Preoperative Care

Preoperative Care Requirements

All patients should have undergone a comprehensive medical evaluation and history, including evaluation of the causes and complications of obesity, with special attention directed to those factors that could affect a recommendation for bariatric surgery. Physical, psychological and nutritional evaluations as well as appropriate preoperative diagnostics (including laboratory and imaging studies) should also be performed. Your bariatric surgery specialist's office can help with these evaluations.

Typical laboratory and diagnostic tests may include:

Laboratory Studies	Diagnostics
Comprehensive metabolic panel	Stress testing
Chemistry studies	12-lead EKG
Complete blood count	Polysomnogram (OSA)
Thyroid function studies	Right upper quadrant ultrasound
HbA1c	
Lipid panel	

Other Recommendations

- All patients should have optimal preoperative control of comorbid conditions such as diabetes, hypertension, hypercholesterolemia, sleep disorders and liver abnormalities.
- Patients are strongly urged to attend support group sessions and change dietary and exercise habits. Some insurers may require preoperative weight loss prior to surgery.
- For those patients considering a gastric band, a local bariatric surgery specialist should be considered, as the close proximity may facilitate postsurgery adjustments.

Insurance Considerations

Insurance companies may request documentation demonstrating medical necessity for weight loss surgery. Therefore, maintaining comprehensive medical records is essential, including testing results, medically supervised weight loss assessments and medical evaluations.

The NIH has established the following medical eligibility guidelines for surgical considerations:

- Body Mass Index (BMI) of 40 or greater
- BMI of 35 or greater, with comorbidities (e.g., diabetes, high blood pressure)

Some of the most common insurance coverage requirements include:

- Patients are at least 18 years old
- Patients have previously failed medically supervised attempts at weight loss (documentation requirements of failed attempts can vary from 3 to 12 months, depending on the insurance plan)
- Psychological evaluation prior to surgery
- Nutritional consultation
- No smoking for eight weeks prior to surgery
- Documentation of no reversible endocrine condition or other medically reversible conditions causing the obesity
- Documentation of no active substance abuse

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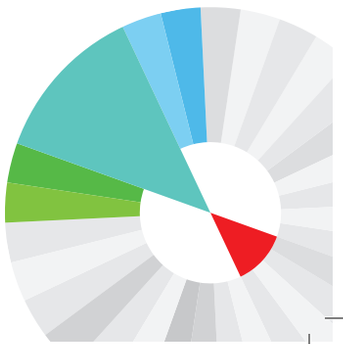

Postoperative Care

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Patient Care and Monitoring

- Expected weight loss and rate of weight loss is dependent on the type of surgery. (A summary table of published weight loss ranges for each procedure is enclosed.) The gastric band is intended to result in gradual weight loss (1–2 pounds per week for the REALIZE® Band), while gastric bypass patients experience about 60% first-year weight loss (EWL)[1] and sleeve gastrectomy patients have experienced up to 58% EWL in the first two years.[2]
- Assessment of inadequate weight loss or weight gain may include imaging studies ordered by the bariatric surgeon as well as evaluation of compliance with dietary and lifestyle recommendations. A postoperative patient may also need further psychological evaluation and intervention related to inadequate weight loss.
- Follow-up laboratory tests should be regularly performed, including a complete blood count and measurement of iron and B12 levels.
- Pregnancy is not recommended for at least 12 months after surgery. (See also Medications and Supplements below for information on contraceptive effectiveness after surgery.)
- Ongoing support group attendance is strongly encouraged.

Medications and Supplements

- Medication dosages, such as those for ongoing chronic medical problems such as diabetes, hypertension and dyslipidemia, should be closely monitored. Extended-release medications may need to be changed to regular-release formulas.
- Oral contraceptives may not be fully absorbed after gastric bypass, potentially decreasing their effect.
- ASA and NSAID products (e.g., ibuprofen, naproxen sodium) should be avoided due to increased risk of ulcers and strictures.
- Patients will need lifelong vitamin and mineral supplements (multivitamins, B12, calcium, iron).

Complications

- Patients should be monitored for nausea, vomiting and dehydration. The bariatric surgeon should especially be contacted in situations such as the following:
  - Patient unable to keep down fluids for 24 hours.
  - Patient has abdominal pain with nausea or vomiting.
- Other potential late complications include those provided below.[1] This list is not exhaustive; consult with the bariatric surgeon's office with any concerns.

Any Bariatric Surgery	Gastric Banding	Gastric Bypass	Sleeve Gastrectomy
Cholecystitis	Anorexia	Internal hernia	Tissue separation
Cholelithiasis	Band erosion	Marginal ulcers	Gastric leakage
Dilated pouch	Band malfunction	Pancreatitis	Fistula
Dysphagia	Band slippage	Stricture	
GERD	Reservoir leakage	Anastomotic leak	
Incisional hernia		Fistula	
Malnutrition			
Vitamin and mineral deficiency			

1. Presutti, RJ, Groman RS, Swain JM. Primary care perspective on bariatric surgery. Mayo Clinic Proc. 2004;79(9):1158–1166.

2. Mechanick JI, et al., American Association of Clinical Endocrinologists, The Obesity Society and American Society for Metabolic & Bariatric Surgery medical guidelines for clinical practice for the perioperative nutritional, metabolic and nonsurgical support of the bariatric surgery patient. Endocr Pract. 2008;14(supp 1):1–83.