Ambulatory Bariatric Surgery

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Ambulatory Bariatric Surgery POTENTIALLY Bad Idea

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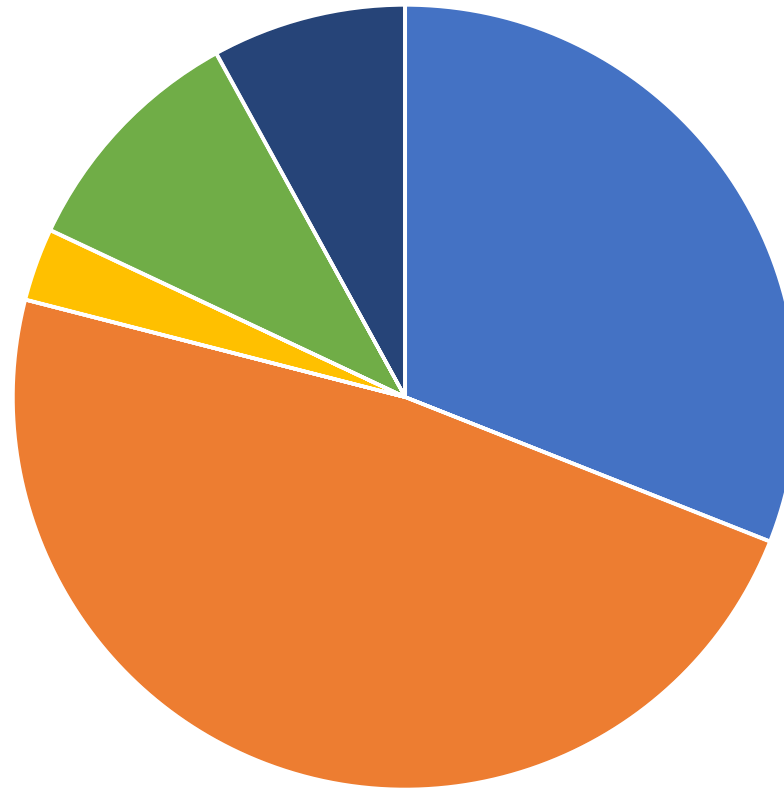
Disclosures:

- Consultant:
  - Medtronic
  - Johnson & Johnson
  - Gore
  - Storz
  - ConMed
- Educational Grant:
  - Gore
- Medical Advisor:
  - Carrum Health

Disclosures:

- I'm in private practice
- I run a large multi-specialty group
- We perform large number of outpatient surgery
- We do not own ASC

My Practice Today



■ Gastric Bypass ■ Gastric Sleeve ■ LapBand ■ SADI ■ Medication ■ Foregut Surgery

Evolution:

- Open surgery → Laparoscopy
- Early ambulation → Rapid recovery → ↓ LOS → ↓ complications → ↑ safety
- Are we pushing the limit and crossing the line?

Real Motivation (US perspective)

- Per Diem → DRG
- Facility fee is where the money is
- Surgeons' reimbursement worsened
- Surgeons got smarter with finances

Kanye West's Mom Dies After Surgery

Donda West's publicist: 58-year-old died from cosmetic surgery complications.

By ABC News

Nov. 12, 2007 — -- Kanye West's mother, the inspiration for much of the rapper's career, died Saturday "as the result of complications from a cosmetic surgical procedure," according to her publicist, who spoke to BBC News.

Preliminary information from officials at Los Angeles' Centinela Freeman Regional Medical Center, where Donda West passed away, indicated she died from "complications of surgery," Lt. Fred Corral told The Associated Press. An autopsy was to be conducted by Wednesday, Corral said.

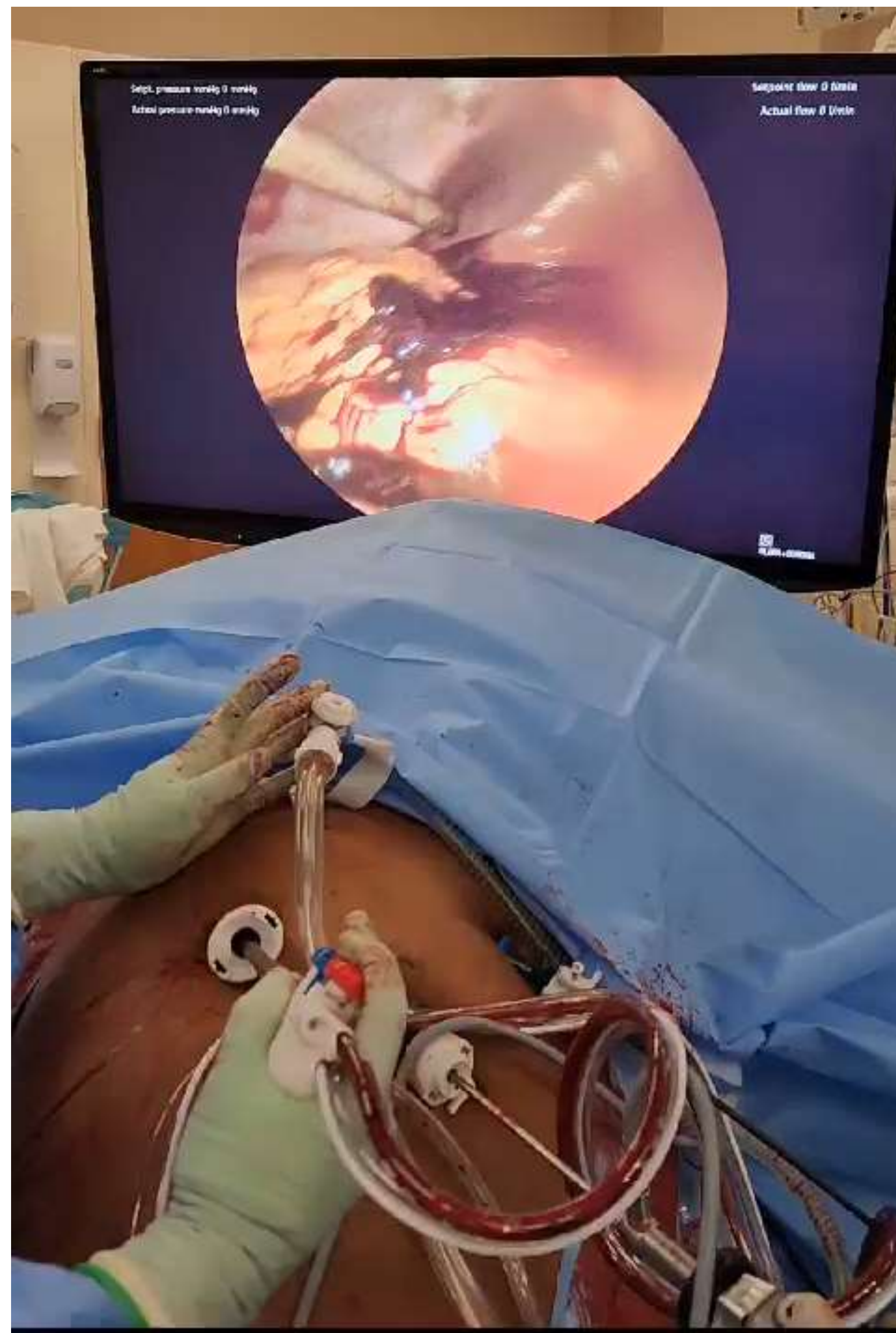
Cosmetic Surgery Expert Responding to the Death of Donda West, Mother of Kanye West

Rapper Kanye West's mother, Donda West, died unexpectedly following a breast lift and tummy tuck surgery. This tragedy sent shock waves through the cosmetic surgery world. Dr. Mark Mandell-Brown, Cincinnati, Ohio's top cosmetic surgeon was interviewed on ABC affiliate, Channel 9 TV news regarding the safety of cosmetic surgery.

According to Dr. Mandell-Brown, "We should not make speculative judgment about Dr. Jan Adams' *treatment of Donda West.*" "It is not fair when a catastrophic event like this occurs to point the finger without knowing all the facts," he added. What happened to **Kanye West** and his mother is not the normal result of plastic surgery.

However, cosmetic surgery leading to a fatal outcome is extremely rare. The two leading causes of death after any lengthy surgery are leg blood clots traveling to the lung (pulmonary embolism) and sudden heart attack. The following are Dr. Mandell-Brown's top ten factors for safe surgery:

- Outpatient surgery should be performed in less than six hours. Those procedures requiring more than 6 hours, the patient should be admitted to a health care facility for observation.
- Surgery should be performed at a AAAHC (Accreditation Association for Ambulatory Health Care) facility. The surgery facility should also be state licensed.
- Anesthesia should be administered by a licensed Anesthesiologist or a Nurse Anesthetist.
- To decrease risks of a blood clot the facility should use leg compression during surgery.
- Post-operatively the patient should wear support stockings to decrease blood clot formation.
- For high-risk patients oral blood thinners or subcutaneous heparin should be considered to decrease blood clots.
- Pre-operative history and a physical examination should be performed for surgical clearance by an independent physician.
- Appropriate lab work and EKG testing needs be done pre-operatively.
- Ask if your cosmetic surgeon is board certified by the American Academy of Cosmetic Surgery. This is the only board that specifically certifies cosmetic surgeons.
- Do not go by reputation alone. Check malpractice records and County and State Medical Societies.



Chicago Institute of Advanced Surgery

Chicago Institute of *Advanced Bariatrics*

ASMBS American Society for Metabolic and Bariatric Surgery

RESPONSE NEEDED BY SEPTEMBER 11, 2023

August 24, 2023

Dear ASMBS Member,

An urgent problem has arisen with CMS, and if no action is taken, it **WILL ADVERSELY AFFECT YOU, YOUR PATIENTS, AND YOUR PROGRAM**. Please read the following and use the link provided to respond to CMS before **September 11th, 2023**. We need as many surgeon voices as possible to prevent this from happening.

PROBLEM: Medicare is planning to remove sleeve gastrectomy and gastric bypass (43775, 43644, 43645) from the Inpatient only list (IPO).

HOW THIS AFFECTS YOU: This will result in pressure to take cases to ambulatory surgery centers (ASCs) or perform the procedure in the hospital as ambulatory not inpatient status. This will dramatically reduce facility reimbursement and thus funding for metabolic and bariatric surgery (MBS) programs. Reimbursement is significantly less for outpatient cases versus inpatient cases. Commercial payers will follow suit very quickly.

THIS ALSO PRESENTS A SAFETY ISSUE FOR YOUR PATIENTS: This is also a major safety issue for Medicare patients; the Medicare population has more comorbidities or is over the age of 65, making them unsuitable candidates per MBSAQIP standards to be done in ambulatory settings.

Points:

1. **First list your name, location and how this will impact you, your patients and practice. PLEASE do not copy and paste these responses.** Letters that copy and paste what we write below will be lumped into one response. Please personalize the letter by taking some of these talking points and using your own words.

2. SAFETY: Medicare patients are older and sicker than the average patient population.
a.For these reasons they have less reserve from which they can recover in the event of a serious complication. Removing them from an inpatient setting will result in a failure to rescue them from complications increasing morbidity and mortality
b. They are frequently American Society of Anesthesia Class 3 or higher and require more support and monitoring in the recovery period. The 2022 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Standards do not allow operating on any patient over the age of 65 in an ambulatory or low acuity surgery center (Section 2.3.)

3. DISCRIMINATION/ACCESS: While the surgical procedures may technically be able to be done in an outpatient setting as pertains to length of stay, their care both while in the hospital as well as preoperatively and postoperatively require inpatient level of resources. Reimbursement at outpatient rates will underfund the facilities and lead to a reluctance of centers to care for the Medicare population creating healthcare inequalities and age discrimination.

4. LOGISTICS: When these procedures are done in an outpatient setting, the patients frequently have to come in the next day to the clinic for an exam and IV fluids. Older patients may require additional skilled nursing at home. This is not a cost that is factored in and it is not incurred when patients who are admitted to the hospital. Most systems are not set up for this and as such this may cause disparate availability of care to Medicare patients where transportation may be an issue.

5. THESE OPERATIONS ARE DRASTICALLY DIFFERENT: Most surgeons would agree that performing a gastric bypass is technically more challenging and poses additional perioperative risks than a sleeve. While some surgeons are performing sleeve gastrectomies in an ambulatory or 23 hour setting, very few are doing gastric bypasses this way. Nationally this is still a minority of both cases being performed; the vast majority are being performed as inpatient. According to an analysis of the MBSAQIP participant use files for the calendar year 2021, the rate of utilization for same-day discharge for CPT code 43775 (sleeve gastrectomy) was 9.6% (n=11,075). However, this rate was only 4.2% for patients ≥ 65 years of age or older (n=188) Likewise, in 2021, the rate of utilization for same-day discharge for CPT codes 43644 and 43645 for all patients was a mere 2.4 % (n=1054.) The same-day discharge was only 2.1% performed in patients ≥ 65 years of age or older (n=40).

6. CANCER: Similar operations and codes are used for gastric neoplasm/cancer operations and none of these are being considered for removal from the IPO list. It is the same operation. Removing codes for the treatment of obesity but not cancer is discrimination against patients with obesity.

Conclusion

Ambulatory surgery is safe in select patients

BUT

We MUST not push the limits