Multidisciplinary approach

Weight Loss Center Beefs up Services

By Tyler Smith

If the Surgical Weight Loss Center at University of Colorado Hospital were to be described in culinary terms, one might call it a smorgasbord.

The Surgical Weight Loss Center uses this symbol to brand its materials and to designate bariatric furniture and equipment.

To be sure, the clinical buffet includes varieties of bariatric surgery to treat obesity. But the center takes a multidisciplinary approach aimed at guiding patients toward the most appropriate approach to weight loss — which may or may not be surgery — and providing additional support, such as nutrition, counseling, physical therapy, personal training, and even plastic surgery for those who need or want to remove excess skin following weight loss.

"Not everyone is or wants to be a candidate for weight-loss surgery," said Kathy Kesner, RN, CNS, coordinator of UCH's Bariatric Program. "We want to say to patients, ‘Here are your other options.’ They have a choice and the care is not fragmented. It’s one-stop shopping."

New additions. The Surgical Weight Loss Center, which opened in 2004, earned accreditation as a Bariatric Center of Excellence from the American College of Surgeons in the fall of 2011. Kesner joined the group last June to pull providers together into a multidisciplinary clinic with regular hours, which is scheduled to open formally in April or May.

The idea is to have providers from several disciplines meet with patients during one clinic visit, sparing them multiple appointments and laying all their options before them.

Some of those options are relatively new. For example, some patients who are not candidates for bariatric surgery may opt for endoscopic weight-loss procedures, performed by Stuart Amateau, MD, director of Bariatric Endoscopy and Tissue Apposition at UCH. These procedures make minimally invasive revisions in patients who have regained weight following gastric bypass surgery.

In addition, Holly Wyatt, MD, medical director of the Anschutz Health and Wellness Center, guides patients whose ideal path to weight loss is through diet, exercise and other lifestyle changes.

The Weight Loss Center has not yet marketed its new approach, opting instead for new-patient seminars in January and February, which offered attendees information about the range of surgical options and other services available. Those interested in proceeding got histories and physicals, met with a dietitian, and reviewed their insurance information. The center also was at the Anschutz Health and Wellness Center Feb. 15 to hand out information to patients attending a casting call for the fifth season of the ABC reality television series "Extreme Weight Loss" (see related story in this issue).

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Needed support. Jonathan Schoen, MD, medical director of the Weight Loss Center, said all bariatric surgery programs include psychological and behavioral services, and most include dietary counseling and support groups. The strength of the program at UCH lies in the additional services – all of them bundled into one price for three months – delivered both pre- and post-operatively.

No other bariatric programs in Colorado, he added, offer an endoscopic alternative and none has an association like the one the hospital’s program enjoys with the Wellness Center.

Exercise and physical activity play an important role in the program, both before and after surgery. Arash Maslehati, PT, an outpatient physical therapist at UCH, meets with patients at their request pre-operatively. He gives a brief physical screening, assesses them for medical conditions and injuries that may limit their activity or mobility, and questions them about how much exercise they are doing now or have done in the past.

“I talk about exercise from a functional standpoint: what patients can and can’t do,” Maslehati said. “As long as they are willing to exercise, we’re there to help.”

Post-operatively, patients can request sessions with Tyler Sisson, a health and fitness specialist with the outpatient physical therapy team. He does baseline endurance and strength testing, provides education, develops exercise plans with patients, and leads group exercises.

“In community hospitals, bariatric surgery has been seen too much as an operation, with the rest being left up to the patient, as opposed to providing the additional pieces of care,” Schoen said.

Those who regain weight post-operatively tend to be operated on in programs that don’t provide follow-up.”

In support of the integrated approach, Kesner calls patients two days after their surgeries to assess their recovery and their needs. The center will also work with referring and primary care physicians in the community to help them manage their patients’ care, she added.

“We don’t simply perform the surgery on patients and wish them good luck,” Kesner said. “It’s tailored pre- and post-operative care.”

Laying out the choices. The Feb. 5 patient seminar at UCH offered an overview of the multidisciplinary care model and its emphasis on helping patients to make an informed decision. Schoen described the pros and cons of three surgical procedures that restrict food intake – the lap band, gastric bypass and the gastric sleeve – emphasizing that obesity is a chronic, lifelong disease and that surgery is not the answer for everyone.

The popularity of the lap band, he noted, is declining, both at UCH and nationally, while the volume of gastric bypass procedures is increasing. The sleeve gastrectomy comes with less long-term risk and results in fewer readmissions than gastric bypass, which requires dividing the stomach to create a small pouch and then connecting part of the small intestine to it.

The bypass procedure, on the other hand, is the best option for people with acid reflux and high body mass indexes. It’s also recommended for patients with diabetes, as it mitigates the effects of the disease for reasons that are not fully understood, Schoen said.

Schoen and fellow surgeon Kevin Rothchild, MD, discuss these and other variables during their consultations with patients. Substance abuse and psychological issues are contraindications, and they will not recommend surgery for anyone whose spouse is opposed...
to the procedure. Patients also have to show that they are willing to prepare for the surgery. All must take a pre-operative nutrition class and a large percentage are required to lose weight before undergoing the procedure.

“They have to show they are willing to be compliant,” Schoen said. “Most of the people who make it here are ready for a life change. If they are not ready, we will work with them, but if they don’t make progress, we will conclude that they are not a candidate for surgery.”

**Proof in the pudding.** Schoen hopes that a comprehensive weight-loss program will help to increase surgical volume. But he noted that American College of Surgeons accreditation, which the center will have to earn again later this year, increasingly relies on outcomes. For example, to maintain accreditation, all Bariatric Centers of Excellence must report their surgical outcomes data to the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Database, a patient registry used to establish clinical benchmarks and compare performance among centers.

An emphasis on outcomes is appropriate, Schoen said, but added that risk-adjusting for the patients bariatric centers treat is a necessary next step.

“We at the hospital, for example, get sicker patients, such as those who need to lose weight prior to transplant, that a typical community hospital does not,” Schoen said.