

Madigan Army Medical Center

Referral Guidelines

Morbid Obesity

Diagnosis/Definition

- Morbid Obesity is defined as being 100lbs over the ideal body weight or having a Body Mass Index (BMI) greater than or equal to 40.
- Obesity is associated with multiple other disease processes including hypertension, hypercholesterolemia, diabetes, sleep apnea, depression, arthritis of weight-bearing joints, gastroesophageal reflux, polycystic ovary syndrome, and pseudotumor cerebri.
- Correction of obesity can result in improvement in these co-morbidities.
- Current surgical options for weight loss include the Adjustable Gastric Band, Gastric Bypass with Roux-en-y Reconstruction, Sleeve Gastrectomy, and the Duodenal Switch.

Initial Diagnosis and Management

- Establish the diagnosis based on existing patient weight compared to their ideal body weights and calculate patient's BMI.
- Establish a history of failed weight loss attempts using diet and exercise.
- Determine the obesity related co-morbidities.

Ongoing Management and Objectives

- Primary care managers should assist obese patients with diet and exercise programs to prevent further weight gain.
- Consultation to nutrition to provide additional assistance with education.
- Optimize medical therapy of co-morbid conditions.

Indications for Specialty Care Referral

- Patients who have a BMI greater than or equal to 40, a BMI between 35 and 40 with obesity related co-morbidities or a BMI greater than or equal to 30 with diabetes should be referred.
- Patients with severe cardiac or other co-morbid conditions should be medically optimized prior to referral. Patients with uncontrolled or severe co-morbid conditions may be found unsuitable for surgery due to the prohibitive risk associated with major surgery.

Criteria for Return to Primary Care

- Patients will have frequent surgical follow-up during the first year after their weight loss surgery. They will be followed annually after the first year.
- PCM's will also need to closely follow these patients to adjust medications as co-morbid conditions improve.
- Patients will need annual laboratory evaluations of B-12, folate, iron, albumin/pre-albumin, electrolytes, calcium/PTH vitamin D, fasting glucose/HA1C, lipid panel and CBC.

Last Review for this Guideline: **January 2011**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator