

# Introduction to the Edmonton Adult Bariatric Specialty Clinic

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## **Disclosures**

Nothing to Disclose



## **Objectives:**

- Who is the Edmonton Adult Bariatric Specialty Clinic (EABSC)
- Referral Process / Challenges
- Clinic Flow
- Post-op Clinic Care



## Who is the EABSC

- The EABSC is a multi-disciplinary team. Our team includes:
  - Registered Nurses (Case Manager)
  - Registered Dietitians
  - Registered Psychologists
  - Psychiatrists
  - Medical Doctors
  - Surgeons



#### What does the EABSC offer?

- Assessment by a multidisciplinary team
- The team will work with the patient to identify and address medical, lifestyle and psychological barriers
- Develop a plan of care
- Teach patients about treatment options for Obesity





#### **Referral Process**

- Referrals must be completed by a Physician or Nurse Practitioner
- Patients must meet ALL referral criteria:
  - 1. BMI ≥40 Or
  - 2. BMI ≥ 35 with any weight related co-morbidity
  - 3. Resident of Alberta
  - 4. Non Smoker
  - 5 Age 17-64 years old at time of referral
  - 6. No unstable/untreated mental health concerns



## **Referral Form**

	Ø albertahealthservices.ca ×
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Phone number	Phone number
Fax number	Fax number
Practitioner Identification Number	Practitioner Identification Number
Primary Care Network (PCN)	Primary Care Network (PCN)
Referral Criteria (check all that apply)	
☐ BMI greater than or equal to 40 OR	
☐ BMI greater than or equal to 35 with any weight-related co-morbidity such as cardiovascular disease, type 2	
diabetes mellitus, sleep apenea, gall bladder disease, osteoarthritis, hypertension and/ or chronic pain.	
☐ Resident of Alberta	
□ Non Smoker	
☐ Age 17-64 years old at time of referral	
Please list all comorbidities and provide any relevant documentation (test results, reports, etc.)	
Current BMI kg/m² Highest Recorded Weigh	nt kg or lb Date (yyyy-Mon-dd)
Current Weight kg or lb Date (yyyy-Mon-	-dd) □ measured □ reported



#### **Referral Process**

- Referrals are faxed to Central Access. EABSC team does not see the referral until the initial assessment.
- Any incomplete information will cause delay and will be sent back to the referring practitioner to complete the needed information.
- Referrals are waitlisted on a first come first serve basis.



## Referral Challenges

- Please ensure patients are aware of the referral and what bariatric surgery is.
- If patients are not interested in bariatric surgery or exploring it as an option then please consider referring them to community resources for lifestyle management.
- Patients also need to understand that attending clinic does not guarantee that surgery is an appropriate treatment option.



## Referral Challenges

- Patients with severe unstable/untreated mental health barriers must have this addressed in the community prior to attending clinic.
- Patients with an eating disorder should be manage by a eating disorders clinic and be stable for at least 6 months before they may be appropriate to attend clinic.
- Patients who are referred must not have had previous bariatric surgery.



## **Preparing for Clinic**

- Weight Wise Community Classes
- Community RD/PCN RD and/or weight management programs
- Weight loss medications such as Liragultide, and Naltrexone-Bupropion



## **Clinic Flow**

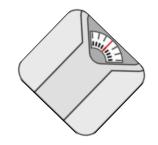
- First appointment in clinic is with an RN followed by an MD on the same day.
- During these visits patients' medical and mental health histories are assessed and a care plan is made.
- After the initial assessment, patients are booked with a Registered Dietitian



## **Clinic Flow**

- Mental health team if needed.
- The goal is for patients to have an initial assessment with a surgeon within 3 months of starting in the clinic, if appropriate.





#### Clinic Flow

- Patients will attend follow up appointments in clinic approximately every 4-6 weeks.
- Once a patient has been consented for surgery the patient continues to work with the team for continued lifestyle support.



### **PBS**

 Patients are also scheduled into Preparing for Bariatric Surgery Classes with the RN, RD, and Psychologist.





## **Post-Operative Clinic Care**

- Patients are followed for at least 12 months postoperatively
- Once weight stable, patients are discharged back to the care of their Family Physician.
- Letters are sent to both the patient and Family Physician outlining:
  - Routine blood work
  - A list of common complications that would require the patient to contact the clinic for possible follow-up



# **Questions??**

