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GUIDELINES FOR BARIATRIC SURGERY

These guidelines are a compilation of NIH consensus, Milliman Care Guidelines, and recommendations from the American Society for Metabolic and Bariatric Surgery. They represent the ideal patient and conditions for undergoing bariatric surgery. Not all criteria are applicable for an individual patient, but most should be addressed before submitting a prior authorization for bariatric surgery.

Prior authorization is required for all bariatric surgical procedures. Candidates for these procedures should be evaluated by a multidisciplinary team with clinical expertise in the care of the bariatric surgical patient. Bariatric programs may differ in regards to content requirement, however, UHA feels strongly that the following criteria be met to ensure that its members succeed with the life-long changes they will encounter after surgery.

Goals of Bariatric Preoperative Assessment:

- Assess indications and contraindications to operative treatment
- Perform comprehensive medical, psychological, and dietary evaluations
- Treat and optimize medical co-morbidities before surgical intervention
- Educate patients and their support system about options of treatment, surgical and post-surgical risks, and realistic expectations

Criteria for Bariatric Surgery:

- **BMI 40kg/m2 or greater (or) BMI 35kg/m2 or greater with a serious condition/co-morbidity.**
- **Has participated in a bariatrics surgical program for at least 6 months** with surgeons experienced in gastric bypass utilizing a multidisciplinary approach. The bariatric surgeon and/or his staff, is coordinating the multidisciplinary team and supervising pre-op evaluations and treatment of co-morbidities before and after surgery. Program should include pre-op medical consultation, pre-op psychological evaluation and counseling, nutritional counseling, exercise counseling, and support group meetings.
- **Patient is unable to lose significant weight or has regained weight despite compliance with a multi-disciplinary non-surgical program.** This may include low or very low calorie diet, supervised exercise, behavior modification, and/or medication.
- **All co-morbidities have been evaluated and the patient is medically cleared for surgery**. Bariatric surgery is contraindicated for mental/cognitive impairment, active cancer, advanced liver disease with portal hypertension, unstable coronary artery disease, and uncontrolled severe obstructive sleep apnea with pulmonary hypertension (pulmonary systolic pressure > 50 mm Hg). Patients should be assessed for cardiac risk per AHA guidelines with intermediate or high risk patients undergoing further cardiac evaluation. Patients with uncontrolled sleep apnea need to be satisfactorily controlled for at least three months before surgery. Other co-morbid conditions may include obesity hypoventilation, diabetes, hypertension, cardiomyopathy, musculoskeletal dysfunction, chronic heart failure, and/or pulmonary insufficiency..
- **Correctable causes for obesity have been ruled out** (i.e., endocrine disorder such as Cushing's syndrome or hypothyroidism).
- **Patient symptomatic for GERD or gastric reflux has been evaluated, and if necessary, treated for *H. pylori* .**
- **Patient has received psychological clearance for surgery.** Patient has met with mental health provider (psychologist or psychiatrist with experience in bariatrics) who is part of the team. A pre-op evaluation should aim to assess patient's psychological well-being, ability to make informed decisions, and willingness to participate actively in postoperative treatment. If psychological testing is to be included, a diagnostic interview is done first, followed by submission of a prior authorization for the testing. Issues to address include depression, self-esteem, stress management, coping skills, binge eating, change in eating habits, other eating disorders, change in social roles, changes associated with return to work/school, body image, sexual function, lifestyle issues, personality factors that may affect treatment and recovery, alcohol or substance abuse, ability to make lasting behavior changes, and need for further support and counseling. Unrealistic weight loss expectations should also be addressed to avoid regressive behavior postoperatively. Many bariatric centers use the Boston Interview for Gastric Bypass and use Quality of Life scales, Becks Depression Inventory or MMPI for psych testing. The Boston Interview assesses weight, diet, and nutrition history; current eating behaviors; medical history; understanding of surgical procedures, risks, and the post surgical regimen; motivation and expectations of surgical outcome; relationships and support system; and psychiatric functioning.

- **Patient has participated in support group meetings at least monthly.**
- **Patient has completed dietary evaluation and classes with dietician.** A dietician with background in bariatrics is ideal. The purpose in dietary counseling is to assess patient's nutritional status and aid in patient education. Registered dieticians are best qualified to provide nutritional care, including pre-op assessment and counseling, follow-up, and post-op education about self-monitoring, meal planning, assessing nutritional deficiencies, and nutritional supplementation. Post-operatively, patients are required to take life-long nutritional supplements and undergo life-long medical monitoring.
- **Patient has completed a 6 month (or longer) physician supervised diet with monthly weigh-ins.**
- **Patient has been evaluated by a physical therapist.**
- **Patient has completed a 6 month (or longer) supervised exercise program.**
- **Patient must have achieved full growth.**
- **Patient is well informed, compliant with medical appointments, and motivated.**
  Treatment outcome is significantly dependent on patient compliance with long term follow-up. All patients after a bariatric procedure require regular life-long qualified surveillance.

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