



Surgical Task Force - Appendix

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Tracking of Biennial Review and Approval:

Review Year	Complete	Approved	Released
2013	February 17, 2015	February 27, 2015 by OBN Advisory Board	March 25, 2015
2015			
2017			
2019			
2021			
2023			

Surgery Specific Guidelines

1. Age

- Age Criteria
- Age at the time of referral
- <18 – Pediatric programs
- 18 - 60 – **Ideal age range**
 - High level medical evidence supports safety, efficacy, and cost effectiveness
- 61- 65 – Surgery for selected individuals with Type II Diabetes
 - Bariatrician/Endocrinologist involvement with patient selection preferred. Medical evidence (low level) suggests increased risk and cost, no long term efficacy data available.
- >65 – **Not ideal surgical candidates**
 - Require consideration on a case by case basis
 - Recommends patients enroll in Medical Program
 - *Exceptional* patients may be considered for surgery if referral supported by Bariatrician and Surgical Multidisciplinary Team

2. Cancer survivorship

- Exclusion Criteria: Recent major cancer (life threatening, within last 2 years)

3. Current drug use (NSAIDS – Aspirin and Low Dose Aspirin)

- NSAIDs (excluding aspirin) – must use with caution or not at all after surgery due to risk of pouch ulceration and irritation. There is no evidence to guide us, so it is wise to avoid altogether. Patients who have obligatory NSAID use for management of arthritic conditions are better considered for Sleeve Gastrectomy and Gastric Bypass should be avoided.
- Perioperative Low Dose Aspirin
 - Primary Prevention Use – Recommend to STOP pre-op
 - Secondary Prevention Use – Recommend POISE protocol and stop ASA minimum of 3 days prior to surgery, hold 7 days and resume within 8-10 days to minimize bleeding

Devereaux, P.J. (2014). Rationale and design of the PeriOperative Ischemic Evaluation-2 (POISE-2) trial: An international 2 × 2 factorial randomized controlled trial of acetyl-salicylic acid vs placebo and clonidine vs placebo in patients undergoing noncardiac surgery. *American Heart Journal*, Vol 167, No. 6. pp. 804-810.

4. Patients with dual anti-platelet therapy with fresh coronary artery stent

- Patients to come back when less acute as directed by cardiologist
- Patients should be off dual anti-platelet therapy before being referred to program

5. Pregnancy

- Task force recommends a minimum of 18 months post-surgery before pregnancy (AACS / ASMBS March 2013 Bariatric Guidelines recommend a 12-18 month wait while citing a low level of evidence – Level D)

6. Surgery Specific Investigations (Mandatory)

Bariatric surgical candidates should have no untreated active medical issues prior to this elective surgery.

Diagnostic investigations may be ordered as clinically indicated, but the only mandatory surgery specific investigations required are:

- H. Pylori Serology Test
- Blood Work including baseline nutrient levels as per the OBN Medical Task Force Clinical Blood Work Recommendations (approved February 2015)
- Obstructive Sleep Apnea Protocol as per the OBN Medical Task Force Peri-Operative Recommendations (approved February 2015)

7. Post-Operative Monitoring and Reporting

- The Bariatric Registry Surgical Patient Case Report Forms outline all monitoring and reporting requirements
- Note: Definitions of Complications (both Medical and Surgical) under review in partnership with the OBN Medical Task Force