



Pre-Operative Evaluation			
Height: _____(cm)	Weight: _____(kg)	Wt loss over past 3 months? (Enter "0" if none) _____(kg)	
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coronary Artery Disease (CAD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestive Heart Failure(CHF) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Cardiothoracic Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Vascular Disease (PVD) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preoperative Chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → When: <input type="checkbox"/> ≤ 6 months <input type="checkbox"/> > 6 months	
Preop Thoracic Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → <input type="checkbox"/> Same disease, ≤ 6 months <input type="checkbox"/> Same disease, > 6 months <input type="checkbox"/> Unrelated disease, ≤ 6 months <input type="checkbox"/> Unrelated disease, >6 months	
Cerebrovascular History:	<input type="checkbox"/> No CVD history <input type="checkbox"/> Transient Ischemic Attack (TIA) <input type="checkbox"/> Cerebrovascular Accident (CVA)		
Pulmonary Hypertension:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable/Not documented		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes→ Type of therapy: <input type="checkbox"/> None <input type="checkbox"/> Diet Only <input type="checkbox"/> Oral <input type="checkbox"/> Insulin <input type="checkbox"/> Other subcutaneous medication <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
On Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Creatinine level measured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hemoglobin level measured	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Last hemoglobin level _____	
COPD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interstitial Fibrosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cigarette smoking:</b>	<input type="checkbox"/> Never smoked <input type="checkbox"/> Past smoker (stopped >1 month prior to operation) <input type="checkbox"/> Current smoker <input type="checkbox"/> Unknown		
If 'Past smoker' or 'Current Smoker' →	Pack Year Known or can be estimated	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Pack-Years - _____
<b>Pulmonary Function Tests performed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No →	PFT Not Performed Reason	<input type="checkbox"/> Not a Major Lung Resection <input type="checkbox"/> Never smoked, no Lung Dx <input type="checkbox"/> Pt. Unable to perform <input type="checkbox"/> Tracheostomy or Ventilator <input type="checkbox"/> Urgent or Emergent Status	
If Yes →	<b>FEV1 test performed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	If Yes→ <b>FEV1 % predicted:</b> _____
	<b>DLCO test performed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	If Yes→ <b>DLCO % predicted:</b> _____
<b>Zubrod Score:</b>	<input type="checkbox"/> Normal activity, no symptoms <input type="checkbox"/> Symptoms, fully ambulatory <input type="checkbox"/> Symptoms, in bed ≤ 50% of time <input type="checkbox"/> Symptoms, in bed >50% but <100% <input type="checkbox"/> Bedridden <input type="checkbox"/> Moribund		
<b>Pre-treatment Lung cancer staging- to be completed if lung cancer documented AND lung resection performed.</b>			
<b>Lung Cancer:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes→	<b>Clinical Staging Done</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes→	Pre-Op Positive Tissue diagnosis Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Clinical Staging Methods : Choose all that apply ↓		
	Bronchoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	EBUS <input type="checkbox"/> Yes <input type="checkbox"/> No
	EUS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mediastinoscopy/Chamberlain <input type="checkbox"/> Yes <input type="checkbox"/> No
	PET or PET/CT	<input type="checkbox"/> Yes <input type="checkbox"/> No	CT <input type="checkbox"/> Yes <input type="checkbox"/> No
	VATS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laparoscopy <input type="checkbox"/> Yes <input type="checkbox"/> No
	Brain MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brain CT Scan <input type="checkbox"/> Yes <input type="checkbox"/> No
	Needle Biopsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lung CA Tumor Size:	<input type="checkbox"/> ≤ 2 cm <input type="checkbox"/> >2cm ≤ 3cm <input type="checkbox"/> >3cm ≤ 5cm <input type="checkbox"/> > 5cm ≤ 7cm <input type="checkbox"/> >7cm <input type="checkbox"/> Unknown	
	Invasion of Adjacent Structures: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes→	Choose all Locations that apply: ↓		
	Visceral Pleura	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Wall or Parietal Pleura <input type="checkbox"/> Yes <input type="checkbox"/> No
	Diaphragm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Main Bronchus <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phrenic Nerve	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pericardium <input type="checkbox"/> Yes <input type="checkbox"/> No
	Obstructive Atelectasis or Pneumonitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Separate Nodule(s), same lobe <input type="checkbox"/> Yes <input type="checkbox"/> No
	Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mediastinum <input type="checkbox"/> Yes <input type="checkbox"/> No
	Great Vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trachea <input type="checkbox"/> Yes <input type="checkbox"/> No
	Recurrent Laryngeal Nerve	<input type="checkbox"/> Yes <input type="checkbox"/> No	Esophagus <input type="checkbox"/> Yes <input type="checkbox"/> No
	Carina	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vertebral Body <input type="checkbox"/> Yes <input type="checkbox"/> No
	Separate Nodule(s), different lobe	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Lung CA Nodes:	<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>	<input type="checkbox"/> N1 Metastasis in ipsilateral peribronchial or hilar and intrapulmonary nodes. Includes direct extension
	<input type="checkbox"/> N2 <i>Metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes</i>	<input type="checkbox"/> N3 Metastasis in contralateral mediastinal or contralateral hilar nodes, ipsilateral or contralateral scalene or supraclavicular nodes
Lung CA Metastases:	<input type="checkbox"/> M0 <i>No distant metastasis</i>	<input type="checkbox"/> M1 Distant Metastasis

**Pre-treatment esophageal cancer staging- to be completed if esophageal cancer documented AND esophageal resection performed.**

Esophageal Cancer:  Yes  No

If Yes→ Clinical Staging Done  Yes  No

If Yes→ Clinical Staging Method(s) and Results: Choose all that apply ↓

Bronchoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	EBUS	<input type="checkbox"/> Yes <input type="checkbox"/> No	EUS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mediastinoscopy / Chamberlain	<input type="checkbox"/> Yes <input type="checkbox"/> No	PET or PET/CT	<input type="checkbox"/> Yes <input type="checkbox"/> No	CT	<input type="checkbox"/> Yes <input type="checkbox"/> No
VATS	<input type="checkbox"/> Yes <input type="checkbox"/> No	EGD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laparoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endoscopic Mucosal Resection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Esophageal Tumor:	<input type="checkbox"/> T0 <i>No evidence of primary tumor</i>	<input type="checkbox"/> Tis High grade dysplasia	<input type="checkbox"/> T1 Tumor invades lamina propria, mucosa or submucosa
	<input type="checkbox"/> T2 <i>Tumor invades muscularis propria</i>	<input type="checkbox"/> T3 Tumor invades adventitia	<input type="checkbox"/> T4 Tumor invades adjacent structures

Clinical Diagnosis of Nodal Involvement:  Yes (N1, N2 or N3)  No

Esophageal CA Metastases:  M0  
*No Distant Metastasis*  M1  
Distant Metastasis

**Diagnosis (Category of Disease)**

**Category of Disease:** Check both **Primary** and **Secondary** Diagnosis (Category of Disease). Indicate (circle) the Primary Diagnosis.

Category of Disease (ICD-9, ICD-10)	Trachea & Larynx
<input type="checkbox"/> Dysphagia, unspecified (787.2, R13.10) <input type="checkbox"/> Tracheomalacia-congenital (748.3, Q32.0) <input type="checkbox"/> Tracheomalacia-acquired (519.1, J39.8) <input type="checkbox"/> Tracheostenosis-congenital (748.3, Q32.1) <input type="checkbox"/> Tracheostenosis-acquired (post intubation) (519.1, J39.8) <input type="checkbox"/> Tracheostomy-hemorrhage (519.09, J95.01) <input type="checkbox"/> Tracheostomy related stenosis (519.02, J95.03)	<input type="checkbox"/> Tracheal tumor, malignant (162.0, C33) <input type="checkbox"/> Tracheal tumor, benign (212.2, D14.2) <input type="checkbox"/> Tracheal tumor, metastatic (197.3, C78.30) <input type="checkbox"/> Subglottic stenosis-congenital (748.3, Q31.1) <input type="checkbox"/> Subglottic stenosis-acquired (post intubation) (478.74, J38.6) <input type="checkbox"/> Vocal cord paralysis unspecified (478.3, J38.00) <input type="checkbox"/> Vocal cord paralysis, unilateral (478.31, J38.01) <input type="checkbox"/> Vocal cord paralysis, bilateral (478.33, J38.02)

**Lung**

- Acute respiratory failure (518.81, J96.00)
- Aspergillosis (117.3, B44.9)
- Bronchiectasis (494.0, J47.9)
- Carcinoid tumor of bronchus and lung; benign, typical (209.61., D34.090)
- Carcinoid tumor of the bronchus and lung; malignant, atypical (209.21, C7A.090)
- Cystic fibrosis with pulmonary manifestations (277.02, E84.0)
- Emphysema (492.8, J43.8)
- Emphysematous bleb (492.0, J43.9)
- Empyema with fistula (510.0, J86.0)
- Empyema without fistula (510.9, J86.9)
- Gangrene and necrosis of lung (513.0, J85.0)
- Hemothorax (511.8, J94.2)
- Interstitial lung disease/fibrosis (516.3, J84.1)
- Lung abscess (513.0, J85.2)
- Lung cancer, main bronchus, carina (162.2, C34.00)

- Lung cancer, upper lobe (162.3, C34.10)
- Lung cancer, middle lobe (162.4, C34.2)
- Lung cancer, lower lobe (162.5, C34.30)
- Lung cancer, location unspecified (162.9, C34.90)
- Solitary pulmonary nodule (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (793.11, R91.1)
- Lung tumor, benign (212.3, D14.30)
- Lung tumor, metastatic (197.0, C78.00)
- Malignant neoplasm other parts of bronchus or lung (162.8, C34.8)
- Neoplasm of uncertain behavior of trachea, bronchus and lung (235.7, DM38.1)
- Personal history of malignant neoplasm of bronchus and lung (V10.11, Z85.118)
- Pneumonia (486.0, J18.9)
- Pneumothorax (512.8, J93.1)
- Post inflammatory pulmonary fibrosis (515, J84.89)
- Primary pulmonary hypertension (416.0, I27.0)
- Pulmonary insufficiency following surgery/trauma (ARDS) (518.5, J95.82)
- Pulmonary sequestration (748.5, Q33.2)
- Transplanted lung complication(s) (996.84, T86.8XX)

#### Mediastinum

- Anterior mediastinal tumor primary(germ cell cancer, seminoma) (164.2, C38.1)
- Anterior mediastinal tumor-benign-(e.g., teratoma) (212.5, D15.2)
- Anterior mediastinal tumor-metastatic (197.1, C78.1)
- Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma) (164.0, C37)
- Benign neoplasm of thymus (212.6, D15.0)
- Lymphoma, intrathoracic (202.82, C85.92)
- Mediastinal abscess (513.1, J85.3)
- Mediastinal cyst, Bronchogenic (519.3, J98.5)
- Mediastinal cyst, Foregut duplication (519.3, J98.5)
- Mediastinal cyst, Pericardial (519.3, J98.5)
- Mediastinal cyst, Thymic (519.3, J98.5)
- Mediastinal nodes, benign (229.0, D36.0)
- Mediastinal nodes, metastatic (196.1, C77.1)
- Mediastinitis (519.2, J98.5)
- Myasthenia gravis (358.0, G70.00)
- Neoplasm of uncertain behavior of pleura, thymus, mediastinum (235.8, D38.2-D38.4)
- Posterior mediastinal malignant tumor- primary (164.3, C38.2)
- Posterior mediastinal tumor-benign(neurogenic)(212.5,D15.2)
- Posterior mediastinal tumor-metastatic (197.1, C78.1)
- Unspecified disease of thymus gland (254.9, E32.9)

#### Thyroid

- Goiter, nodular (241.9, E04.9)
- Thyroid neoplasm, benign (226.0, D34)
- Thyroid neoplasm, malignant (193.0, C73)

#### Pleura

- Pleural effusion, infected- (empyema) (511.1, J86.9)
- Pleural effusion, malignant (197.2, C78.2)
- Pleural effusion sterile (511.9, J90)
- Pleural effusion, other specified, except TB (511.89, J90)
- Pleural thickening (511.0, J94.9)
- Pleural tumor, benign (212.4, D19.0)
- Pleural tumor, metastatic (197.2, C78.2)
- Malignant neoplasm other specified sites of pleura (163.8, C38.4)
- Malignant tumor of pleura, unspecified (e.g., mesothelioma) (163.9, C38.4)

#### Chest Wall

- Pectus carinatum (754.82, Q67.7)
- Sternal tumor, benign (213.3, D16.7)
- Pectus excavatum (754.81, Q67.6)
- Sternal tumor, malignant (170.3, C41.3)
- Rib tumor, benign-(e.g., fibrous dysplasia) (213.3, D16.7)
- Sternal tumor, metastatic (198.5, C79.51)
- Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma) (170.3, C41.3)
- Thoracic outlet syndrome (353.0, G54.0)
- Rib tumor, metastatic (198.5, C79.51)

#### Diaphragm

- Diaphragm tumor, benign (215.4, D21.3)
- Diaphragmatic hernia with gangrene (551.3, K44.1)
- Diaphragm tumor, malignant (171.4, C49.3)
- Diaphragmatic hernia without obstruction or gangrene (553.3, K44.9)
- Diaphragm tumor, metastatic (198.89, C79.89)
- Diaphragmatic paralysis (519.4, J98.6)
- Diaphragmatic hernia with obstruction, without gangrene (552.3, K44.0)

<b>Esophagus</b>		
<input type="checkbox"/> Achalasia of esophagus (530.0, K22.0)	<input type="checkbox"/> Foreign body esophagus (935.1, T18.108a)	
<input type="checkbox"/> Acquired absence of esophagus ( post esophagectomy) (V45.79, Z90.89)	<input type="checkbox"/> Gastric outlet obstruction, pyloric stenosis, acquired (537.0, K31.1)	
<input type="checkbox"/> Barrett's esophagus (530.85, K22.70)	<input type="checkbox"/> Malignant neo stomach unspecified (151.9, C16.9)	
<input type="checkbox"/> Barrett's esophagus with High Grade Dysplasia (530.85, K22.711)	<input type="checkbox"/> Malignant neoplasm of the esophagus, unspecified (150.9, C15.9)	
<input type="checkbox"/> Dyskinesia/spasm of esophagus (530.5, K22.4)	<input type="checkbox"/> Malignant other part esophagus, specified (150.8, C15.8)	
<input type="checkbox"/> Epiphrenic diverticulum (530.6, K22.5)	<input type="checkbox"/> Mallory Weiss tear (530.7, K22.6)	
<input type="checkbox"/> Esophageal cancer, esophagogastric junction (cardia) (151.0, C16.0)	<input type="checkbox"/> Reflux esophagitis (530.11, K21.0)	
<input type="checkbox"/> Esophageal cancer, middle third (150.4, C15.4)	<input type="checkbox"/> Stricture and stenosis of esophagus (530.3, K22.2)	
<input type="checkbox"/> Esophageal cancer, upper third (150.3, C15.3)	<input type="checkbox"/> Tracheoesophageal fistula (530.84, J86.0)	
<input type="checkbox"/> Esophageal cancer-lower third (150.5, C15.5)	<input type="checkbox"/> Ulcer esophagus with bleeding (530.21, K22.11)	
<input type="checkbox"/> Esophageal perforation (530.4, K22.3)	<input type="checkbox"/> Ulcer esophagus without bleeding (530.2, K22.10)	
<input type="checkbox"/> Esophageal reflux (GERD) (530.81, K21.9)	<input type="checkbox"/> Zenkers diverticulum (530.6, K22.5)	
<input type="checkbox"/> Esophageal stricture (530.3, K22.2)	<input type="checkbox"/> Other digestive system complication (997.49, K91.XX)	
<input type="checkbox"/> Esophageal tumor-benign (i.e., leiomyoma) (211.0, D13.0)	<input type="checkbox"/> Other disease of the esophagus (530.89, K22.8)	
<input type="checkbox"/> Esophagitis (530.1, K20.9)		
<b>Trauma</b>		
<input type="checkbox"/> Flail chest (807.4, S22.5xxa)	<input type="checkbox"/> Sternal fracture (807.2, S22.20xa)	
<input type="checkbox"/> Rib fracture (807.0, S22.39xa)	<input type="checkbox"/> Tracheal injury (807.5, S12.8xxa)	
<input type="checkbox"/> Rib fractures, multiple (807.0, S22.49xa)	<input type="checkbox"/> Traumatic pneumothorax (860.0, S27.0xxa)	
<b>Cardiovascular</b>		
<input type="checkbox"/> Abdominal aneurysm without rupture (441.4, I171.4)	<input type="checkbox"/> Pericarditis, constrictive (432.2, I31.1)	
<input type="checkbox"/> Cardiac tamponade (423.3, I31.4)	<input type="checkbox"/> SVC Syndrome (459.2, I87.1)	
<input type="checkbox"/> Pericardial effusion, malignant (198.89, C79.89)	<input type="checkbox"/> Unspecified disease of the pericardium (423.9, I31.9)	
<input type="checkbox"/> Pericarditis with effusion (420.9, I30.9)		
<b>Miscellaneous</b>		
<input type="checkbox"/> Abnormal radiologic finding (793.1, R91) <input type="checkbox"/> Chronic airway obstruction not elsewhere classified (496, J44.9) <input type="checkbox"/> Chylothorax (457.8, 189.8) <input type="checkbox"/> Disruption of internal operation, surgical wound (998.31, T81.32XA) <input type="checkbox"/> Hemorrhage complicating a procedure (998.11, multiple codes) <input type="checkbox"/> Hematoma complicating a procedure (998.12, multiple codes) <input type="checkbox"/> Hemoptysis unspecified (786.3, R04.2) <input type="checkbox"/> Hyperhidrosis, focal axilla (705.21, L74.510) <input type="checkbox"/> Hyperhidrosis, focal, face (705.21, L74.511) <input type="checkbox"/> Hyperhidrosis, focal, palms (705.21, L74.512) <input type="checkbox"/> Lymphadenopathy (785.6, R59.9) <input type="checkbox"/> Other non-infectious disorders of lymphatic channels (457.8, 189.8) <input type="checkbox"/> Malignant neoplasm of connective tissue and other soft tissue of the thorax (171.4, C49.3) <input type="checkbox"/> Malignant poorly differentiated neuroendocrine carcinoma, any site (209.3, C74.1) <input type="checkbox"/> Non-healing surgical wound (998.83, T81.89XA) <input type="checkbox"/> Other post- op infection (998.59, T81.4XXA) <input type="checkbox"/> Persistent post-op fistula not otherwise classified (998.6, T81.83XA) <input type="checkbox"/> Post-operative air leak (512.2, J95.812) <input type="checkbox"/> Secondary malignant neoplasm of other specified sites (198.89, C79.89) <input type="checkbox"/> Shortness of breath (786.05, R06.02) <input type="checkbox"/> Swelling, mass or lump in chest (786.6, R22.2) <input type="checkbox"/> Other unlisted category of disease		
<b>Other Primary Specify:</b>	If diagnosis not listed, free text here: _____	
<b>Other Primary ICD:</b>	Enter ICD-9 or ICD-10 of unlisted primary diagnosis, if known: _____	
<b>Secondary, Other Secondary Specify:</b>	If secondary diagnosis not listed, free text here: _____	
<b>Secondary, Other Secondary ICD:</b>	Enter ICD-9 or ICD-10 of unlisted secondary diagnosis, if known : _____	
<b>Date of Surgery:</b> ____ / ____ / ____		
<b>OR Entry Time:</b> ____:____:____	<b>Anesthesia Start Time:</b> ____:____:____	<b>Procedure Start Time:</b> ____:____:____
<b>OR Exit Time:</b> ____:____:____	<b>Anesthesia End Time:</b> ____:____:____	<b>Procedure End Time:</b> ____:____:____
Multi-Day Operation (operation continued through midnight) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Status of Operation: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Elective <input type="checkbox"/> Palliative		

Reoperation (any prior cardiothoracic surgery that affects operative field) <input type="checkbox"/> Yes <input type="checkbox"/> No		Assisted by Robotic Technology <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unanticipated Surgical Approach Conversion: <input type="checkbox"/> VATS→ Open <input type="checkbox"/> Robotic → VATS <input type="checkbox"/> Robotic→ Open <input type="checkbox"/> No			
If Yes→		Conversion Type: <input type="checkbox"/> Elective <input type="checkbox"/> Emergent	
		Conversion Reason: <input type="checkbox"/> Vascular <input type="checkbox"/> Anatomy <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Technical	
Blood transfusion intraoperatively (packed red blood cells) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes→ #Red Blood Cell Units: _____	
<b>ASA Classification:</b>	<input type="checkbox"/> I Normal, healthy	<input type="checkbox"/> II Mild systemic Disease	<input type="checkbox"/> III Severe Systemic Disease
	<input type="checkbox"/> IV Life threatening severe systemic disease	<input type="checkbox"/> V Moribund, not expected to survive without operation	<input type="checkbox"/> VI Declared brain dead, organ donor
<b>Procedures</b>			
<u>Check ALL of the procedures performed.</u> Indicate (circle) the <u>Primary Procedure.</u>			
<b>Trachea, Bronchi, Larynx</b>			
<input type="checkbox"/> Tracheostomy, planned (31600)		<input type="checkbox"/> Rigid stent removal	
<input type="checkbox"/> Tracheostomy replacement (tube change) prior to est. of fistula tract (31502)		<input type="checkbox"/> Unlisted procedure, trachea, bronchi (31899)	
<input type="checkbox"/> Tracheostomy revision simple, without flap (31613)			
<input type="checkbox"/> Bronchogenic cyst removal		<input type="checkbox"/> Tracheal stenosis excision and anastomosis; cervicothoracic (31781)	
<input type="checkbox"/> Bronchial laceration suture		<input type="checkbox"/> Tracheal tumor or carcinoma excision; cervical (31785)	
<input type="checkbox"/> Bronchial sleeve resection		<input type="checkbox"/> Tracheal tumor or carcinoma excision; thoracic (31786)	
<input type="checkbox"/> Bronchoplasty, graft repair (31770)		<input type="checkbox"/> Tracheal wound or injury suture repair; cervical (31800)	
<input type="checkbox"/> Bronchoplasty; excision stenosis and anastomosis (31775)		<input type="checkbox"/> Tracheal wound or injury suture repair; intrathoracic (31805)	
<input type="checkbox"/> Bronchopleural fistula closure (32906)		<input type="checkbox"/> Tracheoplasty; cervical (31750)	
<input type="checkbox"/> Carinal reconstruction (31766)		<input type="checkbox"/> Tracheoplasty; intrathoracic (31760)	
<input type="checkbox"/> Laryngectomy, partial (31370)		<input type="checkbox"/> Tracheostomy revision complex, with flap (31614)	
<input type="checkbox"/> Tracheal stenosis excision and anastomosis; cervical (31780)		<input type="checkbox"/> Tracheostomy mediastinal	
<b>Bronchoscopy</b>			
<input type="checkbox"/> Bronchoscopy, diagnostic, with or without cell washing (31622)			
<input type="checkbox"/> Bronchoscopy, each additional major bronchus stented (31637)			
<input type="checkbox"/> Bronchoscopy, navigational (31627)			
<input type="checkbox"/> Bronchoscopy, with bronchial alveolar lavage (BAL) (31624)			
<input type="checkbox"/> Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625)			
<input type="checkbox"/> Bronchoscopy, with brushing or protected brushings (31623)			
<input type="checkbox"/> Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641)			
<input type="checkbox"/> Bronchoscopy, with excision of tumor (31640)			
<input type="checkbox"/> Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636)			
<input type="checkbox"/> Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643)			
<input type="checkbox"/> Bronchoscopy, with placement of Fiducial markers (31626)			
<input type="checkbox"/> Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631)			
<input type="checkbox"/> Bronchoscopy, with removal of foreign body (31635)			
<input type="checkbox"/> Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638)			
<input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (drainage of lung abscess) (31645)			
<input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646)			
<input type="checkbox"/> Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630)			
<input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632)			
<input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628)			
<input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629)			
<input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633)			
<input type="checkbox"/> Endobronchial ultrasound (EBUS) during bronchoscopy diagnostic or therapeutic intervention(s) (31620)			
<input type="checkbox"/> Tracheobronchoscopy through established tracheostomy incision (31615)			
<b>Pleural Space and Lung</b>			
<input type="checkbox"/> Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601)			
<input type="checkbox"/> Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650)			
<input type="checkbox"/> Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653)			
<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung infiltrate(s) (eg wedge), unilateral (32607)			
<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung nodule(s) or mass(es) (eg incisional), unilateral (32608)			
<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of pleura (32609)			
<input type="checkbox"/> Thoracostomy; with rib resection for empyema (32035)			
<input type="checkbox"/> Thoracostomy; with open flap drainage for empyema (32036)			
<input type="checkbox"/> Thoracotomy with biopsy(s) lung infiltrate(s) (eg wedge), unilateral (32096)			
<input type="checkbox"/> Thoracotomy with biopsy(s) lung nodule(s) or masses (eg incisional), unilateral (32097)			
<input type="checkbox"/> Thoracotomy with biopsy(s) of pleura (32098)			
<input type="checkbox"/> Thoracotomy with cardiac massage (32160)			
<input type="checkbox"/> Pleural scarification for repeat pneumothorax (32215)			
<input type="checkbox"/> Insertion indwelling tunneled pleural catheter (32550)			
<input type="checkbox"/> Repair lung hernia through chest wall (32800)			
<input type="checkbox"/> Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810)			
<input type="checkbox"/> Total lung lavage (for alveolar proteinosis) (32997)			
<input type="checkbox"/> Radio-frequency ablation (RFA) lung tumor (32998)			

Unlisted procedure, lung (32999)

- Thoracoscopy, surgical; with partial pulmonary decortication (32651)
- Thoracoscopy, surgical; with total pulmonary decortication (32652)
- Thoracoscopy, surgical; with control of traumatic hemorrhage (32654)
- Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655)
- Thoracoscopy, surgical; with parietal pleurectomy (32656)
- Thoracoscopy, surgical; with lobectomy (32663)
- Thoracoscopy with therapeutic wedge resection (eg mass or nodule, initial, unilateral) (32666)
- Thoracoscopy with therapeutic wedge resection(eg mass or nodule) each additional resection, ipsilateral (32667)  
List separately in addition to primary procedure code
- Thoracoscopy with diagnostic wedge resection followed by anatomic lung resection (32668), List separately in addition to primary procedure code
- Thoracoscopy with removal of a single lung segment (segmentectomy) (32669)
- Thoracoscopy with removal of two lobes (bilobectomy) (32670)
- Thoracoscopy with removal of lung, pneumonectomy (32671)
- Thoracoscopy with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction-LVRS, unilateral including any pleural procedure (32672)
- Thoracotomy with therapeutic wedge resection (eg mass nodule) initial (32505)
- Thoracotomy with therapeutic wedge resection (eg mass nodule) each additional resection, ipsilateral (+32506)  
List separately in addition to primary procedure code
- Thoracotomy with diagnostic wedge resection followed by anatomic lung resection (+32507), List separately in addition to primary proc code
- Thoracotomy, with exploration (32100)
- Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110)
- Thoracotomy, major; for postoperative complications (32120)
- Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140)
- Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141)
- Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150)
- Thoracotomy with open intrapleural pneumolysis (32124)
- Decortication, pulmonary, total (32220)
- Decortication, pulmonary, partial (32225)
- Pleurectomy, parietal (32310)
- Decortication and parietal pleurectomy (32320)
- Removal of lung, total pneumonectomy; (32440)
- Removal of lung, sleeve (carinal) pneumonectomy (32442)
- Removal of lung, total pneumonectomy; extrapleural (32445)
- Removal of lung, single lobe (lobectomy) (32480)
- Removal of lung, two lobes (bilobectomy) (32482)
- Removal of lung, single segment (segmentectomy) (32484)
- Removal of lung, sleeve lobectomy (32486)
- Removal of lung, completion pneumonectomy (32488)
- Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491)
- Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (32501)
- Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503)
- Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504)

**Lung Other**

- Open closure of major bronchial fistula (32815)
- Thoracoplasty with closure of bronchopleural fistula (32906)
- Single lung transplant (32851)
- Single lung transplant with CPB (32852)
- Double lung transplant (32853)
- Double lung transplant with CPB (32854)

**Mediastinum and Diaphragm**

- Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606)
- Mediastinotomy with exploration or biopsy; cervical approach (39000)
- Mediastinotomy with exploration or biopsy; transthoracic approach (39010)
- Mediastinoscopy, with or without biopsy (39400)
- Unlisted procedure, mediastinum (39499)
- Unlisted procedure, diaphragm (39599)
- Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (32662)
- Thoracoscopy with mediastinal and regional lymphadenectomy (+32674) List separately in addition to primary procedure code
- Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (38746)
- Mediastinal cyst, excision, open, Transthoracic approach (39200)
- Mediastinal tumor, excision, open, Transthoracic approach (39220)
- Thymus, resection via Thoracoscopy unilateral or bilateral (32673)
- Thymectomy, transcervical approach (60520)
- Thymectomy, transthoracic approach (60521)
- Thymectomy, transthoracic approach, with radical mediastinal dissection (60522)
- Diaphragm, laceration repair, any approach (39501)
- Diaphragmatic hernia repair (other than neonatal), traumatic; acute (39540)
- Diaphragmatic hernia repair (other than neonatal), traumatic; chronic (39541)
- Diaphragm imbrication (i.e., plication) of (39545)
- Diaphragm; resection with simple repair (e.g., primary suture) (39560)
- Diaphragm; resection with complex repair (e.g., prosthetic material, local muscle flap) (39561)

## Esophagoscopy

- Esophagoscopy (43200)
- Esophagoscopy with biopsy (43202)
- Esophagoscopy with removal of foreign body (43215)
- Esophagoscopy with insertion of stent (43219)
- Esophagoscopy with balloon dilation (43220)
- Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226)
- Esophagoscopy with ablation of tumor (43228)
- Esophagoscopy with endoscopic ultrasound examination (EUS) (43231)
- Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232)
- Upper gastrointestinal endoscopy, diagnostic (43235)
- Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237)
- Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238)
- Upper gastrointestinal endoscopy with biopsy (43239)
- Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245)
- Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246)
- Upper gastrointestinal endoscopy with removal of foreign body (43247)
- Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248)
- Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249)
- Upper gastrointestinal endoscopy with transendoscopic stent placement (43256)
- Upper gastrointestinal endoscopy with ablation of tumor (43258)

## Esophagus Resection

- Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107)
- Three hole-Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112)
- Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117)
- Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122)
- Minimally invasive three hole esophagectomy
- Minimally invasive esophagectomy, Ivor Lewis approach
- Minimally invasive esophagectomy, Abdominal and neck approach
- Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108)
- Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113)
- Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116)
- Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118)
- Partial esophagectomy, distal two-thirds, with thoracotomy only (43121)
- Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123)
- Total or partial esophagectomy, without reconstruction with cervical esophagostomy (43124)
- Conduit revision s/p esophagectomy

## Esophagus Other Procedures

- Cricopharyngeal myotomy (43030)
- Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130)
- Esophagostomy, fistulization of esophagus, external; cervical approach (43352)
- Closure of esophagostomy or fistula; cervical approach (43420)
- Excision esophageal lesion with primary repair, cervical approach (43100)
- Trans oral fundoplication
- Unlisted laparoscopy, esophagus (43289)
- Unlisted procedure, esophagus (43499)
- Per oral endoscopic myotomy (POEM)
- Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) without mesh (43281)
- Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) with mesh (43282)
- Laparoscopy, surgical, esophageal lengthening procedure (Collis) (43283) Secondary Procedure code
- Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280)
- Laparoscopic esophageal myotomy (Heller Myotomy, with or without fundoplication) (43279)
- Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665)
- Nissen fundoplasty- laparotomy (includes partial fundoplication/wrap) (43327)
- Transthoracic Fundoplication- open thoracotomy (includes Belsey/Nissen) (43328)
- Repair, paraesophageal hiatal hernia via laparotomy without mesh (43332)
- Repair, paraesophageal hiatal hernia via laparotomy with mesh (43333)
- Repair, paraesophageal hiatal hernia via thoracotomy without mesh (43334)
- Repair, paraesophageal hiatal hernia via thoracotomy with mesh (43335)
- Repair, paraesophageal hiatal hernia via thoracoabdominal approach without mesh (43336)
- Repair, paraesophageal hiatal hernia via thoracoabdominal approach with mesh (43337)
- Esophageal lengthening procedure - open (Collis) Secondary Procedure code (43338)
- Diverticulectomy of esophagus, with or without myotomy; thoracic approach (43135)
- Excision Esophageal lesion with primary repair, thoracic approach (eg: leiomyoma) (43101)
- Esophagoplasty with repair of TEF, cervical approach (43305)
- Esophagoplasty with repair TEF, thoracic approach (43312)
- Esophagomyotomy (Heller type); thoracic approach (43331)
- Gastrointestinal reconstruction for previous esophagectomy with stomach (43360)
- Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361)
- Ligation or stapling at gastroesophageal junction for esophageal perforation (43405)
- Suture of esophageal wound or injury; cervical approach (43410)
- Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415)
- Free jejunum transfer with microvascular anastomosis (43496)



**Pathological Staging of the Lung - to be completed if lung cancer documented AND lung resection performed (Pre-Operative Evaluation – Lung Cancer = Yes)**

If Yes →	Lung Tumor:	<input type="checkbox"/> TX Tumor cannot be assessed	<input type="checkbox"/> T0 No evidence of primary tumor	<input type="checkbox"/> Tis Carcinoma in situ	<input type="checkbox"/> T1a Tumor ≤ 2cm	
	<input type="checkbox"/> T1b Tumor >2 cm but ≤ 3 cm	<input type="checkbox"/> T2a Tumor >3cm but ≤5 cm or tumor of lesser size which invades main bronchus ≥ 2 cm distal to carina, invades visceral pleura or associated with atelectasis or pneumonitis which extends to the hilar region but does not involve the entire lung			<input type="checkbox"/> T2b Tumor >5 cm but ≤ 7cm	
	<input type="checkbox"/> T3 Tumor > 7 cm or one of any size that invades parietal pleura, <b>chest wall, diaphragm, phrenic nerve, pericardium, main bronchus</b> (not involving carina), causes obstructive atelectasis or pneumonitis of the entire lung or a separate tumor in the same lobe		<input type="checkbox"/> T4 Tumor of any size that invades mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina or separate tumor in a different ipsilateral lobe			
	Lung CA Nodes:	<input type="checkbox"/> NX Regional lymph nodes cannot be assessed	<input type="checkbox"/> N0 No regional lymph node metastasis	<input type="checkbox"/> N1 Metastasis in ipsilateral peribronchial and/or ipsilateral hilar nodes, intrapulmonary nodes, includes direct extension	<input type="checkbox"/> N2 Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)	<input type="checkbox"/> N3 Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)
	Lung CA Metastases:	<input type="checkbox"/> M0 No distant metastasis	<input type="checkbox"/> M1 Distant metastasis			
Lung CA Histology:	<input type="checkbox"/> Carcinoma in situ –Bronchioalveolar (BAC)		<input type="checkbox"/> Adenocarcinoma	<input type="checkbox"/> Squamous cell		
	<input type="checkbox"/> Large cell <input type="checkbox"/> Small Cell		<input type="checkbox"/> Neuroendocrine	<input type="checkbox"/> Mixed		
	If Neuroendocrine → <input type="checkbox"/> Low grade <input type="checkbox"/> Intermediate grade <input type="checkbox"/> High grade					
Total # of Lymph Nodes sampled/harvested: _____	Total # of Nodal Stations sampled/harvested: _____					
Lung CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No						

**Pathological Staging of the Esophagus to be completed if esophageal cancer documented AND esophageal resection performed (Pre-Operative Evaluation – Esophageal Cancer = Yes)**

If Yes →	Esophageal Tumor:	<input type="checkbox"/> TX Tumor cannot be assessed	<input type="checkbox"/> T0 No evidence of primary tumor	<input type="checkbox"/> Tis High Grade Dysplasia	<input type="checkbox"/> T1a Tumor invades lamina propria or muscularis mucosa	<input type="checkbox"/> T1b Tumor invades submucosa
	<input type="checkbox"/> T2 Tumor invades muscularis propria	<input type="checkbox"/> T3 Tumor invades adventitia	<input type="checkbox"/> T4a Resectable tumor invades pleura, pericardium or diaphragm	<input type="checkbox"/> T4b Unresectable tumor invading other adjacent structures such as aorta, vertebral body, trachea, etc.		
	Esophageal CA Nodes:	<input type="checkbox"/> NX Regional lymph nodes cannot be assessed	<input type="checkbox"/> N0 No regional lymph node metastasis	<input type="checkbox"/> N1 Metastasis in 1-2 regional nodes		
	<input type="checkbox"/> N2 Metastasis in 3-6 regional lymph nodes	<input type="checkbox"/> N3 Metastasis in 7 or more regional lymph nodes				
	Esophageal CA Metastases:	<input type="checkbox"/> M0 No distant metastasis	<input type="checkbox"/> M1 Distant metastasis	Esoph Histopathologic Type:	<input type="checkbox"/> H1 Squamous Carcinoma	<input type="checkbox"/> H2 Adenocarcinoma
Esophageal CA Histologic Grade:	<input type="checkbox"/> GX Grade cannot be assessed	<input type="checkbox"/> G1 Well differentiated	<input type="checkbox"/> G2 Moderately differentiated			
	<input type="checkbox"/> G3 Poorly differentiated	<input type="checkbox"/> G4 Undifferentiated				
Total # of Lymph Nodes sampled/harvested: _____	Esophageal CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Post-Operative Events**

Indicate all adverse events that occurred within 1 month of surgery if discharged from the hospital or those that occur during the same admission, regardless of the length of stay.

**Postoperative Events?**  Yes  No If Yes, select all that occurred: ↓

Unexpected Return to the OR: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Primary Reason for Return to OR:
	<input type="checkbox"/> Bleeding <input type="checkbox"/> Anastomotic leak following esophageal surgery <input type="checkbox"/> Bronchopleural Fistula
	<input type="checkbox"/> Empyema <input type="checkbox"/> Chylothorax req. surgical ligation of thoracic duct
	<input type="checkbox"/> Conduit necrosis/failure following esophageal surgery <input type="checkbox"/> Other

<b>Pulmonary</b>					
Air leak > 5 days duration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Atelectasis req. bronchoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pleural Effusion req. drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Respiratory Distress Syndrome (ARDS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchopleural Fistula	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pulmonary Embolus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumothorax req. CT reinsertion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Vent Support > 48 Hr	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracheobronchial Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pulmonary Event	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Cardiovascular</b>					
Atrial arrhythmia req. treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ventricular arrhythmia req. treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Myocardial infarct	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deep venous thrombosis (DVT) req. treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other CV event	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Gastrointestinal</b>					
Ileus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anastomotic leak requiring medical treatment only	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dilation esophagus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conduit Necrosis Requiring Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Delayed conduit emptying requiring intervention (pyloric dilatation or botox) or maintenance of NG drainage > 7 days post op					<input type="checkbox"/> Yes <input type="checkbox"/> No
Clostridium Difficile infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other GI event	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Hematology</b>					
Packed red blood cells	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → # Units _____			
<b>Urologic</b>					
Urinary tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary retention req. Catheterization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharged with Foley catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Infection</b>					
Empyema req. treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical Site Infection <input type="checkbox"/> None <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ space			
Sepsis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Another infection req. IV antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Neurology</b>					
New central neurological event	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurrent laryngeal nerve paresis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Delirium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other neurological event	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Miscellaneous</b>					
New renal failure per RIFLE criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chylothorax req. medical intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other events req. OR with gen. anesthesia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unexpected Admission to ICU	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Discharge</b>					
<b>Date of Discharge:</b> ____/____/____			<b>Discharge Status:</b> <input type="checkbox"/> Alive <input type="checkbox"/> Dead		
<i>If Alive →</i>	Discharge location: <input type="checkbox"/> Home <input type="checkbox"/> Extended Care/Transitional Care Unit /Rehab <input type="checkbox"/> Other Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other				
	Discharged with chest tube: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Readmit to any hospital within 30 days of discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	<i>If Yes →</i>	Readmission related to operative procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>Status at 30 days after surgery:</b> <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown					
<b>Quality Measures</b>					
IV antibiotics ordered to be given within 1 hour before incision:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure			
IV antibiotics given within 1 hour before incision:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure			
Cephalosporin Antibiotic Ordered		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure <input type="checkbox"/> Documented allergy or indication for therapeutic substitution			

Prophylactic Antibiotic Discontinuation Ordered within 24 hr	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, due to documented infection <input type="checkbox"/> Not indicated for procedure
DVT Prophylaxis Measures employed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Smoking Cessation Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> Nonsmoker