Overview of Bariatric Patients

**Gastric bypass**

- 30 cc Pouch
- Gastric Remnant
- Jejunum

**Sleeve gastrectomy**

**Day of Surgery:**

- **Preop in PTU:**
  - 99% of paperwork is done in clinic preoperatively. Rare need for last minute H&P.
  - Do not sign Green sheet. To be done by Fellow or attending only who needs to verify consent and listed procedure match & that patient has not gained weight.

- **Postop:**
  - Standardized postop orders.
  - No postop check in PACU. On floor only.
  - Fluid deficiency is given in these patients (bowel prep). Bariatric fluid bolus = 1000 cc! Except in patients with documented CHF and low EF. KNOW your patients.
  - UP WALKING & INCENTIVE SPIROMETRY! Within 3 hours after release from recovery. THIS IS MANDATORY & part of the postoperative check regardless of the floor they are on or what the nurses or the patients say. Call on-call person if any problems. If still in PACU, they are to walk the patients in PACU.

**POD # 1:**

- Standardized orders are prewritten and need to be checked off by Resident/Fellow. You need to check with them at the beginning of rotation to see how they want the service run.
- JP may or may not be removed (OFF SUCTION). Await instructions.

**POD # 2/3:**

- Same as POD#1. Team will decide if patient can or cannot go home.
- For any X-Ray, you need to physically confirm that the right dept got the requisition. Do not go by clerk or RN’s report that it was faxed. Please check with X-Ray several times if the test is not done in a timely fashion and relay the info to Fellow/Resident or attendings.

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**AHM (Oct 2011)**
**Xrays:**

♦ All revisional cases, and rarely regular cases, order a STAT gastrograffin UGI in am to be done before noon. Delays in UGI will delay care and discharge. Pls make sure radiology got the slip ie faxed does not equal received
♦ If a CT is required, it is to be ordered as a STAT ABD/Pelvis with iv and 300 cc oral contrast, with the last 60cc contrast consumed on the CT table. This is Bariatric Protocol CT. Rarely, a chest with contrast is added to rule out pneumonia or PE.

**Discharge Instructions:**

♦ All discharges, including <48hrs, are to be dictated R1.
♦ Patients all have written instructions given to them in a packet before surgery. Refer all questions to their packet. Fresh copies are also online on Forms Portal.
♦ Scripts:
  - PPI for everyone. Preprinted labels for scripts available from Fellow. If not available, write all on the script to cover all possible insurance coverages. 30 days with 3 refills.
    - Prevacid 30 mg po qd powder or opened capsule or SL
    - Protonix 40 mg po qd. Small pill. Can take whole.
    - Nexium 40mg po qd opened capsule.
    - GENERIC Prilosec Capsule opened 20mg po bid.
  - Pain medication for everyone: TYLENOL with codeine elixir 12.5 cc po q6 prn pain. 125 cc. No refill. Alternatives: oxycodone elixir.
  - No other scripts unless instructed as such by team.
♦ RTC 14 – 21 days to clinic on a THURSDAY. They are to call and make appt. 310-794-7788

**WARNING SIGNS OF POSSIBLE TROUBLE:**

♦ Persistent tachycardia &/or hypotension
♦ Persistent requirements for IVF boluses (for tachycardia or low UOP)
♦ Persistent nausea or vomiting &/or abdominal pain, especially crampy pain. NO NGT
♦ New onset of hiccups
♦ New onset upper back pain or left shoulder pain that is not reproducible by touch or motion.
♦ Not able to get OOB because of pain, etc
♦ New onset of SOB or O2 requirement >2L. NO CPAP/BiPAP
♦ Sudden increase in JP output
♦ JP output bilious or “crank oil”/”dishwater” in color
♦ Bloody JP or frank hematemesis
♦ Just does not look right: ie anxious and “deer in a headlight look”

*All of the above warrant a call to the next in ranks. No such thing as a dumb question.*
*As you will see, these patients are educated & well prepared. Listen to their complaints carefully as that may be the first sign of a serious problem.*

**Consults:**

♦ Rarely needed and don’t call unless Fellow/resident or attending instructs you to do so.
♦ Pulmonary & ICU: Surgical pulmonary service ONLY: Tisha Wang, Malcolm Ian Smith, Patricia Eshaghian et al., This is different than the regular pulmonary service.
♦ Other services: fellow or resident on call. No preferences.
Dictations:

- ALL phone calls from outside get dictated. Ask for full name, birthday and UCLA MR# if they know it. CYA medicine. You should not be getting outside calls as they should be directed to Fellow or resident on call.
- ALL dictations in clinic have to be co-signed by the attending ie you need to send it to us as an addendum. Everything.
- ALL new patient consultations should have a list of cc’d MDs from inside or outside of UCLA. Include fax and telephone numbers.

Miscellaneous:

- All outside calls from post-op patients need to be referred to the Fellow or junior resident on call 98020 or attending.
- 39877 is the MIS/Bariatric intern number. Make sure it is properly signed out to you or to the cross cover person on a 24/7 basis.
- We always encourage PGY-1s to come to the OR and scrub in. There is a lot to learn.
- Expression of concerns and speaking up and suggestions are always welcome. You can ALWAYS call the attending directly.

Covering chief/junior residents responsibilities in addition to the above

Patient care:

a. In Fellow’s absence, the covering junior/chief residents are responsible for the daily management of the service.
b. Effective communication at all levels is very critical to patient care and smooth operation of the service. This includes:
   a. Rounding on the patients until discharge with daily notes in the chart before 8am on weekdays and 9am on weekends.
   b. Ensuring proper case and call coverage
   c. The 98020 virtual pager (bariatric surgeon on call) has to covered on a 24/7 basis. Proper sign out of the patients and the pager number between yourselves and the covering residents is mandatory.

Dictations:

a. See intern instructions

Day of surgery:

a. Green sheet has to be signed after weight rechecked to ensure no weight regain since clinic and to ensure patient is having the operation she has consented to ie double check sleeve vs bypass vs both. For first case: must be done at 7am.
b. Ask about bowel prep and medications and anything new.
c. Obtain patient’s day of surgery weight and email address. Please give it to the Fellow or Dr. Mehran as soon as possible.