Bariatric Surgery: Preparing for Surgery

1. What are the routine tests before surgery?

Certain basic blood tests are done prior to surgery; complete blood count, electrolytes, thyroid hormone levels, phosphorus, albumin, liver enzymes, cholesterol, uric acid, magnesium, lipid profile, PT/PTT, HgbA1c as well as referrals to other specialists (Endocrinology, Cardiology, Psychiatry, Pulmonary) as indicated.

2. What is the purpose of all these tests?

An accurate assessment of your health is needed before surgery. The best way to avoid complications is to never have them in the first place. It is important to know if your thyroid function is adequate since hypothyroidism can lead to sudden death post-operatively. If you are diabetic, special steps must be taken to control your blood sugar. Because surgery increases cardiac stress, your heart will be thoroughly evaluated. These tests will determine if you have liver malfunction, breathing difficulties, excess fluid in the tissues, and abnormalities of the salts or minerals in body fluids or abnormal blood fat levels.

3. What impact do my medical problems have on the decision for surgery and how do the medical problems affect risk?

Medical problems, such as serious heart or lung problems can increase the risk of any surgery. On the other hand, if they are problems that are related to the patient's weight, they also increase the need for surgery. Severe medical problems may not dissuade the surgeon from recommending weight loss surgery if it is otherwise appropriate, but those conditions will make a patient's risk higher than average.

4. If I want to undergo weight loss surgery, how long will I have to wait?

New adolescent bariatric program appointments with Dr. Renaud or a physician assistant are made once we receive your personal history form. You will then undergo at least 6 months of evaluation and management by our nutritionist (a doctor), our dieticians, and other providers. If you are deemed a good candidate for surgery, you will have a visit with Dr. Renaud at which time we will discuss your operation. An operation can usually be scheduled within 8 weeks of this appointment, once your insurance company grants its approval for the procedure.
5. How do I know which surgery to have?

It is important to educate yourself on the differences between the surgeries. Dr. Renaud and the staff at the Bariatric Center can help you with this process. The two operations offered to patients 16-19 years of age are the gastric bypass and the sleeve gastrectomy; most often, the sleeve is the choice for adolescent patients. Dr. Renaud can discuss the operations with you.

6. What can I do before the appointment to speed up the process of getting ready for surgery?

- Establish a relationship with your primary care physician and work with them to ensure that your routine health maintenance testing is current.
- Bring any pertinent medical data to your appointments, including reports of special tests or a hospital discharge summary if you have been in the hospital.
- Attend appointments with your nutritionist and dietician as required.
  - You will need to complete all required steps in order for the MD to refer you for a surgery consult.
  - These steps include, but are not limited to, all medical evaluations, education requirements, fulfillment of program requirements, and 5% weight loss.
- Stop smoking. Surgical patients who use tobacco products are at a higher surgical risk.
- Begin an exercise program, if you don’t already have one. Aim for 30-60 minutes per day

7. Why do I need to lose 5% of my weight prior to surgery?

There are several reasons for losing 5% of your weight prior to surgery. Surgical risk increases dramatically in patients greater than 300 lb. This is partially due to the fact that anesthetic medications are lipid-soluble, which means that greater amounts of these medications are required in individuals with excessive amounts of body fat. Weight loss can reduce the amount of anesthetic agents required and may reduce post-operative nausea, etc. Weight loss also reduces the risk of post-operative pneumonia, wound infection, and blood clots.

The other reason for working to achieve at least 5% weight loss is to help you and your physician recognize any problems you may encounter as a results of having to restrict your food intake severely. After surgery, you must follow a very restrictive dietary program. High calorie, sweet foods are “off the list!” We know that these foods are often used to help deal with anxiety and depression as well as satisfy physical hunger. It is important to understand how great a role these types of foods play in your emotional well-being prior to undergoing weight loss surgery.

If you are finding it very difficult to control emotional or binge eating, you should discuss your concerns with your physician. There are behavioral techniques which can help you to control eating.