

Patient Care

How We Approach Pre-op Documentation and Post-op Follow Up

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DUKE CENTER FOR METABOLIC AND WEIGHT LOSS SURGERY



Objectives

Review pre-op documentation guidelines

Review structure/content of our post-op visits

Importance/role primary care providers

How to Document Preop Weight Loss Visits

Vital signs

Weight change since last visit

Recommendations for weight loss- must be specific and include goals for next visit

- Diet
- Exercise
- Behavior modification
- Weight loss medications (if applicable)

CANNOT discuss other comorbidities within this documentation. Visit is for weight loss discussion only.

Help with Weight Loss Visit Documentation

Pre-printed documentation (Medicare, BCBS NC)

- Faxed to PCP or sent home with patient at New Patient Evaluation

Visit templates in Maestro

- Each month has template available in Maestro
- Dot phrase: .wtlossvisit(1-6)

Patient education materials:

- Goals for each month provided to patient
- Dot phrase: .ptedwtloss(1-6)

Physician-Supervised Weight Loss Documentation

Assessment and Treatment Plan for Obesity

Your patient was seen at **Duke Center for Metabolic and Weight Loss Surgery** and is interested in bariatric surgery. If the member is to be eligible for bariatric surgery, they must provide documentation that they have made attempts to lose weight in the past 12 months with physician supervision. Please complete information below, including dates you have seen the patient, weight loss interventions you discussed, and comorbidities that would improve with weight loss. This information may be presented in letter format as well.

Name of patient _____ Date of Birth _____

Date of initial weight loss discussion _____ Follow up date(s) of service _____

Comorbidities

Diet (recommended diet type including calorie limit or restriction, review of dietary intake and recommendations)

Notes

Physical activity (Physical exercise program appropriate for patient's age and condition, including type, duration and frequency, expectations for compliance and recommendations)

Notes

Behavioral interventions (Specific strategies and tools to overcome barriers, for example, support groups, logbook, stress management)

Notes

Pharmacotherapy (if applicable)

*Office stamp required

Physician Signature

Date

Physician Printed Name

Return to Duke Metabolic Weight Loss Clinic
Fax Number: 919-470-7028

Goals for next visit are:

- 1) Decrease portion sizes to 1 cup (8 ounces) at breakfast, lunch and dinner and 1/4-1/2 cup (2-4 ounces) at snacks
- 2) Continue to follow a 1200 calories per day diet
- 3) Continue incorporating protein into every meal
- 4) Continue meeting your protein goals (minimum 60 grams per day)
- 5) Continue eating 3 meals and 2 snacks daily
- 6) Continue improving food choices
- 7) Continue cutting out sodas and/or coffee
- 8) Increase physical activity

If you experience hunger, be sure to eat high protein foods. We may start a medication to help with your hunger if you find that your hunger is unmanageable with a 1200 calorie diet.

Remember, the purpose of these visits is to help you lose as much weight as possible before your surgery (which makes your surgery safer for you), as well as it helps you get the dietary habits down to help you follow the appropriate diet after surgery to maximize your weight loss success!

Billing for Weight Loss Visits

If using Maestro templates, level 3 visit

Codes to get paid for visit (ICD-10)

- Morbid obesity: E66.01
- Encounter for bariatric surgery counseling and education: Z71.89
- Dietary counseling and surveillance: v65.3
- Exercise counseling: v65.41
- Weight loss counseling

Post-Operative Care: Overview

- 2-3 weeks post-op: group visit
- 3 months post-op: group visit
- 6 months post-op: group visit
- 12 months post-op: group visit
- Annually: group visit

2-3 Weeks Post-op: Group Visit

Psychology

Nutrition

- Diet transition

Educate about medications/supplements

- Reiterate gastric bypass patients CANNOT take NSAIDs or ASA
- Bypass: PPI for 90 days post-op
- Sleeve/Switch: Not routine, only given if having symptoms

Routine post-op visit (incision check)

Identify early complications

Ensure follow-up with PCP

- We encourage visit within 1 month surgery
- Medication management: antihypertensive, diabetes medications, anti-depressants, anti-psychotics, etc

3 months, 6 months, 12+ months Postop Group Visit

2 hour group; 1 hour with APP, 1 hour with dietician

Addressed at every post-op visit

- Diet compliance
- Physical activity
- Supplementation
- Comprehensive labs (6 months, 12 months, annually)
- Medication review
- Avoidance of certain behaviors
- Follow-up with other medical providers (PCP)

Dietary Compliance

Protein goals are individualized (minimum goal 60g protein daily)

Fluid goal 64oz daily

- Cannot drink for 30 minutes before or after meals, cannot drink during meals

5 small “meals” through the day

- Breakfast, Lunch, Dinner, Snacks

Physical Activity

Ensuring patients are engaging in some form of physical activity on a routine basis

Important to get habits in place to help with weight loss, but more importantly to help with weight maintenance

Physical activity should be sustainable long term

Decreasing sedentary behaviors

Identify barriers to exercise

- Comorbidities (back pain, joint pain, etc), schedule, enjoyable

Multivitamin and Mineral Supplements

You will need to take vitamin and mineral supplements for life to help prevent deficiencies.
NO GUMMIES OR PATCHES, please.

Your Daily Multivitamin Should Provide:

- 12 mg vitamin B1 (Thiamine)
- 350-500 mcg B12
- 400-800 mcg of Folic Acid / 800-1,000 mcg for females of child bearing age
- Vitamin A: 5,000 – 10,000 IU / **10,000 IU for BPD-DS (Switch) or distal gastric bypass**
- Vitamin D: 3,000 IU for maintenance
- Vitamin K: 90 – 120 mcg. / **300 mcg. for BPD-DS (Switch) or distal gastric bypass**
- 15 mg of Zinc
- 1-2 mg Copper
- Iron: 18 mg. if low risk / 45-60 mg if you are at high risk for deficiency, have a history of anemia, or you are a menstruating female

Calcium Citrate:

Gastric bypass or sleeve: 500-600 mg. tablets 2-3 times/day (1,200-1,500 mg./day)

BPD-DS (Switch)/Distal Bypass: 500-600 mg. tablets 4-6 times/day (1,800 – 2,400 mg./day)

Vitamin B12 (if needed): 350-500 mcg. sublingual daily, nasal spray weekly, or 1000 mcg. injection monthly

Comprehensive Lab Panel

- ✓ 6 months postop
- ✓ 12 months postop
- ✓ Annually

- CMP
- CBC
- HgbA1C
- Fe
- TIBC
- Ferritin
- Folate
- Vit D
- Vit B12
- Copper
- Zinc
- Thiamine
- Lipid Panel

Medication Review

PPI

- Bypass patients on PPI 90 days postop
- Sleeve and switch patients as needed
- Sleeve and reflux

Constipation

- Colace and/or Miralax
- Minimize use of stimulant laxatives

NSAIDs/ASA

- Contraindicated in bypass patients- if necessary must be on Misoprostol concurrently
- Sleeve and switch patients MAY take NSAIDs/ASA

Oral Contraceptives

- Avoid pregnancy for at least first year after surgery
- Ensure patients are on adequate birth control methods after surgery

Development of Maladaptive/ Destructive Behaviors

Identify worsening of behavioral disorders

- Worsening of depression/bipolar disorder
- Stress eating, emotional eating

Development of new behavioral disorders

- Body dysmorphia
- Substance abuse (EtOH)

Inability to comply with diet

- Job limitations
- Monetary limitations
- Non-compliance

Follow-up with other providers

- PCP
 - Routine followup
- Plastic surgeon
 - 18-24 months postop
- Specialists
 - Endocrinology- hypoglycemia

Reasons to Follow Up Sooner

Recurrent or new abdominal pain

- Gallbladder
- Internal hernia

GERD (sleeve)

Struggling with habits/ off-track

Weight gain of 20lbs

- Earlier follow-up helps to prevent significant weight regain

Conclusions

Primary Care Providers are a crucial part of our team!

Integral part of pre-operative documentation process

Provide comprehensive medical care to our surgical patients

First line defense in identifying problems, struggles, non-compliance, and ensuring long-term success

THANK YOU!

Thank you for all you do for our patients!

Thank you for your time

Questions?

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