

Certified Bariatric Nurse (CBN) Certification Examination STUDY GUIDE



Purpose of this study guide is to provide an outline format of topics that are potentially included in the certification examination. Due to standards of the certification accreditation process, there can be no relationship or communication between the authors of this outline and those that actually develop the examination; therefore this study guide does not represent the actual content of the examination.

This study guide was developed by the Examination Preparation Subcommittee of the Certified Bariatric Nurse Certification Committee based on:

- Thoughtful review of the domains (principal areas of responsibility), tasks (specific goal directed set of activities) and knowledge statements (fundamental knowledge and skill base) derived from the bariatric surgical nurse practice analysis (Berger et al., 2010).
- The experience of the CBN's on the subcommittee
- Numerous surveys of CBN candidates regarding their examination preparation after taking the examination,
- The development and revision of CBN Examination Preparation course since 2007.
- Comments and recommendation from a pilot group of CBN candidates after preparing and sitting for the examination
- This study guide also includes a list of references and resources.

Practice Analysis Domains/Tasks

As mentioned above, this practice analysis served as a resource in developing the study guide. Described in the CBN Candidate Handbook, the domains and tasks are the foundation for the exam development.

ASMBS Domains/Tasks

Domain 01: Clinical Management

Provide and document direct and indirect clinical care and education to morbidly obese and bariatric surgery patients/family/support persons.

Clinical Management - Pre-operative (Pre-hospital)

Tasks

01. Provide and educate candidate/family/support persons with information and resources to assist them in making an informed decision regarding bariatric surgery (for example, pre-operative process, surgical options, risks & benefits, lifestyle changes).
02. Assess and document candidate's understanding of bariatric surgery options.
03. Obtain and review medical, surgical, psychosocial, and cultural history to minimize risks and identify unique needs of the morbidly obese as a bariatric surgery candidate.
04. Coordinate referrals and communicate with the inpatient and outpatient multidisciplinary team to increase opportunity for optimal outcomes.
05. Educate patient/family/support persons regarding preventative measures, signs and symptoms of short- and long-term complications, and appropriate reporting of signs/symptoms of complications.
06. Educate patient/family/support persons about phases of bariatric surgery, including patient responsibilities (for example, pre-operative evaluation, the hospital stay, physical activity, nutrition and supplementation, follow-up, support groups).
07. Evaluate and address patient/family/support persons' knowledge deficits specific to bariatric surgery.

Clinical Management – Perioperative

Tasks

- 08. Assess and individualize patient care based on the unique needs of morbidly obese and bariatric surgery patients.**
- 09. Obtain specialized equipment with appropriate tolerances for morbidly obese and bariatric surgery patients.**
- 10. Implement patient care protocols (for example, airway, transfer, position, medication, pain management) that address the special needs of morbidly obese and bariatric surgery patients.**
- 11. Monitor for complications and take preventive and remedial actions.**
- 12. Assess, modify, and review pre-operative education appropriate to needs of patient/family/support persons.**
- 13. Create and implement discharge plan appropriate to specific needs of bariatric patient/family/support persons, including providing written materials for reinforcement and review.**

Clinical Management - Follow up

Tasks

- 14. Assess, clarify, modify, and reinforce bariatric education and provide additional intervention (for example, education, referral), as needed.**
- 15. Review and evaluate patient understanding of and compliance with medical regimen (for example, medications, physical activity, nutrition and supplementation, self-care), and intervene as needed.**
- 16. Assess psychosocial adjustment/accommodation to physical changes and intervene, as appropriate.**
- 17. Identify short- and long-term complications unique to bariatric surgery patients (for example, obstructions, strictures, leaks, gastric prolapse) and take appropriate action.**
- 18. Encourage healthy behaviors (for example, nutrition and supplementation, physical activity) to enhance long-term weight loss success.**
- 19. Encourage participation in support group(s) to promote successful long-term weight loss.**
- 20. Instruct and encourage the patient to follow-up with appropriate health care providers.**

21. **Identify, evaluate, and report secondary effects of surgery (for example, dumping, redundant skin, psychosocial issues), document, and take appropriate actions.**
22. **Identify and intervene with non-compliant patients (for example, maladaptive eating, failure to follow-up with care provider)**
23. **Evaluate and report resolution or improvement of comorbid conditions.**
24. **Perform quality of life measurements to assess improvements in social and cognitive levels and general well-being relative to pre-operative levels.**

Domain 02: Multidisciplinary Team Collaboration

Communicate and educate to (a) facilitate continuity of care among multidisciplinary teams for optimal patient outcomes, and (b) improve the quality of care for morbidly obese and bariatric surgery patients.

Tasks

01. **Assess the multidisciplinary team's knowledge level related to the special considerations of morbidly obese and bariatric surgery patients.**
02. **Create and implement formal and informal multidisciplinary education supported by evidence-based practice related to the care of morbidly obese and bariatric surgery patients for optimal patient outcomes.**
03. **Evaluate and document formal and informal multidisciplinary education related to the care of morbidly obese and bariatric surgery patients for optimal patient outcomes.**
04. **Coordinate and communicate the unique needs of bariatric surgery patients to various multidisciplinary healthcare care providers outside of the multidisciplinary team (for example, chiropractors, non-local healthcare providers, dentists, obstetricians).**
05. **Collaborate with multidisciplinary team to maintain teaching that is appropriate to the psychosocial, cultural, economic, and educational level of morbidly obese and bariatric surgery patients.**
06. **Initiate and facilitate collaborative relationships within the multidisciplinary team to foster sensitivity to morbidly obese and bariatric surgery patients.**
07. **Coordinate delivery of the multidisciplinary education related to the care of morbidly obese and bariatric surgery patients to improve patient outcomes/quality of care.**
08. **Create, implement, and evaluate perioperative protocols (for example, airway, transfer, position, medications, pain management) to address the special needs of morbidly obese and bariatric surgery patients.**

Domain 03: Outreach

Provide advocacy, support, and education to individuals, support groups, community groups, and healthcare professionals related to morbidly obese and bariatric surgery patients.

Tasks

- 01. Contribute to and advance the knowledge base of individuals, support groups, community groups, and health care professionals through interactions, presentations, publications, research, and/or involvement with professional organizations related to morbid obesity**
- 02. Facilitate and foster advocacy in the general and professional population related to the morbidly obese through role modeling, teaching, and/or mentoring.**
- 03. Promote the development of, encourage participation in, and/or facilitate support groups and programs for bariatric surgery patients, families, and support persons for optimal patient outcomes.**
- 04. Provide general education using varied media (for example, web sites, newsletters, seminars) on the subject of bariatric surgery to the community at large.**

Domain 04: Program Administration

Provide leadership and a framework to (a) coordinate services for optimal outcomes, and (b) improve the quality of care for morbidly obese and bariatric surgery patients.

Tasks

- 01. Establish patient safety standards and staff safety protocols, including furniture, patient transport/transfer systems, medical and surgical equipment.**
- 02. Apply bariatric ergonomic principles, implement patient safety standards, and staff safety protocols to decrease risk of patient and staff injury.**
- 03. Evaluate innovations in technology and advances in care supported by benchmark studies, literature reviews, evidence-based practice, and/or research, and facilitate incorporation into practice.**
- 04. Gather and evaluate internal and external outcomes data for benchmarking/evaluation of bariatric surgery outcomes.**
- 05. Update patient care practices (for example, policies, protocols, clinical pathways, order sets) related to the care of morbidly obese and bariatric surgery patients based on clinical outcomes.**

06. **Review and incorporate current guidelines and recommendations of agencies such as the National Institute of Health (NIH), American Society for Bariatric Surgery (ASBS), and Surgical Review Corporation (SRC).**
07. **Review and evaluate the policies of insurance providers regarding their implications on the care of morbidly obese and bariatric surgery patients and implement the corresponding education and policy.**
08. **Perform quality assurance activities to identify process improvement opportunities for the care of morbidly obese and bariatric surgery patients.**
09. **Identify specific competencies necessary for delivery of care to morbidly obese and bariatric surgery patients**

ASMBS Knowledge Statements:

01. **Incidence and prevalence of morbid obesity**
02. **Sensitivity issues in the morbidly obese person**
03. **Etiology of the disease of obesity**
04. **Comorbid medical conditions associated with morbid obesity**
05. **Fundamental principles of weight loss and weight gain**
06. **Medical management of weight loss modalities**
07. **History of bariatric surgical procedures**
08. **Bariatric surgical procedure revisions and associated risks**
09. **Criteria for candidacy as a bariatric surgery patient**
10. **Contraindications for candidacy as a bariatric surgery patient**
11. **Special considerations for the treatment of adolescent and geriatric morbidly obese and bariatric surgery patients**
12. **Abnormal eating behaviors and disorders in morbidly obese and bariatric surgical patients**
13. **Psychological disorders in relation to morbidly obese and bariatric surgery patients (for example, depression, addiction, schizophrenia, OCD)**
14. **Special considerations for the treatment of high risk conditions (multiple severe co-morbidities, multiple previous abdominal surgeries, psychological impairment, prior bariatric surgery, severe morbid obesity)**
15. **Normal anatomy and physiology of the gastrointestinal system**

16. **Anatomical and physiological changes associated with specific bariatric surgical procedures**
17. **Risks and benefits of specific bariatric surgical procedures**
18. **Preoperative process for bariatric surgery patients**
19. **Intraoperative process for bariatric surgery patients**
20. **Comorbidity improvement and/or resolution related to specific bariatric surgical procedures**
21. **Early and late complications of specific bariatric surgical procedures**
22. **Clinical presentation of complications in the bariatric surgery patient**
23. **Prevention and treatment of complications of specific surgical procedures**
24. **Secondary effects of specific bariatric surgical procedures**
25. **Pulmonary implications of bariatric surgery in morbidly obese and bariatric surgery patients**
26. **Cardiovascular implications of bariatric surgery in morbidly obese and bariatric surgery patients**
27. **Thromboembolic implications of bariatric surgery in morbidly obese and bariatric surgery patients**
28. **Potential risks and complications of nasogastric tube insertion in bariatric surgery patients**
29. **Skin integrity, skin care, and hygiene of morbidly obese and bariatric surgery patients**
30. **Fluid and electrolyte management of bariatric surgery patients**
31. **Implications of morbid obesity and specific bariatric surgical procedures on drug therapies**
32. **Laboratory and diagnostic testing related to morbidly obese and bariatric surgery patients**
33. **Implications of laboratory and diagnostic test results for bariatric surgery patients**
34. **Specialized equipment needs for morbidly obese and bariatric surgery patients**
35. **Nutrition and supplementation requirements for specific bariatric surgical procedures**

36. **Identification, treatment, and prevention of nutritional deficiencies**
37. **Eating behaviors and recommendations specific to bariatric surgical procedures**
38. **Phases of the dietary progression following specific bariatric surgical procedures**
39. **Bariatric ergonomics**
40. **Role of physical activity for morbidly obese and bariatric surgery patients**
41. **Benefits of healthy lifestyle changes**
42. **Psychosocial implications of morbid obesity, bariatric surgery, and bariatric surgical weight management**
43. **Implications of pregnancy in post-operative bariatric surgical patients**
44. **Implications of alcohol consumption by patients with specific bariatric surgical procedures**
45. **Modalities to improve patient compliance with the post-operative regimen**
46. **Discharge planning process for post-operative bariatric surgical patients**
47. **Role of support groups for bariatric surgical patients/family/support persons**
48. **Implications of insurance coverage for bariatric surgical patients**
49. **Risk management related to morbidly obese and bariatric surgery patients**
50. **Quality improvement principles**
51. **Professional organization and government agency guidelines and recommendations for the care of morbidly obese and bariatric surgical patients**
52. **Research principles**
53. **Informational resources related to morbid obesity and bariatric surgery**
54. **Professional associations related to morbid obesity and bariatric surgery**

Certified Bariatric Nurse Exam Study Guide

1. Review the disease of obesity
 - Endocrine
 - Socio-economic impact
 - Comorbidities
 - Environmental factors
 - Calculation of body mass index
 - Obesity categories

2. Review normal anatomy/physiology
 - GI tract

3. Review medical management of obesity
 - Diet
 - Exercise
 - Pharmacological interventions
 - Nutrition

4. Review surgical management of obesity
 - History

5. Review peri-op, OR, PACU considerations related to bariatric surgeries
 - Equipment
 - Transfer
 - Patient Prep Considerations
 - Consent
 - Scrub
 - Antibiotics
 - Anti-coagulation
 - Urinary Catheter
 - Positioning/Padding
 - Rhabdomyolysis
 - Anesthesia
 - Intubation/Airway
 - Types
 - Pain management

6. Review RNY Gastric Bypass
 - Surgical procedure
 - Altered anatomy
 - Complications
 - Nursing care
 - Patient Education/Understanding
 - Pre-Surgery
 - Post-Surgery
 - Follow-up
 - Nutrition
 - Pain Management
 - Nursing assessment/diagnosis/planning

-Outcomes

7. Review Adjustable Gastric Band

- Surgical procedure
- Altered anatomy
- Complications
- Nursing care
 - Patient Education/Understanding
 - Pre-Surgery
 - Post-Surgery
 - Follow-up
 - Nutrition
 - Pain Management
 - Nursing assessment/diagnosis/planning
 - Outcomes

8. Review Biliopancreatic Diversion/Duodenal Switch

- Surgical procedure
- Altered anatomy
- Complications
- Nursing care
 - Patient Education/Understanding
 - Pre-Surgery
 - Post-Surgery
 - Follow-up
 - Nutrition
 - Pain Management
 - Nursing assessment/diagnosis/planning
 - Outcomes

9. Review Vertical Sleeve Gastrectomy

- Surgical procedure
- Altered anatomy
- Complications
- Nursing Care
 - Patient Education/Understanding
 - Pre-Surgery
 - Post-Surgery
 - Follow-up
 - Nutrition
 - Pain Management
 - Nursing assessment/diagnosis/planning
- Outcomes

10. Review Nutritional Guidelines

- Vitamins/Minerals
- Medical Nutrition Therapy
 - TPN
 - Wounds
 - Malabsorption/Vitamin Deficiencies
 - Thiamin Deficiency/Supplement Recommendations

- Vitamin B12 Deficiency/Supplement Recommendations
- Folic Acid Deficiency/Supplement Recommendations
- Iron Deficiency/Supplement Recommendations
- Calcium Deficiency/Supplement Recommendations
- Vitamin D Deficiency/Supplement Recommendations
- Fat Soluble (A,E,K) Deficiency/Supplement Recommendations
- Copper Deficiency/Supplement Recommendations
- Vitamin B Complex Deficiency/Supplement Recommendations
- Specific diseases related to vitamin deficiencies
 - Wernicke-Korsakoff
 - Beri-Beri
 - Anemia
- Diet

11. Review MultiDisciplinary Team Collaboration

- Competency
 - Age Specific
 - Cultural Sensitivity
 - Psychosocial
- Evidence based practice
- Role/Responsibilities of each member of team
- Collaboration with other health providers
- Bariatric Sensitivity

12. Review Outreach

- Support Group
- Research
- Community awareness, education
- Media (web site, newsletters, seminars)
- Patient advocacy
- Access to care

13. Review Program Administration

- Patient safety
- Staff safety
- Standards of Care
- Accreditation standards (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program)
- Evidenced based practice, benchmarking
- Knowledge of insurance criteria
- Foster relationships with insurance providers

14. Review Special Populations

- Adolescents
- Post-Surgical pregnancy
- Maladaptive eating
- Mature adults
- Non-compliance

15. Review Pharmacological Considerations
 - Absorption
 - Medication reconciliation
 - Medication re-evaluation

16. Review Mental Health Considerations
 - Behavior modifications
 - Maladaptive eating
 - Body image
 - Re-evaluate current psychological axis
 - Consider support systems

17. Review Physical Activity Standards
 - Understanding metabolism
 - Evaluation/Assessment of mobility and gait
 - Pre and post surgery
 - Measurement of % of body fat
 - Motivation strategies

Study Resources/ References

Reference List

This list is provided as a resource to identify appropriate material that may be useful in preparing for the CBN Examination. This list is not intended to be inclusive of all potentially useful resources nor does it constitute an endorsement by the ASMBS or any officers or representatives of the ASMBS. To assist in locating the listed publications, the web addresses of the publishers are listed when available.

ASMBS Nutrition Guidelines

<http://asmbs.org/resources/integrated-health-nutritional-guidelines>

ASMBS Psychological Guidelines

<http://asmbs.org/resources/pre-surgical-psychological-assessment>

Other ASMBS Guidelines

<http://asmbs.org/resource-categories/guidelines-recommendations>

- Adolescent Bariatric Surgery Best Practice Guidelines
- Bariatric Surgery: Postoperative Concerns
- Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient
- Gastric Band Adjustment Credentialing Guidelines for Physician Extenders
- Gastric Plication Statement
- Granting Privileges in Bariatric Surgery
- New Expert Witness Policy Statement

- Pediatric Best Practice Guidelines
- Pediatric Committee Best Practice Guidelines

ASMBS Position Statements <http://asmbs.org/resource-categories/position-statements>

- Access To Care for Obesity Treatment
- American Heart Association Statement
- ASMBS Updated position statement on prophylactic measures to reduce the risk of venous thromboembolism in bariatric surgery patients
- Bariatric Surgery in Class 1 Obesity (BMI 30-35 kg/m²)
- Emerging Endosurgical Interventions for Treatment of Obesity
- Global Bariatric Healthcare
- Peri-Operative Management of Obstructive Sleep Apnea
- Preoperative Supervised Weight Loss Requirements
- Sleeve Gastrectomy as a Bariatric Procedure

CBN Review Course

ASMBS will offer a review course for the CBN Examination at various times during the year. In addition, there is an online version of the CBN Examination Review Course. This course costs \$129 and also includes 8 CEUs. To pay for and get access to this course, please contact ASMBS at 352.331.4900 or cbn@asmbs.org

CBN Candidate Handbook/Reference List

<http://asmbs.org/wp/uploads/2015/11/2016-CBN-Handbook.pdf>

American College of Sports Medicine

<http://www.acsm.org/>

American Nutrition Association

<http://americannutritionassociation.org/>

Academy of Nutrition and Dietetics

<http://www.eatright.org/>

CLINICAL GUIDELINES

Clinical guidelines regarding weight loss and weight loss surgery published by medical and nursing organizations are good resources to study from. Examples of this type of guideline include:

Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic and Nonsurgical Support of the Bariatric Surgery Patient – 2013 Update. Cosponsored by the American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Surgery for Obesity and Related Diseases*, 9(2), 159-191 S109-S184.

ASMBS Allied Health Nutritional Guidelines for the Surgical Weight Loss Patient, (2008). *Surgery for Obesity and Related Diseases*, 9(2), S73-S108.

ASMBS Pediatric Committee Best Practice Guidelines, 2011. *Surgery for Obesity and Related Diseases*, 8(1), p1-7.

Peri-operative management of obstructive sleep apnea. (2012). *Surgery for Obesity and Related Diseases*, 8(3), e27-e32.

Endocrine and Nutritional Management of the Post Bariatric Surgery Patient: An Endocrine Society Clinical Practice Guideline, 2010. Published in *J Clin Endocrinol Metab*, 95(11): 4823-4843.

SAGES guideline for clinical application of laparoscopic bariatric surgery. (2009) *Surgery for Obesity and Related Diseases*, 5(3), 387-405.

Gastric band adjustment credentialing guidelines for physician extenders (2012). *Surgery for Obesity and Related Diseases*, 8(6), e69-e71.

ASMBS updated position statement on prophylactic measures to reduce the risk of venous thromboembolism in bariatric surgery patients. (2013). *Surgery for Obesity and Related Diseases*, 9(4), p493-497.

TEXTS

This is listing of current scholarly texts related to the topic of metabolic and bariatric surgery. Inclusion on this list is not a recommendation of any specific text.

Alvarez A., Brodsky, J. B., Lemmens, H. J. M., & Morton, J. M., editors (2010). *Morbid Obesity: Peri-operative Management*, 2nd edition, New York: Cambridge University Press.

Andres, A. & Saldana, C., editors. (2013). *A Multidisciplinary Approach to Bariatric Surgery*. Nova Science Pub Inc.

Bray, GA. (2004). *Office Management of Obesity*. Saunders/El Sevier

Bray, G.A., & Bouchard, C., editors. (2014). *Handbook of Obesity, Clinical Applications*, 4th edition. Informa Healthcare.

Buchwald, H., Cowan, G.S.M., Pories, W.J. 2007, *Surgical Management of Obesity*, Saunders El Sevier.

Choi, S. H., & Kazunori, K. (2014). *Bariatric and Metabolic Surgery*. Berlin, Springer.

Dawes, B. S. (2006). Bariatric Surgery, An issue of Perioperative Nursing Clinics. *Perioperative Nursing Clinics*, Bariatric Surgery, Vol. 1, Num. 1., WB Saunders.

Deitel M. and Cowan Jr., G.S.M., editors. (2000). *Update: Surgery for the morbidly obese patient* FD-Communications,

- DeMaria, EJ, Latifi,R, Sugerman, HJ. 2002. *Laparoscopic Bariatric Surgery: techniques and outcomes*, Landes, Bioscience.
- Farraye, F.A., & Forse, R.A., editors. (2006). *Bariatric Surgery, A Primer for your Medical Practice*. Slack, Inc.
- Gallagher S, *The Challenges of Caring for the Obese Patient*, Matrix Medical Communications, 2005
- Hakim, N., Favretti, F., Segato, G., & Dillemans, B., editors. (2011). *Bariatric Surgery*, World Scientific Publishing.
- Iavazzo, C. R. (2013). *Bariatric Surgery, From Indications to Postoperative Care*. Nova Science.
- Inabnet W. B., Demaria, E.J., and Ikramuddin, S. (2005). *Laparoscopic Bariatric Surgery*, Lippincott Williams and Wilkins.
- Jacques J. (2006). *Micronutrition for the Weight Loss Surgery Patient*, Matrix Medical Communications,.
- Kothari, S. (2011). *Bariatric and Metabolic Surgery, an issue of Surgical Clinics. Surgical Clinics of North America*, 91(6).
- Mitchell, J. E., & de Zwaan, M. editors, (2012). *Psychosocial Assessment and Treatment of Bariatric Surgery Patients*. Taylor and Francis.
- Patel, N., & Koche, L. S., editors. (2007). *Bariatric Surgery Primer for the Internist, an issue of Medical Clinics. Medical Clinics of North America*, 91(3).
- Pitombo, C., Jones, K., Higa, K., and Pareja, J, editors. (2008). *Obesity Surgery, Principles and Practices*. McGraw Hill.
- Martin, L.F. editor. (2004). *Obesity Surgery*, McGraw-Hill Medical Publishing Division,
- Nguyen, N. T., DeMaria, E., Ikramuddin, S., & Hutter, M. M., editors. (2008). *The SAGES Manual, A Practical Guide to Bariatric Surgery*. Springer.
- Schauer, P. R., Schirmer, B. D. and Brethauer, S. A., editors (2007). *Minimally invasive Bariatric Surgery*. New York, Springer.
- Shahzeer, K., Birch, D. W., editors. (2013). *The Fundamentals of Bariatric Surgery*. Nova Science Pub Inc
- Sugarman, H. J., & Nguyen, N., editors. (2006). *Management of Morbid Obesity*. CRC Press.
- Wadden, T.A., and Stunkard, A.J., editors. (2004). *Handbook of Obesity Treatment*. The Guilford Press

JOURNALS

Bariatric Surgical Practice and Patient Care, previously Bariatric Nursing and Surgical Patient Care, Mary Ann Liebert Inc.

Obesity Surgery, Springer.

Surgery for Obesity and Related Diseases,

Annals of Surgery

Journal of the American Medical Association

Obesity Management

Journal Articles:

Aills, L, Blankenship, J, Buffington, C, Fortado, M & Parrott, J. ASMBS Allied Health Nutritional Guidelines for the Weight Loss Surgery Patient. *Surgery for Obesity and Related Diseases*, 2008, 4: S73-S108.

Berger, NK, Carr, JJ, Erickson, J, Gourash, WF, Muenzen, P, Smolenak, L, Tea, CG, & Thomas, K (Practice Analysis Writing Group). Path to bariatric nurse certification: the practice analysis. *Surgery for Obesity and Related Diseases*, 2010, 6: 399-407.

Complications:

- Evidenced based strategies to prevent post-operative respiratory dysfunction for patient with obstructive sleep apnea undergoing laparoscopic bariatric surgery.
 - Ernst, David et al. Bariatric Nursing and Surgical Patient Care, 2011 June; 6(2) 79-84.
- Acute Bariatric Surgery Complications: Managing Parenteral Nutrition in the Morbidly Obese.
 - Chen Y.; Journal of the American Dietetic Association, 2010; November; 110(11): 1734-1737.
- Pulmonary Considerations and management of the morbidly obese patient.
 - Sherwood, Suzanne et al. Bariatric Nursing & Surgical Patient Care, 2012 December; 7 (\$): 160-166.
- Complication of adjustable gastric banding surgery for obesity.
 - Kodner C et al. American Family Physician. 2014 May 15; 89 (10): 813-818.
- Complications of bariatric surgery: dumping syndrome, reflux and vitamin deficiencies.
 - Tack J et al. Best Pract Res Clin Gastroenterol. 2014 August; 28 (4): 741-9.
- Gastric leaks post sleeve gastrectomy: review of its prevention and management t.
 - Abou Rached et al. World J Gastroenterology. 2014 October 14; 20(38): 13904-13910.
- Outcomes and complications After Bariatric Surgery.

- Gagnon, Lauren et al. American Journal of Nursing, 2012 September 112 (9)L 26-37. Program Administration:
- Pharmacologic and mechanical strategies for preventing venous thromboembolism after bariatric surgery: a systematic review and meta-analysis
 - Brotman DJ et al. JAMA surgery 2013 July; 148 (7):675-686.
- Diagnosis and management of acute and early complications of/after bariatric surgery.
 - Car Peterko A et al. Dig Dis 2012; 30(2):178-181.
- Obstructive sleep apnea and perioperative complications in bariatric patients.
 - Weingarten TN et al. British Journal of Anaesthesia. 2011 January 106 (1)131-139.
- Monitoring for and preventing the long-term sequelae of bariatric surgery.
 - Thomas CM et al. Journal of American Academy of Nurse Practitioners 2011 September; 23 (9); 449-458.
- Outcomes and complications after bariatric surgery.
 - Gagnon LE et al. American Journal of Nursing. 2012 September; 112 (9): 26-36.
- Safety culture and complications after bariatric surgery.
 - Birkmeyer NJ et al. Annals of Surgery. 2013 February; 257 (2): 260-265.

Nutrition:

- Vitamin and Mineral Supplementation for the Bariatric Patient: Why, What, When, and How?
 - Joyner, Kim; Bariatric Nursing & Surgical Patient Care, 2012 June; 7 (2): 87-92.
- The bariatric surgery patient-Nutrition considerations.
 - Shannon, Caroline et al. Australian Family Physician, 2013 August; 42 (8): 547-552.
- Complications from micronutrient deficiency following bariatric surgery.
 - Wilson HO et al. Ann Clin Biochem. 2014 November; 51 (Pt 6): 705-709.
- The nutritional and pharmacological consequences of obesity surgery.
 - Stein J et al. Aliment Pharmacology Therapeutics. 2014 September; 49 (6): 582-609.
- Nutrient deficiencies after gastric bypass surgery
 - Saltzman e et al. Annu Rev Nutr. 2013; 33:183-203.
- Early onset copper deficiency following Roux-en-Y gastric bypass.
 - O'Donnell KB et al. Nutrition Clinical Practice. 2011 February 26 (1): 66-69.
- Bariatric surgery: nutritional considerations for patients.
 - Rickers Letal. Nursing Standard 2012 August 8-14; 26 (49): 41-48.
- Nutrition and metabolic support recommendation for the bariatric patient.
 - Isom KA et al. Nutrition Clinical Practice. 2014 December; 29 (6): 718-739.

Psycho-Social:

- Supporting and encouraging the bariatric surgical patient: tips for keeping patients on track and engaged throughout their journey.
 - Seidl, Kristin; *Bariatric Nursing & Surgical Patient Care* 4, 2012 March; 7 (1):3-9.
- Back on Track: Confronting post-surgical weight gain.
 - Stewart KE et al. *Bariatric Nursing & Surgical Patient Care*, 2010 June; 5 (2): 179-185.
- Psychiatric aspects of bariatric surgery.
 - Yen YC et al. *Current Opinions Psychiatry*. 2014 September; 27 (5): 374-379.
- Psychological predictors of mental health and health-related quality of life after bariatric surgery: a review of the recent research
 - Wimmelmann CL et al. *Obes Res Clin Pract*. 2014 July-August; 8 (4): e314-324.
- Psychological predictors of weight loss after bariatric surgery: a review of the recent research.
 - Wimmelmann CL et al. *Obes Res Clin Pract*. 2014 July-August; 8 (4): e299-313.
- Lifestyle management for enhancing outcomes after bariatric surgery.
 - Kalarchian M et al. *Curr Diab Rep*. 2014 October 14 (10): 540.
- Psychological aspects of bariatric surgery.
 - Green DD et al. *Current Opinions in Psychiatry*. 2014 November; 27 (6): 448-452.
- Utilizing a bariatric sensitivity educational module to decrease bariatric stigmatization by healthcare professionals.
 - Antoinette J et al. *Bariatric Nursing & Surgical Patient Care*, 2011 June 6 (2) 73-78.
- Psychological factors and weight loss in bariatric surgery.
 - Pataky Zoltan et al. *Current Opinion in Gastroenterology*, 2011 March 27 (2): 167-173.
- Do postoperative psychotherapeutic interventions and support groups influence weight loss following bariatric surgery? A systematic review and meta-analysis of randomized and nonrandomized trials.
 - Beck NN et al. *Obesity Surgery*. 2012 November; 22 (11) 1790-1797.
- Post-operative behavioral management in bariatric surgery: a systematic review and meta-analysis of randomized controlled trials
 - Rudolph A et al. *Obesity Rev*. 2013 April; 14 (4): 292-302.
- Psychological assessment of the adolescent bariatric surgery candidate.
 - Austin H et al. *Surg Obes Relat Dis*. 2013 May-June; 9 (3): 474-480.
- The impact of bariatric surgery on psychological health.
 - Kubic JF et al. *Journal of Obesity*. 2013; 2013:837989
- Body Image concerns amongst massive weight loss patients
 - Gilmartin J. *Journal of clinical Nursing* 2013 May; 22 (9-10): 1299-1209.

- Psychosocial adjustments following weight loss surgery.
 - Grimaldi D et al. Journal of Psychosocial Nurse Mental Health Services 2010 March 48 (3):24-29.

Clinical:

- Impact of bariatric pre-operative education on patient knowledge and satisfaction with overall hospital experience.
 - Goldstein N et al. Bariatric Nursing & Surgical Patient Care, 2010 June; 5 (2): 137-144.
- Sleeve gastrectomy and Roux EN Y gastric bypass: current state of metabolic surgery.
 - Torgersen z et al. Current Opinions in Endocrinology Diabetes obesity. 2014 October; 21 (5): 352-357.
- Bariatric surgery for obesity and metabolic conditions in adults
 - Arterburn DE et al. BMJ. 2014 August 27; 349.
- Gastrointestinal changes after bariatric surgery.
 - Quercia I et al. Diabetes Metabolism. 2014 April; 40 (2): 87-94.
- Bariatric Surgery-effects on obesity and related co-morbidities
 - Svane MS et el. Current Diabetes Rev. 2014 May 10 (3): 208-214.
- Long-term outcomes of bariatric surgery: a National Institutes of Health symposium.
 - Courcoulas AP et al. MANA surgery. 2014 December 149 (12):1323-1329.
- Perioperative management of obese patients
 - Leonard KL, et al. Surg Clin North Am. 015 April 95 (2): 379-390.
- Bariatric Surgery: a best practice article.
 - Neff KJ et al. Journal of Clinical Pathology. 2013 February; 66 (2): 90-98.
- Caring for patients undergoing bariatric surgery.
 - Dunham M. Nursing 2013 October 43 ;(10):44-50.
- Bariatric surgery and gut hormone response.
 - Thomas s et al. Nutrition Clinical Practice. 2010 April 25 (2):175-182.
- Anesthesia case management for bariatric surgery
 - Thompson J et al. AANA j> 2011 Aprill79 (2) 147-160.
- Perioperative management of morbid obesity
 - Al-Brenna Journal of Perioperative Practice. 2011 July; 21(7): 225-233.
- Bariatric Surgery: an overview
 - Green N. Nursing Standard. 2012 May 9-15; 26(36):48-56.
- Perioperative nursing care of the patient undergoing bariatric revision surgery.
 - Neil JA. AORN Journal. 2013 February: 97 (2):195-206.

Multidisciplinary Team:

- Implementing a bariatric surgery program
 - Ide, Patricia et al. AORN Journal, 2013 February; 97 (2):195-209.
- The multi-disciplinary approach to adolescent bariatric surgery.

- Wulkan ML et al. Semin Pediatric Surgery. 2014 February; 23 (1); 2-4.
- Life after Weight Loss Program.
 - Wakefield, Wendy et al. Plastic Surgical Nursing, 2014 January 0 March 34 (1) 4-9.
- Implementing a bariatric surgery program.
 - Ide P. et al. AORN Journal. 2013 February; 97 (2): 195-206.

Pharmacology:

- Managing pain in obese patients
 - D'Arch Y. Nursing. 2015 February 45 (2): 42-49.
- Acute pain management following Roux-en-Y gastric bypass surgery.
 - Banicek J et al. Nurs Stand. 2011 January 5-11:25 (18):35-40
- The nutritional and pharmacological consequences of obesity surgery.
 - Stein J et al. Aliment Pharmacology Therapeutics. 2014 September; 49 (6): 582-609.
- The pharmacological and surgical management of adults with obesity.
 - Journal of Family Practice. 2014 July; 63 (7 Supplement): S21-6.
- Vitamin, mineral, and drug absorption following bariatric surgery.
 - Sawaya RA et al. Current Drug Metabolism 2012 November; 13 (9):1345-1355.

Adolescents:

- Bariatric surgery in obese adolescents: opportunities and challenges.
 - Wasserman H et al. Pediatric Ann. 2014 September; 43 (9): e230-236.
- Nursing Care of the Adolescent Patient Undergoing Laparoscopic Sleeve Gastrectomy.
 - Barefoot, Leah et al. Bariatric Nursing & Surgical Patient Care, 2012 September; 7(3): 116-120.
- Laparoscopic vertical sleeve gastrectomy for adolescents with morbid obesity
 - McGuire MM et al. Semin Pediatric Surgery. 2014 February; 23 (1); 21-23.
- Laparoscopic adjustable gastric banding in adolescents.
 - Zitsman JL. . Semin Pediatric Surgery. 2014 February; 23 (1); 17-20.
- A review of Depression and Quality of Life Outcomes in Adolescents Post Bariatric Surgery.
 - Hillstrom, Kathryn et al. Journal of child & Adolescent Psychiatric Nursing, 2015 February; 28 (1): 50-59.
- Meeting the Unique Needs of Adolescents in Surgical Weight-Loss Programs
 - Kollar, Linda; Bariatric Nursing & Surgical Patient Care, 2012 September 7 (3) 136-139.
- Adolescent bariatric surgery: a review on nutrition considerations
 - Nogueira I et al. Nutrition Clinical Practice. 2014 December; 29 (6): 740-746.