

Extrahepatic Biliary Atresia Questionnaire
Australian Paediatric Surveillance Unit

PAEDIATRICIAN: 1. Dr Code 2. Report Code ____/____

Name: _____

PATIENT DATA:

3. Surname (first two letters only) ____ ____
4. First name (first two letters only) ____ ____
5. Date of Birth (day,month,year) ____ ____/____ ____/____ ____
6. Sex M F
7. Postcode _____
8. Date of definitive diagnosis ____ ____/____ ____/____ ____

SURGERY: Y N DATE

9. Kasai procedure ____ ____/____ ____/____
10. Was a second Kasai procedure was performed? If so when ____ ____/____ ____/____

CURRENT CLINICAL STATUS: Y N DON'T KNOW

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 11. Persistent jaundice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Cholangitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Progressive liver failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Clinical splenomegaly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Haematemesis/melaena | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Coagulopathy (not corrected by Vitamin K) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Oedema | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Ascites | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Cirrhosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. End stage liver failure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

LIVER TRANSPLANTATION:

Y N

22. Is the child awaiting transplation

Y N

23. Date of transplant

___ ___/___ ___/___ ___

24. Age

___ ___ ___ months

25. Outcome (including second transplant)

26. Death

Y N DATE ___ ___/___ ___/___ ___

27.

Cause _____ 28. Growth

Ht %

29. Development

Normal Abnormal Don't Know

Thank you very much for completing this questionnaire. We will provide you with information of the national study following analysis of the data.

Please return to: Dr. E. Elliott, University Teaching Unit, P.O. Box 34, Camperdown NSW 2050 Tel: (02) 692-6648 Fax: (02) 692-6614