



Management of the Bariatric Surgery Patient 2017

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Financial Disclosures

- None

Objectives

- Identify the most commonly performed bariatric procedures
- Identify reasons for readmission and strategies to avoid readmission
- Strategies for prevention and management of complications

How do we treat obesity?

- Diet and Exercise “Lifestyle modification”
 - 5% excess weight loss (EWL)
- Pharmacotherapy
 - 10-15% EWL
- Surgery
 - 40-80% EWL

**MULTIMODALITY
TREATMENT**

Do I qualify for surgery?

- BMI 35-39.9 with one weight-related comorbidity
 - Comorbidities vary based upon insurance plans
- BMI 40+
- Many insurers in Oregon do not include bariatric surgery
- Medicaid/OHP- must have DM2 (until 2018)
- Prior history of diet attempts

Do I qualify for surgery?

- Understanding of operations, risks, results, and limitations
- Current exercise and diet program
- Psychological evaluation
- Patients age 18-69 years old

Overview

- Referral
 - Can be self referral, benefit check
- Medical Intake
 - Is the patient a surgical candidate/complex surgical history
 - Complex medical history
 - Risk stratification
- Dietician Intake
- Psychological assessment

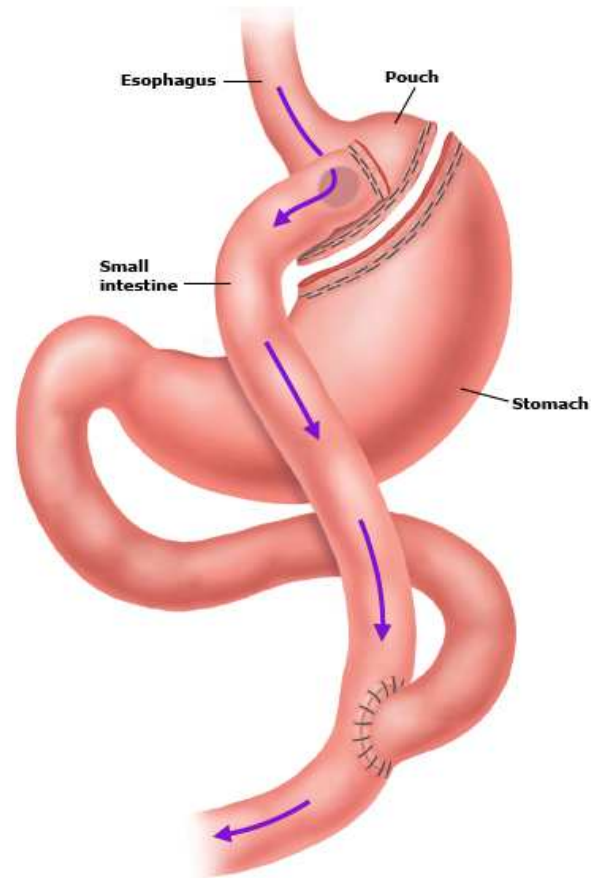
Patient's homework

- Discuss with PCP
- Complete recommended health screening
- Work on preoperative weight loss, exercise plan
- Smoking cessation
- Demonstrate behavior changes

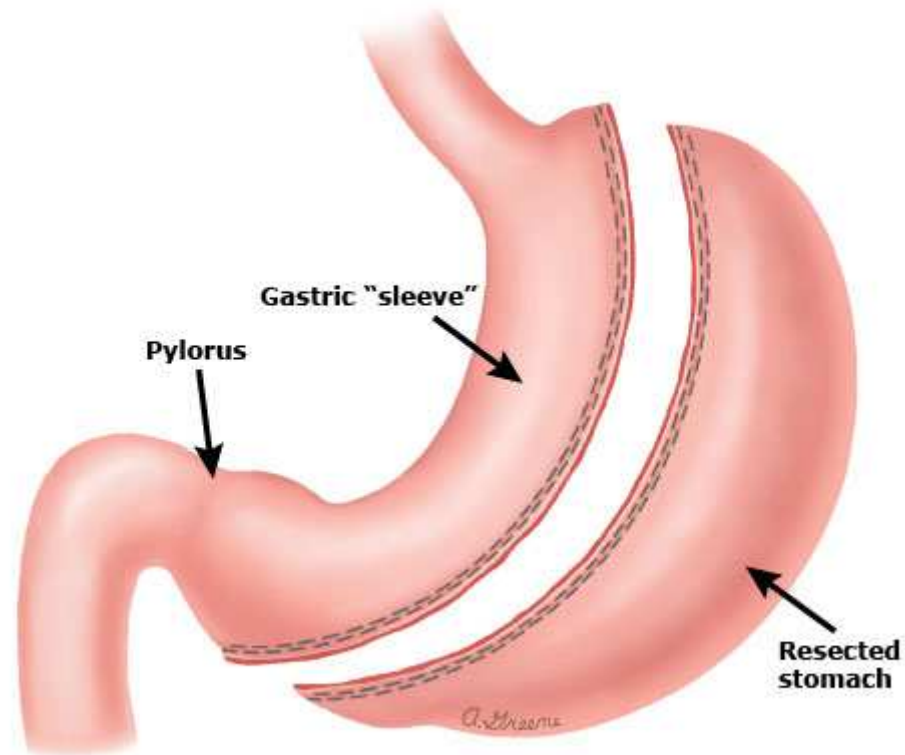
Operations for Obesity

- Sleeve Gastrectomy
- Roux-en-Y gastric bypass
- Adjustable gastric band
- Duodenal Switch
- Revisional bariatric surgery

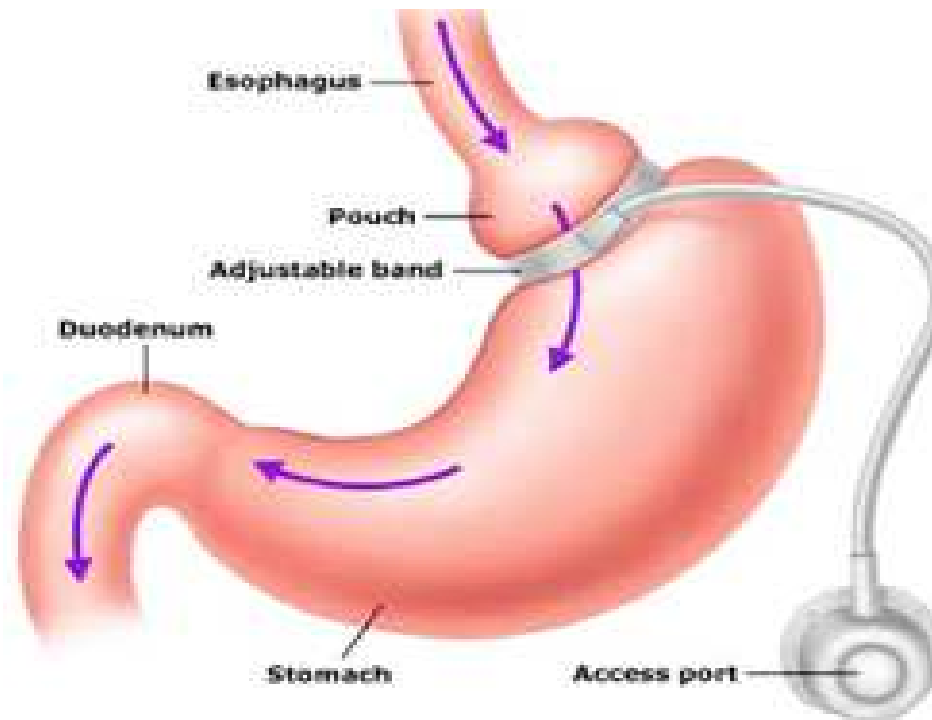
Laparoscopic Roux-en-Y Gastric Bypass LRYGB



Laparoscopic Sleeve Gastrectomy LSG



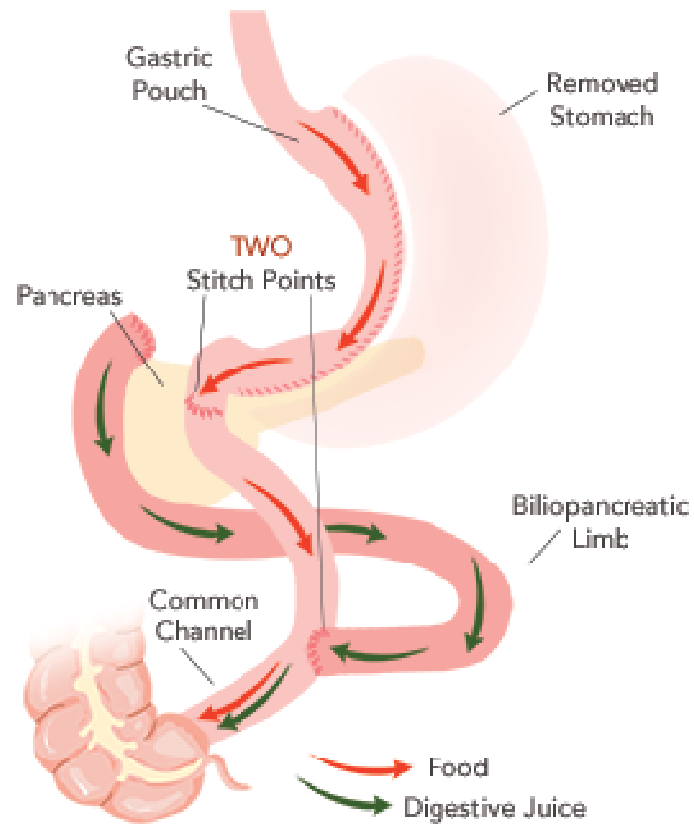
Laparoscopic Adjustable Gastric Band LAGB



Duodenal Switch

Duodenal Switch (DS)

Other variations:
SADI
SIPS
Loop DS



Post-operative Course

- Lap Band:
 - Same day surgery or overnight stay
 - Clear liquid diet immediately, full liquid diet on discharge
 - Back to work asap
- Lap Gastric Bypass, Sleeve Gastrectomy:
 - 1-2 night hospital stay
 - Clear liquid diet immediately, full liquid diet on discharge
 - Back to work in 2-4 weeks
- Open Surgery:
 - 4-6 night hospital stay
 - Liquid diet on postoperative day #2-3
 - Back to work in 4-6 weeks

Post-Operative Follow-up

- Post-op visits: 1-2 wks, 4-6 wks, 3 months, 6 months, then annually for life
 - Labs at 3 or 6 months, then annually
- PCP visits at same intervals
- RD follow-up
- Support groups monthly

Contact with Registered Dietitians

- Try to pair with every provider visit
- Initial evaluation
- 2 presurgical classes
- Inpatient dietitian
- 1-2 weeks and 4-6 weeks after surgery with post-surgery visit
 - Every 2-3 months for the first year
 - Every 6-12 months after the first year
- Some insurances do not cover >1 RD visit (Medicare)

Life After Weight-Loss Surgery: Daily Goals

- No liquids with meals – wait 30 minutes
- 64 ounces of fluids
- 60 grams of protein
- Vitamins
 - Chewable multivitamins with minerals
 - Vitamin B12
 - Calcium citrate 1000-1500 mg + Vitamin D3 2000IU

Benefits

- 40-80% long-term excess weight loss
- 75-85% resolution or marked improvement of co-morbidities
- >90% satisfaction rates

Risk

- Complications
 - Mortality <0.2%
 - Severe complications 1-5% (bleeding, leak, infection)
 - Marginal ulcer 1-16% **GASTRIC BYPASS**
 - smoking, NSAIDS, steroids
- Pain (acute and chronic)
 - Greatest with bypass
 - Nausea with sleeve
- Weight recidivism
- Nutritional deficiencies
- Psychologic consequences

Preventing readmission

- Nausea/vomiting/dehydration (0-30 days)
 - Encourage slow po hydration
 - 1-3 oz every 10-15 min
 - IV hydration
 - Earlier with flu/gastroenteritis
 - May need immediately after surgery
 - Nutritional deficiencies
 - Ensure taking vitamins (start 2wks postop)
 - Replete thiamine regularly 100mg IV (beri beri) if vomiting
 - Consider B12 monthly injections
 - Consider IV iron infusions if refractory to oral supplementation

Preventing readmission

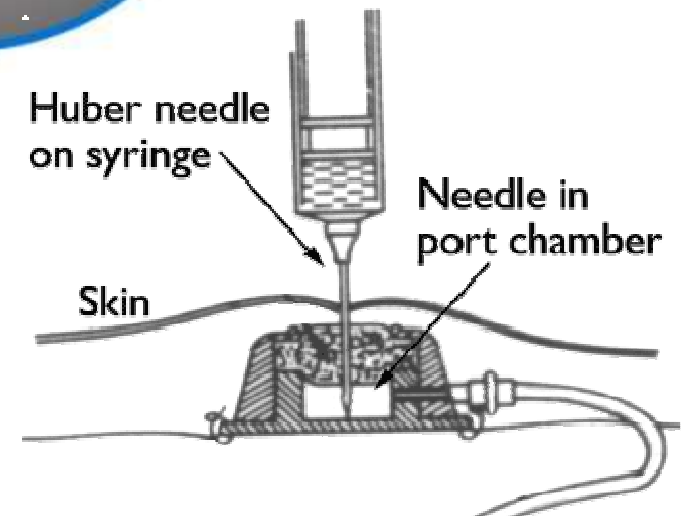
- Pain management
 - Alternative pain management- massage, acupuncture, biofeedback
 - Expectation management
 - **If pain suddenly increased, tachycardic, febrile- must see surgeon**
- Long term followup
 - Many prefer with PCP, one person managing issues
 - Annual labs (smartset), healthy lifestyle, “surgery is a tool”
 - Consider meds for weight regain

Smartset

- VITAMIN D, 25-HYDROXY, SERUM
- PTH, SERUM
- FERRITIN
- VITAMIN B-12
- FOLATE- *if considering pregnancy*
- IRON AND TIBC
- CBC ONLY
- COMPLETE METABOLIC SET
(NA,K,CL,CO2,BUN,CREAT,GLUC,CA,AST,ALT,BILI TOTAL,ALK
PHOS,ALB,PROT TOTAL)
- VITAMIN B1 *Check regularly if vomiting*
- HEMOGLOBIN A1C, BLOOD
- LIPID SET (TRIG, T CHOL, HDL, CALC LDL)
- *Zinc- DS*
- *Copper- DS*
- *Selenium- DS*

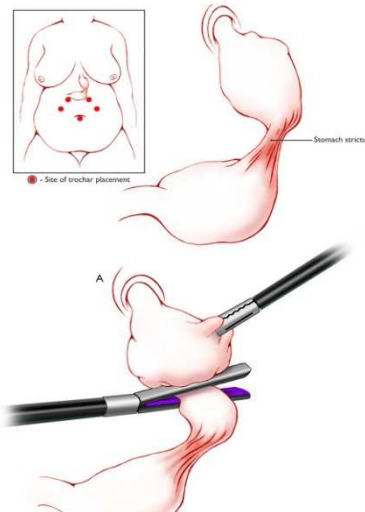
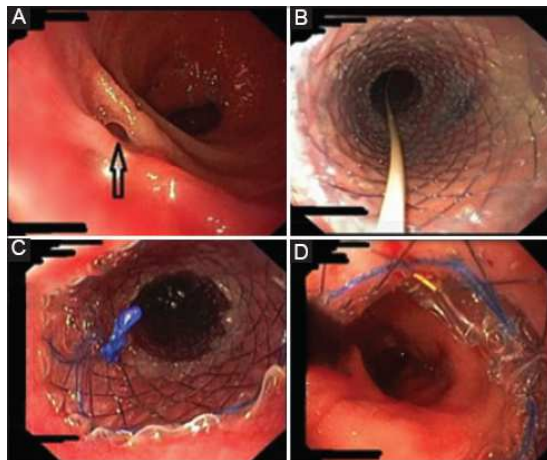
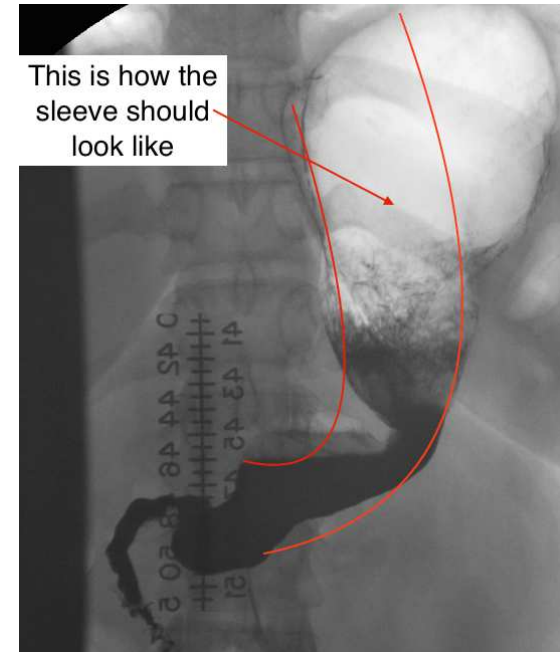
Complications

- Band (LAGB)
 - Slip, erosion
 - Empty band first- Huber needle



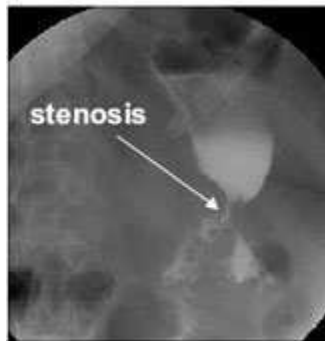
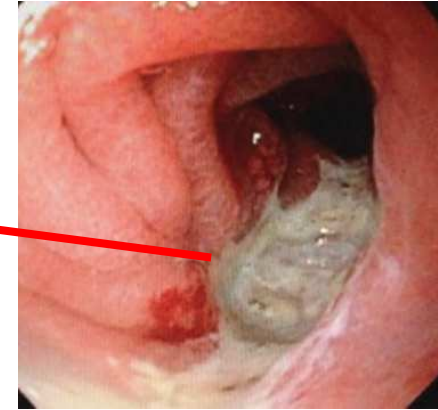
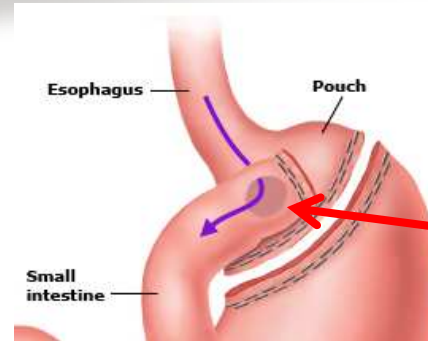
Complications

- Sleeve (LSG)
 - Leak 3-21 days
 - GERD any
 - Stenosis/Stricture
 - Incisura
 - Mechanical problem
 - Can create GERD



Complications

- Gastric bypass
 - Stricture
 - EGD dilation, injection
 - Marginal Ulcer
 - PPI, carafate
 - SBO/Internal Hernia
 - OR



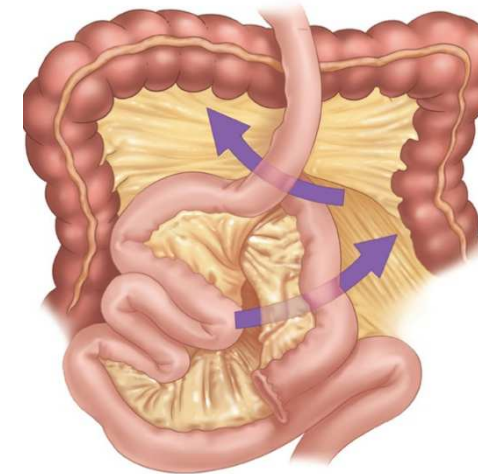
Gastrograffin swallow



Endoscopic view of stomal stenosis



Dilation with a through-the-scope balloon dilator



Addressing fact vs fiction

- Lots of hype, lots of myth: vomiting, dumping rare, most patients are eating fairly normal foods after surgery in smaller quantities. Almost all have some food intolerances
- Weight regain is about 15% and peaks around 3-5 years postoperative
- Healthy lifestyle choices must remain in place lifelong
- NOT cosmetic surgery, goals are improvement of overall health and function
- Obesity is a complex disease and one treatment may not be enough
- Resolution of diabetes is best for those with DM2 <8yrs
- BMI commonly still overweight to obese after surgery.

The Team

Surgeons

- Farah Husain MD
- Donn Spight MD
- Andrea Stroud MD

Nurse Practitioners

- Kristi Vaughn NP
- Aura Petcu NP
- Dawn Rondeau NP
- Jill Dowds NP

Dietitians

- Bianca Wyatt RD
- Natasha Dempsey RD

Nursing

- Vanessa Shay RN, BCN

Medical Assistant

- Karey Lostaglia MA

Administrative Staff

- Cherie Scott, Patient Coordinator
- Candace Ogram, Section Manager
- Leigh Ann McDonough, Program Coordinator
- Kim Medic, Patient Navigator
- Elspeth Rogers, Business Manager

**Thank you
Questions ?**