



Audit for Laparoscopic Cardiomyotomy

<u>Patient Name:</u>	<i>(affix sticky label here)</i>
<u>DOB:</u>	
<u>UR NO:</u>	
<u>Address:</u>	

Phone: _____ GP: _____
GP Address: _____
GP Ph number: _____

Surgeon / Assistant: _____

Operation Date: _____ Hospital: _____

Height: _____ cm Weight: _____ kg

Duration of symptoms: _____ months

Previous Abdominal Surgery: _____ Upper
Lower

Associated Significant Medical Conditions:

Diabetes	Y	N
Respiratory	Y	N
Renal	Y	N
Vascular	Y	N

If yes, specify:

Endoscopy results:

Previous Endoscopic Dilatation: _____ Bag / Bougie
When?
By whom?
? effective and for how long?

Barium Swallow results: (specify oesophageal diameter if known)

Manometry: LOS (resting pressure) _____ mmHg
 Residual (nadir) _____ mm Hg
 % primary peristalsis _____

Hiatus Hernia: Y N
 Small Medium Large
 Sliding
 Rolling

Please return to: **Ms Carolyn Lally** Telephone 08 8222 4156
 Clinical Trials Coordinator
 University Department of Surgery Facsimile 08 8222 5896
 Royal Adelaide Hospital
 Adelaide SA 5000

Operation Type:
(Specify any variations from standard technique)

Myotomy length: _____cm

Fundoplication sutures: Number: _____
Type: Prolene / Novafil / Other
Extracorporeal / intracorporeal

Hiatal Repair Y N Anterior / Posterior
 Hiatal Sutures: Number: _____
 Type: Prolene / Novafil / Other
 Extracorporeal / intracorporeal

Wrap: 360 Nissen
 270 Posterior
 180 Anterior
 Dor Patch
 None

Duration of Operation: _____ minutes

Drains: Y N Type:
 Volume:

Conversion: Y N Reason

Complications:

Post-op stay: _____days

Symptomatic relief: Y N

Reoperation: Y N