Bariatric surgery

Background

The term “bariatric surgery” is used to describe any procedure that helps promote weight loss in severely obese patients who are unable to lose weight using traditional methods or who suffer from serious obesity-related health problems. The operation restricts food intake and, in some procedures, interrupts the digestive process to prevent the absorption of some calories and nutrients.

Bariatric surgery may be performed through open procedures or by laparoscopy. Most surgeries are performed laparoscopically because this technique requires a smaller incision, creates less tissue damage, leads to earlier discharges, and has fewer complications.

There are four types of bariatric surgery procedures offered in the United States: adjustable gastric band, Roux-en-Y gastric bypass, biliopancreatic diversion with a duodenal switch, and vertical sleeve gastroectomy. The type of procedure patients undergo depends on a number of factors, such as body mass index (BMI), eating behaviors, obesity-related health conditions, and previous operations.

Bariatric surgery is becoming more and more in demand, but both patients and hospitals should be aware that it is a major surgery that involves risks and possible complications. Patients who choose weight loss surgery must be highly motivated. Extensive dietary, exercise, and medical guidelines must be followed for the rest of their lives after surgery.

Involved specialties

Bariatric surgeons, gastrointestinal surgeons, general surgeons

Positions of societies and academies

ASMBS

In October 2005, the American Society for Metabolic and Bariatric Surgery (ASMBS) revised its publication Guidelines for Granting Privileges in Bariatric Surgery. The document outlines the minimally acceptable credentials for general surgery physicians to be eligible for hospital privileges to perform bariatric surgery.

Please replace Clinical Privilege White Paper, Bariatric surgery—Procedure 89, with this updated version.
To meet global credentialing requirements in bariatric surgery, the physician should:

➤ Have credentials at an accredited facility to perform gastrointestinal and biliary surgery.

➤ Document that he or she is working within an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed.

➤ Document that there is a program in place to prevent, monitor, and manage short-term and long-term complications.

➤ Document that there is a system in place to provide and encourage follow-up for all patients. Follow-up visits should either be directly supervised by the bariatric surgeon of record or other healthcare professionals who are appropriately trained in perioperative management of bariatric patients and part of an integrated program. Although applicants cannot guarantee patient compliance with follow-up recommendations, they should demonstrate evidence of adequate patient education regarding the importance of follow-up as well as adequate access to follow-up.

To obtain open bariatric surgery privileges, the ASMBS states that surgeons must meet the global credentialing requirements and document an operative experience of 15 open bariatric procedures (or subtotal gastric resection with reconstruction) with satisfactory outcomes during either general surgery residency or post-residency training supervised by an experienced bariatric surgeon.

Surgeons who primarily perform laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation of 50 laparoscopic cases and at least 10 open cases supervised by an experienced bariatric surgeon.

To obtain laparoscopic bariatric surgery privileges that involve stapling the gastrointestinal tract, the surgeon must meet the global credentialing requirements and:

➤ Have privileges to perform open surgery at the accredited facility

➤ Have privileges to perform advanced laparoscopic surgery at the accredited facility

➤ Document 50 cases with satisfactory outcomes during either general surgery residency or post-residency training under the supervision of an experienced bariatric surgeon
To obtain bariatric surgery privileges for procedures that do not involve stapling of the gastrointestinal tract, the surgeon must meet the global credentialing requirements and:

➤ Have privileges to perform advanced laparoscopic surgery at the accredited facility
➤ Document 10 cases with satisfactory outcomes during either general surgery residency or post-residency training under the supervision of an experienced bariatric surgeon

The society recommends that the facility review the surgeon’s outcome data within six months of initiation of a new program and after the surgeon’s first 50 procedures (performed independently) as well as at regular intervals thereafter. The surgeon should continue to meet the global credentialing requirements. Documentation of continuing medical education related to bariatric surgery is also strongly recommended.

The ASMBS also publishes Core Curriculum for ASBMS Fellowship Training. Regarding clinical and technical experience, the document states that fellows must:

➤ Participate in at least 100 weight loss operations, during which the fellow assumed the role of primary surgeon in at least 51% of cases, defined as having performed the key components of the operation
➤ Be exposed to more than one weight loss operation
➤ Participate in a minimum of 50 stapling/anastomotic operations, at least 10 purely restrictive operations, and five open procedures
➤ Participate in 50 patient preoperative evaluations, 100 postoperative inpatient management encounters, and 100 postoperative outpatient evaluations

SAGES In July 2009, the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) published Guidelines for Institutions Granting Bariatric Privileges Utilizing Laparoscopic Techniques. The document states that completion of formal residency training in general surgery and being part of a team that is dedicated to the long-term follow-up of the bariatric surgical patient are mandatory for all candidates.

For surgeons who successfully completed formal residency training in general surgery, prerequisite training must include satisfactory completion of an accredited surgical residency program with subsequent certification by the American Board of Surgery, or its equivalent, as required by the institution.
The society recommends that surgeons have the following practical experience:

1. The applicant must have documented training experience that includes an appropriate volume of cases in the category of bariatric surgical procedure for which privileges are being considered. The chief of surgery should determine the adequacy of this experience based on the number of procedures, the role of the applicant during the procedure, and the outcome of these procedures.
2. In regard to complementary experience, two surgeons (applicant and an experienced laparoscopic or bariatric surgeon) supporting one another who demonstrate combined expertise in the complete procedural conduct. (Must include one surgeon skilled in laparoscopy and in the traditional open technique for the specific category of bariatric procedure for which privileges are being sought.)

3. Applicant must complete a formal course for the specific category of bariatric procedure for which privileges are being sought.

4. The role and qualifications of the preceptor and/or proctor, if required, must be determined by the institution. Criteria of competency for each procedure should be established in advance and should include evaluation of: familiarity with instrumentation and equipment and competence in their use, appropriateness of patient selection, clarity of dissection, safety, successful completion of the procedure, technical complications, and documented outcomes. The chief of surgery in conjunction with the specific specialty chief should establish the criteria where appropriate. It is essential that proctoring be provided in an unbiased, confidential, and objective manner.

The guidelines state that it is necessary to document that the surgeon is working with an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed. There should be a documented process in place to minimize, monitor, and manage short-term and long-term complications, as well as to provide follow-up for all patients.

Once competence has been determined, the society states that a period of provisional privileges may be appropriate. The time frame and/or number of cases required during this period should be determined by the chief of surgery and/or the appropriate institutional committee, board, or governing body.

Performance should be monitored through existing quality assurance mechanisms, and continuing medical education related to bariatric surgery should be required.
In January 2003, the Society of Laparoendoscopic Surgeons (SLS) published *Training and Credentialing for the Performance of Laparoscopic Bariatric Surgery*. The SLS states that each surgeon should be aware of the learning curve that exists with all laparoscopic procedures. Operations for obesity are no different.

According to the document, board certification typically implies that the applicant is competent to perform procedures he or she was trained in. However, most residents have not performed a sufficient number of cases to be considered proficient in open or laparoscopic bariatric surgery. The situation also applies to surgeons who are already in practice and who want to begin performing bariatric surgery. The SLS statement encourages credentialing teams to refer to ASMBS and SAGES guidelines for credentialing.

Kevin Krause, MD, is a surgeon at Royal Oak (MI) Surgical Associates. His practice is almost exclusively devoted to laparoscopic surgery. He is also the medical director of bariatric surgery at Beaumont Hospital in Royal Oak. He performs more than 350 laparoscopic procedures each year. He specializes in bariatric surgery, including both laparoscopic gastric bypass and Lap Band.

Krause says most surgeons performing bariatric surgery are fellowship trained in either an advanced laparoscopy program or a bariatric program. He states that surgeons need additional training beyond their residency years in order to be competent.

“Going to a weekend course to learn Lap Band is not considered to be all the training you would need,” Krause says.

Bariatric surgeons typically complete a general surgery residency, which makes them capable of assisting with procedures right away. Ultimately, however, Krause says they will gain competence in the fellowship to perform the procedures themselves.

In Krause’s opinion, a surgeon should complete at least 50 cases per year to gain an initial level of competency and to maintain that over time. “I think if you’re doing less than 50, it’s really hard to be proficient.”

The topic of laparoscopic sleeve gastroectomy, which has been gaining in popularity, is controversial in Krause’s profession.
There is currently a CPT code for the operation, but he says that few insurers are covering it. He expects this to change within the next year or two.

According to Krause, patients who are good bariatric surgery candidates need to have a BMI of at least 35 from an insurance perspective. Patients who have a BMI under 35 would likely only have bariatric procedures on an experimental, protocol basis.

John Baker, MD, FASMBS, is the current president of the ASMBS. He is a leading expert in the surgical treatment of obesity and has performed more than 2,500 weight loss surgical procedures during his career. He is a solo practitioner and serves as the medical director at Baptist Health Medical Center’s Weight Loss Center, as well as codirector of the hospital’s bariatric surgery program in Little Rock, AR.

Baker says surgery is the most effective tool for controlling obesity and obesity-related conditions. However, he adds that treatment needs to occur at all levels.

Baker says surgeons typically receive training during their residency and fellowship. During a residency, a surgeon may work with someone who is experienced to gain the necessary skills as part of a preceptorship.

According to Baker, the current generation of surgeons doesn’t have as much expertise in open procedures due to the popularity or laparoscopic surgery. He feels there is a need for both in the event that complications arise during a complex procedure.

Courses are also offered by manufacturers on a variety of topics, such as adjustable banding and techniques, says Baker. “Each of the manufacturers—because of FDA guidelines—do provide a training course overview of the use of each of their respective bands.”

Baker says a surgeon should be performing at least 50 cases per year to establish and maintain competence. A facility that has been named a Center of Excellence in bariatric surgery should perform at least 125 cases per year.

The Joint Commission (formerly JCAHO) has no formal position concerning the delineation of privileges for bariatric surgery.
However, in its *Comprehensive Accreditation Manual for Hospitals*, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the rationale for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission says the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, where the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this procedure.
Open Bariatric Surgery Privileges Involving Stapling or Division of the Gastrointestinal Tract

**Basic education:** MD or DO

**Minimum formal training:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–or American Osteopathic Association (AOA)–accredited residency in general surgery that included training in open bariatric surgery or post-residency training supervised by an experienced bariatric surgeon that included operative experience of 15 open bariatric procedures (or subtotal gastric resection with reconstruction).

Physicians who primarily perform laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation of 50 laparoscopic cases and at least 10 open cases supervised by an experienced bariatric surgeon.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 25 open bariatric surgery procedures in the previous 12 months or completion of training in the past 12 months.

**References**

A letter of reference should come from the director of the applicant’s bariatric surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of surgery or the chief of bariatric surgery at the institution where the applicant most recently practiced.

**Reappointment**

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism. Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 25 open bariatric procedures annually over the reappointment cycle.

In addition, continuing education related to bariatric surgery should be required.

Laparoscopic Bariatric Surgery Involving Stapling or Division of the Gastrointestinal Tract

**Basic education:** MD or DO

**Minimum formal training:** Hold privileges to perform open bariatric surgery and to perform advanced laparoscopic surgery. In addition, the surgeon must have evidence of 50 cases with satisfactory outcomes either during general surgery residency or post-residency training under the supervision of an experienced bariatric surgeon.

**Required previous experience:** Demonstrated current competence
and evidence of the performance of at least 15 laparoscopic surgery procedures involving stapling or division of the gastrointestinal tract in the past 12 months or completion of training in the past 12 months.

References

A letter of reference should come from the director of the applicant’s bariatric surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of surgery or the chief of bariatric surgery at the institution where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism. Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 15 laparoscopic bariatric procedures annually over the reappointment cycle.

In addition, continuing education related to bariatric surgery should be required.

Laparoscopic Bariatric Surgery Procedures That Do Not Involve Stapling of the Gastrointestinal Tract

Basic education: MD or DO

Minimum formal training: Hold privileges to perform advanced laparoscopic surgery and evidence of 10 cases with satisfactory outcomes during general surgery residency or post-residency training under the supervision of an experienced bariatric surgeon.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 15 laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 12 months or completion of training in the past 12 months.

References

A letter of reference should come from the director of the applicant’s bariatric surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of surgery or the chief of bariatric surgery at the institution where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism.
mechanism. Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 15 laparoscopic procedures annually over the reappointment cycle. In addition, continuing education related to bariatric surgery should be required.

**For more information**

American Society for Metabolic and Bariatric Surgery
100 SW 75th Street, Suite 201
Gainesville, FL 32607
Telephone: 352/331-4900
Fax: 352/331-4975
Web site: [www.asbs.org](http://www.asbs.org)

Baptist Health Medical Center
9601 Interstate 630, Exit 7
Little Rock, AR 72205-7299
Web site: [www.baptist-health.com](http://www.baptist-health.com)

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: [www.jointcommission.org](http://www.jointcommission.org)

Royal Oak Surgical Associates
3535 West Thirteen Mile Road, Suite 205
Royal Oak, MI 48073
Telephone: 248/551-8180
Fax: 248/551-8181
Web site: [www.royaloaksurgical.com](http://www.royaloaksurgical.com)

Society of American Gastrointestinal and Endoscopic Surgeons
11300 West Olympic Boulevard Suite 600
Los Angeles, CA 90064
Telephone: 310/437-0544
Web site: [www.sages.org](http://www.sages.org)

Society of Laparoendoscopic Surgeons
7330 SW 62nd Place, Suite 410
Miami, FL 33143-4825
Telephone: 305/665-9959
Fax: 305/667-4123
Web site: [www.sls.org](http://www.sls.org)
Privilege request form
Open bariatric surgery involving stapling or division of the gastrointestinal tract

To be eligible to request core clinical privileges to perform open bariatric surgery involving stapling or division of the gastrointestinal tract, an applicant must meet the following minimum threshold criteria:

➤ Basic education: MD or DO

➤ Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in general surgery that included training in open bariatric surgery or post-residency training supervised by an experienced bariatric surgeon that included operative experience of 15 open bariatric procedures (or subtotal gastric resection with reconstruction). Physicians who primarily perform laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation for 50 laparoscopic cases and at least 10 open cases supervised by an experienced bariatric surgeon.

➤ Required previous experience: Demonstrated current competence and evidence of the performance of at least 25 open bariatric surgery procedures in the past 12 months or completion of training in the past 12 months.

➤ References: A letter of reference should come from the director of the applicant’s bariatric surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of surgery or the chief of bariatric surgery at the institution where the applicant most recently practiced.

➤ Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism. Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 25 open bariatric surgery procedures annually over the reappointment cycle. In addition, continuing education related to bariatric surgery should be required.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician’s signature: __________________________________________________________

Typed or printed name: _________________________________________________________

Date: _________________________________________________________________________
Privilege request form
Bariatric surgery involving stapling or division of the gastrointestinal tract

To be eligible to request core clinical privileges to perform bariatric surgery involving stapling or division of the gastrointestinal tract, an applicant must meet the following minimum threshold criteria:

➤ Basic education: MD or DO

➤ Minimum formal education: Hold privileges to perform open bariatric surgery and to perform advanced laparoscopic surgery. In addition, the surgeon must have evidence of 50 cases with satisfactory outcomes either during general surgery residency or post-residency training under the supervision of an experienced bariatric surgeon.

➤ Required previous experience: Demonstrated current competency and evidence of the performance of at least 15 laparoscopic surgery procedures involving stapling or division of the gastrointestinal tract in the past 12 months or completion of training in the past 12 months.

➤ References: A letter of reference should come from the director of the applicant’s bariatric surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of surgery or the chief of bariatric surgery at the institution where the applicant most recently practiced.

➤ Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism. Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 15 laparoscopic bariatric procedures annually over the reappointment cycle. In addition, continuing education related to bariatric surgery should be required.

Physician’s signature: __________________________________________________________

Typed or printed name: _________________________________________________________

Date: _______________________________________________________________________
Privilege request form
Bariatric surgery procedures that do not involve stapling of the gastrointestinal tract

To be eligible to request core clinical privileges to perform bariatric surgery procedures that do not involve stapling of the gastrointestinal tract, an applicant must meet the following minimum threshold criteria:

➤ Basic education: MD or DO

➤ Minimum formal training: Hold privileges to perform advanced laparoscopic surgery and evidence of 10 cases with satisfactory outcomes during general surgery residency or post-residency training under the supervision of an experience bariatric surgeon.

➤ Required previous experience: Demonstrated current competency and evidence of the performance of at least 15 laparoscopic surgery procedures that do not involve stapling of the gastrointestinal tract in the past 12 months or completion of training in the past 12 months.

➤ References: A letter of reference should come from the director of the applicant’s bariatric surgery training program. Alternatively, a letter of reference regarding competence should come from the chief of surgery or the chief of bariatric surgery at the institution where the applicant most recently practiced.

➤ Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanism. Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 15 laparoscopic procedures annually over the reappointment cycle. In addition, continuing education related to bariatric surgery should be required.

Physician’s signature: ___________________________________________________________

Typed or printed name: _________________________________________________________

Date: _________________________________________________________________________
The information contained in this document is general. It has been designed and is intended for use by hospitals and their credentials committees in developing their own local approaches and policies for various credentialing issues. This information, including the materials, opinions, and draft criteria set forth herein, should not be adopted for use without careful consideration, discussion, additional research by physicians and counsel in local settings, and adaptation to local needs. The Credentialing Resource Center does not provide legal or clinical advice; for such advice, the counsel of competent individuals in these fields must be obtained.

Reproduction in any form outside the recipient’s institution is forbidden without prior written permission. Copyright © 2010 HCPro, Inc., Marblehead, MA 01945.