



THE REGIONAL CENTER FOR
Bariatric Surgery

Telephone: 336-878-6340 Fax: 336-878-6412

Email: bariatrics@hprhs.com

Required Components for Mini/Sleeve Gastric Bypass:

_____ Doctor's Letter:

In the letter, your physician should state that they support your desire to undergo Mini/Sleeve Gastric Bypass, and are willing to be actively involved with your care postoperatively. This includes, but is not limited to, drawing blood for specific tests and forwarding the results to the Bariatric Center for review by your surgeon. There may be occasions when your doctor and your surgeon will consult each other regarding your postoperative treatment.

_____ Medical Information

Medical Information is to be current – within 6 months of your surgery date.

Chest X-ray and EKG is to be within 6 weeks of surgery date

Laboratory Reports is to be within 60 days prior to surgery

- Physical Examination/Progress Notes from your physician visit.
- History and Physical should include: allergies, current medications and dosage, past surgeries and any other information related to health.
- Laboratory Reports – CBC, CMP, TSH

- EKG: a copy of the tracing and interpretation

- History of tobacco usage
- Chest film - if you are a smoker, have been a smoker, have had or currently have lung issues.
- Pulmonary Status – history of asthma or any other lung condition

- Specialists- If you are routinely seeing a specialist (such as a cardiologist, pulmonologist, please provide a statement from the physician that includes your medical reports and a statement of clearance for surgery
- Sleep Apnea: If you have sleep apnea you will need an evaluation and clearance for surgery.

Psychological Evaluation

___ Performed by a licensed psychiatrist or psychologist **within 6 months** of surgery date (a document including the information needed is included)

The most important reason for this assessment is to provide you with a friendly face to help with any postoperative stress or depression. Some patients will have significant mood swings after surgery and having this support mechanism in place is essential

Patient Letter

This is your biggest task. The letter is to be typed in standard 12-point font and address each of the following subjects. Each topic should receive from one half to a full page of writing.

- ___ 1. Health Risks of Obesity
- ___ 2. How is the **Mini/Sleeve Gastric Bypass** performed?
- ___ 3. Short-term risks
- ___ 4. Long-term risks
- ___ 5. Lifestyle changes
- ___ 6. Expectations after surgery
- ___ 7. Need for long term follow-up
- ___ 8. Alternatives to surgery
- ___ 9. Different types of weight loss surgeries

Family Support Letter

___ If you are married must have a support letter from your spouse. If not, a letter from a child, parents or friend expressing their understanding of the procedure as well as their support for your decision. This letter must be notarized.

___ Your support person must accompany you to at least one clinic and be available the day of the operation and while you are in town after the operation.

Please call 336-878-6888 to register for clinic.

___ **Document Contact With at Least 10 MGB Patients**

(contact our office or patient list)

Photograph

___ We ask for front and side view photographs of you in a bathing suit or tight fitting clothes to help us assess the shape of your abdominal cavity. No photos without clothes please.

___ Please include your waist size when you submit your photograph.

