

PIONEER VALLEY WEIGHT LOSS CENTERS

POLICIES AND PROCEDURES

Providers caring for patients entering the PIONEER VALLEY WEIGHT LOSS CENTERS will follow the following policies and procedures. These policies and procedures will be followed in both the medical or surgical approaches to obesity.

Patients who request bariatric surgery must meet the following requirements provided at the PIONEER VALLEY WEIGHT LOSS CENTERS (PVWLC) prior to approval for surgical intervention for weight loss:

Consistent documentation of the policies and procedures listed below demonstrate compliance from the patients in the CWMP.

PATIENT INITIAL EVALUATIONS AND FOLLOW UP (Medical and Surgical)

- 1) Physician Medical History, Physical, and Evaluation:
 - a. Histories will be taken prior to the initiation of any form of treatment
 - b. Patient Histories should consistently reflect, but may not be limited to
 - i. Dietary History
 - ii. Weight Loss History
 - iii. History of Eating Disorders
 - iv. Past Medical History
 - v. Medication List
 - vi. Allergies
 - vii. Family History
 - viii. Social History
 - ix. Review of Systems
 - x. Primary Care Provider
 - c. Initial Physical Examinations will be performed and reviewed by the consulting physician
 - d. Documentation of the physical exam with included but not be limited to
 - i. Height
 - ii. Weight
 - iii. BMI
 - iv. Waist Circumference
 - v. Blood Pressure
 - vi. Heart Rate
 - vii. Respiratory Rate
 - viii. Eyes
 - ix. ENT
 - x. Thyroid
 - xi. Respiratory
 - xii. Cardiac

- xiii. Abdomen
 - xiv. Skin
 - xv. Extremities
 - xvi. Muscular and Skeletal
 - xvii. Neurological
 - e. Lab Work and Testing
 - i. If the provider believes a metabolic or endocrine related disorder is present, appropriate laboratory tests will be ordered
 - These may include: Metabolic Panel, Complete Blood Count, Thyroid Panel, Urine Cortisol, Lipid Panel, etc.
 - Patients with heart disease or risk factors for coronary artery disease will have an electrocardiogram prior to the start of pharmacological therapy using medications that may affect blood pressure or heart rate as side effects.
- 2) Nutritional Evaluation.
- 3) Psychological Evaluation.
- 4) Follow-up Medical Evaluation to determine progress as well as patient physical and psychological readiness for surgery
- a. If at this visit the patient is deemed appropriate for surgery, pre-operative evaluations and testing will be scheduled. (SEE PRE-OPERATIVE VISIT below)
- 5) Follow up for Nutrition or Psychology as recommended by #2 or #3
- a. The Registered Dietician affiliated with our program may require additional educational sessions with the patient if deemed necessary based on lack of understanding or difficulty in implementing change
 - b. The Psychologist affiliated with our program may require additional educational or therapy sessions with the patient if deemed necessary due to psychological illness or lack of psychological readiness.

PATIENT PRE-OPERATIVE VISIT (Surgical Patients deemed appropriate for surgery)

Patients will be considered appropriate candidates for surgery under the following circumstances

- 1) When a patient has met the NIH criteria for surgery
 - a. BMI greater than 40
 - b. BMI greater than 35 with at least one co-morbidity related to obesity
 - c. Failure at medical therapy
 - i. Usually defined as a 6 months of documented attempts at conservative medical therapy with or without pharmacotherapy.
- 2) When a patient has demonstrating behavioral change based on criteria of the PVWLC team. This may include, but is not limited to:
 - a. Documentation of dietary and exercise accomplishments
 - b. Formal written goals for weight loss (minimum of 12)
 - c. Discontinuation or improvement in addictive behavior
 - d. Smoking cessation for a minimum of 6 weeks
 - e. Cessation of substance abuse for a minimum of 3 months
 - f. Pre-operative weight loss of 5% preferred but not necessary (*Boston Medical Center data*)
 - i. Determination of readiness to be made by PVWLC Team
 - g. Attendance of at least one (1) support group prior to surgery
 - h. Attendance of PRE-OPERATIVE classes/testing in order to reinforce education learned in the PVWLC visits

At this time, in preparation for surgery, a PRE-OPERATIVE VISIT will be performed by the physician or health care provider. This visit will include the following:

- 1) Pre-operative Medical History, Physical, and Evaluation
 - a. Particular focus will be on the CARDIAC and PULMONARY exam
- 2) Laboratory evaluation (Mass General Hospital recommendation)
 - a. Albumin/Pre Albumin
 - b. Comprehensive Metabolic Panel
 - c. Liver Panel
 - i. Abnormalities may lead to Hepatitis Screening Panel
 - d. Thyroid Panel
 - e. Lipid Panel
 - f. Vitamin B-12 Level
 - g. Complete Blood Count
 - h. C Reactive Protein Level
 - i. Vitamin D 25-OH Level
 - j. Erythrocyte Sedimentation Rate
 - k. Folic Acid Level
 - l. Ferritin
 - m. H. Pylori IgG anti-bodies

- n. Iron / Total Iron Binding Capacity
- o. Parathyroid Hormone Levels
- p. Urinalysis
- q. 24 Hour Urine Creatinine
- r. Urine Microalbumin

3) Pulmonary Evaluations

- a. If a patient is diagnosed or suspect of having unstable ASTHMA
 - Complete PULMONARY FUNCTION TESTS within one (1) year if asthma poorly controlled.
 - PULMONARY FUNCTION TESTS will not be necessary for individuals with well-controlled asthma.
- b. If a patient is suspected of SLEEP APNEA
 - i. Positive EPWORTH SLEEPINESS SCALE
 - a. (Greater than 50% scoring)
 - ii. Suspicion with Neck Circumference greater than 17 inches
 - Complete SLEEP STUDY within one (1) year

4) Cardiac Evaluations

- a. If Valvular Disease Suspected
 - i. Murmur heard on exam
 - ii. Use of Fen-Phen in past
 - Complete ECHOCARDIOGRAM within 6 months
 - a. May be substituted by letter of recommendation from cardiologist.
- b. If patient is a candidate for Coronary Artery Disease Screening
 - i. All Patients
 - Pre-operative ELECTROCARDIOGRAM
 - ii. Patient over 40 years old with personal risk factors or family history of CAD
 - Appropriate STRESS TEST/CARDIOLOGY EVALUATION (Bruce Protocol /Dobutamine/ Nuclear) within one (1) year
 - a. This evaluation will be done under the supervision of a cardiologist or cardiac specialist.
 - iii. Patient over 50 years old
 - Appropriate STRESS TEST /CARDIOLOGY EVALUATION (Bruce Protocol /Dobutamine/ Nuclear) within one (1) year
 - a. This evaluation will be done under the supervision of a cardiologist or cardiac specialist.

- 5) Abdominal Evaluations (based on surgeon preference)
 - a. If patient has not has cholecystectomy
 - Abdominal Ultrasound (Fatty Liver / Gallstones)
 - a. Decision to remove gallbladder based on the information received from this test will be at the discretion of the attending surgeon
 - b. If patient has symptoms or diagnosis of GERD or Dyspepsia
 - Upper Endoscopy may be scheduled to explore source of GERD or dyspepsia. This will be done at the discretion of the performing surgeon
 - c. If patient is positive for Helicobacter Pylori on immune/blood testing
 - Current treatment for H. Pylori eradication will be done prior to surgery.
- 6) Deep Venous Thrombosis Prophylaxis
 - a. Patients may receive a prophylactic dose of LOVENOX (Low Molecular Weight Heparin) 12 hours prior to their procedure. A prophylaxis of 30 mg, by the subcutaneous route, will be given at this time.
 - i. This Pre-Operative dosing will be at the discretion of the performing surgeon.
 - b. While the patient remains in the hospital, during the post-operative period, the patient will be on both chemical and physical prophylaxis regarding deep venous thrombosis.
 - i. CHEMICAL: LOVENOX 30mg SC BID
 - ii. PHYSICAL: PNEUMOBOOTS will be worn whenever the patient is not out of bed and ambulating.
 - iii. See specific hospital protocols for details
 - c. In the specific event that a patient is on COUMADIN for treatment purposes (i.e. valve replacement, atrial fibrillation, etc.) then treatment doses of LOVENOX will be given in place of the COUMADIN.
 - i. Patients will stop their COUMADIN four (4) days prior to the procedure.
 - ii. Patients will begin LOVENOX as a weight based TREATMENT dose two (2) days prior to the procedure
 - iii. Patients will remain on treatment dose of LOVENOX while in the hospital will PHYSICAL prophylaxis of deep venous thrombosis
 - iv. Patients will overlap LOVENOX and COUMADIN at treatment levels until INR is at appropriate levels for the individual patients based on the treatment purposes for the patient.

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SURGICAL PRE-OP Care and Patient Flow

1. Initial evaluation and treatment plan with Bariatrician.
2. Patient will then be referred to:
 - A. Dietician/Nutritionist for evaluation and clearance for surgery. (This may be one appointment or several)
 - B. Psychologist for evaluation and clearance for surgery. (This may be one appointment or several)
3. Once cleared by Dietician/Nutritionist, the patient will be scheduled for a follow-up appointment with MD. This appointment will focus on the coordination of the medical workup as well as behavioral compliance with treatment recommendations for a final surgical clearance. This may take one or several appointments to accomplish. The expectation is that the patient will be seen at PVWLC monthly until all requirements are met:
 - A. Pulmonary evaluation: see policy
 - B. Cardiology evaluation: see policy
 - C. Labs: all candidates.
 - D. EKG: all candidates.
 - E. Patient must complete the "12 Reasons" form
 - F. Patient must attend a minimum of one Surgical Support Group
4. Patient must complete classes and/or testing in regards to readiness for surgical intervention as determined by surgeon and hospital protocols
5. The surgeon's office will submit all information to the patient's insurance company for approval and the patient will receive a surgery date.

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SURGICAL POST-OP Care and Patient Flow

1. Patient will be scheduled for follow-up visits with MD at the following times:

4 weeks	Albumin and pre-albumin will be checked at this visit
8 weeks	No labs
12 weeks	Full labs
24 weeks	Full labs
36 weeks	Full labs
52 weeks	Full labs

All lab reports will be copied to the patient's surgeon and PCP.

2. Any patient requiring closer follow ups will be scheduled as needed on an individualized basis.
3. Patients will be scheduled to see the dietician any time during the first year if they need more specific and structured education. Patients will all be scheduled to see the dietician when their goal weight has been reached. A maintenance diet will be established at that time.
4. Patients are encouraged to maintain PVWLC visits every three months during the second year. Lab evaluation will be done at 18 months and 24 months routinely. If there are specific nutritional issues, lab evaluation will be done as necessary on individualized basis.