

Austin Health Bariatric (Obesity and Weight Loss Surgery) operates under the General Surgical 3 Unit

Triage Categories			
Emergency/After Hours:	Urgent: 1-30 days	Semi Urgent: 31-90 days	Routine: 91-365 days
Call the Emergency Department (ED) on 9496 3368 to access an ED Consultant.	To be seen at the next clinic	N/A	Will be invited to complete the mandatory pre-operative program. First appointment will be a 'Group Information Session'.
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information
Bariatric (Obesity and Weight Loss Surgery) /Upper GI Surgery (Separate Clinic) Refer to 'Bariatric Surgery' Head of Unit Ahmad Aly	When to refer: If patient interested in weight loss surgery and meets the below criteria. Complications from previous weight loss surgery should include description of what type of surgery, where surgery occurred and when as well as what the current issues are. Edmonton Obesity Staging System score of 1 or more. BMI > 40 OR BMI 35 <u>WITH</u> 2 or more obesity related comorbidities AND Previous clear and significant attempts at non-surgical weight loss (provide documentation) Age 18-65	Clinical history and examination Bariatric Surgery Referral Form (obtained from Specialist Clinics) OSA screening tool (page 2) Diagnostics: Sleep Study (if meets criteria on page 2 of Bariatric Surgery Referral form). A copy of the Sleep Study report must be included in the referral for it to be accepted. Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Complications from previous bariatric surgery such as dysphagia, reflux, pain, uncontrolled nausea and vomiting, unable to tolerate food or fluids. Routine: All referrals for primary bariatric surgery (no history of weight loss surgery in the past) Referrals for 'poor weight loss' following previous bariatric surgery Note: Patients triaged by Austin Health Bariatric Surgery Team as suitable for 'Austin Operating Suite Only' (BMI > 52 females and BMI > 48 males AND/OR significant or untreated comorbidities) may wait up to 12 months for an appointment. Patients triaged by Austin Health Bariatric Surgery Team as being suitable for 'The Surgery Centre Campus' (BMI <52 females

	<p>EXCLUSION CRITERIA]</p> <p>No documented previous attempts at weight loss</p> <p>Age 65 + (for primary weight loss surgery only)</p> <p>Current smoker</p> <p>Alcohol or substance abuse</p> <p>Edmonton Obesity Staging System Score 0 or 4</p> <p>Active eating disorder</p> <p>No evidence of previous weight loss attempts (i.e. dietitian input)</p> <p>End Stage comorbidity (EOSS Stage 4)</p> <ul style="list-style-type: none"> - Renal failure (dialysis) - Cardiac failure - Major active ischaemic heart disease - 2 or more vascular comorbidities (IHD, CVA, CRF) - Poorly functioning and unlikely to regain function <p>BMI 35-40 with NO comorbidity or functional affect</p> <p><i>Further eligibility criteria will be applied by the bariatric surgery unit. Referrer will be notified if patient deemed not suitable for surgical management.</i></p>		<p>and BMI < 48 males AND/OR little to no comorbidities) can wait up to 6 months for an appointment.</p> <p>Contact the Bariatric Surgery Liaison Nurse for more information about surgery wait times and selection criteria via Austin Health switchboard (03) 94965000</p>
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Bariatric Surgery Referral

U.R Number
 Surname
 Given Name(s)
 Date of Birth

AFFIX PATIENT LABEL HERE



Height.....cm	Weight.....kg	BMI.....	Edmonton Obesity Staging System (EOSS) <i>(office use)</i>	
Patient's BMI (weight/height²) *Suitable candidates for bariatric surgery are those with a BMI greater than 40, or greater than 35 with 2 or more medically important obesity-related morbid conditions that could be improved by weight loss				
Patient's age *There is limited evidence on the effectiveness of bariatric surgery in people aged under 18 years and over 65 years		years	
Previous attempts to lose weight *Please tick all appropriate non-surgical measures that have been tried but failed to achieve or maintain adequate, clinically beneficial weight loss <input type="checkbox"/> Self <input type="checkbox"/> Dietitian <input type="checkbox"/> Formal Weight Loss Program <input type="checkbox"/> Previous Weight Loss Surgery			Yes	No
Obesity-related comorbid conditions *Priority will be given to patients with significant chronic diseases that are currently not well treated but which are known to respond well to weight loss			<input type="checkbox"/>	<input type="checkbox"/>
Hypertension			<input type="checkbox"/>	<input type="checkbox"/>
Hyperlipidaemia			<input type="checkbox"/>	<input type="checkbox"/>
Type 2 Diabetes Mellitus – <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral Hypoglycaemics <input type="checkbox"/> Insulin			<input type="checkbox"/>	<input type="checkbox"/>
Obstructive Sleep Apnoea			<input type="checkbox"/>	<input type="checkbox"/>
If yes, does patient use CPAP – All referrals must have a complete OSA Risk Assessment			<input type="checkbox"/>	<input type="checkbox"/>
Ischaemic Heart Disease			<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Disease. If yes, please specify.....			<input type="checkbox"/>	<input type="checkbox"/>
Fatty Liver			<input type="checkbox"/>	<input type="checkbox"/>
Polycystic Ovary Syndrome			<input type="checkbox"/>	<input type="checkbox"/>
Renal Impairment. If yes, please specify.....			<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Vascular Disease			<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal / Joint Disease			<input type="checkbox"/>	<input type="checkbox"/>
Mobility - <input type="checkbox"/> Ambulant <input type="checkbox"/> Stick <input type="checkbox"/> Frame <input type="checkbox"/> Wheelchair				
Other.....				
Surgical Risk			Yes	No
<input type="checkbox"/> Current Smoker <input type="checkbox"/> Ex-smoker (when ceased)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Actively trying to quit			<input type="checkbox"/>	<input type="checkbox"/>
End Stage Cardiac Disease			<input type="checkbox"/>	<input type="checkbox"/>
End Stage Renal Disease			<input type="checkbox"/>	<input type="checkbox"/>
Advanced Liver Disease with Portal Hypertension			<input type="checkbox"/>	<input type="checkbox"/>
End Stage Vascular Disease			<input type="checkbox"/>	<input type="checkbox"/>
Active Psychosis or Unstable Depression			<input type="checkbox"/>	<input type="checkbox"/>
Active Alcohol / Drug Dependence			<input type="checkbox"/>	<input type="checkbox"/>
Cognitive or Behaviour Disorders affecting decision making			<input type="checkbox"/>	<input type="checkbox"/>
Functional Status - <input type="checkbox"/> Independent <input type="checkbox"/> Supported <input type="checkbox"/> Fully Dependent				
Please fax this form along with a copy of the following blood test results and a current medication list to the Austin Hospital on 9496 2980				
Referral must include – FBE, U&E, LFT, Calcium, Magnesium, PhosphateHbA1c, Fasting BSL and Insulin, fasting cholesterol and triglycerides, B12, folate, Iron, Thyroid Function Test, Parathyroid Hormone, Vitamin D Level, Latest Respiratory Function Tests, Sleep Study report if patient meets criteria on page 2 of this form.			Practice stamp	

Bariatric Surgery Referral

CO.14



Bariatric Surgery Referral

U.R Number

Surname

Given Name(s)

Date of Birth

AFFIX PATIENT LABEL HERE

Obstructive Sleep Apnoea (OSA) Assessment Tools – This section must be completed as part of the Bariatric Surgery Assessment Referral. Incomplete forms will not be accepted and returned for completion. A patient who scores 5 or more on the STOP-Bang Questionnaire OR has an ESS score of 8 or more have a high risk of OSA. Referrer must refer for sleep studies and include the report with this referral.

Referred Date.....

STOP-Bang Questionnaire (Copyright © Toronto Western Hospital, University Health Network / University of Toronto 2012)

1. Snoring – Do you snore loudly (loud enough to be heard through closed doors)?	
Yes	No
2. Tired – Do you often feel tired, fatigued, or sleepy during daytime?	
Yes	No
3. Observed – Has anyone observed you stop breathing during your sleep?	
Yes	No
4. Blood Pressure – Do you have or are you being treated for high blood pressure?	
Yes	No
5. BMI – BMI more than 35 kg m ⁻² ?	
Yes	No
6. Age – Aged over 50 years old?	
Yes	No
7. Neck circumference – Neck circumference >40cm?	
Yes	No
8. Gender – Male?	
Yes	No

Epworth Sleepiness Scale (ESS) (Copyright © M/W. Johns 1990-1997)

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you have not done some of these activities recently, think about how they would affect you.

Use this scale to choose the most appropriate number for each situation. You must circle a number for EACH situation.

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Total Score.....

Situation	Chance of dozing			
	0	1	2	3
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public space (theatre / meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying resting in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (with no alcohol)	0	1	2	3
In a car, stopped in traffic	0	1	2	3

Dr Johns permits the use of the ESS by individual people (including clinicians and researchers) free of charge

