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MMC Bariatric Surgery Pathway

1) Pre-Operative Workup
    a) All patients are seen at the Weight & Wellness Center for extensive screening process and education before undergoing bariatric surgery
2) Day of Surgery
    a) IPHR should include relevant comorbidities that will need to be managed while the patient is admitted post op
    b) Most patient will have their consents done in the last office visit before their scheduled surgery. Check the media tab in EPIC for the consent.
        i) Sleeve Gastrectomy Consent
        ii) SADI Consent
        iii) Roux En Y Bypass Consent
    c) All patient receive pre-op DVT prophylaxis with either 40mg Lovenox or SQ Heparin, check with the ASU nurse to make sure this has been given as well as during the Time Out
3) Intra Op
    a) Be present for induction as these patients can have anatomically difficult airways as well as decreased FRC from extrathoracic restrictive physiology due to excess chest wall weight
    b) Positioning
        i) Arms out, Foot board in place for steep reverse Trendelenburg, yellow foam pads over shins with tape, safety belt.
    c) Review attendings prior op notes before case to get a sense of order of operation
        i) In general: Optical entry LUQ, RLQ 5mm port, R periumbilical 12mm port, L periumbilical 5mm port, Nathanson liver retractor
        ii) You will need to scrub out to do endoscopy at least once to leak test/check anastomosis
4) Post Op Pathway
    a) There is a bariatric pathway order set that gets ordered from the office and initiated once the patient is in ASU. It includes pre-op orders, as well as the typical post operative orders that all bariatric patients get.
    b) In general this includes the following, See the appendix below for the full order set
        i) CBC to be drawn in PACU 2 hours Post op. **Discuss with the attending if they also want an AM CBC on POD1 as this varies by attending**
        ii) LR @ 150/hr
        iii) PO/IV pain medications, antiemetics, PPI, **Check with attending about Toradol as this is automatically ordered**
        iv) Bariatric clear diet and nutrition consult POD1
    c) Things you need to check/order day of surgery post op
        i) Home meds, including plan for chronic anticoagulation that was held for surgery
        ii) CPAP, if patient brought home machine use that order, or the order for home setting if they didn't
        iii) Glycemic management: many of these patients are on multiple antidiabetic medications prior to surgery that will need to be adjusted. There is a high

risk of hypoglycemia if you send them on their pre-op insulin/anti-hyperglycemic regimen.

(1) Hold all home insulin and other antihyperglycemic meds when doing home med rec

(2) Using the "Gen Med Insulin for NPO/Tube-feeds/TPN" order set select the POC Glucose checks and order them q6h, then order correction insulin under "Correctional coverage for NPO, TPN, continuous ETF, or nocturnal ETF" with intensity based on BMI or outpatient insulin dosing. **Be sure to unselect the NPO order that goes in by default**

(3) At discharge stop antihyperglycemic medications (Metformin, SGLT2s, GLP1s, etc.), if POC glucose has been less than 180 stop any basal insulin. If POC glucose are greater than 180 discharge on half dose basal or SSI.

d) Most patient will be able to discharge on POD1 after they meet the following criteria
   i) Taking at least 1L PO, make sure they have the blue water bottle at bedside to track intake
   ii) If they got a POD1 CBC and the Hgb dropped more than 1 point order a repeat CBC 4 hours later before starting Lovenox 40mg BID
   iii) Ambulating with pain controlled
   iv) Seen by nutrition and understand home diet advancement plan that is also in the pre-op packet
e) Discharge planning and meds
   i) All patients will already have a post op appointment at Weight and Wellness scheduled, add this to the follow up provider tab
   ii) All patient should be discharged on PPI, omeprazole either 40mg daily or 20mg BID depending on insurance
   iii) #10 5mg oxycodone, Zofran as needed, hyoscyamine as needed
f) Discharge instructions
   i) Bypass WWPINSTRUCTIONSRNYGBP
   ii) Sleeve WWPINSTRUCTIONSSLEEVE

Appendix

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Bariatric Pathway

Description
Activate Pathway-Once
Vital signs-Once
NPO-Until Discontinued
Void on call to OR-Until Discontinued
Air Pal Pre-op-Until Discontinued
Apply BAIR Hugger Warming Blanket-Until Discontinued
Weigh patient-stand up scale-Once
POC Urine Pregnancy Test-Once
POC Bedside Glucose Test, if diabetic-As needed
heparin (porcine) 5000 units/0.5mL injection 5,000 Units-Once
Apply sequential compression device-Until Discontinued
Insert Peripheral IV-Continuous
lactated ringers infusion-Continuous
lactated ringers infusion bolus 1,000 mL-Once
lidocaine (PF) (Xylocaine) 1 % injection 0.1 mL-Once PRN
aprepitant (EMEND) capsule 40 mg-60 min pre-op
famotidine injection 20 mg-60 min pre-op
dexAMETHasone injection 4 mg-60 min pre-op
acetaminophen (Tylenol) tablet 1,000 mg-Once
Admit to: Inpatient Acute Care-Once
Vital signs-Per unit routine
Notify provider of clinical status-Until Discontinued
Notify provider of vital signs-Until Discontinued
Progressive mobility based on Bedside Mobility Assessment Tool (BMAT)-Continuous
Activity - Ambulate-4 TIMES DAILY
Diet bariatric clear liquid-Diet effective now
Intake and output-Q3H
Apply ice to affected area-As needed
Positioning - Head of bed at all times-Continuous
Positioning - Patient-Continuous
Apply Chlorhexidine gluconate 2% wipe-Daily AM- 0900
PPB - Contigency Nursing Order-Until Discontinued
PPB - Deep Breath/Incentive spirometry-EVERY HOUR WHILE AWAKE
PPB - Turn, cough, deep breath-Every 2 Hours
PPB - Elevate Head of bed-Continuous
PPB - In Chair for Meals if consistent with activity order-3 TIMES DAILY
PPB - Patient and family education-Continuous
PPB - Oral care-2 TIMES DAILY
chlorhexidine (Peridex) 0.12 % mouth solution 15 mL-2 times daily
Apply sequential compression device-Until Discontinued
lactated ringers infusion-Continuous
acetaminophen (Ofirmev) 10 MG/ML injection 1,000 mg-Every 6 hours
acetaminophen (Tylenol) tablet 1,000 mg-Every 6 hours
oxyCODONE (Roxicodone) immediate release tablet 5 mg-Every 6 hours PRN
oxyCODONE (Roxicodone) immediate release tablet 10 mg-Every 6 hours PRN
HYDROmorphone injection 0.5 mg-Every 3 hours PRN
lidocaine (Lidoderm) 5 % patch 3 Patch-Every 24 hours PRN
ondansetron (Zofran-ODT) disintegrating tablet 4 mg-Every 6 hours PRN
ondansetron (Zofran) injection 4 mg-Every 8 hours PRN
LORazepam (Ativan) injection 0.5 mg-Every 8 hours PRN
hyoscyamine sulfate (Levsin) sublingual tablet 0.125 mg-Every 4 hours PRN
simethicone (Mylicon) chewable tablet 80 mg-4 times daily PRN
CBC W/O Differential - 2 Hours Post Op-Timed
Inpatient consult to nutrition: patient education-Once
Full code-Continuous
ceFAZolin 3 gm (Ancef) in 100 mL NaCl 0.9 % 3,000 mg-On call to O.R.
ketorolac (Toradol) injection 15 mg-Every 6 hours
Oxygen Administration-Until Discontinued
omeprazole (PriLOSEC) capsule 20 mg-Daily
pantoprazole (Protonix) injection 40 mg-Once