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Data Entry Management System (DEMS)

Case Identification

Case ID *

Please assign above a case identification number related to this case submission. Please ensure that you keep this number in your records (excel file or any other database) if you would like to access this case in the future and perform changes. For each case there should be a unique ID assigned to it.

Demographics

Age * years

Please indicate the age at the time of the operation. Only patients with an age of 18 to 65 years should be submitted.

Gender * Male FemaleHeight * cm[Online height converter](#)Weight * kg

This should be the preoperative weight.

[Online weight converter](#)BMI * kg/m²

This should be the preoperative BMI. Patients with a preoperative BMI>50 are excluded

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Case Report Form

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Preoperative diet

Preoperative low-calorie diet prescribed?

Specific comorbidities

Comorbidities (multiple options) *

- Hypertension
- GERD
- Hyperuricemia
- Depression
- Dyslipidemia
- Joint disorders
- Smoker / ex-smoker

Please note the exclusion criteria: previous abdominal surgery, cardiovascular disease, history of thromboembolic events, therapeutic anticoagulation, diabetes mellitus, obstructive sleep apnea, chronic obstructive pulmonary disease, chronic kidney disease (eGFR<30 ml / min / 1.72 m2), immunosuppression therapy. GERD indicates gastroesophageal reflux disease.

ASA score * 1 2

ASA Scores 3 and 4 are excluded. ASA 1: Patient is a completely healthy fit patient. ASA 2: Patient has mild systemic disease.

[More about the ASA score](#)

Operation characteristics

Operation * Proximal Roux-en-Y gastric bypass Sleeve gastrectomy

Patients who underwent primary open bariatric surgery or any type of bariatric surgery other than primary proximal Roux-en-Y gastric bypass or primary sleeve gastrectomy and patients who underwent associated procedures (for example: cholecystectomy or hiatoplasty) are excluded.

Approach * Laparoscopic Robotic

Please select the intended approach regardless of any conversion to laparoscopic or open.

Conversion * No conversion Conversion to laparoscopic

Conversion to open

Conversion to laparoscopic is for robotic and to open for both laparoscopic and robotic approached.

If Roux-en-Y gastric bypass, type of anastomosis Circular Linear Hand-sewn

If Roux-en-Y gastric bypass, closure of mesenteric defects? Yes No

If sleeve gastrectomy, was the staple line oversewn? Yes No

Intra-operative blood transfusion Yes No

Intra-abdominal drain used? Yes No

Operation duration * minutes

The operation duration is defined as knife to skin, i.e. from incision to skin closure in minutes

Postoperative course

Total number of days in the intensive care unit * days

If no postoperative admission to the intensive care unit then please allow "0".

Hospital stay * days

Number of days from operation until hospital discharge. The day of the operation is considered to be day "0".

[Online date duration calculator](#)

Postoperative blood transfusion * Yes No

Complications types and grades according to the Clavien-Dindo Classification from operation until hospital discharge *

	No	1	2	3a	3b	4a	4b	5 (death)
Anastomotic leak *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anastomotic stenosis *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stenosis of the gastric sleeve *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleeding *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small bowel obstruction *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anastomotic ulcer *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wound infection *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastro-esophageal reflux *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urologic/Renal *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurologic *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other(s) *	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This field is mandatory. If the patient did not encounter any complications from operation until discharge, please allow "No" for all types and grades of complications listed above. In case of other types of complications, please indicate below the types.

If there were any other complications encountered during hospitalisation (i.e. from operation until hospital discharge), please describe them below in separate lines by indicating separately the type(s) and grade(s):

The Clavien-Dindo Classification

In case of further hospital readmissions, reinterventions or reoperations related to the primary bariatric operation, please click on the blue labels below to open each form:

Hospital readmissions, reinterventions or reoperations:

This section refers to any hospital readmissions encountered from initial hospital discharge until the last follow up date of the patient and up to five years from operation until last follow up.

1st readmission

Readmission to the hospital after initial discharge?

If hospital readmission, please indicate the main reason:

If multiple or other reasons, please indicate them all in the comments section below

If hospital readmission, please indicate the type(s) of treatment (multiple options):

	No	Yes
Conservative	<input checked="" type="radio"/>	<input type="radio"/>
Medical	<input checked="" type="radio"/>	<input type="radio"/>
Endoscopic	<input checked="" type="radio"/>	<input type="radio"/>
Interventional radiology	<input checked="" type="radio"/>	<input type="radio"/>
Surgical	<input checked="" type="radio"/>	<input type="radio"/>
Other (indicate below)	<input checked="" type="radio"/>	<input type="radio"/>

Conservative indicates no medical, endoscopic, interventional or surgical treatment, only observation.

If hospital readmission, days from primary operation until readmission

days

If hospital readmission, days from primary operation until

intervention/reoperation days

[Online date duration calculator](#)

Comments regarding readmission (optional)

[2nd readmission](#)

Follow up

Body mass index annually (if follow up reached)

1 year postoperatively means 365 days after the primary operation. Please report this value if the patient reached 1 year of follow up. The 1 year BMI does not have to be exactly 365 days postoperatively, any BMI measurement at around 1 year postoperatively is acceptable (+/- 2 months). The same applies for the 2, 3, 4, and 5 year BMI requested below, again if available. Please report BMI with one decimal point (e.g. 45.6),

BMI at 1 year postoperatively kg/m²

BMI at 2 years postoperatively kg/m²

BMI at 3 years postoperatively kg/m²

BMI at 4 years postoperatively kg/m²

BMI at 5 years postoperatively kg/m²

[Online BMI calculator](#)

Patient status

Patient status * Alive Dead

The patient status indicates whether the patient was last seen alive or dead at the hospital, followed up at the outpatient clinic, family doctor, or confirmed after being contacted by phone. Below you are requested to indicate the number of days from operation until last follow up or death.

Days from primary bariatric procedure until last follow up or death *

days

i.e. number of days from RYGB or SG until the last time the patient was seen alive in the hospital, outpatient clinic, contacted by phone, reviewed by the family doctor or confirmed

dead due any cause. Please feel free to use the date duration calculator link available below and on the right sidebar of our platform to calculate precisely the duration in days between two separate dates.

[Online date duration calculator](#)

Comments (optional)

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