

Endoscopic Screening for Endoluminal Surgery

Thomas W. Umbach
MD, FACS, FASMBS

600 Whitney Ranch Drive E26
Henderson, NV 89014
office: 702-463-3300
fax: 702-441-0251
www.BlossomBariatrics.com

Patient Criteria:

Prior gastric bypass patient (at least 2-years post-op) that had successful weight loss following surgery (i.e. >50% excess weight loss) who now is regaining weight.

Proposed Surgery:

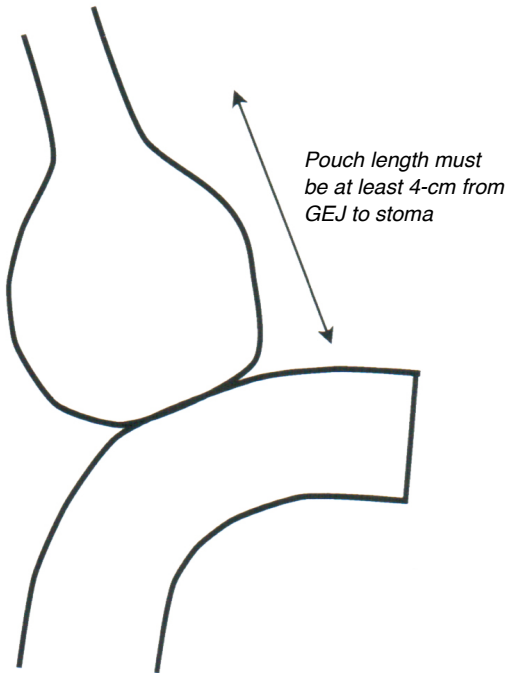
Restorative Obesity Surgery, Endoluminal (ROSE)

Purpose of Screening Endoscopy:

1. Establish loss of restriction and/or pouch dilation as likely cause of weight regain
2. Verify that pouch anatomy meets the minimal requirements for ROSE surgery.
3. Characterize pouch anatomy.
4. Rule out hiatal hernia, fistulas, ulcers or other pathology that would effect weight loss.

Endoscopy Results:

A typical gastrojejunal anastomosis used for gastric bypass surgery is constructed as an end to side or an end to end anastomosis. The minimal distance from the gastroesophageal junction (GEJ) to the stoma is 4-cm. We need at least a 4-cm pouch to manipulate the endoluminal instruments. Please complete the following:



1. Date of Procedure: _____
2. Pouch Length: _____ cm GEJ (not Z-line) to stoma
3. Pouch Shape: (check one)
 - Conical
 - Bulbous
 - Tubular
4. Stoma Size: _____ cm
5. Stoma Character: (check all that apply)
 - Centered
 - Half Moon
 - Lateral
 - Off Axis
 - Angulated
6. Fistula Present?
 - Yes, location _____, size _____
 - No
7. Hiatal Hernia Present?
 - Yes, depth for incisors _____ cm
 - No

Other Pathology:

Endoscopist (print): _____

Signature: _____