CONVENTUS

Bariatric Supplemental Application Questions

1- Please check all bariatric procedures that you perform :

	Y or N	Annual # Performed		Y or N	
Biliopancreatic Diversion with Duodenal Switch	☐ ☐		Other Laparoscopic Bariatric Procedures (please list)	☐ ☐	
Biliopancreatic Diversion without Duodenal Switch	☐ ☐			☐ ☐	
Roux-en-Y Gastric Bypass	☐ ☐			☐ ☐	
Gastric Banding	☐ ☐				
Laparoscopic Sleeve Gastrectomy	☐ ☐		Other Open Bariatric Procedures (please list)	☐ ☐	
Vertical Banded Gastroplasty	☐ ☐				
Revisional Bariatric Surgery	☐ ☐				
			Investigational Procedures (please list)	☐ ☐	

2. Please list all of the facilities where you perform bariatric surgeries:

_____
_____
_____
_____

3. Has the facility(s) in which you perform bariatric procedures achieved accreditation as a Bariatric Center of Excellence (or equivalent)?

a) Please list those that have not achieved accreditation and the types of bariatric surgeries you perform at these facilities:

b) If No accreditation, does the facility(s):

a. Designate a floor or cluster of beds that are equipped for bariatric surgery patients? Y or N
b. Train dedicated staff in the care of bariatric surgery patients? Y or N
c. Dedicated surgical and anesthesia team? Y or N
d. Maintain full instrumentation and equipment for bariatric surgery patients, including diagnostic imaging (MRI, CT), OR and exam tables, beds, and wheelchairs that can accommodate these patients? Y or N

4. Did you complete a fellowship in Bariatric Surgery? Y or N

If Yes:

a) Where?_____

b) How many bariatric surgeries did you complete during the fellowship?_____

If No:

a) Did you receive a structured training curriculum in bariatric surgery, laparoscopic or minimally invasive surgery with supervision of bariatric cases? If yes, explain and include training certificate(s):
   i. How many supervised bariatric cases did you perform? _____
   ii. How many bariatric cases did you perform as the primary surgeon? _____

5. What is your mortality rate? _____

6. What is your overall complication rate?_____

a) leakage rate?

b) How do you test for leakage during the procedure?

_____

7. What percentage of your patients are under the age of 18?_____

8. Does your pre-operative evaluation at least include:

a) Psychological evaluation? Y or N

b) Nutritional regimen? Y or N

c) Medical clearance? Y or N

d) Unsuccessful results with non-surgical weight loss regimens? Y or N

d) Other? (Explain)

9. Does your post-operative follow up program at least include:

a) Upper gastrointestinal series in the early post-operative period? Y or N

b) Long term monitoring:

i. Blood Tests Y or N
ii. Chemical Metabolic Profile Y or N
iii. Nutritional Support Y or N
iv. Vitamin Supplementation Y or N
v. Exercise Program Y or N
vi. Other Support (please list)

10. Please attach information about your patient selection criteria for both adults and minors (less than 18), including minimum, maximum and average BMI

11. Please attach a copy of your informed consent(s) for bariatric procedures

12. Who covers your practice when you are away? Please indicate the specialty and whether the individual(s) is a bariatric surgeon. _____

Physician Name_____

Signature:_____ Date_____