

CCHP Criteria for Gastric Bypass

- Morbid Obesity BMI \geq 40 or $>$ 35 if has co-morbidity

Referral to Gastric Surgeon – consult 1+6

- Failed conservative therapy OR such therapy not appropriate
- No Severe psychological impairment
- The recipient has an absence of contraindications to the surgery, including a major life threatening disease not susceptible to alleviation by the surgery, alcohol or substance abuse problem in the last six months, severe psychiatric impairment and a demonstrated lack of compliance and motivation.
- Dietary evaluation, nutritional counseling, exercise counseling documented
- Ensure no other/organic cause of obesity

Approval of Surgery

- Patient has clear – realistic understanding of procedure – documented meeting with surgeon
- The recipient has a treatment plan, which includes: – Pre-and post-operative dietary evaluations and nutritional counseling, counseling regarding exercise, psychological issues, and the availability of supportive resources when needed.
- Surgeon agrees no severe psychological impairment
- The recipient has a clear and realistic understanding of available alternatives and how his or her life will be changed after surgery, including the possibility of morbidity and even mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved.
- The recipient has received a pre-operative medical consultation and is an acceptable surgical candidate.

Conservative Therapy Includes (but not limited to):

Conservative and dietary treatments include BUT ARE NOT LIMITED TO low (800 thru 1200) calorie and very low (400 thru 800) calorie diets, behavioral modification, exercise and pharmacologic agents. Must show sustained effort. Example of sustained effort includes BUT ARE NOT LIMITED TO: Severe obesity has persisted for at least five years despite a structured physician supervised weight-loss program with or without an exercise program for a minimum of six months. – Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss.

Co-Morbidity Includes (but not limited to):

Life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery.