

## Extended Abstract

Combined surgery in post  
bariatric patients

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E-mail: [cguerras@med.puc.cl](mailto:cguerras@med.puc.cl)**Abstract**

Post bariatric patients are often interested in addressing as many possible surgical problems with the minimal amount of procedures. To plan combinations, it is important to consider the topographic proximity of the areas to address allowing the treatment of units thoroughly, for example brachioplasty and breast lift or an abdominoplasty combined with a breast lift. Another strategy is the combination of remote areas that can be addressed separately in different surgical fields, as in a vertical lift thighs combined with mastopexy or brachioplasty. The lower body lift should be performed together, or prior to the thigh lift to get better and lasting results; and the treatment of the trunk, lateral thigh and buttocks as a single aesthetic unit. Also, the circumferential belt tummy tucks in the lower lifting and the excess tissue resection is performed in the trunk, raising buttocks and lateral thigh. Liposuction techniques generally can be used either during or after excisional procedures to achieve better contour results. When planning a combined surgery, one must visualize the postoperative period and the patient must be warned of the limitations that he or she will have in the near future, for the recovery may be long and cumbersome especially in certain combinations. The great advantage of combinations is the relatively quick solution for at least two of the most concerning issues that a patient may have. One surgery with judicious and safe combinations may be a good option for most of these patients.

Claudio A Guerra has completed his graduation from Universidad de Chile Medical School. He got trained in General Surgery and practiced for 5 years before starting his training in Plastic Surgery. He was a research Fellow at University of Alabama from July 2009 to February 2011. He currently works at Universidad Catolica de Chile in the Plastic Surgery

Unit performing most of the post bariatric surgery referred to the unit.

The prevalence of bariatric surgery in the United States has increased significantly during the past decade, increasing the number of patients requiring post bariatric surgery follow-up care. Our objective was to develop and implement an efficient, financially viable, post bariatric surgery practice model that would be acceptable to patients. The setting was the Mayo Clinic (Rochester, MN).

By monitoring the attendance rates and using patient surveys, we tested patient acceptance of a new, shared medical appointment practice model in the care of post bariatric surgery patients. Efficiency was assessed by comparing differences in time per patient and total provider time required between the former and new care models. Individual-only patient/provider visits were replaced by combined group and individual visits (CGV).

Our CGV model was well-attended and accepted. The patient attendance rate was >90% at all postoperative follow-up points. Furthermore, 83%, 85.2%, and 75.7% of the 3-, 6-, and 12-month post bariatric surgery patients, respectively, responded that they would not prefer to have only individual visits with their healthcare providers. The CGV model also resulted in greater time efficiency and cost reduction. On average, 5 patients were seen within 4.9 provider hours compared with 10.4 provider hours with the individual-only patient/provider visit model. Furthermore, the average billable charge for the CGV model's group medical nutrition therapy was 50-64% less than the equivalent individual medical nutrition therapy used in the individual-only patient/provider visit model.

Shared medical appointments have a valuable role in the care of the post bariatric surgery population, offering a time- and cost-effective model for healthcare provision that is well-accepted by patients.

The increasing incidence of morbid obesity suggests that the quantity of bariatric surgical procedures will continue to multiply each year. Bariatric surgery has become an accepted approach to weight management

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with the additional benefit of resolution of several co-morbidities. However, quality nursing care and effective patient teaching are essential to achieve positive patient outcomes. Nursing care along the continuum of the bariatric surgical experience is key to positive outcomes for these patients. Throughout the process from selection for surgery to follow-up visits in the physician's office, the nurse can have a significant impact on the response of the patient and family to the surgical procedure. During the selection process, the nurse can explain the required diagnostic tests and their rationale and conduct a thorough medical history, informing the physician of pertinent information that might affect the patient's outcomes. Patient and family teaching begins at this stage with information about the peri-operative experience. Bariatric surgery results in a major lifestyle change for the patient. This change will evolve over time as weight is lost, and the patient adjusts to changes in eating patterns, body image, and the perceptions of others. The nurse should see that the patient has appropriate referral information for support services and should follow up to see that the patient and family availed themselves of these services. The patient's stay in acute care is usually very short. Clearly the patient and family need to go home with specific information about drinking/eating, caring for drainage tubes, skin and wound care, ambulation, self-care, and signs and symptoms that require medical attention. Nursing care should include written information and demonstrations of such activities as care of the wounds and drains. The nurse should assure that the patient leaves the hospital with a call number if questions arise at home. Ideally the nurse, patient, and family should have an opportunity for private education sessions prior to discharge. During the postoperative period, the nurse in the physician's office can serve as a source of information and a monitor of patient progress. Follow-up calls to patients and families after surgery are very helpful in determining the welfare of the patient, offering suggestions for managing the patient's care, and learning if any complications are developing. At the same time, the nurse can assess the psychological

condition of the patient and his or her adjustment to a new way of living.