

# Perioperative Assessment for Bariatric Surgery

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The number of bariatric operations performed worldwide has increased dramatically. The morbidity and mortality associated with surgery have however decreased due to careful patient selection, pre-operative amelioration, improved surgical techniques and peri-operative care. This section discusses the pre-operative assessments and decision-making involved prior to performing a bariatric procedure.

There is no one ideal bariatric operation. Matching the correct patient to the correct procedure is the ultimate challenge in weight loss surgery. This is probably best achieved within a multi-disciplinary team (MDT) setting to ensure that all aspects of patient management are addressed. Members of the bariatric team vary from centre to centre and this is discussed in Chap. 15.

Medical co-morbidities are common in morbidly obese patients and at times are only diagnosed during pre-operative assessments. Medical evaluation and management of bariatric patients are discussed in Chaps. 10 and 17. Associated co-morbidities and previous operations not only determine suitability and fitness for surgery but may help to decide which operation is best suited for an individual patient.

Scoring systems have been devised to identify patients who may be at higher risk of adverse outcomes. These are discussed in detail in Chap. 14. There is no single ideal scoring system and most tend to overestimate risk. They, however, can be a useful adjunct in planning a customized approach to allow patients to be better counselled pre-operatively.

Bariatric anaesthesia has become very safe however the margin for error in this patient group is still small. An experienced bariatric anaesthetist is crucial to ensure safe care and management. Chapter 13 highlights areas where care may differ from standard anaesthetic practice.

Most patients being considered for bariatric surgery have had previous unsuccessful attempts at non-surgical forms of weight reduction. Despite these, numerous patients still make inappropriate food choices, have little knowledge about portion sizes and calorie intake and may have unrealistic expectations regarding the outcome of surgery. Chapter 11 highlights the specialist dietetic assessment required prior to surgery. Mineral and vitamin deficiencies are relatively common and so preoperative screening is important. The specialist dietician also has a key role in educating the patient regarding eating after bariatric surgery.

Higher rates of psychological morbidity have been found amongst obese patients. Most units include a psychological assessment or the use of screening tools as part of the pre-operative workup. Chapter 12 outlines key areas that should be included in this evaluation.

The provision of specialized nursing care will impact positively on the patient's journey. Chapter 16 highlights the roles of the bariatric specialist nurses.

Many units have designated inpatient protocols and pathways. The feasibility and safety of early discharge following laparoscopic bariatric surgery are discussed in Chap. 18.

Careful patient assessment is important prior to bariatric surgery as this identifies pre-existing medical, surgical, nutritional and psychological problems that may impact on successful postoperative outcome and long-term results. This pre-operative workup helps to tailor individualized plans, quantify the risks and benefits, improve patient education and identify the operation that is best suited for the patient.