



**Ambulatory
Surgery Centers**

Bariatric surgery: Is your ASC ready?

More Americans are turning to bariatric surgery as the answer to morbid obesity. In the past, they faced open gastric bypass surgery as the only surgical route to lose weight and improve their health. But endoscopic innovations, including laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB), result in fewer complications, a faster recovery time, and less pain than open procedures.

Surgeons are starting to perform these less-invasive procedures in the outpatient setting, primarily LAGB. Some offer only LAGB, while others offer LAGB and other laparoscopic options such as Roux-en-Y.

Payoff for patients

What is it like to start an LAGB program? Those who have done it say the work is well worth the payoff for patients. As patients lose weight, "you see them come off insulin or heart medications that they've taken for years," says Dee Willey, RN, clinical manager at Surgery Center of Richardson, Tex. At press time, the Surgery Center was the only outpatient center accredited by the American College of Surgeons (ACS) Bariatric Surgery Center Network. Willey adds, "You see their self-esteem improve and a total lifestyle change."

Supportive care before and after surgery, including psychological evaluation, support groups, and nutritional education, is as important for outpatients as for inpatients. (For more information, see "Weighing the decision to become a bariatric center of excellence," in the January 2007 *OR Manager*). In the outpatient setting, the physician group doing the procedure may provide the supportive care.

Making the leap

Depending on your situation, you'll choose one of 3 models for outpatient bariatric surgery. One is the hospital that offers outpatient surgery. A second, more recent model is the freestanding, multi-specialty ambulatory surgery center (ASC) that includes bariatric surgery as a service line. The newest model is the ASC that offers only bariatric surgery. This article focuses on the second model.

Whichever model you choose, says Jeffrey Simmons, president, Western Region, for Regent Surgical Health, LLC, Westchester, Ill, "You have to be committed to a center of excellence model. Don't do it haphazardly." Regent Surgical Health is a management company for ASCs that offer bariatric surgery. A bariatric center of excellence meets standards established by the ACS or the American Society for Bariatric Surgery (ASBS).

Commitment begins with a physician champion for the program, one who has extensive experience with the procedure.

Next, you'll need equipment. Simmons says it can cost \$250,000 to start up if you don't have endoscopic equipment in place. The good news is that if you are already doing endoscopic gastrointestinal procedures, startup costs may be closer to \$30,000 to \$50,000 to add lap-banding instruments and a wide variety of band sizes.

An underestimated cost

Don't forget to consider facility and equipment changes such as wider OR beds and stretchers, larger gowns, and commodes fixed to the floor instead of the wall. These changes are important for patient safety and dignity.

Lap-adjustable gastric banding

Laparoscopic-adjustable gastric banding (LAGB) is the least invasive surgical technique to reduce weight. With LAGB, the surgeon places a single-use band, which comes in different sizes, high on the stomach to create a small pouch, about 15 mL in volume, and a stoma. The band is sutured in place. The port for inflating and deflating the band is sutured onto the abdominal wall. As patients lose weight, adjustments are made several times a year to achieve restriction and satiety. One advantage of the band is that it can be completely removed.



Reproduced with permission from Jones D B. Atlas of Minimally Invasive Surgery, Cine-Med, 2006.

Mortality ranges from 0.05% to 1.1%. Potential complications include gastric prolapse from band slippage or explantation, and dysfunction of the port reservoir or tubing, although complication rates are low. Reoperation is needed in 4% to 18% of patients.

Patients can gradually lose 65% to 70% of their excess body weight (EBW) and about 35% of their body mass index (BMI), with an average EBW loss

of nearly 50% 2 years after surgery.

Reference

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“That’s a cost often underestimated,” says Anne Roberts, RN, BSN, administrator of the Surgery Center of Reno, Nev, which has been offering bariatric surgery since April 2006. Simmons estimates those costs can be as high as \$25,000.

You’ll need to determine if your anticipated volume will justify the expense. The number of cases per month varies from center to center, making it difficult to estimate average volume, although several centers report 30 to 75 LAGB procedures per month. It’s best to have several surgeons so you can build sufficient volume.

Who’s safe for the outpatient setting?

Another factor that influences volume is eligibility criteria. Patients who undergo bariatric surgery as outpatients must have a lower body mass index (BMI) than inpatients, usually less than 50, which is usually associated with fewer, less-severe comorbidities, such as diabetes mellitus that is well controlled. In addition, patients should have an American Society of Anesthesiologists classification of 3 or less. Patients with higher BMIs or significant comorbidities, such as severe cardiac disease, should have their surgery in an inpatient setting, regardless of BMI.

More research is needed to flesh out these general guidelines and determine the

best candidates for outpatient bariatric surgery, says Daniel Jones, MD, associate professor at the Harvard Medical School and director of bariatric surgery at Beth Israel Deaconess Medical Center, Boston.

"We need to base patient choice on sound data," says Dr Jones, who is a member of the ACS Bariatric Network. He cautions against offering only one type of procedure.

"A surgeon needs to be skilled in both the gastric bypass and the band so patients have choices."

To better compete with other centers, you may want to seek accreditation from either the ACS or the ASBS program, which is administered by the Surgical Review Corporation (SRC) (sidebar). Both organizations report that many ASCs are in the application process.

To stay or not to stay

An LAGB takes from 30 minutes for surgeons who are past their learning curve for the procedure to 2 hours for larger patients. What happens next varies. Some patients stay in the postanesthesia care unit (PACU) only 2 to 3 hours and then go home. Other ASCs have overnight capabilities, most of which allow patients to stay for up to 23 hours. Several factors influence the decision, including the surgeon's and facility's comfort with the procedure, the patient's home situation, and how far a patient lives from the ASC.

"When we started, surgeons wanted us to keep patients overnight," says Karla Tacey, RN, administrator at Surgery Center of Richardson. "We had to convince them it wasn't necessary." Since they began offering the procedure in 2003, the Center has had only 2 emergency transfers out of more than 3,000 LAGB procedures. Patients go home the same day.

"We thought lots of patients would stay the night, but fewer than 5% do," Roberts says. Simmons reports that a year ago, when one center started doing LAGBs, all patients stayed overnight, but now more than two-thirds go home the same day.

Sometimes geography factors into the decision. Many patients at Beth Israel Deaconess travel a significant distance for surgery.

"A lot can happen before you go home. You need to get used to the band, understand your diet, and have your pain well controlled," Dr Jones says. For that reason, most patients stay overnight.

Overnight option

Dr Jones and others strongly recommend having an overnight option if you want to do procedures other than LAGBs.

At Harmony Ambulatory Surgery, LLC, Fort Collins, Colo, surgeons have been performing laparoscopic Roux-en-Y procedures since 2001 and are getting ready to add LAGB. Patients' average length of stay is 47 hours, according to Harmony's administrator, Rebecca Craig, RN, CNOR, CASC.

"We have 6 overnight beds and a quiet place to recover," says Craig. The beds are licensed as a convalescent care unit under Colorado regulations. Some centers may use a PACU bed for the overnight stay, depending on state licensing requirements.

Dr Jones and Simmons also recommend having the capacity for an overnight stay even with LAGBs. "We like to err on the side of safety," Simmons says.

Centers he works with keep 1 room open in case a patient needs to spend the night. Of course, that means more staffing costs. He recommends planning on at least 2 nurses who work 12-hour shifts and will receive overtime.

If patients are not spending the night, you probably won't need additional staff to start outpatient bariatric surgery. Otherwise, you'll have to decide how to staff the night shift. Flexibility is key because coverage isn't needed every night.

"We use our own per diem staff nurses who are willing to work nights and pay them time and a half," says Ann Meyer, RN, BSN, CNOR, nurse manager at the Surgery Center of Reno. Craig says her facility always has 2 RNs available for the convalescent center. "The most patients a nurse has is 3, which helps decrease how long patients need to stay."

However long a facility keeps patients, it needs transfer agreements with hospitals, as with other surgeries.

Follow-up care

Postoperatively, patients have the most pain from the carbon dioxide gas used in the endoscopic procedure.

"We try to get them up and walking right away," Willey says, because "pain medication doesn't help that type of pain." The staff calls patients the next day.

Follow-up doesn't end after patients leave the ASC. They need access to support groups and other resources. Such programs can be offered by the ASC or by the physician group performing the procedure. Cynthia Winker, chief operating officer for Bariatric Partners, Charlotte, NC, which has opened 4 bariatric-only centers since September 2006, says, "The secret to success is to work with patients during the post-operative period to help them with lifestyle changes." Bariatric Partners provides support groups and education programs.

The surgeon makes band adjustments in the office, or the patient can return to the ASC for adjustments. Some ASCs build the charges for the adjustments into the original cost of the procedure.

Number crunching

Unlike inpatient bariatric surgery, the Centers for Medicare and Medicaid Services (CMS) does not reimburse for bariatric surgery in the outpatient setting. Other types of reimbursement vary by area of the country and insurance carrier. Although accreditation as a center of excellence is not required for outpatient reimbursement, Tacey believes it helps.

Some centers say significantly more than half of their patients pay cash. ASCs say the financial investment can pay off because the procedure is profitable, particularly when the ASC takes time to negotiate with insurance carriers. In some areas, facility reimbursement can range from \$9,000 to \$20,000 compared with a cost of around \$5,000 plus \$1,000 to \$2,000 in labor costs for staffing the night shift.

Simmons points to the business advantage of offering another surgery option. "Every business has its ups and downs," he says. "You need a diversified business to withstand changes in the marketplace and minimize your risk."

Even with the high percentage of patients paying cash, reimbursement may limit growth of outpatient bariatric surgery. Dr Jones notes that one Massachusetts health plan requires patients to have a BMI of at least 50 to be a candidate for bariatric surgery, yet lower BMIs are better for outpatients. "If we can get them earlier, before they are really sick, it's safer surgery," he says.

Future outlook

Surgeons are working to develop newer, less invasive procedures. One is partitioning of the stomach, which is being done in the laboratory and is about 3 to 5 years away from widespread use, according to Dr Jones. With these new procedures, and if the reimbursement picture clears, weight loss procedures could continue to grow.

If your facility decides to expand with it, you need a well-trained and committed staff.

"Patients are very sensitive," says Meyer.

As with any surgery, outcomes are key.

"It's a positive service line to add if you have positive outcomes," says Craig. ❖

—Cynthia L. Saver, RN, MS

Sample outpatient accreditation requirements

Both accrediting bodies for bariatric surgery will accredit outpatient bariatric programs only for endoscopic procedures, and application fees are the same as for inpatient bariatric surgery programs. An onsite visit is required, and facilities must have a transfer agreement with an inpatient facility.

American College of Surgeons

The center must perform at least 50 procedures annually, with at least 1 credentialed bariatric surgeon performing a minimum of 50 primary procedures annually.

American Society for Bariatric Surgery Surgical Review Corporation

Centers must perform at least 100 cases per year. Patients must be low risk: younger than 60 years, BMI less than 55, weight less than 425 pounds, and an American Society of Anesthesiologists classification of less than 4, with no past history of deep vein thrombosis or pulmonary embolism.

Procedures must not involve stapling or division of the GI tract.