Welcome to Tonight’s Webinar

COVID-19 Town Hall Q&A: Restarting Surgery – Issues to Consider in Prioritizing Cases

Town Hall – Q&A

Welcome to Tonight’s Webinar

Please submit questions in the control panel

Live Tweet with #ASMBSCOVID

Copyright © 2020 American Society for Metabolic and Bariatric Surgery, All rights reserved.
CORONAVIRUS (COVID-19)
• Please submit questions and they will be answered during the panel at the end....

• Opportunity to “raise your hand” at end.

• Audience Participation with Polling and Questions.
ASMBS Webinars: Available online

April 14: “COVID-19 Updates from the ASMBS”

April 21: “Embracing Telehealth”

April 28: “Restarting Surgery: Issues to Consider”


May 21: “Restarting Surgery – Prioritization”

https://asmbs.org/resources/covid-19-updates-from-asmbs

https://asmbs.org/resource/covid-19-updates-embracing-telehealth

https://asmbs.org/resources/restarting-surgery-issues-to-consider


https://asmbs.org/resources/restarting-surgery-issues-to-consider-in-prioritizing-cases
Agenda

1. Welcome and Introductions. Matt Hutter, MD

2. Medically Necessary Time Sensitive Surgery (MeNTS) Vivek Prachand, MD

3. A Structured Approach for Safely Reintroducing Bariatric Surgery in a COVID-19 Environment: Cleveland Clinic Protocol Ali Aminian, MD  Chris Daigle, MD

4. COVID-19 Nonurgent Procedural Reboot Tony Petrick, MD

5. 50 Minutes -- Panel Discussion. Q&A.
Using MeNTS Scoring for Resuming Bariatric Surgery

Vivek N. Prachand MD FACS ABOM
Professor of Surgery
Chief Quality Officer, Department of Surgery
Using MeNTS Scoring for Resuming Bariatric Surgery

- Dynamic flexibility based on resources and conditions
- Systematically integrates complex factors not usually considered (like a “checklist”)
- Transparency provides reassurance to our colleagues, trainees, and public that their safety and resource preservation is being taken into consideration
- Offloads some emotional and ethical workload, reduces risk of moral injury
- Applicable across specialties and diseases
- Safety of Bariatric Surgery is outstanding and hospital resource utilization is modest
- MeNTS scoring assessment based on 2wk and 6wks postponement of care (pandemic will be at least 18 months)
- Likely that non-operative treatment will be less effective in pandemic (#quarantine15)
- Patients who undergo Bariatric Surgery will be at lower risk of poor COVID-19 outcomes due to weight loss and comorbidity improvement
A Structured Approach for Safely Reintroducing Bariatric Surgery in a COVID-19 Environment: Cleveland Clinic Protocol

Ali Aminian, MD
Director, Bariatric & Metabolic Institute
Associate Professor of Surgery
Cleveland Clinic

Christopher Daigle, MD
Director, Bariatric Surgery
Cleveland Clinic Akron General Hospital
Ohio/Kentucky ASMBS State Chapter President

No Conflict of Interest
Some possible questions:

1. What is the current status of your bariatric program with respect to cases performed after initial cessation of non-urgent procedures?
   - Not approved to start by the state
   - Approved but hesitant to start
   - 10 or less bariatric surgical cases
   - 10-20 bariatric surgical cases
   - >20 bariatric surgical cases
   - Endoscopic bariatric procedures only

2. Where do you feel your biggest pressure to start bariatric cases comes from?
   - Your patients
   - Your colleagues
   - Hospital administration
   - Political forces
   - Yourself

Table 1. Risk Stratification for Reintroducing Bariatric Surgery after the Peak of COVID-19 at the Cleveland Clinic

<table>
<thead>
<tr>
<th>Condition</th>
<th>Tier 1 LOW RISK</th>
<th>Tier 2 INTERMEDIATE RISK</th>
<th>Tier 3 HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Must meet all conditions below.</td>
<td>If not considered as Tier 1 and Tier 3.</td>
<td>If meets any of these conditions below.</td>
</tr>
<tr>
<td>Type of surgery</td>
<td>Primary bariatric procedure without other major concurrent procedures</td>
<td>Lower risk revisional procedures: - Conversion of gastric band or sleeve to other procedures</td>
<td>Revised surgery in patients with prior open bariatric surgery - Conversion of VBG to other procedures - Concurrent procedures such as paraesophageal hernia repair - Procedures with higher than average risk for conversion to open surgery, blood transfusion, and prolonged length of stay (e.g. hostile abdomen)</td>
</tr>
<tr>
<td>Suggested age cutoff</td>
<td>&lt;60 years</td>
<td>≥60 years</td>
<td>≥65 years</td>
</tr>
<tr>
<td>Suggested BMI cutoff</td>
<td>&lt;55 kg/m²</td>
<td>55-70 kg/m²</td>
<td>≥55 kg/m²</td>
</tr>
<tr>
<td>ASA class</td>
<td>No ASA Class 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>No mobility restriction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>No diabetes or controlled type 2 diabetes</td>
<td>- Poorly controlled diabetic (HbA1c &gt;8%) - Need for high dose insulin - Type 1 diabetes</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>No hypertension or controlled (&lt;140/90 mmHg) with one or two antihypertensive agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac disease</td>
<td>No underlying heart disease</td>
<td>Stable heart disease: - Stable coronary artery disease</td>
<td>Significant history of heart disease: - Previous myocardial infarction - Heart failure - Ejection fraction &lt;40%</td>
</tr>
</tbody>
</table>
Take Home Message

Our Reality:
Some patients will develop COVID-19 in perioperative period

Our Goal:
Decrease perioperative incidence
Decrease risk of protracted postop course if they develop COVID

Our Strategy:
Slow & selective restarting of practice until we learn more
COVID19
Non-urgent Procedural Reboot
Bariatric Surgery

Multisociety Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic

**Tier I**

... serious threat of clinical deterioration
*Revisions, aspiration risk, loss of benefits*

**Tier II**

... non-urgent threat of clinical deterioration
*DM, OSA, HTN, GERD, Hyperlipidemia, ...*

**Tier III**

... N/A

**Anesthesia**

- Local
- Regional
- General

**Preauthorization**

- Ambulatory
- **Overnight (SORU)**
- Inpatient (ZPO)
  - Length of Stay
  - EBL

**Disposition**

- Home
- **Med/Surg**
- ICU
Questions?

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Going Forward:

• Regularly scheduled webinars with issues important to our members:

Next Webinar:
Tuesday June 2\textsuperscript{nd} 6 pm EST:

Please let us know what matters most to you!
communications@asmbs.org

Please share with us stories of how your colleagues are making an impact!
Support your patients.
Use the opportunity to transform how we provide care.
Restart safely

Stay safe!