

patient registration

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Institution Code:

Patient's date of birth: _____

Portoenterostomy(Kasai):

Date

Technique

Remarks: _____

Intraoperative cholangiogram

yes

no

Histology of the liver and of the porta hepatis: _____

Postoperative follow-up:

Steroids postop

yes

no

Dosage: _____mg/Kg/bodyweight

Duration: _____days

Nutrition postop

breast fed

formula

Medication postop

Vitamins A or/and E

yes

no

Vitamin K

yes

no

Vitamin D

yes

no

Ursodesoxycholic acid

yes

no

Antibiotics perioperatively

yes

no

Substance _____

Duration _____ days

Antibiotics prophylactic

yes

no

Substance _____

Others

yes

no

Please specify _____