6. Essentials of a Bariatric Program

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A. Introduction

The obesity epidemic continues to grow at an alarming rate. As the number of weight loss operations grows exponentially, so does scrutiny on the outcomes of these complex procedures. Such oversight has led to the recognition that surgical outcomes in morbidly obese patients are optimized through a detailed evaluation of the patient, and the ability to provide a wide range of services at all stages of management. Such thorough and holistic management can only be delivered through a comprehensive weight loss program that includes a variety of components that synergistically address all aspects of the care of the morbidly obese patient.

This chapter briefly discusses the components of a comprehensive bariatric program, including essential staff, support programs, material infrastructure, and education. The successful integration of these components is essential in making the results of weight loss surgery both safe and durable.

B. Facilities

Bariatric offices should be attractive and appealing. Patient acquisition and retention will be enhanced by providing furnishings and room plans that not only accommodate every patient, but also positively signal that these patients are welcome and strongly desired. This philosophy should commence at the initial surgeon’s practice, and continue throughout all aspects of patient care, including within other consultant offices, as well as within hospital facilities.

Programs specializing in bariatric care should have oversized chairs in waiting areas and patient exam rooms. In addition, specialized examination tables with hydraulic lift capabilities are essential for assisting patients in appropriately positioning them for a physical examination. Scales for weighing patients, as well as all additional medical equipment, including blood pressure cuffs, should be of an adequate size to provide appropriate measurements. Patient gowns and other clothing articles should be large and accommodating, and readily available in all examination rooms.

In the hospital, patient beds should have the weight capacity to safely bear morbidly obese patients. In addition, they should be appropriately constructed to prevent bed sores or injury. Operating rooms should be spacious, and all surgical equipment must be compatible with larger patients. It is imperative that operating
room staff be familiar with the limitations of all equipment, and be able to follow alternative arrangements if patients exceed those limitations. Adequate restroom facilities, including wide stalls and shower facilities, as well as commodes that are affixed to the floor as opposed to the wall, are an essential accommodation in any bariatric program. Finally, all doors and wheelchairs should be wide enough to allow for easy patient access and transport.

C. Personnel

1. Nurse coordinator and bariatric nurse

A nurse, who may also occupy the position of program coordinator, is an essential member of any bariatric program. It is important that patients be evaluated by a skilled professional who is familiar with the physical and psychological characteristics of the morbidly obese patient. Many postoperative patients experience a variety of symptoms that may be effectively managed by a skilled nurse. The bariatric nurse should occupy a central position in any program, and should play a pivotal role in facilitating interactions between patients and other staff members, and communicate with hospital staff regarding specific patient requirements.

2. Dietician/nutritional consultants

There is a growing recognition that bariatric surgeons are essentially metabolic surgeons. Bariatric surgeons are assuming this role as a result of the profound metabolic consequences of restrictive or malabsorptive weight loss procedures. Although the majority of these effects are beneficial, there is potential for negative outcomes due to nutritional deficiencies, some of which may be lethal. For these reasons, as well as many others, it is imperative that skilled nutritionists be available who have a deep understanding of the special feeding characteristics of morbidly obese patients and the nutritional challenges they face.

At the first encounter, nutritionists evaluate the patients’ eating patterns and meal proportions, and carefully analyze their relationship with food. This evaluation often influences the development of special preoperative dietary plans that prepare the patient for the expected changes and challenges of weight loss surgery. In the postoperative period, many patients often have no appetite, sometimes for the first 6 months or more. Most bariatric postsurgical patients have to adhere to a schedule for eating since they will not be prompted by hunger.

Nutritionists and dieticians also counsel postoperative patients on the appropriate food items and quantity of foodstuffs to consume. Proteins are the most important food source as they allow for appropriate maintenance of muscle tissue. Nutritionists advise patients on food sources with high protein content, and on appropriate chewing and swallowing techniques. Patients and their families also need to be made aware of the dumping syndrome, which often accompanies operative procedures that bypass the duodenum. Patients should be instructed to