Avoid an open approach for primary bariatric surgical procedures. Compared to an open surgical approach, laparoscopy offers several advantages including shorter hospital length of stay, and decreased morbidity and mortality.

Avoid routine postoperative antibiotics. An appropriate selection and dosage of a preoperative parenteral antibiotic should be administered within a designated time frame to patients undergoing bariatric procedures as prophylaxis against surgical site infection. Extending the duration of prophylactic antibiotics may increase the risk of superinfection with Clostridium difficile and the development of antimicrobial resistance.

Don’t routinely use the intensive care unit for postoperative monitoring. Most patients undergoing bariatric surgery do not require an intensive care unit for postoperative monitoring which can have higher rates of nosocomial infections and expose patients to resistant microorganisms.

Don’t routinely remove the gallbladder unless clinically indicated. Although infrequent, the incidence of bile duct injury rates has increased since the introduction of laparoscopic cholecystectomy. Major and even minor bile duct injuries can result in life-altering complications with significant morbidity and cost. Removal of normal and asymptomatic gallbladders at the time of bariatric surgery has not been shown to be necessary and may expose a patient to possible risk of complications without proven benefit.

Avoid routine use of invasive monitoring. Arterial and central venous catheters are associated with risk of nosocomial infections and associated morbidity. Objective data does not support routine use of invasive monitoring for patients undergoing bariatric procedures at this time.
How This List Was Created

The American Society for Metabolic and Bariatric Surgery (ASMBS) initially solicited expert opinion from surgeons who are members of the Clinical Issues Committee. This committee is responsible for drafting guidelines and position statements for the ASMBS. We also received input from the Executive Council of the ASMBS to narrow the original list down to those with highest priority.

For ASMBS’ disclosure and conflict of interest policy please visit www.asmbs.org.

Sources


About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American Society for Metabolic and Bariatric Surgery

The American Society for Metabolic and Bariatric Surgery (ASMBS) is the largest society for this specialty in the world designed for surgeons and integrated health professionals. Founded in 1983, the purpose of the society is to advance the art and science of metabolic and bariatric surgery by continually improving the quality and safety of care and treatment of people with obesity and obesity-related diseases by: (1) Advancing the science of metabolic and bariatric surgery and increasing public understanding of obesity; (2) Fostering collaboration between health professionals on obesity and related diseases; (3) Providing leadership in metabolic and bariatric surgery for the multidisciplinary management of obesity; (4) Advocating for health care policy that ensures patient access to prevention and treatment of obesity; (5) Serving the educational needs of our members, the public and other professionals.

For more information, visit www.asmbs.org.