEET	N/A	N/A
5.	INFORMED CONSENT FORM	5. OSSI Registry - Standard Informed Consent Form English and Hindi-V-D-1	1, 23/02/2022
6.	RECRUITMENT MATERIAL, IF ANY	N/A	N/A
7.	INVESTIGATOR'S RESUME	1. CV Dr Sukhvinder Singh Saggu-V-D-1	1, 23/02/2022
8.	INSURANCE COVER NOTE	N/A	N/A
9.	MEMORANDUM OF UNDERSTANDING	MEDEVA OSSI MEMORANDUM OF UNDERSTANDING-V-1	1, 24/03/2022
10.	OTHERS	N/A	N/A

**8-3-833 Plot 100, Kamalapur Colony Phase 1, Hyderabad 500073, TELANGANA**

**Phone: 040 2374 3550; E-mail: [tanvirhospitalecbhr@gmail.com](mailto:tanvirhospitalecbhr@gmail.com)**

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## **Tanvir Hospital - Institutional Ethics Committee for Biomedical & Health Research**

**Registration # EC/NEW/INST/2020/622**

The following members of the Ethics committee were present at the meeting held on 15/03/2022 at 7.00pm, virtual meeting

No.	Name	Qualification	Gender	Affiliation to TH	Role
1.	Dr. Rakesh Sahay	MD, DM Endocrinology	Male	None	Chairperson
2.	Dr. Akanshi Singh	MS (OBG)	Female	Employee	Member Secretary
3.	Dr. Tanvir	MS (OBG)	Female	Employee	Clinician
4.	Dr. Meeta	MD (OBG)	Female	Employee	Clinician
5.	Ms. Harpreet Kaur	MA, MPhil	Female	None	Lay Person
6.	Ms. Rubina Majid	MA, MBA	Female	None	Lay Person
7.	Mr. G. Vamshi Krishna	LLB	Male	None	Legal Expert
8.	Dr. V. Prasanna	MD (Pharmacology)	Female	None	Medical Scientist
9.	Dr. Kanharam Patel	MD (Pharmacology)	Male	None	Medical Scientist
10.	Dr. C.V. Sarada	MD (Biochemistry)	Female	None	Basic Medical Scientist

None of the investigative team participating in this study took part in the decision-making and voting procedure for this study.

The IEC expects from the Principal Investigator to be informed about the annual progress of the study, any SAE occurring during the course of the study, any revision in the study protocol, patient information/ informed consent and be provided a copy of the final study report.

This IEC is working accordance to regulations and guidelines applicable to the functioning of the ethics committees.

Sincerely,

**TANVIR HOSPITAL**  
**INSTITUTIONAL ETHICS COMMITTEE**  
**FOR BIOMEDICAL & HEALTH RESEARCH**  
 # 8-3-833, Plot No.100, Kamalapur Colony  
 Phase-I, Hyderabad-500 073, Telangana  
 Ph:040-23743550  
 Email : tanvirhospitalecbhr@gmail.com

IEC Chairperson/ Member Secretary (Sign & EC Stamp)

**8-3-833 Plot 100, Kamalapur Colony Phase 1, Hyderabad 500073, TELANGANA**

**Phone: 040 2374 3550; E-mail: [tanvirhospitalecbhr@gmail.com](mailto:tanvirhospitalecbhr@gmail.com)**

### 2.3. OSSI Registry Protocol - OSSI/2022/01

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## OSSI National Bariatric Surgery Registry

An initiative of Obesity and Metabolic surgery society of India (OSSI)

**Protocol ID - OSSI/2022/01**

February 2022

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<b>Title</b>	OSSI National Bariatric Surgery Registry
<b>Facilitator / Funder</b>	Obesity and Metabolic surgery society of India
<b>Coordinator</b>	Dr Sukhvinder S Saggu
<b>Scientific Partner</b>	MEDEVA, a comprehensive healthcare tech service provider, with its analytics enabled EHR platform and AI powered data driven solutions is the implementation, research & insights partner for the study.
<b>Contact persons from Medeva on this project</b>	Head, Data Insights: Ms.Sandhya Tanneer   Ph: +91 77996 63270   sandhya@medeva.io Engagement & Operations: Dr.Khateeb Khan   Ph: 8287083223   khateeb.khan@medeva.io
<b>Study Rationale</b>	<p>OSSI is a not for profit, member based body of bariatric surgeons in India. As a scientific organization, it brings together other clinical experts such as Anaesthesiologists, Endocrinologists, Psychiatrists, Dieticians, Nurses etc. also within its ambit for the cause of treating morbidly obese patients. OSSI aims to support its members in aspects directly related to their profession, to optimize outcomes of treatments offered to severely obese patients.</p> <p>OSSI activities are focused on skill enhancement, information exchange and knowledge sharing on surgical treatments for severely obese patients. It helps present new techniques, research, concepts to its members, who are experts in the field.</p> <p>OSSI National Bariatric Surgery Registry is being formed with the following objectives</p> <ul style="list-style-type: none"> <li>● To create a comprehensive nationwide database for analysis of outcomes from bariatric and metabolic surgery in India.</li> <li>● To accumulate data with a commitment to improve the range of surgical information available, which in turn helps surgeons to continually assess and raise the standard of patient care.</li> </ul>
<b>Aims and Objectives</b>	<p><b>Aim</b></p> <p>To capture, maintain and analyze real world data collected anonymously from practicing members of the OSSI over a period of 10 years (extendable).</p> <p><b>Objectives</b></p> <ol style="list-style-type: none"> <li>1. To develop, maintain and sustain a digital registry for Obesity &amp; Metabolic Surgery Society of India while following all ethical considerations.</li> </ol>



	<ol style="list-style-type: none"> <li>2. To promote and advocate the use of EHR (Electronic health record) capable of generating real world data within the members of OSSI.</li> <li>3. To analyze and study the outcomes from bariatric and metabolic surgery in India and use it for fine tuning the clinical guidelines for OSSI Registry.</li> <li>4. Promote research projects using the registry data through an impartial requisition queue system where all contributing members may submit a proposal for research and get an opportunity to publish original research.</li> </ol>
<p><b>Study Details</b></p>	<p><b>Study Design-</b> Observational Prospective Cohort study</p> <p><b>Study Period-</b> 10 years (Extendable)</p> <p><b>Inclusion criteria</b></p> <p>Indian population with morbid obesity (BMI<math>\geq</math>35), with or without Uncontrolled Diabetes, who undergo Bariatric surgery.</p> <p><b>Exclusion criteria</b></p> <p>Those who did not undergo Bariatric surgery</p> <p>Those who do not give consent.</p> <p><b>Sample Size Estimation</b></p> <p>This is an open ended registry and does not have upper limit of the number of patients who can be part of the registry</p> <p><b>Patient Consent to use the data</b></p> <p>Written consent will be sought from all patients.</p> <p>The standard Consent form will be made available in all languages available for the participating doctors.</p>
<p><b>Numbers and Criteria for selection of Surgeons</b></p>	<p>We propose to start with 10 doctors and then extend the registry to all members who are willing to participate. We anticipate a total of about 100 participants. We will update the EC quarterly with an updated list of participants.</p> <ul style="list-style-type: none"> <li>● Surgeons who are members of OSSI.</li> <li>● Surgeons who agree to contribute anonymous clinical data to the registry.</li> <li>● Surgeons who have a minimum infrastructure in place to use MEDEVA - cloud based EHR (Laptop or Desktop computer/ 10 inch tablet – chrome browser, WiFi or mobile hotspot, printer (optional))</li> <li>● Surgeons who agree to use MEDEVA EHR after signing the contract.</li> <li>● Surgeons who are willing to develop computer skills (if not already comfortable) or have assistants who can capture good quality data.</li> <li>● Surgeons in private practices/ hospitals where they are the decision makers. Surgeons</li> </ul>

	<p>working only in hospitals or colleges, those who take permission from their department and are permitted to use MEDEVA in their hospital/ college and have basic infrastructure in place.</p>																																		
<p><b>Data Collection</b></p>	<p>Data will be collected on MEDEVA, an analytics based EHR platform. MEDEVA has been customized for the requirements of the registry.</p> <p>A pilot study will be initiated with upto 20 doctors who will be invited to participate. They will be provided MEDEVA accounts to use as an EHR for their practice. The EHR will also carry pre-validated special forms for capturing data for the registry. All members who have signed the informed consent/proposal and agree to abide by the rules of the registry will be invited to participate.</p> <p>After successful completion of pilot study all the members of the society will have an equal opportunity to participate in the study after understanding the scope, eligibility and prerequisites of the participation. All members of the society will receive an invitation email.</p> <p>Data related to predefined forms will be collated from all participants into one common registry. The quantum/size/quality/audit of incoming data will be made available by Medeva regularly on a weekly basis. The actual database will be accessible only by core members of the registry which will be predefined.</p> <p>No patient identifiers or details will be captured in the registry database (specifically patient name, mobile number, email id, address, government id).</p> <table border="0" data-bbox="406 997 1531 1638"> <tr> <td>OSSI - Baseline Medical History</td> <td>MEDICAL CONDITIONS</td> </tr> <tr> <td>OSSI - Nutritional Status &amp; Other tests</td> <td>FINDINGS FROM TESTS</td> </tr> <tr> <td>OSSI - Anthropometry Measurements</td> <td>FINDINGS FROM TESTS</td> </tr> <tr> <td>OSSI - Vertical Sleeve Gastrectomy</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - DuodenoJejunal Bypass Sleeve</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Single Anastomosis Duodeno Ileal Bypass</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - One Anastomosis Gastric Bypass</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Roux-en-Y Gastric Bypass</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Single Anastomosis Sleeve Ileal Bypass</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Single Anastomosis Sleeve Jejunal Bypass</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Adjustable Gastric Band</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Ileal Transposition with Sleeve</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Intra-gastric Balloon</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Sleeve with Proximal Jejunal Bypass</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Bilio-pancreatic diversion - duodenal switch</td> <td>PROCEDURE</td> </tr> <tr> <td>OSSI - Re-admission/Re-operation or Death</td> <td>PRESENTING COMPLAINTS/REVIEW NOTES</td> </tr> <tr> <td>OSSI - General Post Surgical Follow-up</td> <td>PRESENTING COMPLAINTS/REVIEW NOTES</td> </tr> </table>	OSSI - Baseline Medical History	MEDICAL CONDITIONS	OSSI - Nutritional Status & Other tests	FINDINGS FROM TESTS	OSSI - Anthropometry Measurements	FINDINGS FROM TESTS	OSSI - Vertical Sleeve Gastrectomy	PROCEDURE	OSSI - DuodenoJejunal Bypass Sleeve	PROCEDURE	OSSI - Single Anastomosis Duodeno Ileal Bypass	PROCEDURE	OSSI - One Anastomosis Gastric Bypass	PROCEDURE	OSSI - Roux-en-Y Gastric Bypass	PROCEDURE	OSSI - Single Anastomosis Sleeve Ileal Bypass	PROCEDURE	OSSI - Single Anastomosis Sleeve Jejunal Bypass	PROCEDURE	OSSI - Adjustable Gastric Band	PROCEDURE	OSSI - Ileal Transposition with Sleeve	PROCEDURE	OSSI - Intra-gastric Balloon	PROCEDURE	OSSI - Sleeve with Proximal Jejunal Bypass	PROCEDURE	OSSI - Bilio-pancreatic diversion - duodenal switch	PROCEDURE	OSSI - Re-admission/Re-operation or Death	PRESENTING COMPLAINTS/REVIEW NOTES	OSSI - General Post Surgical Follow-up	PRESENTING COMPLAINTS/REVIEW NOTES
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<p><b>Data Sharing</b></p>	<ul style="list-style-type: none"> <li>As the patients' health record is being collected and created, each participating doctor will sign the license &amp; confidentiality agreement with MEDEVA.</li> <li>There will also be a tripartite agreement between OSSI, MEDEVA and the participating doctors on Data Sharing.</li> <li>There is no restriction on usage of MEDEVA by doctors for their day to day patient</li> </ul>																																		



	<p>consults</p> <ul style="list-style-type: none"> <li>● All of the doctors' data is confidential and will not be shared with anyone.</li> <li>● Each doctor will identify the patients who are part of the study by indicating the same as a tag. Only anonymised data of such patients as the participating doctor decides will be pooled together along with other doctors for the purposes of research.</li> <li>● Whenever a specific study is being planned, complete transparency will be maintained on data sharing and credits. (a separate protocol will be created on data sharing and credits for the OSSI members)</li> </ul>
<p><b>Ethics committee approval</b></p>	<p>All documentation necessary for ethics approval will be submitted to the Tanvir Hospital Ethics Committee (TH-IEC). The Pilot will be conducted while we await approval.</p> <p>The study participants are free to submit the protocol to their IRB for approval.</p> <p>If at a later point in time, there is a specific study that requires a change in protocol, OSSI will approach the ethics committee once again for that specific study.</p>
<p><b>Education, Training and Continuous Support to the Physician</b></p>	<ul style="list-style-type: none"> <li>● Registrations and onboarding: Support will be provided to all participants for initial onboarding and setting up.</li> <li>● Creation of MEDEVA account for each doctor</li> <li>● Training material: Training video and PDF for sites for understanding the proformas and scope of study</li> <li>● Training schedule: Initiation training schedule for group level training sessions:             <ul style="list-style-type: none"> <li>- 2 sessions/ week on weekends</li> <li>- All sessions will be the same and sites will be able to join any session based on their availability. They can also repeat these group sessions any number of times.</li> </ul> </li> <li>● Support channels             <ul style="list-style-type: none"> <li>- Dedicated support manager for the registry participants</li> <li>- Instant online support over virtual Medeva chat box with immediate screen sharing and co-browsing</li> <li>- Email support</li> </ul> </li> </ul>

~~~~



## 2.4. Patient informed consent format - ENGLISH

### Informed Consent Form

1. I, have understood the contents thereof as listed below

2. I understand that my information may be shared for the following purposes:

- To provide me with treatment, emergency care and other services within this facility, like lab, medicines and payment
- For checking quality assurance, education and training
- For research purposes only anonymized or de-identified information will be used

Having read and understood the points mentioned above, I consent to allowing the \_\_\_\_\_ (Name of Site) to collect, use, share or process such information as may be necessary to provide health services availed by me.

This Consent Form is signed by

#Patients name \_\_\_\_\_

Signature:

Date and time:

\*In case of minor this consent forms should be signed by legal guardian with type of relationship mentioned

Investigator Signature:

Name:

Site Name and Address:

## 2.5. Patient informed consent format - HINDI

### सूचित सहमति फ़ार्म

1. मैंने नीचे दी गई सूची के अनुसार इसकी विषय को समझ लिया है
2. मैं समझता/समझती हूँ कि मेरी जानकारी को निम्नलिखित उद्देश्यों के लिए उपयोग किया जा सकता है:
  - मुझे इस सुविधा के भीतर उपचार, आपातकालीन देखभाल और अन्य सेवाएं प्रदान करने के लिए, जैसे प्रयोगशाला, दवाएं और भुगतान
  - गुणवत्ता आश्वासन, शिक्षा और प्रशिक्षण की जाँच के लिए
  - अनुसंधान उद्देश्यों के लिए केवल अज्ञात या गैर-पहचान की गई जानकारी का उपयोग किया जाएगा

ऊपर वर्णित विवरण को पढ़ने और समझने के बाद, मैं \_\_\_\_\_ (साइट का नाम) को ऐसी जानकारी एकत्र करने, उपयोग करने, साझा करने या संसाधित करने की अनुमति देता हूँ जो मेरे द्वारा प्राप्त स्वास्थ्य सेवाएं प्रदान करने के लिए आवश्यक हो।

इस सहमति प्रपत्र पर हस्ताक्षर किए गए हैं

#मरीज का नाम \_\_\_\_\_ हस्ताक्षर: \_\_\_\_\_

तिथि और समय:

\*नाबालिग के मामले में इस सहमति प्रपत्र पर कानूनी अभिभावक द्वारा हस्ताक्षर किए जाने चाहिए, जिसमें उल्लेखित संबंध का प्रकार हो

जंचकार्ता के हस्ताक्षर:

जंचकार्ता नाम:

साइट का नाम और पता:



## 3. MEDEVA : GETTING STARTED

In this section you will learn step by step using the MEDEVA platform and inputting the patient record from CRF in to the platform.

By now we would have taken the relevant information required for creating your account and shared the login credentials with you over mail.

### 3.1. USING MEDEVA PLATFORM

To access MEDEVA all you need are

- Laptop or Desktop or 10" Tablet
- CHROME OR FIREFOX BROWSER
- Working internet connection

#### 3.1.1. URL & Login Credentials

You would have received Medeva login credentials to your registered mail ID

This is the URL. Please use this link to log into your account, or copy this into your browser:

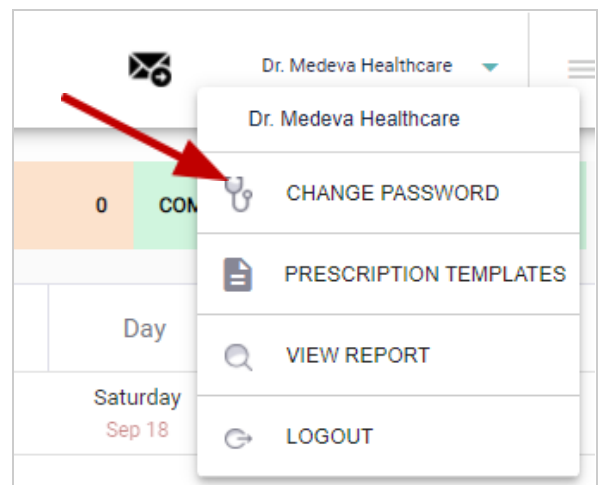
<https://smarteHR.medeVA.io>

#### 3.1.2. Invalid password / forgot password - what to do?

In case you have forgotten your password and/ or your username, please send an email at [support@medeva.io](mailto:support@medeva.io) from the registered email id, or use the 'Support' button on the Medeva webpage, stating that you have forgotten your password and your account credentials will be reset and emailed to you.

#### 3.1.3. Change password

You can change your password by going to your account dropdown placed at the top right corner of the screen.



## 4. REGISTRY OVERVIEW

The patient's record in the registry will contain the following information

### 4.1. STEP 1 - REGISTRATION

The patient first needs to be registered on MEDEVA. This will be done only once. Always check using the patient's name or mobile number prior to creating a NEW patient

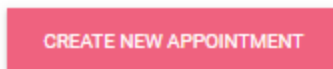
#### 4.1.1. Register the patient

When a 'NEW' patient presents themselves the process of adding the patient is quick and simple.

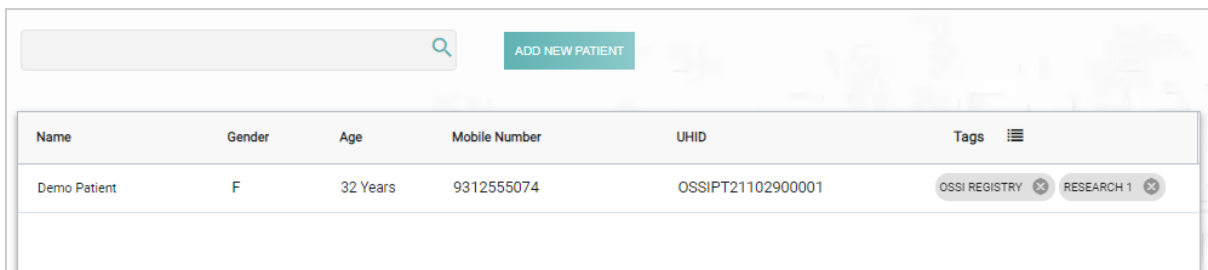
Estimated time taken – 30 seconds

These are the steps to follow

- A. Click on "Create Appointment"



- B. Search by Name or Mobile Number



| Name         | Gender | Age      | Mobile Number | UHID              | Tags                     |
|--------------|--------|----------|---------------|-------------------|--------------------------|
| Demo Patient | F      | 32 Years | 9312555074    | OSSIPT21102900001 | OSSI REGISTRY RESEARCH 1 |

- C. Only if the patient is already not listed below click on the "ADD NEW PATIENT". This will ensure that you do not register the same patient twice by mistake
- D. Put in the required details as per fields.
- E. The mandatory fields for the registry are

|                          |                        |
|--------------------------|------------------------|
| UHID (Unique patient ID) | City                   |
| Full Name                | Country                |
| Age or Date of Birth     | Ethnicity              |
| Gender                   | Patient contact number |
| Postal Address           | Referral Source        |

### 4.1.2. Editing Patient details - name, phone number...etc.

To edit patient demographic information, search for the patient's name in the 'Search bar - Calendar page'. Choose the patient.



This will open a new TAB. Click on the edit icon on the top right corner



**Name:** Uday Singh Singh **Phone:** 8287083223  
**Gender:** Male **Email:** pratapsingh1102@gmail.com  
**DOB(mm/dd/yyyy):** 02/23/1988  
**UHID:** SMHPT18102400002  
**TEST:** RCT THESIS 1

**Address Info**  
**Address:** **State:**  
**Pincode:** **Country:**  
**Urban/Rural:** **Nationality:** Indian

**Other Info**  
**Blood Group: B+** **Occupation:**  
**Emergency Contact Name:** **Emergency Contact Number:**  
**Race:** Indian **Ethnicity:**  
**Marital status:** **Religion:**  
**Education:** **Referred By:**  
**Socio Economic Status:** **Insurance:**

A tab like below will open up. All fields except for UHID are editable.

**Salutation:**   
**First Name:** Demo **Middle Name:**   
**Last Name:** Patient **Mobile:** 9312555074 **Gender(M/F):** Male  
**Date of Birth(dd/mm/yyyy):**  **Age:** 51 **Email:**   
**Tags:**     
**UHID:** SMHPT19041000001

|                              |                                |                         |
|------------------------------|--------------------------------|-------------------------|
| Address:<br>703, AABASH APTS | State:<br>Haryana              | Pincode:<br>122011      |
| Urban/Rural:                 | Country:<br>India              | Nationality:            |
| <b>Other Info</b>            |                                |                         |
| Blood Group:<br>B-           | Occupation:<br>Others          | Emergency Contact Name: |
| Emergency Contact Number:    | ID Proof Type:<br>Aadhaar Card | ID Proof Number:<br>12  |
| Ethnicity:<br>GURGAON        | Race:                          | Religion:               |
| Marital Status:<br>Widowed   | Referred By:                   | Education:              |
| Insurance:                   | Socio Economic Status:         |                         |

For further assistance please email us at [support@medeva.io](mailto:support@medeva.io) from your registered mail ID. Alternatively you can message us from the CHAT option here.

### 4.1.3. Tagging

Patients can be tagged based on “Type of Surgery”, “Registry Name”, “Hospital”, “City” in the Tags column. Tag can be created by typing in and clicking on “ENTER”. A patient can have multiple tags.

**Only patients tagged with “OSSI Registry” will be considered for the registry.**

| Name         | Gender | Age      | Mobile Number | UHID              | Tags                     |
|--------------|--------|----------|---------------|-------------------|--------------------------|
| Demo Patient | F      | 32 Years | 9312555074    | OSSIPT21102900001 | OSSI REGISTRY RESEARCH 1 |

## 4.2. STEP 2 - CREATE APPOINTMENT

This is a very important step. The DATE of APPOINTMENT chosen will establish the chronology of the events. IMP - On MEDEVA you can create appointments and add back dated patient records.

For e.g. if a patient is carrying a consult from 2019 June 20th, that can also be added in the system. Simply choose the date and click on the “PAST RECORD” checkbox while fixing the appointment.



FIX APPOINTMENT

Name

Select Date(dd/mm/yyyy) \*

Select Time \*

Select Department \*

Select Doctor \*

Enter Visit Id (if Available)

Enter Past Record

## 5. **BASELINE PATIENT RECORD (Pre-operative and Operation details)**

The BASELINE record of the patient will include the following information in 2 parts

### 5.1. **PRE-OPERATIVE**

OSSI Baseline Visit - Appendix 1

The Sections for Pre-operative information are

- VITALS
- SOCIAL HABITS
- OSSI - Baseline Medical History (Section - MEDICAL CONDITIONS)
- OSSI - Nutritional Status & Other tests (Section - FINDINGS FROM TESTS)
- OSSI - Anthropometry Measurements (Section - FINDINGS FROM TESTS)



## 5.2. OPERATIVE RECORD

There are detailed forms available for 12 types of procedures. Choose the form as per operative procedure performed on that patient

|                                                                   |                       |
|-------------------------------------------------------------------|-----------------------|
| OSSI - Vertical Sleeve Gastrectomy - Appendix 2                   | (Section - PROCEDURE) |
| OSSI - DuodenoJejunal Bypass Sleeve - Appendix 3                  | (Section - PROCEDURE) |
| OSSI - Single Anastomosis Duodeno Ileal Bypass - Appendix 4       | (Section - PROCEDURE) |
| OSSI - One Anastomosis Gastric Bypass - Appendix 5                | (Section - PROCEDURE) |
| OSSI - Roux-en-Y Gastric Bypass - Appendix 6                      | (Section - PROCEDURE) |
| OSSI - Single Anastomosis Sleeve Ileal Bypass - Appendix 7        | (Section - PROCEDURE) |
| OSSI - Single Anastomosis Sleeve Jejunal Bypass - Appendix 8      | (Section - PROCEDURE) |
| OSSI - Adjustable Gastric Band - Appendix 9                       | (Section - PROCEDURE) |
| OSSI - Ileal Transposition with Sleeve - Appendix 10              | (Section - PROCEDURE) |
| OSSI - Intra-gastric Balloon - Appendix 11                        | (Section - PROCEDURE) |
| OSSI - Sleeve with Proximal Jejunal Bypass - Appendix 12          | (Section - PROCEDURE) |
| OSSI - Bilio-pancreatic diversion - duodenal switch - Appendix 13 | (Section - PROCEDURE) |

## 6. REVIEW PATIENT RECORD (Within 30 days of discharge)

Only if necessary for that patient

OSSI - Re-admission/Re-operation or Death - Appendix 14 (Section - PRESENTING COMPLAINTS/REVIEW NOTES)  
It is to be filled when the patient comes for follow up within 30 days of discharge, this includes information regarding Re-admission, Re-operation and Death.

## 7. FOLLOW UP PATIENT RECORD (After 30 days of discharge, regular follow ups)

These would be follow up visits at a regular period of 3 / 6 months initially and then annually for as long as possible

OSSI - General Post Surgical Follow-up - Appendix 15 (Section - PRESENTING COMPLAINTS/REVIEW NOTES)

General Post Surgical Follow-up takes care of - Mode of follow up , nutritional compliance, health monitoring by tests, complaints and comorbidity follow up.

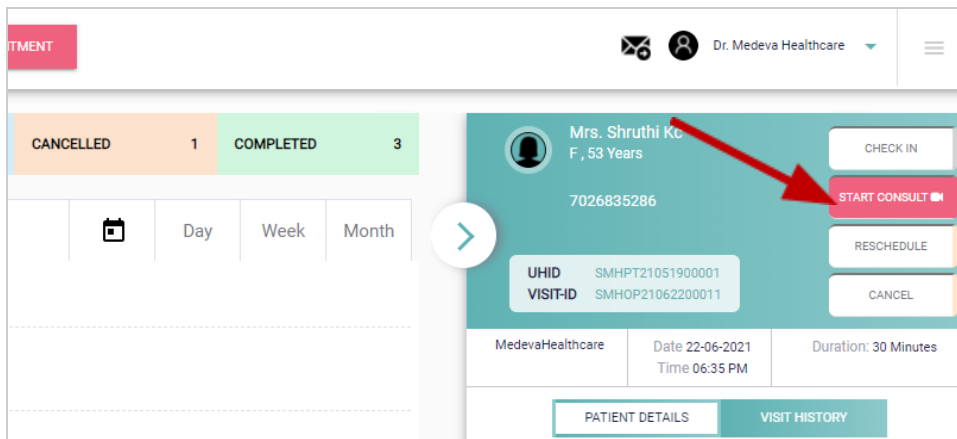
Also change in treatment plan to be recorded in follow up visit along with any test findings doctor wants to record.

## ENTERING PATIENT RECORD IN MEDEVA

### 8. PRE-OPERATIVE RECORD

#### 8.1. Start consult - This will take you to the page where the patient record can be entered

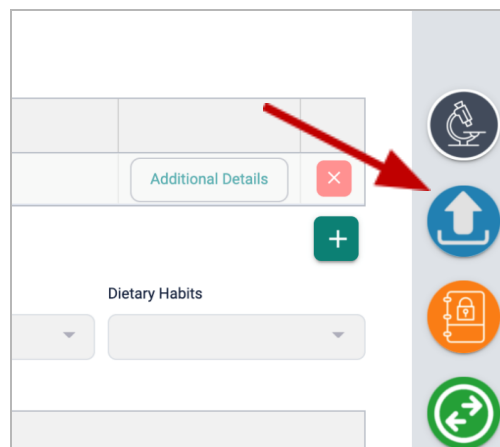
After creating an appointment, select the name of the patient on the calendar for the given date and time. A pop-up box with patient details will appear on the right side, select "Start Consult".



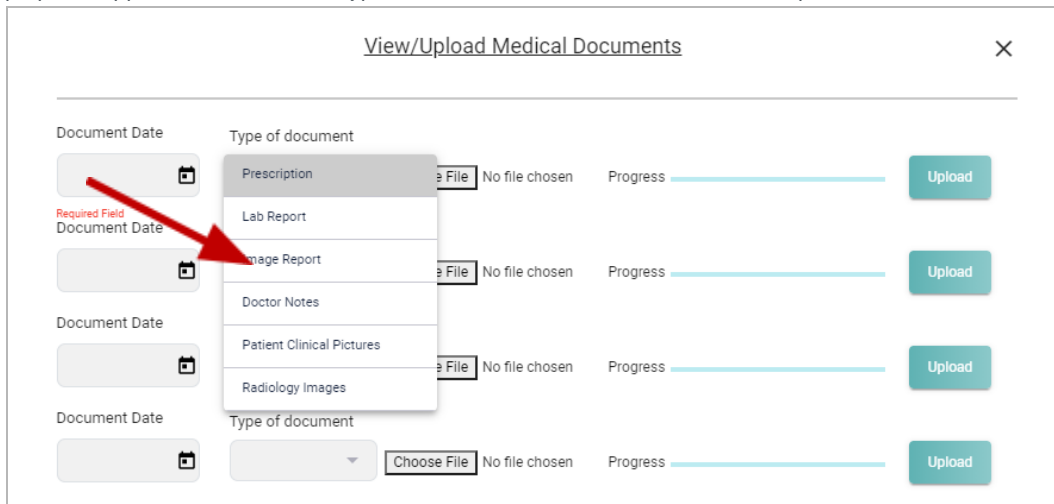
#### 8.2. Upload consent

The consent form (paper format) will be signed by the patient. An image of that needs to be uploaded on Medeva. (You may do it via a mobile by using the Medeva Mobile app )

For uploading the documents, you can click on the icon on the right side of the screen.



The pop up will appear, select the date, type of document, choose the file and click upload.



## OVERVIEW OF PRE-OPERATIVE INFORMATION TO BE ENTERED AND HOW?

- VITALS
- SOCIAL HABITS
- BASELINE HISTORY
- ANTHROPOMETRIC MEASUREMENTS
- NUTRITIONAL STATUS & Other tests

### 8.3. Enter Vitals / Social Habits

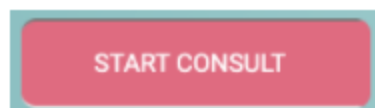
Entering the patient's vital measurements is possibly the first thing that you or your team might do.

In the calendar page identify the patient whose measurements you need to enter. Click on that patient's name. It will appear like this in the respective weekday slot:

12:06 PM,  Simran Kaur, F, 28 Years

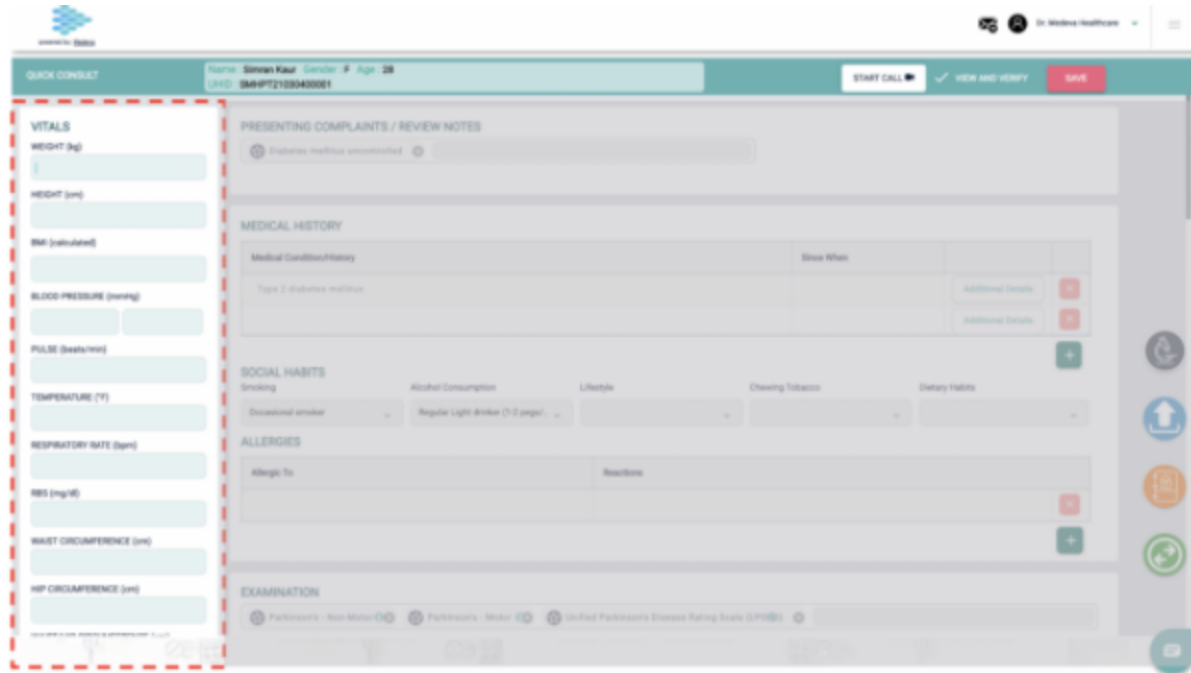


Then, click on "Start Consult" against the patient's name in the menu on the right side:

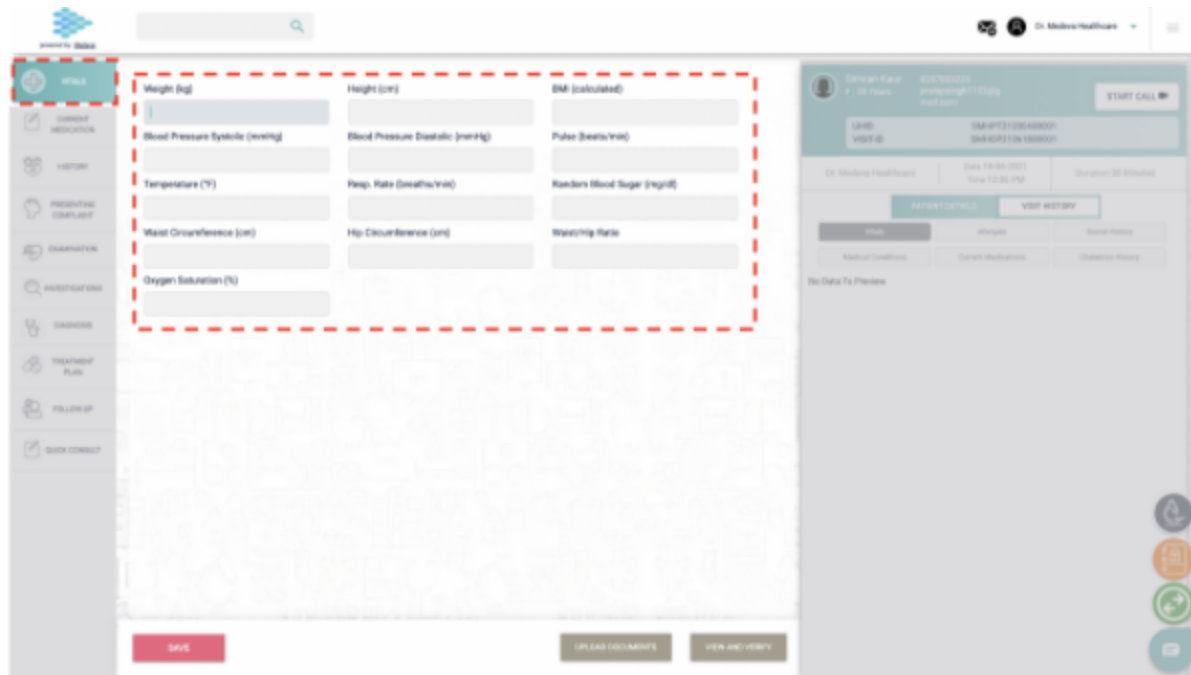




In "Quick Consult", the Vitals can be entered in the stationary menu on the left as shown here:



In 'Detailed Consult', VITALS is a separate section and the details can be entered in this page:



Social Habits have to be entered once under following headings having dropdown options to select from the list:

- Smoking
- Alcohol Consumption
- Lifestyle
- Chewing Tobacco
- Dietary Habits

**SOCIAL HABITS**

Smoking      Alcohol Consumption      Lifestyle      Chewing Tobacco      Dietary Habits


                      




## 8.4. Baseline History


Baseline Comorbidities have to be entered once, for the first time, for every patient. The form is available under the 'Medical History' section in the tool.

The form is labelled as “**OSSI - Baseline Medical History**”. And, this form will be available in favorites in the Medical History section.

**MEDICAL HISTORY**

 OSSI - Baseline Medical History

| Medical Condition/History                                                                                           | Since When |                                    |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|---------------------------------------------------------------------------------------|
| OSSI - Baseline Medical History  |            | <a href="#">Additional Details</a> |  |
|                                                                                                                     |            | <a href="#">Additional Details</a> |  |

Once you choose the form from the favorites, click on the  symbol on the right hand side. Then, a pop-up will open with the detailed form questions.

History of known medical Conditions

| Name                                   | Value | Unit  | Name                                     | Value | Unit  |
|----------------------------------------|-------|-------|------------------------------------------|-------|-------|
| <b>Diabetes History</b>                |       |       |                                          |       |       |
| 1. Diabetes Mellitus (DM)              |       | -     | 2. If DM, type of diabetes               |       | -     |
| 3. Duration of diabetes                |       | years | 4. If DM, current treatment for diabetes |       | -     |
| 5. If DM, complication due to diabetes |       | -     |                                          |       |       |
| <b>HTN/CVD/DL History</b>              |       |       |                                          |       |       |
| 6. Hypertension (HTN)                  |       | -     | 7. If HTN, duration of HTN               |       | years |
| 8. If HTN, current stage of HTN        |       | -     | 9. Cardio Vascular Disease (CVD)         |       | -     |
| 10. If CVD, duration of CVD            |       | years | 11. If CVD, current stage of CVD         |       | -     |
| 12. Dyslipidemia (DL)                  |       | -     | 13. If DL, duration of DL                |       | years |
| 14. If DL, current stage of DL         |       | -     |                                          |       |       |
| <b>OSA/BA History</b>                  |       |       |                                          |       |       |
| 15. Obstructive Sleep Apnea (OSA)      |       | -     | 16. If OSA, duration of OSA              |       | years |
| 17. If OSA, current status of OSA      |       | -     | 18. Bronchial Asthma (BA)                |       | -     |
| 19. If BA, duration of BA              |       | years | 20. If BA, current status of BA          |       | -     |

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Save Cancel

Each question will have options as drop down/ Check box / open response.

|                                 |                        |       |
|---------------------------------|------------------------|-------|
| 1. Diabetes Mellitus (DM)       | No History of Diabetes | N/A   |
| 3. Duration of Diabetes         | History of Diabetes    | years |
| 5. Complication due to Diabetes |                        |       |

Each of the below Comorbidities and the details of Duration and Current Treatment are to be captured in this form:

- Diabetes
- Hypertension
- Cardiovascular Disease
- Dyslipidemia
- Obstructive Sleep Apnea
- Bronchial Asthma
- Osteoarthritis
- Gastro Esophageal Reflux Disease
- Liver Disease
- Venous Thrombo Embolism
- Depression
- Abdominal Apron
- PCOS History (For Female patients)

Date of when the details are asked, should be entered at the bottom of the page. And once all the information is captured, please click on save.

All Questions on History / No history of a certain disease are mandatory questions. For eg. In the first section on Diabetes Mellitus Q1 is mandatory. Qs 2/3/4/5 are to be answered if the patient has a history of DM. Ise they can be left blank.

Also, in the case of Q 5 . Complications due to diabetes, In case of no complications, please do not leave it blank. Instead, select “No Complication”.

If you would like to enter any other Comorbidities, apart from the ones provided in the form, please mention them outside the form, under section Medical History. For example, if you would like to enter Hypothyroidism, which is not in the list of Comorbidities, enter it as below:

| Medical Condition/History       | Since When |                                    |                |
|---------------------------------|------------|------------------------------------|----------------|
| OSSI - Baseline Medical History |            | <a href="#">Additional Details</a> | <span>✕</span> |
| Hypothyroidism                  |            | <a href="#">Additional Details</a> | <span>✕</span> |

History of known medical Conditions

| Name                                   | Value | Unit  | Name                                     | Value | Unit  |
|----------------------------------------|-------|-------|------------------------------------------|-------|-------|
| <b>Diabetes History</b>                |       |       |                                          |       |       |
| 1. Diabetes Mellitus (DM)              |       | -     | 2. If DM, type of diabetes               |       | -     |
| 3. Duration of diabetes                |       | years | 4. If DM, current treatment for diabetes |       | -     |
| 5. If DM, complication due to diabetes |       | -     |                                          |       |       |
| <b>HTN/CVD/DL History</b>              |       |       |                                          |       |       |
| 6. Hypertension (HTN)                  |       | -     | 7. If HTN, duration of HTN               |       | years |
| 8. If HTN, current stage of HTN        |       | -     | 9. Cardio Vascular Disease (CVD)         |       | -     |
| 10. If CVD, duration of CVD            |       | years | 11. If CVD, current stage of CVD         |       | -     |
| 12. Dyslipedemia (DL)                  |       | -     | 13. If DL, duration of DL                |       | years |
| 14. If DL, current stage of DL         |       | -     |                                          |       |       |
| <b>OSA/BA History</b>                  |       |       |                                          |       |       |
| 15. Obstructive Sleep Apnea (OSA)      |       | -     | 16. If OSA, duration of OSA              |       | years |
| 17. If OSA, current status of OSA      |       | -     | 18. Bronchial Asthma (BA)                |       | -     |
| 19. If BA, duration of BA              |       | years | 20. If BA, current status of BA          |       | -     |

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[Save](#) [Cancel](#)

## 8.5. Nutrition Status and Anthropometric Measures in Findings from Tests

Nutritional status needs to be recorded periodically at every follow up so that we can have trending value in order to correlate with procedure outcomes.



OSSI Nutritional status & other tests

| Name                                           | Value                | Unit  |
|------------------------------------------------|----------------------|-------|
| 1. HB (Hemoglobin) - Blood                     | <input type="text"/> | g/dL  |
| 2. Iron - Serum                                | <input type="text"/> | ug/dL |
| 3. Folic Acid (Folate) - Serum                 | <input type="text"/> | ng/mL |
| 4. Retinol [Mass/volume] in Serum or Plasma    | <input type="text"/> | ug/mL |
| 5. Thiamine [Mass/volume] in Blood             | <input type="text"/> | ug/dL |
| 6. Pyridoxine [Mass/volume] in Serum or Plasma | <input type="text"/> | ng/mL |
| 7. Vitamin B12 (Cyanocobalamin) - Serum        | <input type="text"/> | pg/mL |
| 8. Ascorbate [Mass/volume] in Serum or Plasma  | <input type="text"/> | mg/dL |
| 9. Vitamin D - Serum                           | <input type="text"/> | -     |
| 10. Vitamin E (mg/L) - Serum                   | <input type="text"/> | mg/L  |
| 11. Vitamin K (ng/L) - Serum                   | <input type="text"/> | ng/L  |
| 12. Calcium Total - Serum                      | <input type="text"/> | mg/dL |
| 13. Protein - Serum                            | <input type="text"/> | g/dL  |
| 14. Albumin - Serum                            | <input type="text"/> | g/dL  |



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Just like Nutritional Status, Anthropometric measures can also be recorded in “Findings from Tests” just like nutritional status.



OSSI - Anthropometry Measurements

| Name                                       | Value                | Unit            |
|--------------------------------------------|----------------------|-----------------|
| 1. Circumference Neck                      | <input type="text"/> | cm              |
| 2. Circumference Mid upper arm - right     | <input type="text"/> | cm              |
| 3. Chest Circumference at nipple line      | <input type="text"/> | cm              |
| 4. Abdominal Girth                         | <input type="text"/> | cm              |
| 5. Waist Circumference                     | <input type="text"/> | cm              |
| 6. Hip Circumference                       | <input type="text"/> | cm              |
| 7. Thigh - left Maximum circumference      | <input type="text"/> | cm              |
| 8. Thigh - right Maximum circumference     | <input type="text"/> | cm              |
| 9. Visceral fat (Area Measured)            | <input type="text"/> | cm <sup>2</sup> |
| 10. Whole Body - Skeletal fat analysis     | <input type="text"/> | -               |
| 11. Whole Body - Subcutaneous fat analysis | <input type="text"/> | -               |
| 12. Body Fat Percent                       | <input type="text"/> | %               |
| 13. Body fat [Mass] Calculated             | <input type="text"/> | kg              |
| 14. Body muscle mass Calculated            | <input type="text"/> | kg              |

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Save

Cancel

## 8.6. TREATMENT PLAN

Enter medications that the patient is on

PRESCRIPTION-RX

Load From Current Medication

| Medicine Name        | Dose Form            | Mealtime Instruction | Morning                  | Noon                     | Night                    | Bedtime                  | SOS                      | Duration             | Notes                |
|----------------------|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |



## 9. OPERATIVE RECORD

### Overview of the Operative Record

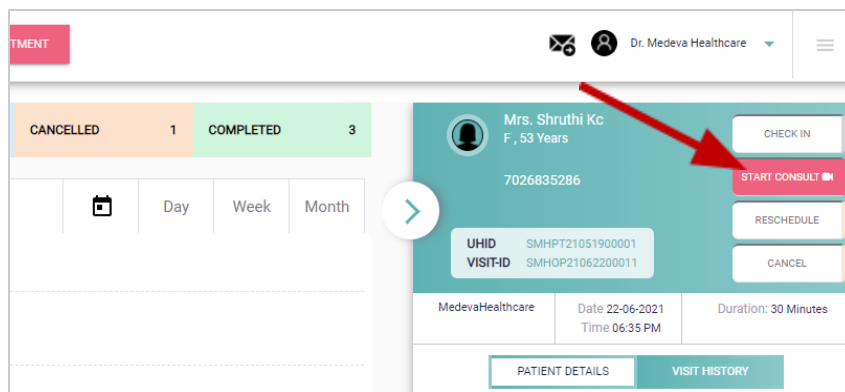
Depending on the procedure done, select the appropriate form from the list of 12 surgeries under the section “Procedure Done”

Create Consult

Surgery Details

#### 9.1. Start consult - This will take you to the page where the patient record can be entered

After creating an appointment, select the name of the patient on the calendar for the given date and time. A pop-up box with patient details will appear on the right side, select “Start Consult”.










#### 9.2. Surgery details

Details of the surgery done along with the additional procedures have to be entered in the respective Procedure forms. There are a total of 12 procedure forms, as listed below:

- |                                                                     |                       |
|---------------------------------------------------------------------|-----------------------|
| ● OSSI - Vertical Sleeve Gastrectomy - Appendix 2                   | (Section - PROCEDURE) |
| ● OSSI - DuodenoJejunal Bypass Sleeve - Appendix 3                  | (Section - PROCEDURE) |
| ● OSSI - Single Anastomosis Duodeno Ileal Bypass - Appendix 4       | (Section - PROCEDURE) |
| ● OSSI - One Anastomosis Gastric Bypass - Appendix 5                | (Section - PROCEDURE) |
| ● OSSI - Roux-en-Y Gastric Bypass - Appendix 6                      | (Section - PROCEDURE) |
| ● OSSI - Single Anastomosis Sleeve Ileal Bypass - Appendix 7        | (Section - PROCEDURE) |
| ● OSSI - Single Anastomosis Sleeve Jejunal Bypass - Appendix 8      | (Section - PROCEDURE) |
| ● OSSI - Adjustable Gastric Band - Appendix 9                       | (Section - PROCEDURE) |
| ● OSSI - Ileal Transposition with Sleeve - Appendix 10              | (Section - PROCEDURE) |
| ● OSSI - Intragastric Balloon - Appendix 11                         | (Section - PROCEDURE) |
| ● OSSI - Sleeve with Proximal Jejunal Bypass - Appendix 12          | (Section - PROCEDURE) |
| ● OSSI - Bilio-pancreatic diversion - duodenal switch - Appendix 13 | (Section - PROCEDURE) |

These forms will be available under the Procedures Done section in the tool. And, these can be chosen from the favourites in this section.


| PROCEDURE DONE                                 |                                                                                   |                                                                                     |
|------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Procedure                                      | Outcomes                                                                          |                                                                                     |
| OSSI - Vertical Sleeve Gastrectomy             |  |  |
| OSSI - DuodenoJejunal Bypass Sleeve            |  |  |
| OSSI - Single Anastomosis Duodeno Ileal Bypass |  |  |
| OSSI - One Anastomosis Gastric Bypass          |  |  |
| OSSI - Roux-en-Y Gastric Bypass                |  |  |
|                                                |                                                                                   |  |
|                                                |                                                                                   |  |

Once you choose the form from the favorites, click on the  symbol on the right hand side. Then, a pop-up will open with the detailed form questions.

For Eg:

Vertical Sleeve Gastrectomy

| Name                                        | Value                | Unit | Name                                              | Value                | Unit |
|---------------------------------------------|----------------------|------|---------------------------------------------------|----------------------|------|
| <b>Pre-Operative Details</b>                |                      |      |                                                   |                      |      |
| 1. Patient weight Pre-Op                    | <input type="text"/> | kg   | 2. Operation start time                           | <input type="text"/> | N/A  |
| 3. Operation end time                       | <input type="text"/> | N/A  | 4. ASA grade                                      | <input type="text"/> | N/A  |
| 5. Surgical approach                        | <input type="text"/> | N/A  | 6. Surgical assistant                             | <input type="text"/> | N/A  |
| 7. Type of surgery                          | <input type="text"/> | N/A  | 8. If revision surgery, previous surgery          | <input type="text"/> | N/A  |
| 9. If revision surgery, reason for revision | <input type="text"/> | N/A  | 10. If revision surgery, details of prior surgery | <input type="text"/> | N/A  |
| <b>Operation Details</b>                    |                      |      |                                                   |                      |      |
| 11. Sleeve Bougie size                      | <input type="text"/> | N/A  | 12. Stapling distance from Pylorus                | <input type="text"/> | cm   |
| 13. Linear stapler for Antrum               | <input type="text"/> | N/A  | 14. Linear stapler for vertical sleeve            | <input type="text"/> | N/A  |
| 15. Number of linear staplers used          | <input type="text"/> | N/A  | 16. Linear stapler for vertical sleeve - Notes    | <input type="text"/> | N/A  |
| 17. Fundal stapling                         | <input type="text"/> | N/A  | 18. Snug around the bougie                        | <input type="text"/> | N/A  |
| 19. Reinforcement                           | <input type="text"/> |      | 20. Modification                                  | <input type="text"/> |      |

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Save Cancel



Each form will have broadly 4 sections

- 1. Pre-Operative Details** - Details of Weight, Surgical Approach, Type of Surgery,... are part of this section

| Pre-Operative Details                             |                      |    |
|---------------------------------------------------|----------------------|----|
| 1. Patient weight Pre-Op                          | <input type="text"/> | kg |
| 3. Operation end time                             | <input type="text"/> | -  |
| 5. Surgical approach                              | <input type="text"/> | -  |
| 7. Type of surgery                                | <input type="text"/> | -  |
| 9. If revision surgery, reason for revision       | <input type="text"/> | -  |
| 11. Same as recommended procedure                 | <input type="text"/> | -  |
| 2. Operation start time                           | <input type="text"/> | -  |
| 4. ASA grade                                      | <input type="text"/> | -  |
| 6. Surgical assistant                             | <input type="text"/> | -  |
| 8. If revision surgery, previous surgery          | <input type="text"/> | -  |
| 10. If revision surgery, details of prior surgery | <input type="text"/> | -  |
| 12. If no, then                                   | <input type="text"/> | -  |

- 2. Operation Details** - Details of the current procedure should be entered here

| Vertical Sleeve Gastrectomy        |                      |      |                                                |                      |      |
|------------------------------------|----------------------|------|------------------------------------------------|----------------------|------|
| Name                               | Value                | Unit | Name                                           | Value                | Unit |
| <b>Operation Details</b>           |                      |      |                                                |                      |      |
| 11. Sleeve Bougie size             | <input type="text"/> | N/A  | 12. Stapling distance from Pylorus             | <input type="text"/> | cm   |
| 13. Linear stapler for Antrum      | <input type="text"/> | N/A  | 14. Linear stapler for vertical sleeve         | <input type="text"/> | N/A  |
| 15. Number of linear staplers used | <input type="text"/> | N/A  | 16. Linear stapler for vertical sleeve - Notes | <input type="text"/> | N/A  |
| 17. Fundal stapling                | <input type="text"/> | N/A  | 18. Snug around the bougie                     | <input type="text"/> | N/A  |
| 19. Reinforcement                  | <input type="text"/> | N/A  | 20. Modification                               | <input type="text"/> | N/A  |
| 21. Band size                      | <input type="text"/> | cm   | 22. Band fixation                              | <input type="text"/> | N/A  |
| 23. Omentopexy of the sleeve       | <input type="text"/> | N/A  | 24. Leak test                                  | <input type="text"/> | N/A  |
| 25. Leak result                    | <input type="text"/> | N/A  | 26. If leak, leak result - additional notes    | <input type="text"/> | N/A  |
| 27. Drain                          | <input type="text"/> | N/A  | 28. Blood loss                                 | <input type="text"/> | N/A  |
| 29. Histopathology                 | <input type="text"/> | N/A  |                                                |                      |      |

- 3. Post-Op Day Complications** - If there were any complications Post-op day, Minor or Major have to be entered in this section

| Vertical Sleeve Gastrectomy                            |                      |      |                                                   |                      |      |
|--------------------------------------------------------|----------------------|------|---------------------------------------------------|----------------------|------|
| Name                                                   | Value                | Unit | Name                                              | Value                | Unit |
| <b>Post-op Day Complications</b>                       |                      |      |                                                   |                      |      |
| 30. Complications                                      | <input type="text"/> | N/A  | 31. If yes in complications, date of complication | <input type="text"/> | N/A  |
| 32. Perioperative complication                         | <input type="text"/> | N/A  | 33. Major complication - Type                     | <input type="text"/> | N/A  |
| 34. Minor complication - Type                          | <input type="text"/> | N/A  | 35. If leak, leak location                        | <input type="text"/> | N/A  |
| 36. If leak, re-operation done?                        | <input type="text"/> | N/A  | 37. Date of re-operation                          | <input type="text"/> | N/A  |
| 38. Approach to re-operation                           | <input type="text"/> | N/A  | 39. If leak, treatment of leak                    | <input type="text"/> | N/A  |
| 40. If leak, treatment of leak - Notes                 | <input type="text"/> | N/A  | 41. If bleeding, probable source of bleeding      | <input type="text"/> | N/A  |
| 42. If bleeding, probable source of bleeding - Notes   | <input type="text"/> | N/A  | 43. If bleeding, treatment of bleeding            | <input type="text"/> | N/A  |
| 44. If bleeding, treatment of bleeding - Notes         | <input type="text"/> | N/A  | 45. If obstruction, cause of bowel obstruction    | <input type="text"/> | N/A  |
| 46. If obstruction, cause of bowel obstruction - Notes | <input type="text"/> | N/A  | 47. If obstruction, treatment of obstruction      | <input type="text"/> | N/A  |
| 48. If obstruction, treatment of obstruction - Notes   | <input type="text"/> | N/A  | 49. If surgical site infection, treatment         | <input type="text"/> | N/A  |
| 50. If Nausea/Vomiting, treatment                      | <input type="text"/> | N/A  | 51. If other complications - Notes                | <input type="text"/> | N/A  |

4. **Additional Procedure Details** - If the patient underwent any additional procedures, the details of these procedures have to be entered in this section.

| Additional Procedure Details                 |                      |   |
|----------------------------------------------|----------------------|---|
| 54. Additional procedures                    | <input type="text"/> | - |
| 55. If hernia repair, types of hernia repair | <input type="text"/> | - |
| 56. Operative notes                          | <input type="text"/> | - |
| 57. Date of discharge                        | <input type="text"/> | - |
| 58. Date of procedure                        | <input type="text"/> | - |
| 59. Description of the procedure             | <input type="text"/> | - |
| 60. Specify the hernia repair procedure      | <input type="text"/> | - |
| 61. Date of admission                        | <input type="text"/> | - |
| 62. Discharged to                            | <input type="text"/> | - |

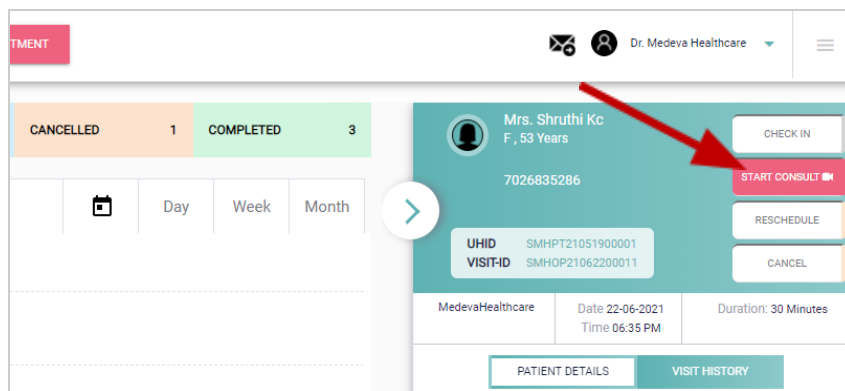
Once all the sections are filled-up, enter the date of the surgery at the bottom of the form and Save the form.

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## 10. POST-OPERATIVE - WITHIN 30 days of Discharge : READMISSION / RE-OPERATION / DEATH

### 10.1. Start consult - This will take you to the page where the patient record can be entered

After creating an appointment, select the name of the patient on the calendar for the given date and time. A pop-up box with patient details will appear on the right side, select “Start Consult”.



### 10.2. Enter Vitals / Social Habits

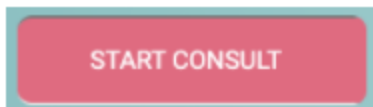
Entering the patient’s vital measurements is possibly the first thing that you or your team might do.

In the calendar page identify the patient whose measurements you need to enter. Click on that patient's name. It will appear like this in the respective weekday slot:

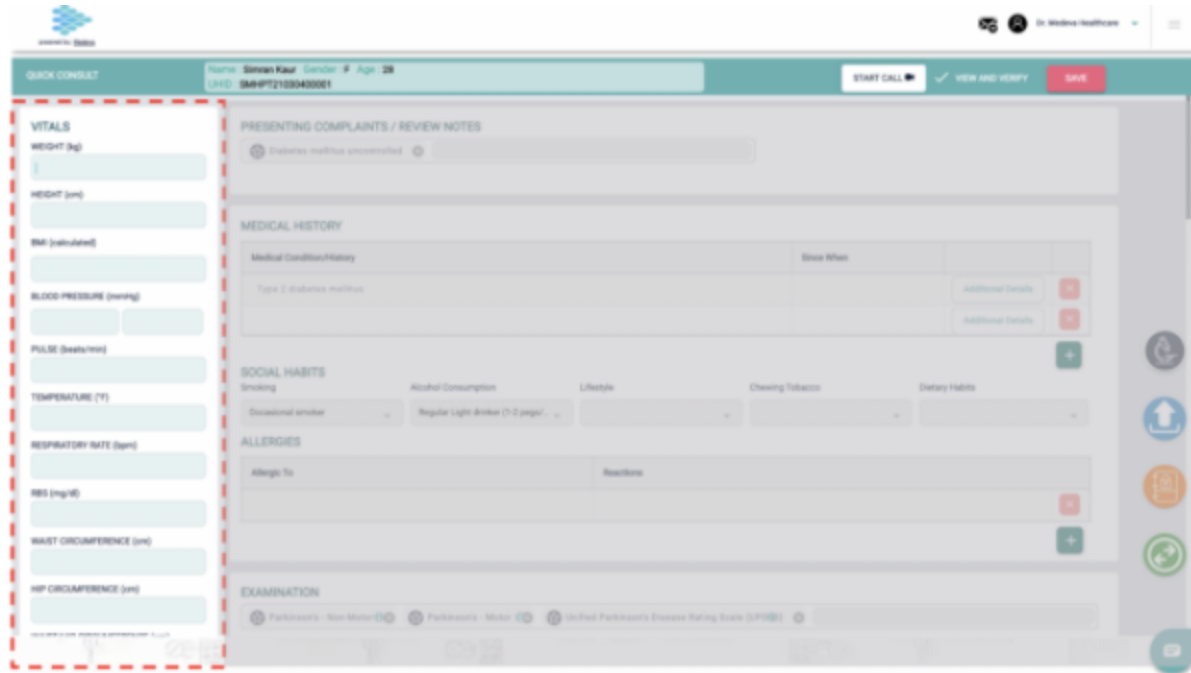
12:06 PM, 📍 Simran Kaur, F, 28 Years



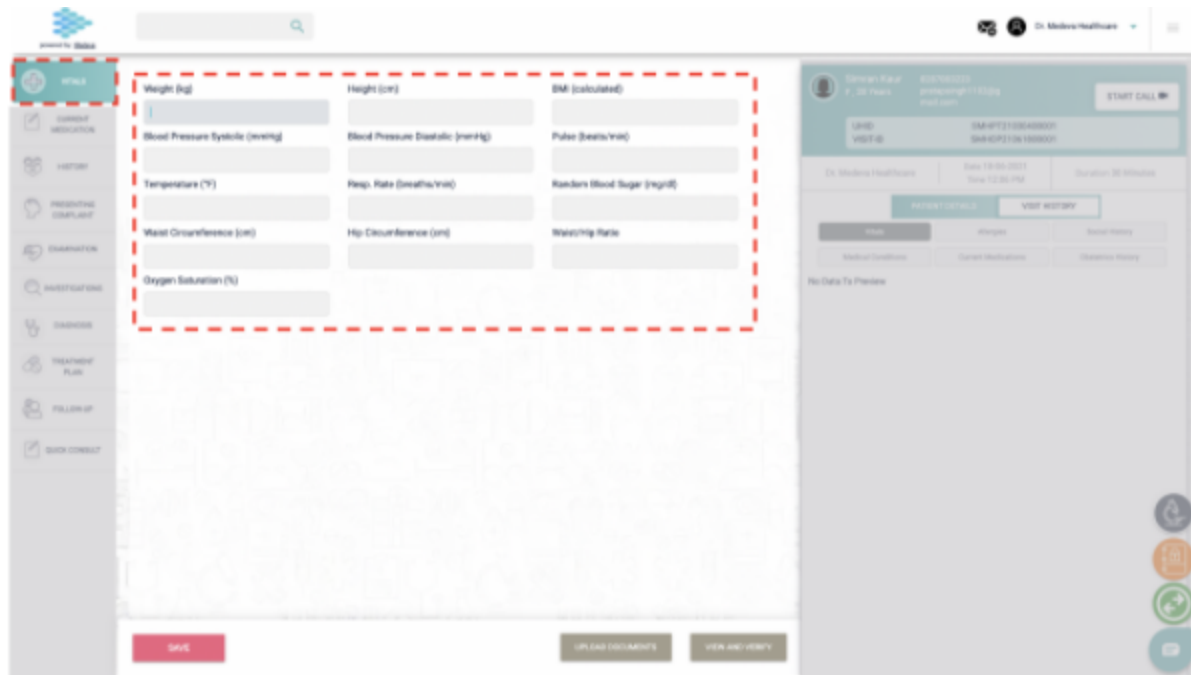
Then, click on “Start Consult” against the patient's name in the menu on the right side:



In "Quick Consult", the Vitals can be entered in the stationary menu on the left as shown here:



In 'Detailed Consult', VITALS is a separate section and the details can be entered in this page:



### 10.3. Lab Tests and Findings

Any particular test along with Nutrition Status & Other tests and Anthropometric Measures should be recorded in Findings from Tests

Any relevant investigations which the doctor wishes, need to be recorded as and when needed.

Nutritional status needs to be recorded periodically at every follow up so that we can have trending value in order to correlate with procedure outcomes.

OSSI Nutritional status & other tests

| Name                                           | Value                | Unit  |
|------------------------------------------------|----------------------|-------|
| 1. HB (Hemoglobin) - Blood                     | <input type="text"/> | g/dL  |
| 2. Iron - Serum                                | <input type="text"/> | ug/dL |
| 3. Folic Acid (Folate) - Serum                 | <input type="text"/> | ng/mL |
| 4. Retinol [Mass/volume] in Serum or Plasma    | <input type="text"/> | ug/mL |
| 5. Thiamine [Mass/volume] in Blood             | <input type="text"/> | ug/dL |
| 6. Pyridoxine [Mass/volume] in Serum or Plasma | <input type="text"/> | ng/mL |
| 7. Vitamin B12 (Cyanocobalamin) - Serum        | <input type="text"/> | pg/mL |
| 8. Ascorbate [Mass/volume] in Serum or Plasma  | <input type="text"/> | mg/dL |
| 9. Vitamin D - Serum                           | <input type="text"/> | -     |
| 10. Vitamin E (mg/L) - Serum                   | <input type="text"/> | mg/L  |
| 11. Vitamin K (ng/L) - Serum                   | <input type="text"/> | ng/L  |
| 12. Calcium Total - Serum                      | <input type="text"/> | mg/dL |
| 13. Protein - Serum                            | <input type="text"/> | g/dL  |
| 14. Albumin - Serum                            | <input type="text"/> | g/dL  |

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Save

Cancel

Just like Nutritional Status, Anthropometric measures can also be recorded in “Findings from Tests” just like nutritional status.




OSSI - Anthropometry Measurements

| Name                                       | Value                | Unit |
|--------------------------------------------|----------------------|------|
| 1. Circumference Neck                      | <input type="text"/> | cm   |
| 2. Circumference Mid upper arm - right     | <input type="text"/> | cm   |
| 3. Chest Circumference at nipple line      | <input type="text"/> | cm   |
| 4. Abdominal Girth                         | <input type="text"/> | cm   |
| 5. Waist Circumference                     | <input type="text"/> | cm   |
| 6. Hip Circumference                       | <input type="text"/> | cm   |
| 7. Thigh - left Maximum circumference      | <input type="text"/> | cm   |
| 8. Thigh - right Maximum circumference     | <input type="text"/> | cm   |
| 9. Visceral fat (Area Measured)            | <input type="text"/> | cm2  |
| 10. Whole Body - Skeletal fat analysis     | <input type="text"/> | -    |
| 11. Whole Body - Subcutaneous fat analysis | <input type="text"/> | -    |
| 12. Body Fat Percent                       | <input type="text"/> | %    |
| 13. Body fat [Mass] Calculated             | <input type="text"/> | kg   |
| 14. Body muscle mass Calculated            | <input type="text"/> | kg   |

### 10.4. Re-admission/Re-op/Death

This form is put up under the PRESENTING COMPLAINTS / REVIEW NOTES section with the name “OSSI - Re-admission/Re-operation or Death”.

| Re-admission/Re-operation or Death                |                      |      |                                |                      |      |
|---------------------------------------------------|----------------------|------|--------------------------------|----------------------|------|
| Name                                              | Value                | Unit | Name                           | Value                | Unit |
| <b>Re-admission</b>                               |                      |      |                                |                      |      |
| 1. Re-admission within 30 days of index surgery   | <input type="text"/> | N/A  | 2. Reason for re-admission     | <input type="text"/> | N/A  |
| 3. Other reasons for re-admission                 | <input type="text"/> | N/A  |                                |                      |      |
| <b>Re-operation</b>                               |                      |      |                                |                      |      |
| 4. Re-operation within 30 days of index surgery   | <input type="text"/> | N/A  | 5. Reason for re-operation     | <input type="text"/> | N/A  |
| 6. Other reasons for re-operation                 | <input type="text"/> | N/A  |                                |                      |      |
| <b>Death</b>                                      |                      |      |                                |                      |      |
| 7. Patient known to have disease during follow-up | <input type="text"/> | N/A  | 8. If diseased, cause of death | <input type="text"/> | N/A  |
|                                                   |                      |      |                                |                      |      |

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Save Cancel

If a patient is Re-admitted post the surgery or if a Re-operation is done for the patient after 30 days of Index surgery or if a patient is deceased, this form needs to be filled up with the details, in the respective section.

Enter the date of Re-admission or Re-operation or Death at the bottom of the form and then, click on save to save the details filled up.

You can fill this form any number of times for each patient as and required.

## 11. REVIEW (FOLLOW UP / REVIEW PATIENT) - After 30 days post discharge

For the Follow-up consult, below is the sequence that needs to be followed to fill-up the data. The date of the follow up visit will automatically allow us to classify the visit as 90 / 180 days or 1 year / 3 years post operation.

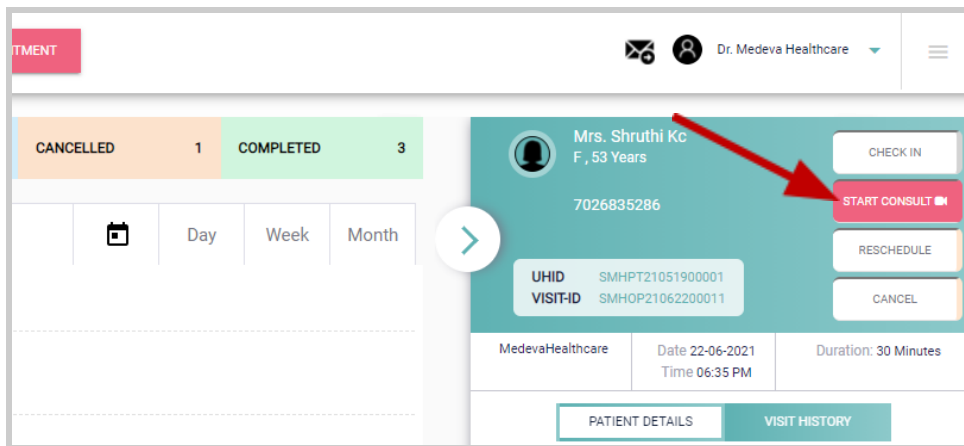
### Overview of follow-up Consult

For the Follow-up consult, below is the sequence that needs to be followed to fill-up the data

- Start Consult
- Vitals
- Follow-up
- Nutrition Status & Other tests and Anthropometric Measures

## 11.1. Start consult - This will take you to the page where the patient record can be entered

After creating an appointment, select the name of the patient on the calendar for the given date and time. A pop-up box with patient details will appear on the right side, select “Start Consult”.



## 11.2. Enter Vitals

Entering the patient’s vital measurements is possibly the first thing that you or your team might do.

In the calendar page identify the patient whose measurements you need to enter. Click on that patient’s name. It will appear like this in the respective weekday slot:

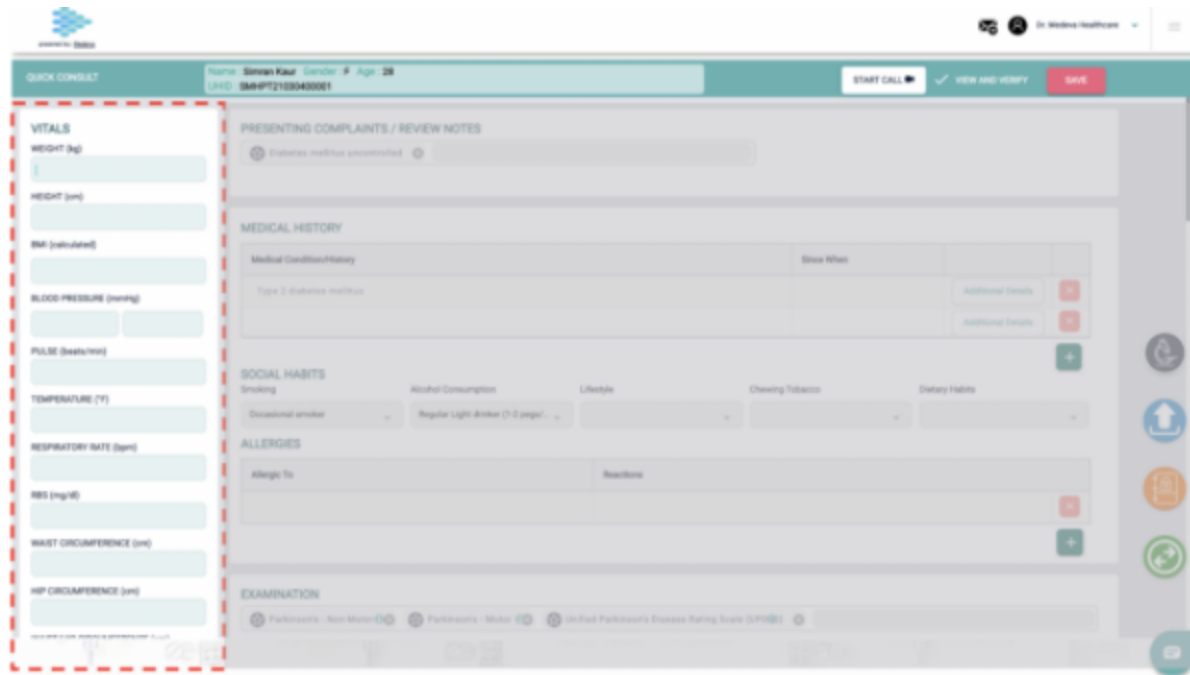
12:06 PM,  Simran Kaur, F, 28 Years  
 

Then, click on “Start Consult” against the patient’s name in the menu on the right side:





In "Quick Consult", the Vitals can be entered in the stationary menu on the left as shown here:



In 'Detailed Consult', VITALS is a separate section and the details can be entered in this page:

### 11.3. Post Surgical Follow up

For each of the follow-up post surgery, details need to be filled up in the form “OSSI - General Post Surgical Follow-up”, which is available under the ‘Presenting Complaints/Review Notes’ section in the tool.

#### PRESENTING COMPLAINTS / REVIEW NOTES

This form is broadly divided into 2 sections

1. General Follow-up

This section consists of Mode of follow-up, Patients complaints, etc

2. Co-morbidity Follow-up

Similar to the Baseline History, this form captures the details on Comorbidities. And, this needs to be filled-up as and when it’s needed to record the data of Comorbidities post surgery and as many times as needed.

General follow-up section needs to be filled up for each follow-up visit 30-days post surgery. And, Comorbidities have to be filled up every 3 months or 6 months or whenever needed.



General Follow-up

| Name                                              | Value                | Unit  | Name                                       | Value                | Unit  |
|---------------------------------------------------|----------------------|-------|--------------------------------------------|----------------------|-------|
| 1. Mode of follow-up                              | <input type="text"/> | -     | 2. Who did the follow-up?                  | <input type="text"/> | -     |
| 3. Patient on appropriate nutritional supplements | <input type="text"/> | -     | 4. Regular appropriate monitoring by tests | <input type="text"/> | -     |
| 5. Clinical evidence of malnutrition              | <input type="text"/> | -     | 6. Patient complaint/s since last visit    | <input type="text"/> | -     |
| 7. Patient complaint - More details (if any)      | <input type="text"/> | -     |                                            |                      |       |
| <b>Comorbidity Follow-up</b>                      |                      |       |                                            |                      |       |
| 8. Diabetes Mellitus (DM)                         | <input type="text"/> | -     | 9. If DM, type of diabetes                 | <input type="text"/> | -     |
| 10. Duration of diabetes                          | <input type="text"/> | years | 11. If DM, current treatment for diabetes  | <input type="text"/> | -     |
| 12. If DM, complication due to diabetes           | <input type="text"/> | -     |                                            |                      |       |
| <b>HTN/CVD/DL History</b>                         |                      |       |                                            |                      |       |
| 13. Hypertension (HTN)                            | <input type="text"/> | -     | 14. If HTN, duration of HTN                | <input type="text"/> | years |
| 15. If HTN, current stage of HTN                  | <input type="text"/> | -     | 16. Cardio Vascular Disease (CVD)          | <input type="text"/> | -     |
| 17. If CVD, duration of CVD                       | <input type="text"/> | years | 18. If CVD, current stage of CVD           | <input type="text"/> | -     |
| 19. Dyslipidemia (DL)                             | <input type="text"/> | -     | 20. If DL, duration of DL                  | <input type="text"/> | years |
| 21. If DL, current stage of DL                    | <input type="text"/> | -     |                                            |                      |       |
| <b>OSA/BA History</b>                             |                      |       |                                            |                      |       |

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Save Cancel

Enter the date of follow-up at the bottom of the form and then, click on save to save the details filled up. If it is the same as the consult date, no need to change the date here.

You can fill this form any number of times for each patient as and required.

## 11.4. Nutrition Status & Other tests and Anthropometric Measures

Nutritional status & Other tests needs to be recorded periodically at every follow up so that we can have trending value in order to correlate with procedure outcomes.



OSSI Nutritional status & other tests

| Name                                           | Value                | Unit  |
|------------------------------------------------|----------------------|-------|
| 1. HB (Hemoglobin) - Blood                     | <input type="text"/> | g/dL  |
| 2. Iron - Serum                                | <input type="text"/> | ug/dL |
| 3. Folic Acid (Folate) - Serum                 | <input type="text"/> | ng/mL |
| 4. Retinol [Mass/volume] in Serum or Plasma    | <input type="text"/> | ug/mL |
| 5. Thiamine [Mass/volume] in Blood             | <input type="text"/> | ug/dL |
| 6. Pyridoxine [Mass/volume] in Serum or Plasma | <input type="text"/> | ng/mL |
| 7. Vitamin B12 (Cyanocobalamin) - Serum        | <input type="text"/> | pg/mL |
| 8. Ascorbate [Mass/volume] in Serum or Plasma  | <input type="text"/> | mg/dL |
| 9. Vitamin D - Serum                           | <input type="text"/> | -     |
| 10. Vitamin E (mg/L) - Serum                   | <input type="text"/> | mg/L  |
| 11. Vitamin K (ng/L) - Serum                   | <input type="text"/> | ng/L  |
| 12. Calcium Total - Serum                      | <input type="text"/> | mg/dL |
| 13. Protein - Serum                            | <input type="text"/> | g/dL  |
| 14. Albumin - Serum                            | <input type="text"/> | g/dL  |



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Just like Nutritional Status, Anthropometric measures can also be recorded in “Findings from Tests” just like nutritional status.

OSSI - Anthropometry Measurements

| Name                                       | Value                | Unit            |
|--------------------------------------------|----------------------|-----------------|
| 1. Circumference Neck                      | <input type="text"/> | cm              |
| 2. Circumference Mid upper arm - right     | <input type="text"/> | cm              |
| 3. Chest Circumference at nipple line      | <input type="text"/> | cm              |
| 4. Abdominal Girth                         | <input type="text"/> | cm              |
| 5. Waist Circumference                     | <input type="text"/> | cm              |
| 6. Hip Circumference                       | <input type="text"/> | cm              |
| 7. Thigh - left Maximum circumference      | <input type="text"/> | cm              |
| 8. Thigh - right Maximum circumference     | <input type="text"/> | cm              |
| 9. Visceral fat (Area Measured)            | <input type="text"/> | cm <sup>2</sup> |
| 10. Whole Body - Skeletal fat analysis     | <input type="text"/> | -               |
| 11. Whole Body - Subcutaneous fat analysis | <input type="text"/> | -               |
| 12. Body Fat Percent                       | <input type="text"/> | %               |
| 13. Body fat [Mass] Calculated             | <input type="text"/> | kg              |
| 14. Body muscle mass Calculated            | <input type="text"/> | kg              |



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Save

Cancel

## 12. View and Verify

Once all the relevant information is captured in Initial Visit /Operative record / Follow-up visit, View and Verify the document. This needs to be done in each visit..

Save the document by clicking on “SAVE” button placed on the top right corner.

Once all the information about the patient for that visit has been included click on “VIEW AND VERIFY” button.





After pop up comes up, check the information entered and click on  button.

Verify the document - data cannot be edited after this step

**VERIFY PRESCRIPTION DOCUMENT**

**Prescription document cannot be changed after verification.  
Please confirm if you want to proceed ?**

Print this document

**NOW THE DOCUMENT IS COMPLETED AND SAVED. DO THIS FOR EVERY VISIT / FOLLOW UP**

## 13. Data Audit

Periodically, you will receive a status report. This will allow you to know the following

1. How many patients have I captured information on?
2. How much information have I captured for each patient
  - Broad section level information (Vitals, baseline, surgery, follow-up...etc.)
  - Question level info( for completeness of information)

This will ensure complete transparency on quantity and quality of data capture.

## 14. FAQs

**Can other participants or OSSI see my identifiable patient records?**

NO. As per ABDM and other guidelines this data will only be visible to you and your organization. For research purposes ONLY ANONYMISED data will be used.

**Does this mean that all patient records I put on the MEDEVA platform automatically become part of the OSSI registry?**

NO. Only patients you TAG as “OSSI Registry” or “OSSI” will be included as part of the registry. Rest of the patients will NOT be considered for the registry

**Please see “section 4.1.3 - Tagging” to learn more**

**Do I need to pay for the MEDEVA platform?**

MEDEVA for Research is always at “NO COST” to you. The Society is taking care of the costs.

**MEDEVA PLUS** is activated for your use without charge in Year 1. From Year 2 there is a nominal charge of 14,999/- + GST. However, the use of MEDEVA PLUS Is optional and will in no way impact your ability to participate in research and registry.

**Where can I see the information that I have captured earlier?**

If the Previous consult is verified, you can access the previously fed information in "Visit History".

Visit history can be accessed by


1. Patient Profile - accessed by searching the patient from Top Search Field
2. Create new appointments and see in it on the side panel from where you can start the consult.

**Can I leave an incomplete form and continue with it after a few days? What happens to the filled in data?**

Yes you can. You need to go back to the relevant date, start the consultation and continue completing the information. Please save and verify the consultation once done.

**How can I include an old patient? I am doing their 1 year follow up now.**

Search the already registered patient from Patient search then click on the Name of the patient >>> Create the Appointment >>> Search “OSSI - Post surgical General Follow up” in Presenting Complaints / Review Notes

section >>> Click on  icon and feed in the follow up details.

You can also refer to Section 11 - REVIEW (FOLLOW UP / REVIEW PATIENT) - After 30 days post discharge

**How do I record lab values of a particular test report of different dates?**

Procedural information and lab investigation details are being recorded in Forms layout which gives the ability to record information in their respective dates (available at base of pop-up of form).

**What if the patient undergoes another procedure after a few months? How do I record both the procedures?**

Search the already registered patient from Patient search then click on the Name of the patient >> Create the Appointment >>> Click on “Start Consult” >>> Search or click on form name available as favorites >>> enter the procedural details alongwith the procedure date and SAVE.

**I saved and closed the forms (verified it), I now want to put in more lab parameters, what to do?**



You need to create a new consult of the already registered relevant patient, start the consult. Once the consult is open it has previously recorded information, you just need to enter lab investigation findings in the “Finding from Tests” section after selecting relevant tests from suggestions. Please save and verify the consult once done.





## 15. Appendix

### 15.1. OSSI - Baseline Visit - Appendix 1

#### OSSI Baseline Visit

##### Patient Details

FULL Name \_\_\_\_\_

Date: \_\_\_\_\_

UHID \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

##### Vitals

1 Height (cms)\_\_\_\_ 2 Weight (kgs)\_\_\_\_ 3 Blood pressure \_\_\_\_/\_\_\_\_

4 Pulse\_\_\_\_ 5 Respiration rate\_\_\_\_ 6 Waist circumference (cms)\_\_\_\_ 7 Hip Circumference\_\_\_\_

##### Social Habits

1 Smoking  Non-smoker  Ex-smoker  Occasional smoker  Light smoker (1-9 sticks/day)  
 Moderate smoker(10-19 sticks/day)  Heavy smoker(20-39 sticks/day)  Very heavy smoker(40+ sticks/day)

2 Alcohol Consumption  Non-drinker  Ex-drinker  Social-drinker  Occasional drinker  
 Regular Light drinker(1-2 pegs/day)  Regular Moderate drinker(3-6 pegs/day)  Heavy drinker(7+ pegs/day)

3 Lifestyle  Gets no or little exercise  Exercises occasionally VI  Exercises regularly

4 Chewing Tobacco  Never chewed tobacco  Chews tobacco  Ex-tobacco chewer

5 Dietary Habits  Vegetarian  Non-vegetarian

##### OSSI - Baseline Medical History

###### Diabetes History

1 Diabetes Mellitus (DM) -  No History of Diabetes  History of Diabetes

2 If DM, type of diabetes -  T1DM  T2DM  Gestational Diabetes  Diabetes Mellitus Type 3  
 LADA  MODY  Secondary Diabetes  Others 3 Duration of diabetes\_\_\_\_\_ years

4 If DM, current treatment for diabetes -  No treatment  Insulin  OAD (Oral Anti-Diabetes)  Pump

5 If DM, complication due to diabetes -  None  Retinopathy  Nephropathy  Neuropathy  
 Diabetic Foot  CVD  Coronary Heart Disease (CHD)  Cardiomyopathy  Others

###### HTN/CVD/DL History

6 Hypertension (HTN) -  No history of hypertension  History of Hypertension

7 If HTN, duration of HTN\_\_\_\_\_ years

8 If HTN, current stage of HTN -  HT not on treatment  Controlled with treatment  
 Uncontrolled HTN  HTN with cardiac complications

9 Cardio Vascular Disease (CVD) -  Present  Absent  Data unavailable

10 If CVD, duration of CVD\_\_\_\_\_ years

11 If CVD, current stage of CVD -  CVD not on treatment  CVD being treated

12 Dyslipidemia (DL) -  Present  Absent 13 If DL, duration of DL\_\_\_\_\_ years

14 If DL, current stage of DL -  DL not on treatment  DL being treated

###### OSA/BA History

15 Obstructive Sleep Apnea (OSA) -  No history of OSA  History of OSA

16 If OSA, duration of OSA\_\_\_\_\_ years

17 If OSA, current status of OSA -  Snoring  Tiredness  OSA on intermittent treatment  
 OSA on C-PAP



|                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> Bronchial Asthma (BA) - <input type="checkbox"/> No history of BA <input type="checkbox"/> History of BA <b>19</b> If BA, duration of BA_____years                                                                                                                                                                                                               |  |
| <b>20</b> If BA, current status of BA - <input type="checkbox"/> BA on inhalers <input type="checkbox"/> BA on Nebulizers or Steroids                                                                                                                                                                                                                                      |  |
| <b>OA/GERD/Liver Disease History</b>                                                                                                                                                                                                                                                                                                                                       |  |
| <b>21</b> Osteo Arthritis (OA) - <input type="checkbox"/> No history of OA <input type="checkbox"/> History of OA <b>22</b> If OA, duration of OA_____ years                                                                                                                                                                                                               |  |
| <b>23</b> If OA, current status of OA - <input type="checkbox"/> Intermittent OA <input type="checkbox"/> OA Operated                                                                                                                                                                                                                                                      |  |
| <b>24</b> Gastro Esophageal Reflux Disease (GERD) - <input type="checkbox"/> No history of GERD <input type="checkbox"/> History of GERD                                                                                                                                                                                                                                   |  |
| <b>25</b> If GERD, duration of GERD_____ years                                                                                                                                                                                                                                                                                                                             |  |
| <b>26</b> If GERD, current status of GERD - <input type="checkbox"/> Intermittent GERD not on treatment<br><input type="checkbox"/> Intermittent GERD on treatment <input type="checkbox"/> Antireflux operation (procedure)                                                                                                                                               |  |
| <b>27</b> Liver disease - <input type="checkbox"/> No history of Liver Disease <input type="checkbox"/> Suspected Liver Disease <input type="checkbox"/> History of Liver Disease                                                                                                                                                                                          |  |
| <b>28</b> If NAFLD, conditions - <input type="checkbox"/> NAFL <input type="checkbox"/> NASH <input type="checkbox"/> Cirrhosis                                                                                                                                                                                                                                            |  |
| <b>29</b> If NAFLD, duration of Non-alcoholic fatty liver disease (NAFLD)_____years                                                                                                                                                                                                                                                                                        |  |
| <b>VTE/Depression/Abdominal apron/PCOS History</b>                                                                                                                                                                                                                                                                                                                         |  |
| <b>30</b> Venous Thrombo Embolism (VTE) - <input type="checkbox"/> No known risk factor for VTE <input type="checkbox"/> Risk of DVT or PE<br><input type="checkbox"/> Prior history of VTE not on treatment <input type="checkbox"/> Prior history of VTE on medical treatment<br><input type="checkbox"/> Prior history of VTE on IVC filter                             |  |
| <b>31</b> Functional status - <input type="checkbox"/> Normal functional status <input type="checkbox"/> Can climb 1-2 flight of stairs without resting<br><input type="checkbox"/> Can climb flight of stairs only after resting <input type="checkbox"/> Requires wheel chair or house bound                                                                             |  |
| <b>32</b> Duration of functional disability (ask only if not normal)_____years                                                                                                                                                                                                                                                                                             |  |
| <b>33</b> Depression - <input type="checkbox"/> No history of depression <input type="checkbox"/> Depression not on Rx<br><input type="checkbox"/> Depression on with antidepressants <input type="checkbox"/> On Rx with anti-psychiatric drugs                                                                                                                           |  |
| <b>34</b> If Depression, duration of depression_____years                                                                                                                                                                                                                                                                                                                  |  |
| <b>35</b> Abdominal apron - <input type="checkbox"/> No symptom of abdominal apron <input type="checkbox"/> Known intertrigo<br><input type="checkbox"/> Apron large enough to interfere with walking <input type="checkbox"/> Recurrent cellulitis <input type="checkbox"/> Ulceration<br><input type="checkbox"/> Previous apronectomy or liposuction                    |  |
| <b>36</b> Weight loss medications (current or ever) - <input type="checkbox"/> None <input type="checkbox"/> Orlistat <input type="checkbox"/> Very Low Calorie Diet (VLCD)<br><input type="checkbox"/> Topiramate <input type="checkbox"/> Sibutramine <input type="checkbox"/> Liraglutide <input type="checkbox"/> Others                                               |  |
| <b>37</b> If weight loss medications, duration of medications_____years                                                                                                                                                                                                                                                                                                    |  |
| <b>38</b> Clinical evidence of malnutrition - <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                     |  |
| <b>39</b> Menstrual cycle - <input type="checkbox"/> Regular menstrual cycle <input type="checkbox"/> Irregular <input type="checkbox"/> Infrequent periods <input type="checkbox"/> Menorrhagia<br><input type="checkbox"/> Amenorrhoea <input type="checkbox"/> Previous hysterectomy <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Data unavailable |  |
| <b>40</b> Poly Cystic Ovarian Disease (PCOS) - <input type="checkbox"/> No history of PCOS <input type="checkbox"/> History of PCOS <input type="checkbox"/> Data unavailable                                                                                                                                                                                              |  |
| <b>41</b> If PCOS, duration of PCOS_____ years                                                                                                                                                                                                                                                                                                                             |  |
| <b>42</b> If PCOS, current status - <input type="checkbox"/> PCOS not on treatment <input type="checkbox"/> PCOS on treatment <input type="checkbox"/> Infertility                                                                                                                                                                                                         |  |

**OSSI - Anthropometry Measurements**

|                                                             |                                                       |
|-------------------------------------------------------------|-------------------------------------------------------|
| <b>1</b> Circumference Neck _____ cm                        | <b>2</b> Circumference Mid upper arm - right _____ cm |
| <b>3</b> Chest Circumference at nipple line _____ cm        | <b>4</b> Abdominal Girth _____ cm                     |
| <b>5</b> Waist Circumference _____ cm                       | <b>6</b> Hip Circumference _____ cm                   |
| <b>7</b> Thigh - left Maximum circumference _____ cm        | <b>8</b> Thigh - right Maximum circumference _____ cm |
| <b>9</b> Visceral fat (Area Measured) _____ cm <sup>2</sup> | <b>10</b> Whole body - Skeletal fat analysis _____    |
| <b>11</b> Whole body - Subcutaneous fat analysis _____      | <b>12</b> Body Fat Percent _____ %                    |
| <b>13</b> Body Fat [Mass] Calculated _____ kg               | <b>14</b> Body muscle mass Calculated _____ kg        |



15 BMR (Basal Metabolic Rate) \_\_\_\_\_ Kcal/(24.h)    16 Total body water \_\_\_\_\_ L  
 17 Total body protein \_\_\_\_\_ kg    18 Total body minerals \_\_\_\_\_ kg

**OSSI - Nutritional Status**

1 HB (Hemoglobin) - Blood \_\_\_\_\_ g/dL    2 Iron - Serum \_\_\_\_\_ ug/dL  
 3 Folic Acid (Folate) - Serum \_\_\_\_\_ ng/mL    4 Retinol [Mass/volume] in Serum or Plasma \_\_\_\_\_ ug/mL  
 5 Thiamine [Mass/volume] in Blood \_\_\_\_\_ ug/dL    6 Pyridoxine [Mass/volume] in Serum or Plasma \_\_\_\_\_ ng/mL  
 7 Vitamin B12 (Cyanocobalamin) - Serum \_\_\_\_\_ pg/mL    8 Ascorbate [Mass/volume] in Serum or Plasma \_\_\_\_\_ mg/dL  
 9 Vitamin D - Serum \_\_\_\_\_    10 Vitamin E (mg/L) - Serum \_\_\_\_\_ mg/L  
 11 Vitamin K (ng/L) - Serum \_\_\_\_\_ ng/L    12 Calcium Total - Serum \_\_\_\_\_ mg/dL  
 13 Protein - Serum \_\_\_\_\_ g/dL    14 Albumin - Serum \_\_\_\_\_ g/dL  
 15 Biotin - Serum \_\_\_\_\_ pg/mL    16 Copper - Serum \_\_\_\_\_ ug/dL    17 Zinc - Serum \_\_\_\_\_ ug/dL  
 18 Magnesium - Serum \_\_\_\_\_ mg/dL    19 Selenium - Serum \_\_\_\_\_ ng/mL  
 20 HBA1C \_\_\_\_\_ %    21 Insulin (Fasting) - serum \_\_\_\_\_ u[IU]/mL  
 22 Insulin Post Meal - serum \_\_\_\_\_ u[IU]/mL    23 C peptide - Serum \_\_\_\_\_ ng/mL  
 24 Cholesterol Total - Serum \_\_\_\_\_ mg/dL    25 Triglycerides - Serum \_\_\_\_\_ mg/mL  
 26 HDL Cholesterol - Serum \_\_\_\_\_ mg/dL    27 LDL Cholesterol - Serum \_\_\_\_\_ mg/mL  
 28 PFT - Pulmonary function test (Interpretation) \_\_\_\_\_ #  
 29 LVEF \_\_\_\_\_ %    30 EGD Study observation \_\_\_\_\_  
 31 USG - Abdomen \_\_\_\_\_  
 32 Size of the liver \_\_\_\_\_ cms    33 SGOT (Aspartate aminotransferase) \_\_\_\_\_ U/L  
 34 SGPT (Alanine aminotransferase) \_\_\_\_\_ U/L    35 Fibrosis score \_\_\_\_\_ {score}  
 36 Liver steatosis grade \_\_\_\_\_    37 Liver pathology biopsy report \_\_\_\_\_  
 38 US doppler vein \_\_\_\_\_

**Diagnosis**

**Treatment Plan/Medication**

| Medicine Name | Mealtime Instructions | M N E B SOS | Duration | Notes |
|---------------|-----------------------|-------------|----------|-------|
| 1. _____      | _____                 | M N E B SOS | _____    | _____ |
| 2. _____      | _____                 | M N E B SOS | _____    | _____ |
| 3. _____      | _____                 | M N E B SOS | _____    | _____ |
| 4. _____      | _____                 | M N E B SOS | _____    | _____ |
| 5. _____      | _____                 | M N E B SOS | _____    | _____ |



## 15.2. OSSI - Vertical Sleeve Gastrectomy - Appendix 2

| <b>OSSI - Vertical Sleeve Gastrectomy</b>                                                                                                                                                                                                                  |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Patient Details</b>                                                                                                                                                                                                                                     | Date: _____                                                                                           |
| FULL Name _____                                                                                                                                                                                                                                            | UHID _____                                                                                            |
| Age _____                                                                                                                                                                                                                                                  | Gender _____                                                                                          |
| <b>Pre-Operative Details</b>                                                                                                                                                                                                                               |                                                                                                       |
| 1 Patient weight Pre-Op - _____ kg                                                                                                                                                                                                                         | 2 Operation start time- _____                                                                         |
| 3 Operation end time- _____                                                                                                                                                                                                                                |                                                                                                       |
| 4 ASA grade- <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV                                                                                                                               |                                                                                                       |
| 5 Surgical approach - <input type="checkbox"/> Open <input type="checkbox"/> Laparoscopy <input type="checkbox"/> Laparoscopy to open                                                                                                                      |                                                                                                       |
| <input type="checkbox"/> Robotics <input type="checkbox"/> Single Incision Laparoscopy <input type="checkbox"/> Endoscopy                                                                                                                                  |                                                                                                       |
| 6 Surgical assistant- <input type="checkbox"/> None <input type="checkbox"/> Consultant <input type="checkbox"/> Registrar (year 4+) <input type="checkbox"/> Registrar (year 1 - 3) <input type="checkbox"/> Fellow <input type="checkbox"/> Other        |                                                                                                       |
| 7 Type of surgery <input type="checkbox"/> Primary <input type="checkbox"/> Revision as primary <input type="checkbox"/> Revision as secondary                                                                                                             |                                                                                                       |
| 8 If revision surgery, previous surgery <input type="checkbox"/> Gastric Band <input type="checkbox"/> Sleeve Gastrectomy                                                                                                                                  |                                                                                                       |
| <input type="checkbox"/> Roux-En-Y Gastric Bypass <input type="checkbox"/> One Anastomosis Gastric Bypass <input type="checkbox"/> Duodeno Jejunal Bypass with Sleeve                                                                                      |                                                                                                       |
| <input type="checkbox"/> Biliopancreatic Diversion with Duodenal Switch <input type="checkbox"/> Single Anastomosis Duodeno-Ileal Bypass                                                                                                                   |                                                                                                       |
| <input type="checkbox"/> Single Anastomosis Sleeve-Ileal Bypass <input type="checkbox"/> Single Anastomosis Sleeve Jejunal Bypass                                                                                                                          |                                                                                                       |
| <input type="checkbox"/> Sleeve Gastrectomy with Proximal Jejunal Bypass <input type="checkbox"/> Ileal Transposition with Sleeve                                                                                                                          |                                                                                                       |
| <input type="checkbox"/> Endoscopic Intra-gastric Balloon <input type="checkbox"/> Endoscopic Sleeve Gastropexy <input type="checkbox"/> Gastric Imbrication                                                                                               |                                                                                                       |
| 9 If revision surgery, reason for revision <input type="checkbox"/> Complications <input type="checkbox"/> Inadequate weight loss                                                                                                                          |                                                                                                       |
| <input type="checkbox"/> Weight regain <input type="checkbox"/> Comorbidity relapse <input type="checkbox"/> Stage II of a primary                                                                                                                         |                                                                                                       |
| 10 If revision surgery, details of prior surgery _____                                                                                                                                                                                                     |                                                                                                       |
| 11 Same as recommended procedure <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                       |
| 12 If no, then _____                                                                                                                                                                                                                                       |                                                                                                       |
| <b>Operation Details</b>                                                                                                                                                                                                                                   |                                                                                                       |
| 13 Sleeve bougie size <input type="checkbox"/> None <input type="checkbox"/> 32fr <input type="checkbox"/> 34fr <input type="checkbox"/> 36fr <input type="checkbox"/> 38fr <input type="checkbox"/> 40fr <input type="checkbox"/> Other                   |                                                                                                       |
| 14 Stapling distance from Pylorus(cm) <input type="checkbox"/> 2 to 4 <input type="checkbox"/> 4 to 6 <input type="checkbox"/> > 6                                                                                                                         |                                                                                                       |
| 15 Linear stapler for Antrum <input type="checkbox"/> None <input type="checkbox"/> Green(4.5 mm) <input type="checkbox"/> Purple(Tristapler)                                                                                                              |                                                                                                       |
| <input type="checkbox"/> Gold(4.1 mm) <input type="checkbox"/> Blue (3.5 mm) <input type="checkbox"/> Others                                                                                                                                               |                                                                                                       |
| 16 Linear stapler for vertical sleeve <input type="checkbox"/> Green(4.5 mm) <input type="checkbox"/> Purple(Tristapler) <input type="checkbox"/> Gold(4.1 mm)                                                                                             |                                                                                                       |
| <input type="checkbox"/> Blue (3.5 mm) <input type="checkbox"/> Others                                                                                                                                                                                     |                                                                                                       |
| 17 Number of Linear staplers used <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |                                                                                                       |
| 18 Linear stapler for vertical sleeve - Notes _____                                                                                                                                                                                                        |                                                                                                       |
| 19 Fundal stapling <input type="checkbox"/> 1-2 cm from Angle of His <input type="checkbox"/> 2-4 cm from angle of His <input type="checkbox"/> > 4 cm from angle of His                                                                                   |                                                                                                       |
| 20 Snug around the bougie <input type="checkbox"/> Tight <input type="checkbox"/> Loose                                                                                                                                                                    |                                                                                                       |
| 21 Reinforcement <input type="checkbox"/> None <input type="checkbox"/> Seamguard <input type="checkbox"/> Peristrips <input type="checkbox"/> Biodesign SLR                                                                                               |                                                                                                       |
| <input type="checkbox"/> Duet TRS <input type="checkbox"/> Tisseel fibrin glue <input type="checkbox"/> Suturing / buttressing <input type="checkbox"/> Other                                                                                              |                                                                                                       |
| 22 Modification <input type="checkbox"/> Non-banded <input type="checkbox"/> Banded                                                                                                                                                                        | 23 Band size(cm) <input type="checkbox"/> 6.5 <input type="checkbox"/> 7 <input type="checkbox"/> 7.5 |
| 24 Band fixation <input type="checkbox"/> 3-4 cm below OG junction <input type="checkbox"/> 4-6 cm below OG junction                                                                                                                                       |                                                                                                       |
| 25 Omentopexy of the sleeve <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       |                                                                                                       |
| 26 Leak test <input type="checkbox"/> Not done <input type="checkbox"/> Methylene blue <input type="checkbox"/> Under water air seal <input type="checkbox"/> Endoscopic air seal <input type="checkbox"/> Others                                          |                                                                                                       |
| 27 Leak result <input type="checkbox"/> No leak <input type="checkbox"/> Leak <input type="checkbox"/> Leak identified and corrected                                                                                                                       |                                                                                                       |
| 28 If leak, leak result - additional notes _____                                                                                                                                                                                                           |                                                                                                       |



- 29 Drain  No drain  Tube drain  Penrose drain  Suction drain  
 30 Blood loss  Minimal  Up to 50 cc  50 to 100 cc  More than 100 cc  
 31 Histopathology  None  Stomach  Liver biopsy  Other

**Post-op Day Complications**

- 32 Complications  No  Yes **33** If yes in complications, date of complication \_\_\_\_\_  
 34 Perioperative complication  Major  Minor  None  
 35 Major complication - Type  Leak  Obstruction  Bleeding  Others  
 36 Minor Complication - Type  Surgical Site Infection  Nausea / Vomiting  Others  
 37 If leak, leak location  OG Junction  Body  Distal Sleeve  Others  
 38 If leak, re-operation done?  Yes  No **39** Date of re-operation \_\_\_\_\_  
 40 Approach to re-operation  Open  Laparoscopy  Laparoscopy to open  Robotics  
 Single Incision Laparoscopy  Endoscopy  
 41 If leak, treatment of leak  Lavage and drain  Re-fashioning of sleeve  Conversion to Bypass  
 Closure of leak  Drain only  Mega Stenting  Glue application  Clip application  
 Endoscopic sutured fistula closer  Conservative management  Other  
 42 If leak, treatment of leak - Notes \_\_\_\_\_  
 43 If bleeding, probable source of bleeding  Intra-luminal from staple edges  Intra-luminal from anastomosis  
 Intra-abdominal from staple edge  Intra-abdominal from anastomosis  Other  
 44 If bleeding, probable source of bleeding - Notes \_\_\_\_\_  
 45 If bleeding, treatment of bleeding  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other  
 46 If bleeding, treatment of bleeding - Notes \_\_\_\_\_  
 47 If obstruction, cause of bowel obstruction  Sleeve Twist  Distal narrowing at Incisura  Others  
 48 If obstruction, cause of bowel obstruction - Notes \_\_\_\_\_  
 49 If obstruction, treatment of obstruction  Settled conservatively  Endoscopic dilatation  
 Seromyotomy  Strictureplasty  
 50 If obstruction, treatment of obstruction - Notes \_\_\_\_\_  
 51 If surgical site infection, treatment  Drainage of the infection  Regular dressing  Medical Management  
 52 If Nausea / Vomiting, treatment  Conservative management  Relook endoscopy  Others  
 53 If other complications - Notes \_\_\_\_\_

**Additional Procedure Details**

- 54 Additional procedures  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others  
 55 Description of the procedure \_\_\_\_\_  
 56 If hernia repair, types of hernia repair  Hiatus hernia  Ventral  Umbilical  Incisional  
 Inguinal hernia  Others  
 57 Specify the hernia repair procedure \_\_\_\_\_  
 58 Operative notes \_\_\_\_\_  
 59 Date of admission \_\_\_\_\_ **60** Date of discharge \_\_\_\_\_  
 61 Discharged to  Home care  Another hospital  Hotel  Guest house  Other  
 62 Date of procedure \_\_\_\_\_



### 15.3. OSSI - DuodenoJejunal Bypass Sleeve - Appendix 3

#### OSSI - Duodeno - Jejunal Bypass Sleeve

**Patient Details**

Date: \_\_\_\_\_

FULL Name \_\_\_\_\_

UHID \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

**Pre-Operative Details**

- 1 Patient weight Pre-Op - \_\_\_\_\_ kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_
- 4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy
- 6 Surgical assistant-     None     Consultant     Registrar(year 4+)     Registrar(year 1 - 3)     Fellow     Other
- 7 Type of surgery     Primary     Revision as primary     Revision as secondary
- 8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Biliopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intra-gastric Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication
- 9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary
- 10 If revision surgery, details of prior surgery \_\_\_\_\_
- 11 Same as recommended procedure     Yes     No
- 12 If no, then \_\_\_\_\_

**Operation Details**

- 13 Sleeve bougie size -     None     32fr     34fr     36fr     38fr     40fr     Other
- 14 Stapling distance from Pylorus(cm) -     2-4     4-6     > 6
- 15 Linear stapler for Antrum -  None     Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others
- 16 Linear stapler for vertical sleeve -  Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others
- 17 Number of linear staplers used -  3     4     5     6     7     8     9     10
- 18 Linear stapler for vertical sleeve - Notes \_\_\_\_\_
- 19 Fundal stapling -     1-2 cm from Angle of His     2-4 cm from angle of His     > 4 cm from angle of His
- 20 Snug around the bougie -  Tight     Loose    21 Reinforcement -     None     Seamguard     Peristrips  
 Biodesign SLR     Duet TRS     Tisseel fibrin glue     Suturing / buttressing     Other
- 22 Duodeno-Jejunal anastomosis  Roux-N-Y     Loop    23 Route for anastomosis  Ante-colic/ante -gastric  
 Ante-colic/retro-gastric     Retro-colic/ante -gastric     Retro-colic/retro-gastric
- 24 If Roux-N-Y, Bilio-Pancreatic channel limb length(cm)     50     75     100     125     150
- 25 If Roux-N-Y, Duodeno-Jejunal anastomosis     Two layered continuous     Four layered continuous
- 26 If Roux-N-Y, alimentary channel limb length(cm)     100     125     150     175     200  
 225     250     275     300     350
- 27 If Roux-N-Y, Jejuno-Jejunal anastomosis     Triple Linear stapler     Double Linear Stapler  
 Single Linear Stapler     Hand sewn



|                                                       |  |                                                             |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
|-------------------------------------------------------|--|-------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|------------------------------|----------------------------------------------------------------|-------------------------------------------|
| 28 In Roux-N-Y, if any stapler selected, stapler used |  | <input type="checkbox"/> None                               | <input type="checkbox"/> Blue(3.5 mm)            | <input type="checkbox"/> White(2.0 mm)                       | <input type="checkbox"/> Purple(Tristaple)             | <input type="checkbox"/> Others                        |                              |                                                                |                                           |
| 29 In Roux-N-Y, if hand sewn selected, suture used    |  | <input type="checkbox"/> Two layered continuous             | <input type="checkbox"/> Four layered continuous |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 30 If Loop, Bilio-Pancreatic limb length(cm)          |  | <input type="checkbox"/> 150                                | <input type="checkbox"/> 175                     | <input type="checkbox"/> 200                                 | <input type="checkbox"/> 225                           | <input type="checkbox"/> 250                           | <input type="checkbox"/> 275 | <input type="checkbox"/> 300                                   |                                           |
| 31 If loop, loop Duodeno-jejunal anastomosis          |  | <input type="checkbox"/> Two layered end to side continuous |                                                  | <input type="checkbox"/> Four layered end to side continuous |                                                        |                                                        | 32 Mesentric defect closure  |                                                                |                                           |
|                                                       |  |                                                             |                                                  | <input type="checkbox"/> Yes                                 |                                                        | <input type="checkbox"/> No                            |                              |                                                                |                                           |
| 33 Leak test                                          |  | <input type="checkbox"/> Not done                           | <input type="checkbox"/> Methylene blue          | <input type="checkbox"/> Under water air seal                | <input type="checkbox"/> Endoscopic air seal           | <input type="checkbox"/> Others                        |                              |                                                                |                                           |
| 34 Leak result                                        |  | <input type="checkbox"/> No leak                            |                                                  | <input type="checkbox"/> Leak                                |                                                        | <input type="checkbox"/> Leak identified and corrected |                              |                                                                |                                           |
| 35 If leak, leak result - additional notes            |  | _____                                                       |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 36 Drain                                              |  | <input type="checkbox"/> No drain                           | <input type="checkbox"/> Tube drain              | <input type="checkbox"/> Penrose drain                       | <input type="checkbox"/> Suction drain                 |                                                        |                              |                                                                |                                           |
| 37 Blood loss                                         |  | <input type="checkbox"/> Minimal                            | <input type="checkbox"/> Up to 50 cc             | <input type="checkbox"/> 50 to 100 cc                        | <input type="checkbox"/> More than 100 cc              |                                                        |                              |                                                                |                                           |
| 38 Histopathology                                     |  | <input type="checkbox"/> None                               | <input type="checkbox"/> Stomach                 | <input type="checkbox"/> Liver biopsy                        | <input type="checkbox"/> Other                         |                                                        |                              |                                                                |                                           |
| <b>Post-op Day Complications</b>                      |  |                                                             |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 39 Complications                                      |  | <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes                     |                                                              | 40 If yes in complications, date of complication _____ |                                                        |                              |                                                                |                                           |
| 41 Perioperative complication                         |  | <input type="checkbox"/> Major                              |                                                  | <input type="checkbox"/> Minor                               |                                                        | <input type="checkbox"/> None                          |                              |                                                                |                                           |
| 42 Major complication - Type                          |  | <input type="checkbox"/> Leak                               |                                                  | <input type="checkbox"/> Obstruction                         |                                                        | <input type="checkbox"/> Bleeding                      |                              | <input type="checkbox"/> Others                                |                                           |
| 43 Minor Complication - Type                          |  | <input type="checkbox"/> Surgical Site Infection            |                                                  | <input type="checkbox"/> Nausea / Vomiting                   |                                                        | <input type="checkbox"/> Others                        |                              |                                                                |                                           |
| 44 If leak, leak location                             |  | <input type="checkbox"/> OG Junction                        |                                                  | <input type="checkbox"/> Sleeve Staple Edges                 |                                                        | <input type="checkbox"/> Duodeno-jejunosomy site       |                              |                                                                |                                           |
|                                                       |  | <input type="checkbox"/> Jejuno Jejunostomy Site            |                                                  | <input type="checkbox"/> Others                              |                                                        |                                                        |                              |                                                                |                                           |
| 45 If leak, re-operation done?                        |  | <input type="checkbox"/> Yes                                |                                                  | <input type="checkbox"/> No                                  |                                                        | 46 Date of re-operation _____                          |                              |                                                                |                                           |
| 47 Approach to re-operation                           |  | <input type="checkbox"/> Open                               |                                                  | <input type="checkbox"/> Laparoscopy                         |                                                        | <input type="checkbox"/> Laparoscopy to open           |                              | <input type="checkbox"/> Robotics                              |                                           |
|                                                       |  | <input type="checkbox"/> Single Incision Laparoscopy        |                                                  | <input type="checkbox"/> Endoscopy                           |                                                        |                                                        |                              |                                                                |                                           |
| 48 If leak, treatment of leak                         |  | <input type="checkbox"/> Lavage and drain                   |                                                  | <input type="checkbox"/> Re-fashioning anastomosis           |                                                        | <input type="checkbox"/> Reversal of procedure         |                              |                                                                |                                           |
|                                                       |  | <input type="checkbox"/> Closure of leak                    |                                                  | <input type="checkbox"/> Drain only                          |                                                        | <input type="checkbox"/> Stenting                      |                              | <input type="checkbox"/> Glue application                      | <input type="checkbox"/> Clip application |
|                                                       |  | <input type="checkbox"/> Conservative management            |                                                  | <input type="checkbox"/> Other                               |                                                        |                                                        |                              |                                                                |                                           |
| 49 If leak, treatment of leak - Notes                 |  | _____                                                       |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 50 If bleeding, probable source of bleeding           |  | <input type="checkbox"/> Intra-luminal from staple edges    |                                                  | <input type="checkbox"/> Intra-luminal from anastomosis      |                                                        |                                                        |                              | <input type="checkbox"/> Intra-abdominal from staple edge      |                                           |
|                                                       |  | <input type="checkbox"/> Intra-abdominal from anastomosis   |                                                  | <input type="checkbox"/> Other                               |                                                        |                                                        |                              |                                                                |                                           |
| 51 If bleeding, probable source of bleeding - Notes   |  | _____                                                       |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 52 If bleeding, treatment of bleeding                 |  | <input type="checkbox"/> Blood transfusion                  |                                                  | <input type="checkbox"/> Laparoscopy and arrest of bleeding  |                                                        | <input type="checkbox"/> Laparoscopy and drain         |                              | <input type="checkbox"/> Continue Drain and medical management | <input type="checkbox"/> Other            |
| 53 If bleeding, treatment of bleeding - Notes         |  | _____                                                       |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 54 If obstruction, cause of bowel obstruction         |  | <input type="checkbox"/> Anastomotic Stenosis               |                                                  | <input type="checkbox"/> Internal Hernia                     |                                                        |                                                        |                              |                                                                |                                           |
|                                                       |  | <input type="checkbox"/> Obstructed hernia                  |                                                  | <input type="checkbox"/> Adhesions                           |                                                        | <input type="checkbox"/> Bowel kink                    |                              | <input type="checkbox"/> Other                                 |                                           |
| 55 If obstruction, treatment of obstruction           |  | <input type="checkbox"/> Settled conservatively             |                                                  | <input type="checkbox"/> Endoscopic dilatation               |                                                        |                                                        |                              |                                                                |                                           |
|                                                       |  | <input type="checkbox"/> Re-fashioning anastomosis          |                                                  | <input type="checkbox"/> Stricture of stricturoplasty        |                                                        | <input type="checkbox"/> Defect closure                |                              |                                                                |                                           |
|                                                       |  | <input type="checkbox"/> Adhesiolysis                       |                                                  | <input type="checkbox"/> Laparoscopy and untwisting of bowel |                                                        | <input type="checkbox"/> Hernia repair                 |                              |                                                                |                                           |
| 56 If obstruction, treatment of obstruction - Notes   |  | _____                                                       |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 57 If surgical site infection, treatment              |  | <input type="checkbox"/> Drainage of the infection          |                                                  | <input type="checkbox"/> Regular dressing                    |                                                        |                                                        |                              |                                                                |                                           |
|                                                       |  | <input type="checkbox"/> Medical Management                 |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |
| 58 If Nausea / Vomiting, treatment                    |  | <input type="checkbox"/> Conservative management            |                                                  | <input type="checkbox"/> Relook endoscopy                    |                                                        | <input type="checkbox"/> Others                        |                              |                                                                |                                           |
| 59 If other complications - Notes                     |  | _____                                                       |                                                  |                                                              |                                                        |                                                        |                              |                                                                |                                           |



| <b>Additional Procedure Details</b> |                                          |                                         |                                           |                                      |                                        |
|-------------------------------------|------------------------------------------|-----------------------------------------|-------------------------------------------|--------------------------------------|----------------------------------------|
| <b>60</b>                           | Additional procedures                    | <input type="checkbox"/> None           | <input type="checkbox"/> Cholecystectomy  | <input type="checkbox"/> Apronectomy | <input type="checkbox"/> Hernia repair |
|                                     |                                          | <input type="checkbox"/> Appendicectomy | <input type="checkbox"/> Hysterectomy     | <input type="checkbox"/> Others      |                                        |
| <b>61</b>                           | Description of the procedure             | _____                                   |                                           |                                      |                                        |
| <b>62</b>                           | If hernia repair, types of hernia repair | <input type="checkbox"/> Hiatus hernia  | <input type="checkbox"/> Ventral          | <input type="checkbox"/> Umbilical   |                                        |
|                                     |                                          | <input type="checkbox"/> Incisional     | <input type="checkbox"/> Inguinal hernia  | <input type="checkbox"/> Others      |                                        |
| <b>63</b>                           | Specify the hernia repair procedure      | _____                                   |                                           |                                      |                                        |
| <b>64</b>                           | Operative notes                          | _____                                   |                                           |                                      |                                        |
| <b>65</b>                           | Date of admission                        | _____                                   |                                           | <b>66</b>                            | Date of discharge                      |
| <b>67</b>                           | Discharged to                            | <input type="checkbox"/> Home care      | <input type="checkbox"/> Another hospital | <input type="checkbox"/> Hotel       | <input type="checkbox"/> Guest house   |
|                                     |                                          | <input type="checkbox"/> Others         |                                           |                                      |                                        |
| <b>68</b>                           | Date of procedure                        | _____                                   |                                           |                                      |                                        |





## 15.4. OSSI - Single Anastomosis Duodeno Ileal Bypass - Appendix 4

### OSSI - Single Anastomosis Duodeno Ileal Bypass

**Patient Details**

Date: \_\_\_\_\_

FULL Name \_\_\_\_\_

UHID \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

**Pre-Operative Details**

1 Patient weight Pre-Op - \_\_\_\_\_ kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_

4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy

6 Surgical assistant-     None     Consultant     Registrar (year 4+)     Registrar (year 1 - 3)     Fellow     Other

7 Type of surgery     Primary     Revision as primary     Revision as secondary

8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Biliopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intra-gastric Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication

9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary

10 If revision surgery, details of prior surgery \_\_\_\_\_

11 Same as recommended procedure     Yes     No

12 If no, then \_\_\_\_\_

**Operation Details**

13 Sleeve bougie size     None     32fr     34fr     36fr     38fr     40fr     Other

14 Stapling distance from Pylorus(cm)     2 - 4     4 - 6     > 6

15 Linear stapler for Antrum     None     Green(4.5mm)     Purple(Tristapler)     Gold(4.1mm)     Blue (3.5mm)     Others

16 Linear stapler for vertical sleeve     Green(4.5mm)     Purple(Tristapler)     Gold(4.1mm)     Blue (3.5 mm)     Others

17 Number of linear stapler for vertical sleeve -     3     4     5     6     7     8     9     10

18 Linear stapler for vertical sleeve - Notes \_\_\_\_\_

19 Fundal stapling     1-2 cm from Angle of His     2-4 cm from angle of His     > 4 cm from angle of His

20 Snug around the bougie     Tight     Loose    21 Reinforcement     None     Seamguard     Peristrips  
 Biodesign SLR     Duet TRS     Tisseel fibrin glue     Suturing / buttressing     Other

22 Loop duodenal-ileal anastomosis     Two layered continuous     Four layered continuous

23 Route for anastomosis     Ante-colic/ante -gastric     Ante-colic/retro-gastric  
 Retro-colic/ante -gastric     Retro-colic/retro-gastric

24 Common channel limb length(cm)     50     75     100     125     150     175     200     225     250  
 275     300     325     350     375     400    25 Mesentric defect closure     Yes     No

26 Leak test     Not done     Methylene blue     Under water air seal     Endoscopic air seal     Others

27 Leak result     No leak     Leak     Leak identified and corrected    28 If leak, leak result - additional notes \_\_\_\_\_

29 Drain     No drain     Tube drain     Penrose drain     Suction drain

30 Blood loss     Minimal     Up to 50 cc     50 to 100 cc     More than 100 cc



31 Histopathology  None  Stomach  Liver biopsy  Other

---

**Post-op Day Complications**

32 Complications  No  Yes **33** If yes in complications, date of complication \_\_\_\_\_

34 Perioperative complication  Major  Minor  None

35 Major complication - Type  Leak  Obstruction  Bleeding  Others

36 Minor Complication - Type  Surgical Site Infection  Nausea / Vomiting  Others

37 If leak, leak location  OG Junction  Sleeve Staple Edges  Duodeno-Ileostomy site  Others

38 If leak, re-operation done?  Yes  No **39** Date of re-operation \_\_\_\_\_

40 Approach to re-operation  Open  Laparoscopy  Laparoscopy to open  Robotics  
 Single Incision Laparoscopy  Endoscopy

41 If leak, treatment of leak  Lavage and drain  Re-fashioning anastomosis  Reversal of procedure  
 Closure of leak  Drain only  Stenting  Glue application  Clip application  
 Conservative management  Other

42 If leak, treatment of leak - Notes \_\_\_\_\_

43 If bleeding, probable source of bleeding  Intra-luminal from staple edges  Intra-luminal from anastomosis  
 Intra-abdominal from staple edge  Intra-abdominal from anastomosis  Other

44 If bleeding, probable source of bleeding - Notes \_\_\_\_\_

45 If bleeding, treatment of bleeding  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other

46 If bleeding, treatment of bleeding - Notes \_\_\_\_\_

47 If obstruction, cause of bowel obstruction  Anastomotic Stenosis  Internal Hernia  
 Obstructed hernia  Adhesions  Bowel kink  Others

48 If obstruction, cause of bowel obstruction - Notes \_\_\_\_\_

49 If obstruction, treatment of obstruction  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  Adhesiolysis  
 Laparoscopy and untwisting of bowel  Hernia repair

50 If obstruction, treatment of obstruction - Notes \_\_\_\_\_

51 If surgical site infection, treatment  Drainage of the infection  Regular dressing  Medical Management

52 If Nausea / Vomiting, treatment  Conservative management  Relook endoscopy  Others

53 If other complications - Notes \_\_\_\_\_

---

**Additional Procedure Details**

54 Additional procedures  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others

55 Description of the procedure- \_\_\_\_\_

56 If hernia repair, types of hernia repair-  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others

57 Specify the procedure- \_\_\_\_\_

58 Operative notes- \_\_\_\_\_

59 Date of admission- \_\_\_\_\_ **53** Date of discharge- \_\_\_\_\_

60 Discharged to-  Home care  Another hospital  Hotel  Guest house  Other

61 Date of procedure- \_\_\_\_\_



## 15.5. OSSI - One Anastomosis Gastric Bypass - Appendix 5

### OSSI - One Anastomosis Gastric Bypass

#### Patient Details

FULL Name \_\_\_\_\_  
Age \_\_\_\_\_

Date: \_\_\_\_\_

UHID \_\_\_\_\_  
Gender \_\_\_\_\_

#### Pre-Operative Details

- 1 Patient weight Pre-Op - \_\_\_\_\_ kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_
- 4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy
- 6 Surgical assistant-     None     Consultant     Registrar (year 4+)  
 Registrar (year 1 - 3)     Fellow     Other
- 7 Type of surgery     Primary     Revision as primary     Revision as secondary
- 8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Billiopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intra-gastric Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication
- 9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary
- 10 If revision surgery, details of prior surgery \_\_\_\_\_
- 11 Same as recommended procedure     Yes     No
- 12 If no, then \_\_\_\_\_

#### Operation Details

- 13 Gastric pouch     Transection beyond incisura     Transection at the level of antrum
- 14 Stapler for horizontal transection     None     Green(4.5 mm)     Gold(4.1 mm)     Black (4.8mm)     Others
- 15 Stapler for vertical gastric pouch -     Black (4.8mm)     Green(4.5 mm)     Gold(4.1 mm)  
 Blue (3.5 mm)     Purple (Tristaple)    16 Number of staplers used \_\_\_\_\_
- 17 Reinforcement -     None     Seamguard     Peristrips     Biodesign SLR     Duet TRS  
 Tisseel fibrin glue     Suturing / buttressing     Other
- 18 Modifications -     Non-banded     Banded    19 If banded, band size(cm) -     6.5     7     7.5
- 20 If banded, band fixation -     2-3 cm below OG junction     4-5 cm below OG junction
- 21 Billio-Pancreatic channel limb Length(cm) -     100-120     120-140     140-160     160-180  
 180-200     200-220     220-240     240-260     >260
- 22 Route for anastomosis -     Ante-colic/ante -gastric     Ante-colic/retro-gastric  
 Retro-colic/ante -gastric     Retro-colic/retro-gastric
- 23 Gastro-Jejunal anastomosis -     Linear stapler     Hand sewn
- 24 If linear stapler, stapler used -     None     Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others
- 25 Omental split -     Yes     No    26 Anastomotic stoma(cm) -     2.5 - 3.0     4.0 - 6.0
- 27 Anti-reflux sutures -     Yes     No    28 Mesentric defect closure -     Yes     No
- 29 Leak test -     Not done     Methylene blue     Under water air seal     Endoscopic air seal     Others
- 30 Leak result -     No Leak     Leak     Leak identified and corrected
- 31 If leak identified, Leak Result - Additional Notes \_\_\_\_\_
- 32 Drain -     No drain     Tube drain     Penrose drain     Suction drain
- 33 Blood loss -     Minimal     Up to 50 cc     50 to 100 cc     More than 100 cc
- 34 Histopathology -     None     Stomach     Liver biopsy     Other



| <b>Post-op Day Complications</b>                                                                                                                                                                         |                                      |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|
| <b>35</b> Complications - <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                       | <b>36</b> Date of complication _____ |  |  |
| <b>37</b> Perioperative complication - <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> None                                                                       |                                      |  |  |
| <b>38</b> Major complication - Type - <input type="checkbox"/> Leak <input type="checkbox"/> Obstruction <input type="checkbox"/> Bleeding <input type="checkbox"/> Others                               |                                      |  |  |
| <b>39</b> Minor complication - Type - <input type="checkbox"/> Surgical Site Infection <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Others                                        |                                      |  |  |
| <b>40</b> If leak, leak location - <input type="checkbox"/> OG Junction <input type="checkbox"/> Gastric Pouch <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Others                |                                      |  |  |
| <b>41</b> If leak, re-operation done ? - <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        | <b>42</b> Date of re-operation _____ |  |  |
| <b>43</b> Approach to re-operation - <input type="checkbox"/> Open <input type="checkbox"/> Laparoscopy <input type="checkbox"/> Laparoscopy to open                                                     |                                      |  |  |
| <input type="checkbox"/> Robotics <input type="checkbox"/> Single Incision Laparoscopy <input type="checkbox"/> Endoscopy                                                                                |                                      |  |  |
| <b>44</b> If leak, treatment of leak - <input type="checkbox"/> Lavage and drain <input type="checkbox"/> Re-fashioning anastomosis <input type="checkbox"/> Reversal of procedure                       |                                      |  |  |
| <input type="checkbox"/> Closure of leak <input type="checkbox"/> Drain only <input type="checkbox"/> Stenting <input type="checkbox"/> Glue application <input type="checkbox"/> Clip application       |                                      |  |  |
| <input type="checkbox"/> Conservative management <input type="checkbox"/> Other                                                                                                                          |                                      |  |  |
| <b>45</b> If Leak, treatment of leak - Notes _____                                                                                                                                                       |                                      |  |  |
| <b>46</b> If bleeding, probable source of bleeding - <input type="checkbox"/> Intra-luminal from staple edges                                                                                            |                                      |  |  |
| <input type="checkbox"/> Intra-luminal from anastomosis <input type="checkbox"/> Intra-abdominal from staple edge                                                                                        |                                      |  |  |
| <input type="checkbox"/> Intra-abdominal from anastomosis <input type="checkbox"/> Other                                                                                                                 |                                      |  |  |
| <b>47</b> If Bleeding, probable source Of bleeding - Notes _____                                                                                                                                         |                                      |  |  |
| <b>48</b> If bleeding, treatment of bleeding - <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Laparoscopy and arrest of bleeding                                                    |                                      |  |  |
| <input type="checkbox"/> Laparoscopy and drain <input type="checkbox"/> Continue Drain and medical management <input type="checkbox"/> Other                                                             |                                      |  |  |
| <b>49</b> If bleeding, treatment of bleeding - Notes _____                                                                                                                                               |                                      |  |  |
| <b>50</b> If obstruction, cause of bowel obstruction - <input type="checkbox"/> Anastomotic Stenosis <input type="checkbox"/> Internal Hernia                                                            |                                      |  |  |
| <input type="checkbox"/> Obstructed hernia <input type="checkbox"/> Adhesions <input type="checkbox"/> Bowel kink <input type="checkbox"/> Others                                                        |                                      |  |  |
| <b>51</b> If obstruction, cause of bowel obstruction - Notes _____                                                                                                                                       |                                      |  |  |
| <b>52</b> If obstruction, treatment of obstruction - <input type="checkbox"/> Settled conservatively <input type="checkbox"/> Endoscopic dilatation                                                      |                                      |  |  |
| <input type="checkbox"/> Re-fashioning anastomosis <input type="checkbox"/> Stricture of stricturoplasty <input type="checkbox"/> Defect closure                                                         |                                      |  |  |
| <input type="checkbox"/> Adhesiolysis <input type="checkbox"/> Laparoscopy and untwisting of bowel <input type="checkbox"/> Hernia repair                                                                |                                      |  |  |
| <b>53</b> If obstruction, treatment of obstruction - Notes _____                                                                                                                                         |                                      |  |  |
| <b>54</b> If surgical site infection, treatment - <input type="checkbox"/> Drainage of the infection <input type="checkbox"/> Regular dressing <input type="checkbox"/> Medical Management               |                                      |  |  |
| <b>55</b> If Nausea / Vomiting, treatment - <input type="checkbox"/> Conservative management <input type="checkbox"/> Relook endoscopy <input type="checkbox"/> Others                                   |                                      |  |  |
| <b>56</b> If other complications - Notes _____                                                                                                                                                           |                                      |  |  |
| <b>Additional Procedure Details</b>                                                                                                                                                                      |                                      |  |  |
| <b>57</b> Additional procedures <input type="checkbox"/> None <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Apronectomy <input type="checkbox"/> Hernia repair                       |                                      |  |  |
| <input type="checkbox"/> Appendicectomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Others                                                                                            |                                      |  |  |
| <b>58</b> Description of the procedure _____                                                                                                                                                             |                                      |  |  |
| <b>59</b> If hernia repair, types of hernia repair <input type="checkbox"/> Hiatus hernia <input type="checkbox"/> Ventral <input type="checkbox"/> Umbilical                                            |                                      |  |  |
| <input type="checkbox"/> Incisional <input type="checkbox"/> Inguinal hernia <input type="checkbox"/> Others                                                                                             |                                      |  |  |
| <b>60</b> Specify the hernia repair procedure _____                                                                                                                                                      |                                      |  |  |
| <b>61</b> Operative notes _____                                                                                                                                                                          |                                      |  |  |
| <b>62</b> Date of admission _____                                                                                                                                                                        | <b>63</b> Date of discharge _____    |  |  |
| <b>64</b> Discharged to <input type="checkbox"/> Home care <input type="checkbox"/> Another hospital <input type="checkbox"/> Hotel <input type="checkbox"/> Guest house <input type="checkbox"/> Others |                                      |  |  |
| <b>65</b> Date of procedure _____                                                                                                                                                                        |                                      |  |  |



## 15.6. OSSI - Roux-en-Y Gastric Bypass - Appendix 6

**OSSI - Roux-en-Y Gastric Bypass**

**Patient Details** Date: \_\_\_\_\_  
 FULL Name \_\_\_\_\_ UHID \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_

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**Pre-Operative Details**

1 Patient weight Pre-Op - \_\_\_\_\_ kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_  
 4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy  
 6 Surgical assistant-  None     Consultant     Registrar(year 4+)     Registrar(year 1 - 3)     Fellow     Other  
 7 Type of surgery     Primary     Revision as primary     Revision as secondary  
 8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Biliopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intragastic Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication  
 9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary  
 10 If revision surgery, details of prior surgery \_\_\_\_\_  
 11 Same as recommended procedure     Yes     No  
 12 If no, then \_\_\_\_\_

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**Operation Details**

13 Gastric pouch     Short broad pouch (25cc)     Long slender pouch (30cc)  
 14 Stapler for pouch creation     Black (4.8mm)     Green(4.5 mm)     Gold (4.1 mm)  
 Blue (3.5 mm)     Purple (Tristaple)    15 Number of staplers for pouch creation \_\_\_\_\_  
 16 Reinforcement     None     Seamguard     Peristrips     Biodesign SLR     Duet TRS  
 Tisseel fibrin glue     Suturing / buttressing     Other  
 17 Modifications     Non-banded     Banded    18 If banded, band size (cm)     6.5     7     7.5  
 19 If banded, band fixation     2-3 cm below OG junction     4-5 cm below OG junction  
 20 Bilio-Pancreatic channel limb Length(cm)     50-70     70-90     90-110     >110  
 21 Route for anastomosis     Ante-colic/ante -gastric     Ante-colic/retro-gastric  
 Retro-colic/ante -gastric     Retro-colic/retro-gastric  
 22 Gastro-Jejunal anastomosis     Circular Stapler (25 mm)     Linear stapler     Hand sewn  
 23 If linear, stapler used     None     Blue (3.5 mm)     Gold(4.1 mm)     Purple(Tristapler)     Others  
 24 If hand sewn, suture used     Two layered continuous     Four layered continuous  
 25 Omental split     Yes     No    26 Size of GJ stoma(cm)     1.5     2     2.5     3     3.5     4     >4  
 27 Size of JJ stoma (cm)     4 to 6     6 to 8     8 to 10     >10  
 28 Alimentary channel limb length(cm)     70-90     90-110     110-130     >130  
 29 Jejun-Jejunal anastomosis     Triple Linear stapler     Double Linear Stapler  
 Single Linear Stapler     Hand sewn  
 30 Anastomosis in GJ - If stapled, stapler used     None     Blue (3.5 mm)     White(2.0 mm)  
 Purple(Tristaple)     Other  
 31 Anastomosis in JJ - If stapled, stapler used     None     Blue (3.5 mm)     White(2.0 mm)  
 Purple(Tristaple)     Other  
 32 If hand sewn, suture used     Two layered continuous     Four layered continuous  
 33 Petersen defect closure     Yes     No    34 Mesentric defect closure     Yes     No



35 Leak test  Not done  Methylene blue  Under water air seal  Endoscopic air seal  Others

36 Leak result  No leak  Leak  Leak identified and corrected

37 If leak identified, leak result - Additional notes \_\_\_\_\_

38 Drain  No drain  Tube drain  Penrose drain  Suction drain

39 Blood loss  Minimal  Up to 50 cc  50 to 100 cc  More than 100 cc

40 Histopathology  None  Stomach  Liver biopsy  Other

**Post-op Day Complications**

41 Complications  No  Yes 42 If yes in complications, date of complication \_\_\_\_\_

43 Perioperative complication  Major  Minor  None

44 Major complication - Type  Leak  Obstruction  Bleeding  Others

45 Minor complication - Type  Surgical Site Infection  Nausea / Vomiting  Others

46 If leak, leak location  OG Junction  Gastric Pouch  Gastrojejunostomy  Jejunojunctionostomy  Others

47 If leak, re-operation done ?  Yes  No 48 Date of re-operation \_\_\_\_\_

49 Approach to re-operation  Open  Laparoscopy  Laparoscopy to open  
 Robotics  Single Incision Laparoscopy  Endoscopy

50 If leak, treatment of leak  Lavage and drain  Re-fashioning anastomosis  Reversal of procedure  
 Closure of leak  Drain only  Stenting  Glue application  Clip application  
 Conservative management  Other

51 If leak, treatment of leak - Notes \_\_\_\_\_

52 If bleeding, probable source of bleeding  Intra-luminal from staple edges  
 Intra-luminal from anastomosis  Intra-abdominal from staple edge  
 Intra-abdominal from anastomosis  Other

53 If bleeding, probable source of bleeding - Notes \_\_\_\_\_

54 If bleeding, treatment of bleeding  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other

55 If bleeding, treatment of bleeding - Notes \_\_\_\_\_

56 If obstruction, cause of bowel obstruction -  Anastomotic Stenosis  Internal Hernia  
 Obstructed hernia  Adhesions  Bowel kink  Others

57 If obstruction, cause of bowel obstruction - Notes \_\_\_\_\_

58 If obstruction, treatment of obstruction  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  
 Adhesiolysis  Laparoscopy and untwisting of bowel  Hernia repair

59 If obstruction, treatment of obstruction - Notes \_\_\_\_\_

60 If surgical site infection, treatment  Drainage of the infection  Regular dressing  Medical Management

61 If Nausea / Vomiting, treatment  Conservative management  Relook endoscopy  Others

62 If other complications - Notes \_\_\_\_\_

**Additional Procedure Details**

63 Additional procedures  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others

64 Description of the procedure \_\_\_\_\_

65 If hernia repair, types of hernia repair  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others

66 Specify the hernia repair procedure \_\_\_\_\_

67 Operative notes \_\_\_\_\_

68 Date of admission \_\_\_\_\_ 69 Date of discharge \_\_\_\_\_

70 Discharged to  Home care  Another hospital  Hotel  Guest house  Others

71 Date of procedure \_\_\_\_\_



## 15.7. OSSI - Single Anastomosis Sleeve Ileal Bypass - Appendix 7

### OSSI - Single Anastomosis Sleeve Ileal Bypass

| Patient Details                                                                                                                                                                                                                                            |                                                                                          | Date:                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------|
| FULL Name _____                                                                                                                                                                                                                                            | UHID _____                                                                               |                             |
| Age _____                                                                                                                                                                                                                                                  | Gender _____                                                                             |                             |
| Pre-Operative Details                                                                                                                                                                                                                                      |                                                                                          |                             |
| 1 Patient weight Pre-Op - _____ kg                                                                                                                                                                                                                         | 2 Operation start time- _____                                                            | 3 Operation end time- _____ |
| 4 ASA grade- <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV                                                                                                                               | 5 Surgical approach - <input type="checkbox"/> Open <input type="checkbox"/> Laparoscopy |                             |
| <input type="checkbox"/> Laparoscopy to open <input type="checkbox"/> Robotics <input type="checkbox"/> Single Incision Laparoscopy <input type="checkbox"/> Endoscopy                                                                                     |                                                                                          |                             |
| 6 Surgical assistant- <input type="checkbox"/> None <input type="checkbox"/> Consultant <input type="checkbox"/> Registrar (year 4+) <input type="checkbox"/> Registrar (year 1 - 3) <input type="checkbox"/> Fellow <input type="checkbox"/> Other        |                                                                                          |                             |
| 7 Type of surgery <input type="checkbox"/> Primary <input type="checkbox"/> Revision as primary <input type="checkbox"/> Revision as secondary                                                                                                             |                                                                                          |                             |
| 8 If revision surgery, previous surgery <input type="checkbox"/> Gastric Band <input type="checkbox"/> Sleeve Gastrectomy                                                                                                                                  |                                                                                          |                             |
| <input type="checkbox"/> Roux-En-Y Gastric Bypass <input type="checkbox"/> One Anastomosis Gastric Bypass <input type="checkbox"/> Duodeno Jejunal Bypass with Sleeve                                                                                      |                                                                                          |                             |
| <input type="checkbox"/> Biliopancreatic Diversion with Duodenal Switch <input type="checkbox"/> Single Anastomosis Duodeno-Ileal Bypass                                                                                                                   |                                                                                          |                             |
| <input type="checkbox"/> Single Anastomosis Sleeve-Ileal Bypass <input type="checkbox"/> Single Anastomosis Sleeve Jejunal Bypass                                                                                                                          |                                                                                          |                             |
| <input type="checkbox"/> Sleeve Gastrectomy with Proximal Jejunal Bypass <input type="checkbox"/> Ileal Transposition with Sleeve                                                                                                                          |                                                                                          |                             |
| <input type="checkbox"/> Endoscopic Intragastic Balloon <input type="checkbox"/> Endoscopic Sleeve Gastropexy <input type="checkbox"/> Gastric Imbrication                                                                                                 |                                                                                          |                             |
| 9 If revision surgery, reason for revision <input type="checkbox"/> Complications <input type="checkbox"/> Inadequate weight loss                                                                                                                          |                                                                                          |                             |
| <input type="checkbox"/> Weight regain <input type="checkbox"/> Comorbidity relapse <input type="checkbox"/> Stage II of a primary                                                                                                                         |                                                                                          |                             |
| 10 If revision surgery, details of prior surgery _____                                                                                                                                                                                                     |                                                                                          |                             |
| 11 Same as recommended procedure <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                          |                             |
| 12 If no, then _____                                                                                                                                                                                                                                       |                                                                                          |                             |
| Operation Details                                                                                                                                                                                                                                          |                                                                                          |                             |
| 13 Sleeve bougie size <input type="checkbox"/> None <input type="checkbox"/> 32fr <input type="checkbox"/> 34fr <input type="checkbox"/> 36fr <input type="checkbox"/> 38fr <input type="checkbox"/> 40fr <input type="checkbox"/> Other                   |                                                                                          |                             |
| 14 Stapling distance from Pylorus(cm) <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> >6                                                                                                                                |                                                                                          |                             |
| 15 Linear stapler for antrum <input type="checkbox"/> None <input type="checkbox"/> Green(4.5 mm) <input type="checkbox"/> Purple(Tristapler)                                                                                                              |                                                                                          |                             |
| <input type="checkbox"/> Gold(4.1 mm) <input type="checkbox"/> Blue (3.5 mm) <input type="checkbox"/> Others                                                                                                                                               |                                                                                          |                             |
| 16 Linear stapler for vertical sleeve <input type="checkbox"/> Green(4.5 mm) <input type="checkbox"/> Purple(Tristapler) <input type="checkbox"/> Gold(4.1 mm)                                                                                             |                                                                                          |                             |
| <input type="checkbox"/> Blue (3.5 mm) <input type="checkbox"/> Others                                                                                                                                                                                     |                                                                                          |                             |
| 17 Linear stapler for vertical sleeve - Notes _____                                                                                                                                                                                                        |                                                                                          |                             |
| 18 Number of linear staplers used <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |                                                                                          |                             |
| 19 Fundal stapling <input type="checkbox"/> 1-2 cm from Angle of His <input type="checkbox"/> 2-4 cm from angle of His <input type="checkbox"/> > 4 cm from angle of His                                                                                   |                                                                                          |                             |
| 20 Snug around the bougie <input type="checkbox"/> Tight <input type="checkbox"/> Loose                                                                                                                                                                    |                                                                                          |                             |
| 21 Reinforcement <input type="checkbox"/> None <input type="checkbox"/> Seamguard <input type="checkbox"/> Peristrips <input type="checkbox"/> Biodesign SLR <input type="checkbox"/> Duet TRS                                                             |                                                                                          |                             |
| <input type="checkbox"/> Tisseel fibrin glue <input type="checkbox"/> Suturing / buttressing <input type="checkbox"/> Other                                                                                                                                |                                                                                          |                             |
| 22 Common channel limb length(cm) <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 175 <input type="checkbox"/> 200                 |                                                                                          |                             |
| <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 275 <input type="checkbox"/> 300 <input type="checkbox"/> 325 <input type="checkbox"/> 350 <input type="checkbox"/> 375 <input type="checkbox"/> 400                    |                                                                                          |                             |
| 23 Route for anastomosis <input type="checkbox"/> Ante-colic/ante-gastric <input type="checkbox"/> Ante-colic/retro-gastric <input type="checkbox"/> Retro-colic/ante-gastric                                                                              |                                                                                          |                             |
| <input type="checkbox"/> Retro-colic/retro-gastric <input type="checkbox"/> Loop sleeve antro-ileal anastomosis <input type="checkbox"/> Stapled <input type="checkbox"/> Hand Sewn                                                                        |                                                                                          |                             |
| 25 If stapled, stapler used <input type="checkbox"/> Black (4.8mm) <input type="checkbox"/> Green(4.5 mm) <input type="checkbox"/> Gold(4.1 mm) <input type="checkbox"/> Blue (3.5 mm)                                                                     |                                                                                          |                             |
| <input type="checkbox"/> Purple(Tristaple) <input type="checkbox"/> Others                                                                                                                                                                                 |                                                                                          |                             |
| 26 If hand sewn, suture used <input type="checkbox"/> Two layered continuous <input type="checkbox"/> Four layered continuous                                                                                                                              |                                                                                          |                             |
| 27 Anastomotic stoma(cm) <input type="checkbox"/> 2.5 - 3.0 <input type="checkbox"/> 4.0 - 6.0 <input type="checkbox"/> Mesenteric defect closure <input type="checkbox"/> Yes <input type="checkbox"/> No                                                 |                                                                                          |                             |
| 29 Leak test <input type="checkbox"/> Not done <input type="checkbox"/> Methylene blue <input type="checkbox"/> Under water air seal <input type="checkbox"/> Endoscopic air seal <input type="checkbox"/> Others                                          |                                                                                          |                             |
| 30 Leak result <input type="checkbox"/> No leak <input type="checkbox"/> Leak <input type="checkbox"/> Leak identified and corrected                                                                                                                       |                                                                                          |                             |
| 31 Leak result - Additional notes _____                                                                                                                                                                                                                    |                                                                                          |                             |



- 32 Drain  No drain  Tube drain  Penrose drain  Suction drain  
 33 Blood loss  Minimal  Up to 50 cc  50 to 100 cc  More than 100 cc  
 34 Histopathology  None  Stomach  Liver biopsy  Other

**Post-op Day Complications**

- 35 Complications  No  Yes **36** If complications, date of complication\_\_\_\_\_
- 37 Perioperative complication  Major  Minor  None
- 38 Major complication - Type  Leak  Obstruction  Bleeding  Others
- 39 Minor complication - Type  Surgical Site Infection  Nausea / Vomiting  Others
- 40 If leak, leak location (SASLB)  OG Junction  Sleeve Stapler edge  Sleeve-Ileostomy site  Others
- 41 If leak, re-operation done ?  Yes  No **42** Date of re-operation\_\_\_\_\_
- 43 Approach to re-operation  Open  Laparoscopy  Laparoscopy to open  Robotics  
 Single Incision Laparoscopy  Endoscopy
- 44 If leak, treatment of leak  Lavage and drain  Re-fashioning anastomosis  Reversal of procedure  
 Closure of leak  Drain only  Stenting  Glue application  Clip application  
 Conservative management  Other
- 45 If leak, treatment of leak - Notes\_\_\_\_\_
- 46 If bleeding, probable source of bleeding  Intra-luminal from staple edges  Intra-luminal from anastomosis  
 Intra-abdominal from staple edge  Intra-abdominal from anastomosis  Other
- 47 If bleeding, probable source of bleeding - Notes\_\_\_\_\_
- 48 If bleeding, treatment of bleeding  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other
- 49 If bleeding, treatment of bleeding - Notes\_\_\_\_\_
- 50 If obstruction, cause of bowel obstruction  Anastomotic Stenosis  Internal Hernia  Obstructed hernia  
 Adhesions  Bowel kink  Other
- 51 If obstruction, cause of bowel obstruction - Notes\_\_\_\_\_
- 52 If obstruction, treatment of obstruction  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  Adhesiolysis  
 Laparoscopy and untwisting of bowel  Hernia repair
- 53 If obstruction, treatment of obstruction - Notes\_\_\_\_\_
- 54 If surgical site infection, treatment  Drainage of the infection  Regular dressing  Medical Management
- 55 If Nausea / Vomiting, treatment  Conservative management  Relook endoscopy  Others
- 56 If other complications - Notes\_\_\_\_\_

**Additional Procedure Details**

- 57 Additional procedures-  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others
- 58 Description of the procedure-\_\_\_\_\_
- 59 If hernia repair, types of hernia repair-  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others **60** Specify the procedure-\_\_\_\_\_
- 61 Operative notes-\_\_\_\_\_
- 62 Date of admission-\_\_\_\_\_ **63** Date of discharge-\_\_\_\_\_
- 64 Discharged to-  Home care  Another hospital  Hotel  Guest house  Other
- 65 Date of procedure-\_\_\_\_\_







- 33 Blood loss -  Minimal  Up to 50 cc  50 to 100 cc  More than 100 cc  
 34 Histopathology -  None  Stomach  Liver biopsy  Other

**Post-op Day Complications**

35 Complications -  No  Yes 36 If yes in complications, date of complication \_\_\_\_\_

37 Perioperative complication -  Major  Minor  None

38 Major complication - Type -  Leak  Obstruction  Bleeding  Others

39 Minor complication - Type -  Surgical Site Infection  Nausea / Vomiting  Others

40 If leak, leak location -  OG Junction  Sleeve Stapler Edge  Sleeve-Jejunostomy site  Others

41 If leak, re-operation done ? -  Yes  No 42 Date of re-operation \_\_\_\_\_

43 Approach to re-operation -  Open  Laparoscopy  Laparoscopy to open  Robotics  
 Single Incision Laparoscopy  Endoscopy

44 If leak, treatment of leak -  Lavage and drain  Re-fashioning anastomosis  Reversal of procedure  
 Closure of leak  Drain only  Stenting  Glue application  Clip application  
 Conservative management  Other

45 If leak, treatment of leak - Notes \_\_\_\_\_

46 If bleeding, probable source of bleeding -  Intra-luminal from staple edges  
 Intra-luminal from anastomosis  Intra-abdominal from staple edge  
 Intra-abdominal from anastomosis  Other

47 If bleeding, probable source of bleeding - Notes \_\_\_\_\_

48 If bleeding, treatment of bleeding -  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other

49 If bleeding, treatment of bleeding - Notes \_\_\_\_\_

50 If obstruction, cause of bowel obstruction -  Anastomotic Stenosis  Internal Hernia  
 Obstructed hernia  Adhesions  Bowel kink  Others

51 If obstruction, cause of bowel obstruction - Notes \_\_\_\_\_

52 If obstruction, treatment of obstruction -  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  
 Adhesiolysis  Laparoscopy and untwisting of bowel  Hernia repair

53 If obstruction, treatment of obstruction - Notes \_\_\_\_\_

54 If surgical site infection, treatment -  Drainage of the infection  Regular dressing  
 Medical Management

55 If Nausea / Vomiting, treatment -  Conservative management  Relook endoscopy  Others

56 If other complications - Notes \_\_\_\_\_

**Additional Procedure Details**

57 Additional procedures  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others

58 Description of the procedure \_\_\_\_\_

59 If hernia repair, types of hernia repair  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others

60 Specify the hernia repair procedure \_\_\_\_\_

61 Operative notes \_\_\_\_\_

62 Date of admission \_\_\_\_\_ 63 Date of discharge \_\_\_\_\_

64 Discharged to  Home care  Another hospital  Hotel  Guest house  Others

65 Date of procedure \_\_\_\_\_



## 15.9. OSSI - Adjustable Gastric Band - Appendix 9

### OSSI - Adjustable Gastric Band

#### Patient Details

FULL Name \_\_\_\_\_  
Age \_\_\_\_\_

Date: \_\_\_\_\_

UHID \_\_\_\_\_  
Gender \_\_\_\_\_

#### Pre-Operative Details

- 1 Patient weight Pre-Op - \_\_\_\_\_kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_
- 4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy
- 6 Surgical assistant-     None     Consultant     Registrar (year 4+)     Registrar (year 1 - 3)     Fellow     Other
- 7 Type of surgery     Primary     Revision as primary     Revision as secondary
- 8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Billopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intra-gastric Balloon     Endoscopic Sleeve Gastropepy     Gastric Imbrication
- 9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary
- 10 If revision surgery, details of prior surgery \_\_\_\_\_
- 11 Same as recommended procedure     Yes     No
- 12 If no, then \_\_\_\_\_

#### Part - I

- 13 Gastric band-     Allergan     AMI     LapBand     Bioring     Heliogast     MID Band  
 Minimizer     Quickclose     Velocity     Other (Specify)
- 14 Dissection-     Pars flaccida     Peri-gastric    15 Gastro-Gastric tunnel sutures-     Yes     No
- 16 Bougie used-     None     32fr     34fr     36fr     38fr     40fr     Other
- 17 Port placement-     Left Subcostal     Others
- 18 Port placement - Notes- \_\_\_\_\_
- 19 Port site plane -     Suprafascial     Subfascial
- 20 Drain-     No drain     Tube drain     Penrose drain     Suction drain
- 21 Blood loss-     Minimal     Up to 50 cc     50 to 100 cc     More than 100 cc

#### Post-op Day Complications

- 22 Complications-     No     Yes    23 If yes in complications, date of complication- \_\_\_\_\_
- 24 Perioperative complication-     Major     Minor     None
- 25 Major complication - type-     Slippage     Perforation     Erosion     Bleeding     Others
- 26 Minor complication - type-     Port site infection     Nausea / Vomiting     Port rotation     Others
- 27 Re-operation-     Yes     No    28 Date of re-operation- \_\_\_\_\_
- 29 Re-operation performed-     Band slippage repositioning     Band removal  
 Band removal and revision     Band removal, lavage and drain     Laparoscopic closure of perforation  
 Attention to port / tubing     Conservative management     Blood transfusion



30 If band slippage, treatment of band slippage-  Band removal and repositioning  Band removal  
 Band removal and revision

31 Treatment of band slippage - Notes- \_\_\_\_\_

32 If band erosion / perforation, treatment of leak  Band removal  Lavage and drain  
 Band removal and Closure of leak  Drain only  Stenting  Glue application  
 Endoscopic Clip application  Endoscopic sutured fistula closer  Conservative management  Other

33 Treatment of leak - Notes- \_\_\_\_\_

34 If bleeding, treatment of bleeding-  Conservative management  Blood transfusion  
 Laparoscopy and arrest of bleeding  Laparoscopy and drain  Other

35 If bleeding, treatment of bleeding - Notes- \_\_\_\_\_

36 If port site infection, treatment  Drainage of the infection  Removal of Band and port

37 If port site infection, treatment - Notes- \_\_\_\_\_

38 If port rotation, treatment-  Open fixation of port  Fixation of port under radiological guidance

39 If port rotation, treatment - Notes- \_\_\_\_\_

40 If Nausea / Vomiting, treatment-  Conservative management  Relook endoscopy  
 Relook laparoscopy  Others

41 If other complications - Notes- \_\_\_\_\_

---

**Part - II**

---

42 Band re-operation-  Refill  Defill **43** If refill, date of refill- \_\_\_\_\_

44 If refill, refill volume(cm)-  1 cc  1.25 cc  1.5 cc  1.75 cc  2 cc  2.25 cc  2.5 cc

45 If defill, date of defill- \_\_\_\_\_

46 If defill, defill volume(cm)-  1 cc  1.25 cc  1.5 cc  1.75 cc  2 cc  2.25 cc  2.5 cc

---

**Additional Procedure Details**

---

47 Additional procedures-  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others

48 Description of the procedure- \_\_\_\_\_

49 If hernia repair, types of hernia repair-  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others

50 Specify the procedure- \_\_\_\_\_

51 Operative notes- \_\_\_\_\_

52 Date of admission- \_\_\_\_\_ **53** Date of discharge- \_\_\_\_\_

54 Discharged to-  Home care  Another hospital  Hotel  Guest house  Other

55 Date of procedure- \_\_\_\_\_



## 15.10. OSSI - Ileal Transposition with Sleeve - Appendix 10

### OSSI - Ileal Transposition with Sleeve

#### Patient Details

FULL Name \_\_\_\_\_  
Age \_\_\_\_\_

Date:

UHID \_\_\_\_\_  
Gender \_\_\_\_\_

#### Pre-Operative Details

- 1 Patient weight Pre-Op - \_\_\_\_\_kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_
- 4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy
- 6 Surgical assistant-  None     Consultant     Registrar (year 4+)     Registrar (year 1 - 3)     Fellow     Other
- 7 Type of surgery     Primary     Revision as primary     Revision as secondary
- 8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Biliopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intragastic Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication
- 9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary
- 10 If revision surgery, details of prior surgery \_\_\_\_\_
- 11 Same as recommended procedure     Yes     No
- 12 If no, then \_\_\_\_\_

#### Operation Details

- 13 Sleeve bougie size -  None     32fr     34fr     36fr     38fr     40fr     Other
- 14 Stapling distance from pylorus(cm) -     2-4     4-6     > 6
- 15 Linear stapler for antrum -  None     Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others
- 16 Linear stapler for vertical sleeve -  Green(4.5 mm)     Purple(Tristapler)     Gold(4.1 mm)  
 Blue (3.5 mm)     Others
- 17 Number of linear staplers used -  3     4     5     6     7     8     9     10
- 18 Linear stapler for vertical sleeve - Notes - \_\_\_\_\_
- 19 Fundal stapling -  1-2 cm from Angle of His     2-4 cm from angle of His     > 4 cm from angle of His
- 20 Snug around the bougie -     Tight     Loose
- 21 Reinforcement -     None     Seamguard     Peristrips     Biodesign SLR  
 Duet TRS     Tisseel fibrin glue     Suturing / buttressing     Other
- 22 Omentopexy -  Yes     No    23 IT modification -  Conventional     Diverted
- 24 If conventional, interposed Ileo-Jejunal anastomosis -  Triple Linear stapler     Double Linear Stapler  
 Single Linear Stapler     Hand sewn
- 25 If linear, stapler used -  None     Blue(3.5 mm)     White(2.0 mm)     Purple(Tristaple)     Other
- 26 If hand sewn, sutures used -  Two layered continuous     Four layered continuous



- 27 If conventional, interposed segment values -  Biliopancreatic 50cm / Ileum 100cm  
 Biliopancreatic 75cm / Ileum 100 cm       Biliopancreat 100cm / Ileum 100cm
- 28 If diverted, Duodeno-Ileal anastomosis -  Two layered continuous       Four layered continuous
- 29 If diverted, ileo-Jejunal anastomosis -  Triple linear stapler       Double linear stapler  
 Single linear stapler       Hand sewn
- 30 If linear, stapler used -  None     Blue(3.5 mm)     White(2.0 mm)     Purple(Tristaple)     Other
- 31 If hand sewn, sutures used -  Two layered continuous       Four layered continuous
- 32 If diverted, interposed segment values -  Biliopancreatic 50cm / Ileum 100 cm / alimentary 100 cm  
 Biliopancreatic 50cm / Ileum 100 cm / alimentary 125 cm  
 Biliopancreatic 50cm / Ileum 100 cm / alimentary 150 cm
- 33 Distal ileo-Ileal anastomosis- Triple linear stapler  Double linear stapler  Single linear stapler  Hand sewn
- 34 If linear, stapler used -  None     Blue(3.5 mm)     White(2.0 mm)     Purple(Tristaple)     Other
- 35 If hand sewn, sutures used -  Two layered continuous     Four layered continuous
- 36 Distal ileo-Ileostomy segment -  50cm from ileo-caecal junction     75m from ileo-caecal junction  
 100cm from ileo-caecal junction
- 37 Mesentric defect closure -       Yes       No
- 38 Leak test -  Not done     Methylene blue     Under water air seal     Endoscopic air seal     Others
- 39 Leak result -  No leak       Leak       Leak identified and corrected
- 40 Leak result - Notes - -----
- 41 Drain -     No drain     Tube drain     Penrose drain     Suction drain
- 42 Blood loss -  Minimal     Up to 50 cc     50 to 100 cc     More than 100 cc
- 43 Histopathology -  None     Stomach     Liver biopsy     Other

**Post-op Day Complications**

- 44 Complications -       No       Yes
- 45 If yes in complications, date of complication - -----
- 46 Perioperative complication -       Major       Minor       None
- 47 Major complication - type -       Leak       Obstruction       Bleeding       Others
- 48 Minor complication - type -       Surgical Site Infection       Nausea / Vomiting       Others
- 49 If leak, leak Location -       OG Junction       Sleeve Stapler Edge       Jejunioileostomy site  
 Duodeno-Ileostomy site     Ileo-Ileostomy Site     Others
- 50 If leak, re-operation done -  Yes     No      51 Date of re-operation - -----
- 52 Approach to re-operation -  Open     Laparoscopy     Laparoscopy to open  
 Robotics     Single Incision Laparoscopy     Endoscopy
- 53 If leak, treatment of leak -  Lavage and drain     Re-fashioning anastomosis     Reversal of procedure  
 Closure of leak     Drain only     Stenting     Glue application     Clip application  
 Conservative management     Other
- 54 Treatment of leak - Notes - -----
- 55 If bleeding, probable source of bleeding - Intra-luminal from staple edges  Intra-luminal from anastomosis  
 Intra-abdominal from staple edge     Intra-abdominal from anastomosis     Other



56 If bleeding, probable source of bleeding - Notes - \_\_\_\_\_

57 If bleeding, treatment of bleeding -  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other

58 If bleeding, treatment of bleeding - Notes - \_\_\_\_\_

59 If obstruction, cause of bowel obstruction -  Anastomotic Stenosis  Internal Hernia  
 Obstructed hernia  Adhesions  Bowel kink  Others

60 If obstruction, cause of bowel obstruction - Notes- \_\_\_\_\_

61 If obstruction, treatment of obstruction -  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  Adhesiolysis  
 Laparoscopy and untwisting of bowel  Hernia repair

62 If obstruction, treatment of obstruction - Notes - \_\_\_\_\_

63 If surgical site infection, treatment -  Drainage of the infection  Regular dressing  Medical Management

64 If Nausea / Vomiting, treatment -  Conservative management  Relook endoscopy  Others

65 If other complications - Notes - \_\_\_\_\_

**Additional Procedure Details**

66 Additional procedures -  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others

67 Description of the procedure \_\_\_\_\_

68 If hernia repair, types of Hernia repair -  Hiatus hernia  Ventral  Umbilical  Incisional  
 Inguinal hernia  Others

69 Specify the procedure - \_\_\_\_\_

70 Operative notes - \_\_\_\_\_

71 Date of admission \_\_\_\_\_ 72 Date of discharge - \_\_\_\_\_

73 Discharged to -  Home care  Another hospital  Hotel  Guest house  Other

74 Date of procedure - \_\_\_\_\_







26 If balloon intolerance, treatment of balloon intolerance-  Settled conservatively  
 Endoscopic balloon removal  Endoscopic defilling  Others

27 If balloon intolerance, treatment of balloon intolerance - Notes- \_\_\_\_\_

28 If endoscopic defilling, volume removed(cm)-  50  75  100  125  150

29 If Obalon, second balloon-  Yes  No      30 Date of second balloon swallow- \_\_\_\_\_

31 Complications-  No  Yes      32 If Obalon, third balloon-  Yes  No

33 Date of third balloon swallow- \_\_\_\_\_      34 Complications-  No  Yes

35 If Spatz3, first refill-  Yes  No      36 Date of first refill- \_\_\_\_\_

37 If Spatz3, first refill volume(cm)-  100  150  200  250

38 If Spatz3, first refill complications-  Yes  No

39 If Spatz3, second refill-  Yes  No      40 Date of second refill- \_\_\_\_\_

41 If Spatz3, second refill volume(cm)-  100  150  200  250

42 If Spatz3, second refill complications-  Yes  No

**Part - II**

43 Balloon removal-  Endoscopic  Self-dissolving      44 Date of balloon removal- \_\_\_\_\_

**Additional Procedure Details**

45 Additional procedures-  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others

46 Description of the procedure- \_\_\_\_\_

47 If hernia repair, types of hernia repair-  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others

48 Specify the procedure- \_\_\_\_\_

49 Operative notes- \_\_\_\_\_

50 Date of admission- \_\_\_\_\_      51 Date of discharge- \_\_\_\_\_

52 Discharged to-  Home care  Another hospital  Hotel  Guest house  Other

53 Date of procedure- \_\_\_\_\_



## 15.12. OSSI - Sleeve with Proximal Jejunal Bypass - Appendix 12

### OSSI - Sleeve with Proximal Jejunal Bypass

**Patient Details**

Date: \_\_\_\_\_

FULL Name \_\_\_\_\_

UHID \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

**Pre-Operative Details**

1 Patient weight Pre-Op - \_\_\_\_\_kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_

4 ASA grade-     I     II     III     IV                      5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy

6 Surgical assistant-     None     Consultant     Registrar (year 4+)     Registrar (year 1 - 3)     Fellow     Other

7 Type of surgery     Primary     Revision as primary     Revision as secondary

8 If revision surgery, previous surgery     Gastric Band                       Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Biliopancreatic Diversion with Duodenal Switch                       Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass                       Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass                       Ileal Transposition with Sleeve  
 Endoscopic Intra-gastric Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication

9 If revision surgery, reason for revision     Complications                       Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary

10 If revision surgery, details of prior surgery \_\_\_\_\_

11 Same as recommended procedure     Yes     No

12 If no, then \_\_\_\_\_

**Operation Details**

13 Sleeve bougie size -     None     32fr     34fr     36fr     38fr     40fr     Other

14 Stapling distance from Pylorus(cm)     2 - 4     4 - 6     > 6

15 Linear stapler for Antrum     None     Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others

16 Linear stapler for vertical sleeve     Green(4.5 mm)     Purple(Tristapler)     Gold(4.1 mm)  
 Blue (3.5 mm)     Others

17 Number of linear stapler for vertical sleeve -     3     4     5     6     7     8     9     10

18 Linear stapler for vertical sleeve - Notes \_\_\_\_\_

19 Fundal stapling -     1-2 cm from Angle of His     2-4 cm from angle of His     > 4 cm from angle of His

20 Snug around the bougie -     Tight     Loose

21 Reinforcement -     None     Seamguard     Peristrips     Biodesign SLR     Duet TRS  
 Tisseel fibrin glue     Suturing / buttressing     Other

22 Bilio-Pancreatic channel limb length(cm) -     50     75     100     125     150

23 Alimentary channel limb length(cm) -  100     125     150     175     200  
 225     250     275     300     350

24 Jejunum-Jejunal anastomosis-     Triple Linear stapler                       Double Linear Stapler  
 Single Linear Stapler                       Hand sewn



25 If linear, stapler used -  None  Blue(3.5 mm)  White(2.0 mm)  Purple(Tristaple)  Other

26 If hand sewn, sutures used -  Two layered continuous  Four layered continuous

27 Mesenteric defect closure -  Yes  No

28 Leak test -  Not done  Methylene blue  Under water air seal  
 Endoscopic air seal  Others

29 Leak result -  No leak  Leak  Leak identified and corrected

30 Leak result - Notes - \_\_\_\_\_

31 Drain -  No drain  Tube drain  Penrose drain  Suction drain

32 Blood loss -  Minimal  Up to 50 cc  50 to 100 cc  More than 100 cc

33 Histopathology -  None  Stomach  Liver biopsy  Other

**Post-op Day Complications**

34 Complications -  No  Yes

35 If yes in complications, date of complication - \_\_\_\_\_

36 Perioperative complication -  Major  Minor  None

37 Major complication - type -  Leak  Obstruction  Bleeding  Others

38 Minor complication - type -  Surgical Site Infection  Nausea / Vomiting  Others

39 If leak, leak location -  OG Junction  Sleeve Stapler Edge  Jejunum-Jejunostomy Site  Others

40 If leak, re-operation done -  Yes  No **41** Date of re-operation - \_\_\_\_\_

42 Approach to re-operation -  Open  Laparoscopy  Laparoscopy to open  Robotics  
 Single Incision Laparoscopy  Endoscopy

43 If leak, treatment of leak -  Lavage and drain  Re-fashioning anastomosis  
 Reversal of procedure  Closure of leak  Drain only  Stenting  
 Glue application  Clip application  Conservative management  Other

44 Treatment of leak - Notes - \_\_\_\_\_

45 If bleeding, probable source of bleeding -  Intra-luminal from staple edges  Intra-luminal from anastomosis  
 Intra-abdominal from staple edge  Intra-abdominal from anastomosis  Other

46 If bleeding, probable source of bleeding - Notes - \_\_\_\_\_

47 If bleeding, treatment of bleeding -  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other

48 If bleeding, treatment of bleeding - Notes - \_\_\_\_\_

49 If obstruction, cause of bowel obstruction -  Anastomotic Stenosis  Internal Hernia  
 Obstructed hernia  Adhesions  Bowel kink  Others

50 If obstruction, cause of bowel obstruction - Notes - \_\_\_\_\_

51 If obstruction, treatment of obstruction -  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  Adhesiolysis  
 Laparoscopy and untwisting of bowel  Hernia repair

52 If obstruction, treatment of obstruction - Notes - \_\_\_\_\_

53 If surgical site infection, treatment -  Drainage of the infection  Regular dressing  Medical Management

54 If Nausea / Vomiting, treatment -  Conservative management  Relook endoscopy  Others

55 If other complications - Notes - \_\_\_\_\_



**Additional Procedure Details**

- 56** Additional procedures -  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others
- 57** Description of the procedure - \_\_\_\_\_
- 58** If hernia repair, types of hernia repair -  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others
- 59** Specify the procedure - \_\_\_\_\_
- 60** Operative notes - \_\_\_\_\_
- 61** Date of admission \_\_\_\_\_ **62** Date of discharge \_\_\_\_\_
- 63** Discharged to -  Home care  Another hospital  Hotel  Guest house  Other
- 64** Date of procedure - \_\_\_\_\_



## 15.13. OSSI - Bilio-pancreatic diversion - duodenal switch - Appendix 13

### OSSI - Bilio-Pancreatic Diversion - Duodenal Switch

**Patient Details**

Date: \_\_\_\_\_

FULL Name \_\_\_\_\_

UHID \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

**Pre-Operative Details**

1 Patient weight Pre-Op - \_\_\_\_\_kg    2 Operation start time- \_\_\_\_\_    3 Operation end time- \_\_\_\_\_

4 ASA grade-     I     II     III     IV    5 Surgical approach -     Open     Laparoscopy  
 Laparoscopy to open     Robotics     Single Incision Laparoscopy     Endoscopy

6 Surgical assistant-     None     Consultant     Registrar(year 4+)     Registrar(year 1 - 3)     Fellow     Other

7 Type of surgery     Primary     Revision as primary     Revision as secondary

8 If revision surgery, previous surgery     Gastric Band     Sleeve Gastrectomy  
 Roux-En-Y Gastric Bypass     One Anastomosis Gastric Bypass     Duodeno Jejunal Bypass with Sleeve  
 Biliopancreatic Diversion with Duodenal Switch     Single Anastomosis Duodeno-Ileal Bypass  
 Single Anastomosis Sleeve-Ileal Bypass     Single Anastomosis Sleeve Jejunal Bypass  
 Sleeve Gastrectomy with Proximal Jejunal Bypass     Ileal Transposition with Sleeve  
 Endoscopic Intra-gastric Balloon     Endoscopic Sleeve Gastropexy     Gastric Imbrication

9 If revision surgery, reason for revision     Complications     Inadequate weight loss  
 Weight regain     Comorbidity relapse     Stage II of a primary

10 If revision surgery, details of prior surgery \_\_\_\_\_

11 Same as recommended procedure     Yes     No

12 If no, then \_\_\_\_\_

**Operation Details**

13 Sleeve bougie size -     None     32fr     34fr     36fr     38fr     40fr     Other

14 Stapling distance from Pylorus(cm) -     2-4     4-6     > 6

15 Linear stapler for Antrum -  None     Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others

16 Linear stapler for vertical sleeve -  Green(4.5 mm)     Purple(Tristapler)  
 Gold(4.1 mm)     Blue (3.5 mm)     Others

17 Number of linear staplers used -  3     4     5     6     7     8     9     10

18 Linear stapler for vertical sleeve - Notes \_\_\_\_\_

19 Fundal stapling -     1-2 cm from Angle of His     2-4 cm from angle of His     > 4 cm from angle of His

20 Snug around the bougie -  Tight     Loose    21 Reinforcement -     None     Seamguard     Peristrips  
 Biodesign SLR     Duet TRS     Tisseel fibrin glue     Suturing / buttressing     Other

22 Alimentary channel limb length(cm) -  100     125     150     175     200  
 225     250     275     300     350

23 Route for anastomosis -     Ante-colic/ante -gastric     Ante-colic/retro-gastric  
 Retro-colic/ante -gastric     Retro-colic/retro-gastric

24 Duodeno-Ileal anastomosis -     Two layered continuous     Four layered continuous

25 Common channel limb length(cm) -  50     75     100     125     150     175  
 200     225     250     275     300     325     350     375     400

26 Ileo-Ileal anastomosis -     Triple linear stapler     Double linear stapler  
 Single linear stapler     Hand sewn

27 If linear, stapler used -  None     Blue(3.5 mm)     White(2.0 mm)     Purple(Tristaple)     Other

28 If hand sewn, sutures used -     Two layered continuous     Four layered continuous

- 29 Petersen defect closure -  Yes  No      30 Mesentric defect closure -  Yes  No  
31 Leak test -  Not done  Methylene blue  Under water air seal  Endoscopic air seal  Others  
32 Leak result -  Noleak  Leak  Leak identified and corrected  
33 Leak result - Notes -----  
34 Drain -  No drain  Tube drain  Penrose drain  Suction drain  
35 Blood loss -  Minimal  Up to 50 cc  50 to 100 cc  More than 100 cc  
36 Histopathology -  None  Stomach  Liver biopsy  Other

**Post-op Day Complications**

- 37 Complications -  No  Yes      38 If yes in complications, date of complication - -----  
39 Perioperative complication -  Major  Minor  None  
40 Major complication - type -  Leak  Obstruction  Bleeding  Others  
41 Minor complication - type -  Surgical Site Infection  Nausea / Vomiting  Others  
42 If leak, leak location -  OG Junction  Sleeve Staple Edges  
 Duodeno-Ileoostomy  Ileo-Ileostomy  Others  
43 If leak, re-operation done -  Yes  No      44 Date of re-operation - -----  
45 Approach to re-operation -  Open  Laparoscopy  Laparoscopy to open  Robotics  
 Single Incision Laparoscopy  Endoscopy  
46 If leak, treatment of leak -  Lavage and drain  Re-fashioning anastomosis  Reversal of procedure  
 Closure of leak  Drain only  Stenting  Glue application  
 Clip application  Conservative management  Other  
47 Treatment of leak - -----  
48 If bleeding, probable source of bleeding -  Intra-luminal from staple edges  
 Intra-luminal from anastomosis  Intra-abdominal from staple edge  
 Intra-abdominal from anastomosis  Other  
49 If bleeding, probable source of bleeding -Notes -----  
50 If bleeding, treatment of bleeding -  Blood transfusion  Laparoscopy and arrest of bleeding  
 Laparoscopy and drain  Continue Drain and medical management  Other  
51 If bleeding, treatment of bleeding -Notes -----  
52 If obstruction, cause of bowel obstruction -  Anastomotic Stenosis  Internal Hernia  
 Obstructed hernia  Adhesions  Bowel kink  Others  
53 If obstruction, cause of bowel obstruction -Notes -----  
54 If obstruction, treatment of obstruction -  Settled conservatively  Endoscopic dilatation  
 Re-fashioning anastomosis  Stricture of stricturoplasty  Defect closure  
 Adhesiolysis  Laparoscopy and untwisting of bowel  Hernia repair  
55 If obstruction, treatment of obstruction - -----  
56 If surgical site infection, treatment -  Drainage of the infection  Regular dressing  
 Medical Management  
57 If Nausea / Vomiting, treatment -  Conservative management  Relook endoscopy  Others  
58 If other complications - -----

**Additional Procedure Details**

- 59 Additional procedures  None  Cholecystectomy  Apronectomy  Hernia repair  
 Appendicectomy  Hysterectomy  Others  
60 Description of the procedure -----



**61** If hernia repair, types of hernia repair  Hiatus hernia  Ventral  Umbilical  
 Incisional  Inguinal hernia  Others

**62** Specify the hernia repair procedure \_\_\_\_\_

**63** Operative notes \_\_\_\_\_

**64** Date of admission \_\_\_\_\_ **65** Date of discharge \_\_\_\_\_

**66** Discharged to  Home care  Another hospital  Hotel  Guest house  Others

**67** Date of procedure \_\_\_\_\_



## 15.14. OSSI - Re-admission/Re-operation or Death - Appendix 14

| <b>OSSI - Re-admission/Re-operation or Death</b>                                                                                                                 |                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Patient Details</b>                                                                                                                                           | <b>Date:</b>                                                                            |
| FULL Name _____                                                                                                                                                  | UHID _____                                                                              |
| Age _____                                                                                                                                                        | Gender _____                                                                            |
| <b>Re-Admission</b>                                                                                                                                              |                                                                                         |
| 1 Re-admission within 30 days of index surgery -                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| 2 Reason for re-admission -                                                                                                                                      | <input type="checkbox"/> Major complication <input type="checkbox"/> Minor complication |
|                                                                                                                                                                  | <input type="checkbox"/> Observation <input type="checkbox"/> Others                    |
| 3 Other reasons for re-admission _____                                                                                                                           |                                                                                         |
| <b>Re-Operation</b>                                                                                                                                              |                                                                                         |
| 4 Re-operation within 30 days of index surgery - <input type="checkbox"/> Yes <input type="checkbox"/> No                                                        |                                                                                         |
| 5 Reason for re-operation - <input type="checkbox"/> Leak <input type="checkbox"/> Obstruction <input type="checkbox"/> Bleeding <input type="checkbox"/> Others |                                                                                         |
| 6 Other reasons for re-operation _____                                                                                                                           |                                                                                         |
| <b>Death</b>                                                                                                                                                     |                                                                                         |
| 7 Patient known to have disease during follow-up - <input type="checkbox"/> Yes <input type="checkbox"/> No                                                      |                                                                                         |
| 8 If diseased, cause of death _____                                                                                                                              |                                                                                         |





**15.15.**

**OSSI - General Post Surgical Follow-up (30 days post Discharge) - Appendix 15**

**OSSI - General Post surgical Follow Up**

**Patient Details**

Date: \_\_\_\_\_

FULL Name \_\_\_\_\_

UHID \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

**Vitals**

1 Height (cms)\_\_\_\_ 2 Weight (kgs)\_\_\_\_ 3 Blood pressure \_\_\_\_/\_\_\_\_  
4 Pulse\_\_\_\_ 5 Respiration rate\_\_\_\_ 6 Waist circumference (cms)\_\_\_\_ 7 Hip Circumference\_\_\_\_

**OSSI - General Post Surgical Follow Up**

- 1 Mode of follow-up -  In-person  Telephonic  Tele-Consult  Not followed-up / Uncontactable  
2 Who did the follow-up? -  Bariatric Surgeon  Bariatric Physician  Nutritionist  Counsellor  
3 Patient on appropriate nutritional supplements -  Yes  No  
4 Regular appropriate monitoring by tests -  Yes  No 5 Clinical evidence of malnutrition -  Yes  No  
6 Patient complaint/s since last visit -  No specific complaints  Inadequate weight loss  
 Weight regain  Dyspepsia  Nausea  Vomiting  Abdominal distension  
 Bowel cramps  Flatulence  Heart burn  Breathlessness  Fatigue  
 Leg swelling  Interactable diarrhoea  Fainting episodes  Hair fall  
 Skin sagging  Dryness of skin  Others  
7 Patient complaint - More details (if any) - \_\_\_\_\_

**Comorbidity Follow-up**

**Diabetes History**

- 8 Diabetes Mellitus (DM) -  No History of Diabetes  History of Diabetes  
9 If DM, type of diabetes -  T1DM  T2DM  Gestational Diabetes  
 Diabetes Mellitus Type 3  LADA  MODY  Secondary Diabetes  Others  
10 Duration of diabetes - \_\_\_\_\_ Years  
11 If DM, current treatment for diabetes -  No treatment  Insulin  OAD (Oral Anti-Diabetes)  Pump  
12 If DM, complication due to diabetes -  None  Retinopathy  Nephropathy  Neuropathy  
 Diabetic Foot  CVD  Coronary Heart Disease (CHD)  Cardiomyopathy  Others

**HTN/CVD/DL History**

- 13 Hypertension (HTN) -  No history of hypertension  History of Hypertension  
14 If HTN, duration of HTN - \_\_\_\_\_ Years  
15 If HTN, current stage of HTN -  HT not on treatment  Controlled with treatment  
 Uncontrolled HTN  HTN with cardiac complications  
16 Cardio Vascular Disease (CVD) -  Present  Absent  Data unavailable  
17 If CVD, duration of CVD - \_\_\_\_\_ Years  
18 If CVD, current stage of CVD -  CVD not on treatment  CVD being treated  
19 Dyslipidemia (DL) -  Present  Absent  
20 If DL, duration of DL - \_\_\_\_\_ years  
21 If DL, current stage of DL -  DL not on treatment  DL being treated

**OSA/BA History**

- 22 Obstructive Sleep Apnea (OSA) -  No history of OSA  History of OSA  
23 If OSA, duration of OSA - \_\_\_\_\_ years



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 24 If OSA, current status of OSA - <input type="checkbox"/> Snoring <input type="checkbox"/> Tiredness <input type="checkbox"/> OSA on intermittent treatment <input type="checkbox"/> OSA on C-PAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
| 25 Bronchial Asthma (BA) - <input type="checkbox"/> No history of BA <input type="checkbox"/> History of BA <b>26</b> If BA, duration of BA - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |
| 27 If BA, current status of BA - <input type="checkbox"/> BA on inhalers <input type="checkbox"/> BA on Nebulizers or Steroids                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| <b>OA/GERD/Liver Disease History</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |
| 28 Osteo Arthritis (OA) - <input type="checkbox"/> No history of OA <input type="checkbox"/> History of OA <b>29</b> If OA, duration of OA - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 30 If OA, current status of OA - <input type="checkbox"/> Intermittent OA <input type="checkbox"/> OA Operated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| 31 Gastro Esophageal Reflux Disease (GERD) - <input type="checkbox"/> No history of GERD <input type="checkbox"/> History of GERD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |
| 32 If GERD, duration of GERD - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| 33 If GERD, current status of GERD - <input type="checkbox"/> Intermittent GERD not on treatment <input type="checkbox"/> Intermittent GERD on treatment<br><input type="checkbox"/> Antireflux operation (procedure)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |
| 34 Liver disease - <input type="checkbox"/> No history of Liver Disease <input type="checkbox"/> Suspected Liver Disease <input type="checkbox"/> History of Liver Disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| 35 If NAFLD, conditions - <input type="checkbox"/> NAFL <input type="checkbox"/> NASH <input type="checkbox"/> Cirrhosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 36 If NAFLD, duration of Non-alcoholic fatty liver disease (NAFLD) - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
| <b>VTE/Depression/Abdominal apron/PCOS History</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
| 37 Venous Thrombo Embolism (VTE) - <input type="checkbox"/> No known risk factor for VTE <input type="checkbox"/> Risk of DVT or PE<br><input type="checkbox"/> Prior history of VTE not on treatment <input type="checkbox"/> Prior history of VTE on medical treatment<br><input type="checkbox"/> Prior history of VTE on IVC filter                                                                                                                                                                                                                                                                                                                                       |                                                |
| 38 Functional status - <input type="checkbox"/> Normal functional status <input type="checkbox"/> Can climb 1-2 flight of stairs without resting<br><input type="checkbox"/> Can climb flight of stairs only after resting <input type="checkbox"/> Requires wheel chair or house bound                                                                                                                                                                                                                                                                                                                                                                                       |                                                |
| 39 Duration of functional disability (ask only if not normal) - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
| 40 Depression - <input type="checkbox"/> No history of depression <input type="checkbox"/> Depression not on Rx <input type="checkbox"/> Depression on with antidepressants<br><input type="checkbox"/> On Rx with anti-psychiatric drugs <b>41</b> If Depression, duration of depression - _____ years                                                                                                                                                                                                                                                                                                                                                                       |                                                |
| 42 Abdominal apron - <input type="checkbox"/> No symptom of abdominal apron <input type="checkbox"/> Known intertrigo<br><input type="checkbox"/> Apron large enough to interfere with walking <input type="checkbox"/> Recurrent cellulitis <input type="checkbox"/> Ulceration<br><input type="checkbox"/> Previous apronectomy or liposuction <b>43</b> Weight loss medications (current or ever) - <input type="checkbox"/> None <input type="checkbox"/> Orlistat<br><input type="checkbox"/> Very Low Calorie Diet (VLCD) <input type="checkbox"/> Topiramate <input type="checkbox"/> Sibutramine <input type="checkbox"/> Liraglutide <input type="checkbox"/> Others |                                                |
| 44 If weight loss medications, duration of medications - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |
| 45 Clinical evidence of malnutrition - <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |
| 46 Menstrual cycle - <input type="checkbox"/> Regular menstrual cycle <input type="checkbox"/> Irregular <input type="checkbox"/> Infrequent periods <input type="checkbox"/> Menorrhagia<br><input type="checkbox"/> Amenorrhoea <input type="checkbox"/> Previous hysterectomy <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Data unavailable                                                                                                                                                                                                                                                                                                           |                                                |
| 47 Poly Cystic Ovarian Disease (PCOS) - <input type="checkbox"/> No history of PCOS <input type="checkbox"/> History of PCOS <input type="checkbox"/> Data unavailable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |
| 48 If PCOS, duration of PCOS - _____ years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| 49 If PCOS, current status - <input type="checkbox"/> PCOS not on treatment <input type="checkbox"/> PCOS on treatment <input type="checkbox"/> Infertility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
| <b>OSSI - Anthropometry Measurements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 1 Circumference Neck _____ cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 Circumference Mid upper arm - right _____ cm |
| 3 Chest Circumference at nipple line _____ cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 Abdominal Girth _____ cm                     |
| 5 Waist Circumference _____ cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6 Hip Circumference _____ cm                   |
| 7 Thigh - left Maximum circumference _____ cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8 Thigh - right Maximum circumference _____ cm |
| 9 Visceral fat (Area Measured) _____ cm <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10 Whole body - Skeletal fat analysis _____    |
| 11 Whole body - Subcutaneous fat analysis _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12 Body Fat Percent _____ %                    |
| 13 Body Fat [Mass] Calculated _____ kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14 Body muscle mass Calculated _____ kg        |



15 BMR (Basal Metabolic Rate) \_\_\_\_\_ Kcal/(24.h) 16 Total body water \_\_\_\_\_ L

17 Total body protein \_\_\_\_\_ kg 18 Total body minerals \_\_\_\_\_ kg

**OSSI - Nutritional Status**

- 1 HB (Hemoglobin) - Blood \_\_\_\_\_ g/dL
- 2 Iron - Serum \_\_\_\_\_ ug/dL
- 3 Folic Acid (Folate) - Serum \_\_\_\_\_ ng/mL
- 4 Retinol [Mass/volume] in Serum or Plasma \_\_\_\_\_ ug/mL
- 5 Thiamine [Mass/volume] in Blood \_\_\_\_\_ ug/dL
- 6 Pyridoxine [Mass/volume] in Serum or Plasma \_\_\_\_\_ ng/mL
- 7 Vitamin B12 (Cyanocobalamin) - Serum \_\_\_\_\_ pg/mL
- 8 Ascorbate [Mass/volume] in Serum or Plasma \_\_\_\_\_ mg/dL
- 9 Vitamin D - Serum \_\_\_\_\_
- 10 Vitamin E (mg/L) - Serum \_\_\_\_\_ mg/L
- 11 Vitamin K (ng/L) - Serum \_\_\_\_\_ ng/L
- 12 Calcium Total - Serum \_\_\_\_\_ mg/dL
- 13 Protein - Serum \_\_\_\_\_ g/dL
- 14 Albumin - Serum \_\_\_\_\_ g/dL
- 15 Biotin - Serum \_\_\_\_\_ pg/mL
- 16 Copper - Serum \_\_\_\_\_ ug/dL
- 17 Zinc - Serum \_\_\_\_\_ ug/mL
- 18 Magnesium - Serum \_\_\_\_\_ mg/dL
- 19 Selenium - Serum \_\_\_\_\_ ng/mL
- 20 HBA1C \_\_\_\_\_ %
- 21 Insulin (Fasting) - serum \_\_\_\_\_ u[IU]/mL
- 22 Insulin Post Meal - serum \_\_\_\_\_ u[IU]/mL
- 23 C peptide - Serum \_\_\_\_\_ ng/mL
- 24 Cholesterol Total - Serum \_\_\_\_\_ mg/dL
- 25 Triglycerides - Serum \_\_\_\_\_ mg/mL
- 26 HDL Cholesterol - Serum \_\_\_\_\_ mg/dL
- 27 LDL Cholesterol - Serum \_\_\_\_\_ mg/mL
- 28 PFT - Pulmonary function test (Interpretation) \_\_\_\_\_ #
- 29 LVEF \_\_\_\_\_ %
- 30 EGD Study observation \_\_\_\_\_
- 31 USG - Abdomen \_\_\_\_\_
- 32 Size of the liver \_\_\_\_\_ cms
- 33 SGOT (Aspartate aminotransferase) \_\_\_\_\_ U/L
- 34 SGPT (Alanine aminotransferase) \_\_\_\_\_ U/L
- 35 Fibrosis score \_\_\_\_\_ {score}
- 36 Liver steatosis grade \_\_\_\_\_
- 37 Liver pathology biopsy report \_\_\_\_\_
- 38 US doppler vein \_\_\_\_\_

**Diagnosis**

**Treatment Plan/Medication**

| Medicine Name | Mealtime Instructions | M | N | E | B | SOS | Duration | Notes |
|---------------|-----------------------|---|---|---|---|-----|----------|-------|
| 1. _____      | _____                 | M | N | E | B | SOS | _____    | _____ |
| 2. _____      | _____                 | M | N | E | B | SOS | _____    | _____ |
| 3. _____      | _____                 | M | N | E | B | SOS | _____    | _____ |
| 4. _____      | _____                 | M | N | E | B | SOS | _____    | _____ |
| 5. _____      | _____                 | M | N | E | B | SOS | _____    | _____ |