

## Bariatric Information Session-Pre-op Check List

Please refer to our bariatric surgery website for additional information. If you are unable to find an answer to your concern, please refer to the contact numbers below. Website: [www.tinyurl.com/ncabariatrics](http://www.tinyurl.com/ncabariatrics)

**General Surgery Clinic Bethesda: 301-295-4440, option2**

**General Surgery Clinic WRAMC: 202-782-9691**

**Nurse Coordinator: Voice Mail: 301-295-4466 or Clinic 301-295-4440; option 2**

**Patient's Name** \_\_\_\_\_

**Type of surgery to be performed** \_\_\_\_\_

**PCM**: I have ordered the following lab work & radiologic studies: [complete below or make notations in AHLTA note. See AHLTA order set under *Bariatric Eval HL v...*]

- Complete Metabolic Panel
    - Results were WNL
    - The following results were abnormal: \_\_\_\_\_
  - Complete Blood Count
    - Results were WNL
    - The following results were abnormal: \_\_\_\_\_
  - Vitamin D (calcidiol/25-hydroxy Vit D)
    - Results were WNL
    - The following results were abnormal: \_\_\_\_\_
  - TREATMENT PLAN for abnormal lab results: \_\_\_\_\_
- Ultrasound Right Upper Quadrant IF gallbladder still present
- EKG** (for male age > 40, female age > 50, sedentary lifestyle) was done on \_\_\_\_\_
- Results: \_\_\_\_\_
- Cardiac Risk Stratification** (IAW ACC/ AHA guidelines): e.g. ECHO? \_\_\_\_\_

**Regarding EXERCISE, this patient:**

- has no restrictions for physical activity and has started a walking or other exercise program as required prior to bariatric surgery.
- has the following restrictions for physical activity: \_\_\_\_\_

These conditions are being optimally managed with the following: \_\_\_\_\_

**I recommend this patient for bariatric surgery and confirm that all health problems are being optimally medically managed in preparation for major surgery.**

PCM's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dietitian** (see dietician phone number list)

**This patient has completed the required 3 pre-op MNT appointments on the following dates:**

Visit #1 \_\_\_\_\_ lbs lost \_\_\_\_\_ food/exercise log kept?  
 Yes/No

Visit #2 \_\_\_\_\_ lbs lost \_\_\_\_\_ food/exercise log kept?  
 Yes/No

Visit #3 \_\_\_\_\_ lbs lost \_\_\_\_\_ food/exercise log kept?  
 Yes/No

Over 3 visits total lbs lost was \_\_\_\_\_. Patient understands 10 lb pre-op weight loss is required.

**From a nutrition standpoint this patient is:**

- a good candidate for bariatric surgery due to a BMI of \_\_\_\_\_ kg/m<sup>2</sup>, multiple previous unsuccessful diet attempts, and a demonstrated understanding of and willingness to follow the diet Rx post-op.
- not recommended for bariatric surgery for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Dietitian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Exercise Therapist:** WRAMC 202-782-1249

This patient has had the required 1 pre-op evaluation on the following date: \_\_\_\_\_

Exercise Rx: \_\_\_\_\_

- I recommend this patient for bariatric surgery
- I do not recommend this patient for bariatric surgery for the following reason(s):

\_\_\_\_\_

Exercise Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Psychology Evaluation:** BE 301-295-0500

This patient completed the required pre-op evaluation on the following date: \_\_\_\_\_

- See AHLTA note for one of following conclusions: \_\_\_\_\_
  - No contraindications to surgery.
  - There are no absolute contraindications to surgery, but I have the following concerns: \_\_\_\_\_
- Patient should have the following conditions treated before surgery: \_\_\_\_\_
- Patient is not recommended for surgery for the following reason(s): \_\_\_\_\_

Behavioral Health Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Support Group**

This patient participated in a bariatric pre-op support group (x2) on the following dates:

#1 Date: \_\_\_\_\_ Location: \_\_\_\_\_

Facilitator's Signature: \_\_\_\_\_

#2 Date: \_\_\_\_\_ Location: \_\_\_\_\_

Facilitator's Signature: \_\_\_\_\_

**Sleep Study:** BE 301-295-4547 WRAMC 202-782-0596

- CPAP/BiPAP not recommended
  - CPAP/BiPAP recommended
- Setting: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Endoscopy:** WRAMC Central Appoints: 202-782-7761

This patient completed the required pre-op endoscopy on the following date: \_\_\_\_\_

Resting LES pressure: \_\_\_\_\_

H Pylori: If positive, was patient treated ? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient****Prepare Mentally and Emotionally:**

- I understand the surgery I will be having. I have read all information given to me by the clinic staff.
- I can commit to the changes in my lifestyle, such as the new diet and exercise program, and continuous follow up with my surgeon, dietitian, and exercise physiologist.
- I discussed having bariatric surgery with my family and /or friends.
- I know where to get the information and support I need for this journey

**Initial Lifestyle Changes:**

- I have started changing my diet to align with recommendations.
- I have lost at least 10 lbs since I was referred by my PCM.
- I have kept my food and exercise logs throughout this process.
- I have stopped smoking since enrolling in the program (if I had ever smoked at all).
- I have started an exercise program—walking as tolerated, swimming, ....
- I understand that I must adhere to a 2 week pre-op liquid protein diet.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_