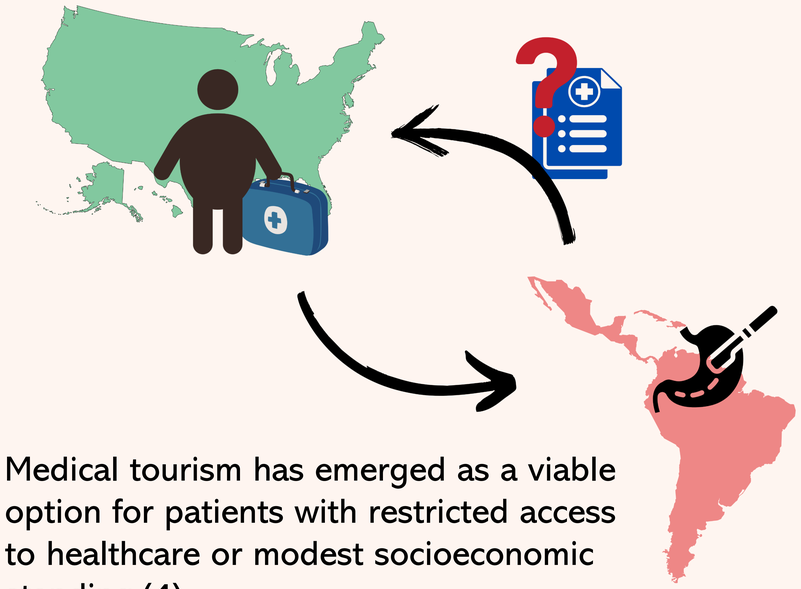
BARIATRIC POSTOPERATIVE CARD: STREAMLINING SURGICAL DATA

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The number of bariatric procedures has increased significantly in recent decades.(1) Sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) are the primary bariatric surgeries, accounting for 65% and 24% of the cases, respectively.(2) Despite the growing accessibility of bariatric surgery, only 2% of the population with obesity undergoes this therapy.(3)



Medical tourism has emerged as a viable option for patients with restricted access to healthcare or modest socioeconomic standing.(4)

The assessment and subsequent monitoring of these patients in their country-of-origin is challenging due to of inconsistent medical documentation and the specifics of the peri-operative phase, encompassing surgical methodology, complications, etc. We introduced a web-based communication tool to streamline this process.

Bariatric Postoperative Card
Roux-en-Y Gastric Bypass

Patient identification

Name or initials: R.T.V
Birthday: 06/05/1989
Procedure date: 09/26/2024
Maximum weight / BMI: 131 kg / 42.3
Weight/ BMI at procedure date: 122 kg / 39.6

Surgeon in charge

Name:
Location:
Contact phone:
Email:

Preoperative clinical condition

- [x] Diabetes mellitus — HbA1c(%): 7.9
- [ ] Vitamin deficiency — HOMA-IR: 6.3
- [ ] Pulmonary / venous thrombosis
- [x] Obstructive sleep apnea — [x] CPAP use
- [ ] Metabolic syndrome
- [ ] Cardiovascular diseases
- [ ] Mental health condition
- [ ] Other (Relevant diseases):
- [ ] High blood pressure
- [x] Hypothyroidism
- [x] GERD
- [ ] Smoking

Medication List: METFORMIN, LEVOTHYROXINE

Preoperative upper endoscopy

- [ ] None
- [x] Hiatal hernia (type, size): III , 4 cm
- [x] Peptic ulcer (grade/location): ANTRUM ULCER SAKITA S2
- [x] Esophagitis (LA grade): C
- [x] H. pylori (eradication): Yes
- [ ] Duodenogastric reflux
- [ ] Gastropathy (type):

- [x] Planned primary outcomes
- [ ] Alternative procedure reason:
- [ ] Revision previous procedure:
- [ ] Preop 3D-MDCT / IV-CT

Intraoperative key points

Horizontal stapler line distance from GEJ (pouch length): 4 cm
Cardia stapler line distance: 1.5 cm
Blind loop length (G-J ostomy): 1.5 cm
Alimentary limb length: 100 cm
Biliary limb length: 120 cm

G-J Ostomy
- [x] Linear stapler (length): 3.0 cm
- [ ] Circular stapler (size):
- [ ] Hand sewn (sure type/length):
- [ ] Reinforcement (suture type):

Instrumentation
- [ ] None
- [x] Tube (size): 36 Fr
- [x] Other: TRANSOPERATIVE ENDOSCOPY

Hiatal plication
- [ ] None
- [x] Yes (note): TWO STITCHES, PROLENE 2-0

Prophylaxis
- [x] Antibiotic (name and dose): CEFTRIAXONE, 1 GR
- [ ] Antitrombotic (name and dose):
- [x] Intermittent pneumatic compression

J-J Ostomy
- [x] Linear stapler (length): 5 cm
- [ ] Hand sewn (sure type/length):
- [ ] Reinforcement (suture type):

Mesenteric defect clousure
- [x] Petersen
- [x] J-J Ostomy
- [ ] Other:

Intraoperative test
- [ ] Methylene blue
- [x] Endoscopy
- [ ] Remarkable findings:

Intraoperative adverse events
- [ ] Leak
- [ ] Bleeding
- [ ] Perforation
- [ ] Stenosis
- [ ] Treatment:
- [ ] Other:

Drain
- [x] No
- [ ] Yes (type):

Postoperative recovery

Major adverse events:
- [x] None
- [ ] Yes
- [ ] Reintervention/ Endoscopy (findings):

Vital signs at discharge
BP: 125 / 72 mmHg HR: 74 bpm RR: 16 bpm Temp: 36.7 °C

Drain Removal
- [x] No Drain
- [ ] Yes (POD):
- [ ] No, remains in place at discharge date

Length of stay: Day 1

Additional information

Postoperative nutritional recommendation
- [ ] No
- [x] Yes (verbal, in writing): Both

Notes: POSTOPERATIVE RECOVERY WITHOUT COMPLICATIONS. PATIENT IS INSTRUCTED TO REMAIN 5 DAYS IN THE CITY.

1. Eisenberg D, Shikora SA, Aarts E, Aminian A, Angrisani L, Cohen R V., et al. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery. Surgery for Obesity and Related Diseases. 2022 Dec 1;18(12):1345–56.
2. American Society for Metablolic and Bariatric Surgery. Estimate of bariatric surgery numbers, 2011-2021 [Internet]. 2022. Available from: https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers.
3. Lazzati A. Epidemiology of the surgical management of obesity. Vol. 160, Journal of Visceral Surgery. Elsevier Masson s.r.l.; 2023. p. S3–6.
4. Rodríguez NR, Cote L, Fuentes C, Jaramillo E, Arana S, Castro A, et al. First National Consensus on the Safe Practice of Medical Tourism for Bariatric Surgery in Mexico. Obes Surg. 2023 Apr 1;33(4):1060–72.

The BP Card captures essential information from the patient's bariatric surgery journey:

1. Basic patient details and surgeon contact information.
2. Preoperative health conditions and potential risks.
3. Key surgical events and postoperative conditions for enhanced follow-up.

The growing popularity of medical tourism for bariatric surgery requires standardized patient records to ensure seamless continuity of care. The BP Card serves as a valuable resource in this regard, providing healthcare professionals with critical surgical information that improves patient follow-up and outcomes.



Go to BariatricPostoperativeCard.com