

HOSPCODE:

(Code assigned by the MOPH)

PID:

(Code obtained from www.cascap.in.th)



Post Operation Follow-up Form*

1. Date of follow up / visit

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>d</i> | <i>d</i> | | <i>m</i> | <i>m</i> | | <i>y</i> | <i>y</i> | <i>y</i> | <i>y</i> |

1. By hospital visit

2. By phone call

Status: 1. Remain in the study

1.1 Healthy

1.2 Recurrent disease

1.3 Progress disease

2. Withdrawn consent

3. Loss to follow-up >3 months after the appointment

4. Dead; Date / /

Cause of dead.....

2. Having been treated at other hospitals prior to this visit?

1. No

2. Yes, specify

3. Co-morbidity (check all that apply)

1. None

2. DM

3. Hypertension

4. Heart disease

5. Others, please specify

4. Complications (check all that apply)

1. None

2. Cholangitis

3. Liver failure

4. Pancreatitis

5. Renal failure

6. Pleural effusion

7. Intra abdominal bleeding

8. Wound infection

9. Ascites

10. Prolonged bile leakage

11. Others, please specify

Completed by.....

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Date :

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Name

(Code obtained from www.cascap.in.th)

- * **Note:** 1. Follow the patient 3 months after surgery then every 6 month for 5 years
 2. Make a follow-up if the patient did not visit the hospital at 1 year
 3. After the end of the project, i.e., after 5 years, the patient will need to be followed for 5 years