

**Patient Details (or affix stamp to both copies)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Sex: \_\_\_\_\_ DoB: \_\_\_\_\_  
 Hosp ID: \_\_\_\_\_



**Laparoscopic Fundoplication  
Operative Data**

**Participant Study No**

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Date of admission \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of operation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of discharge \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PREOPERATIVE DETAILS**

**1) Tests before surgery** (tick against tests performed)

Endoscopy  pH monitoring  Manometry   
 Other (state) \_\_\_\_\_

**2) Previous abdominal surgery** (state)

\_\_\_\_\_

**OPERATIVE DETAILS**

**1) Operating surgeon's name**

\_\_\_\_\_

**2) Grade of operating surgeon** (tick against grade)

Consultant  Staff, Assoc. Spec  SpR   
 Other (state) \_\_\_\_\_

**3) Operation times**

24 hour

Time into anaesthetic room  :  :   
 Time into recovery room  :  :

**4) Type of fundoplication** (tick against type)

Total wrap   
 Partial - anterior   
 - posterior   
 Other (state) \_\_\_\_\_

**5) Operative** (tick if yes)

Liver injury   
 Splenic injury   
 Pleural injury   
 Oesophageal injury   
 Other visceral injury   
 Haemorrhage (requiring change to normal procedure)

**6) Technical** (tick if yes)

Short gastric arteries divided   
 Left hepatic from left gastric artery   
 If present, left hepatic artery divided   
 Hepatic branch vagus divided   
 Hiatus Hernia present   
 Bougie used

**7) Crural repair** (tick if yes)

**8) Conversion to open** (tick if yes)

Reason (state) \_\_\_\_\_

**POSTOPERATIVE DETAILS** (to be completed by the Research Nurse)

**1) Post-op level of care** (tick if yes)

Ward only   
 HDU admission   
 ICU admission   
 Re-operation (describe below)

**2) Early post operative event** (tick if yes)

Pneumothorax (requiring intervention)   
 Blood transfusion required   
 Number of units transfused (state) \_\_\_\_\_  
 Other (state) \_\_\_\_\_

**3) Outcomes** (tick if yes)

Discharged - home   
 - other   
 Died