

Managing Patients Post Bariatric Surgery in Primary Care

Audit Tool Instructions

Introduction

This audit tool is based on guidance from NICE guideline CG189 and RCGP guidelines for managing patients post bariatric surgery in primary care. It will support improvements to the management of patients post bariatric surgery in a primary care setting, ensuring appropriate regular review, management and referral for specialist input if required. It is suitable for use by GPs, practice nurses, community dieticians and other health professionals involved in the care of these patients.

Aim

To measure current practice against recommended standards and assist in implementing RCGP guidance on managing patients following bariatric surgery in primary care

Target patient group

All patients who have had bariatric weight loss surgery carried out 2 or more years ago and are not receiving regular follow up at their original bariatric unit.

Standards

|  |  |  |
| --- | --- | --- |
| Criteria | Standard | Exceptions |
| 1. Record of date and type of surgery | 100% | No exceptions |
| Annual monitoring of nutritional status, including:   1. annual blood tests 2. review of nutritional supplements (according to bariatric unit advice given for patient) 3. screening for signs and symptoms of nutritional deficiencies 4. if present, referred to Tier 3/4 for advice | 100% | No exceptions |
| 1. Annual measurement or review of the following: 2. BMI 3. Diet 4. Monitoring of own weight 5. Mental health 6. Co-morbidities 7. Regular medications 8. Contraception (for female patients of childbearing age) | 100% | No exceptions |
| 1. Screened for concerning symptoms   If present, referred appropriately | 100% | No exceptions |
| 1. Pregnancy or planned pregnancy discussion (for female patients of childbearing age) 2. If yes, referred to O&G and bariatric unit 3. If yes, supplements reviewed | 100% | No exceptions |

Audit Tool for Managing Patients Post Bariatric Surgery in Primary Care

Aim

To measure current practice against recommended standards and assist in implementing RCGP guidance on managing patients following bariatric surgery

in primary care. Print off the audit tool to help you plan which aspects of

your patient's follow up you will audit.

|  |  |
| --- | --- |
| Patient practice ID or NHS number |  |
| Patient DOB |  |
| Patient gender |  |
| Patient ethnicity: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Date and Type of Surgery | | | | |
| NHS or Private? | | |  | |
| Discharged from specialist follow up? | | |  | |
| Follow up guidance issued by specialist team? | | |  | |
| Date of procedure | Gastric Band | Sleeve Gastrectomy | Gastric Bypass | Duodenal Switch |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Annual Blood Monitoring (as recommended by local bariatric unit or British Obesity and Metabolic Surgery Society) | | | | |
| Blood Test | Surgical Procedure | | | |
|  | Gastric Band | Sleeve Gastrectomy | Gastric Bypass | Duodenal Switch |
| 1. LFT |  |  |  |  |
| 1. FBC |  |  |  |  |
| 1. Ferritin |  |  |  |  |
| 1. Folate |  |  |  |  |
| 1. Vitamin B12 |  |  |  |  |
| 1. Calcium |  |  |  |  |
| 1. Vitamin D |  |  |  |  |
| 1. PTH |  |  |  |  |
| 1. Vitamin A |  |  | \* |  |
| 1. Zinc, Copper |  | \*\* |  |  |

\*If long limbed bypass, steatorrhoea or night blindness

\*\* Measure if concerns

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. Nutritional Supplements on Repeat Prescription | | | | |
| Supplement | Gastric Band | Sleeve Gastrectomy | Gastric Bypass | Duodenal Switch |
| Multivitamin and mineral supplement (can be OTC) |  |  |  |  |
| B12 Injection 3 monthly |  |  |  |  |
| Calcium and Vitamin D |  |  |  |  |
| Iron |  |  |  |  |
| Fat soluble vitamins and possibly Zn and Cu |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 4. Nutritional deficiencies screen | | |
|  | Yes | No |
| Screened for signs or symptoms of a nutritional deficiency? |  |  |
| Signs or symptoms of a nutritional deficiency present? |  |  |
| If present, referred to Tier 3/4 for advice? |  |  |

|  |  |
| --- | --- |
| 5. Annual Health Check |  |
| Test | Result |
| 1. BMI |  |
| Review | Tick if reviewed |
| 1. Diet |  |
| 1. Monitoring own weight regularly |  |
| 1. Mental health review |  |
| 1. Co-morbidities |  |
| 1. Review of regular medications post surgery |  |
| 1. Contraception |  |

|  |  |  |
| --- | --- | --- |
| 6. Concerning symptoms screen | | |
|  | Yes | No |
| Screening for concerning symptoms such as vomiting, abdominal pain, heartburn, etc? |  |  |
| Any concerning symptoms present? |  |  |
| If present, referred to specialist? |  |  |

|  |  |  |
| --- | --- | --- |
| 7. Pregnancy | | |
|  | Yes | No |
| Patient pregnant or planning pregnancy? |  |  |
| If yes, referred to O&G and bariatric unit? |  |  |
| If yes, nutritional supplements reviewed? |  |  |

Action plan

|  |  |  |
| --- | --- | --- |
| **Recommendation** (highlighted by audit as needing action) | **Actions required** (detail action in progress, changes in practices, problems in facilitating change, reasons why action not achieved | Action by date |
|  |  |  |
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References

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