

**Bariatric surgery referral proforma – University Hospitals North Midlands NHS Trust**

**Patient Details**

<b>Name</b>	
<b>Age and Sex</b>	
<b>DOB</b>	
<b>NHS number</b>	
<b>Address</b>	

**GP/Referring doctor details**

<b>Name</b>	
<b>CCG</b>	
<b>Practice</b>	
<b>Address</b>	

<b>Weight</b>	
<b>Height</b>	
<b>BMI</b>	

<b>BMI &gt; 35 plus co-morbidities</b>	
<b>BMI &gt; 40</b>	
<b>Other criteria ( Specify)</b>	

**Weight related Co-Morbidities**

<b>Comorbidities</b>	<b>Yes/No</b>	<b>Duration</b>	<b>Treatment</b>
Type 2 diabetes mellitus			
Hypertension			
Hyperlipidaemia			
Sleep Apnoea			
Reflux disease ( GORD)			
Osteoarthritis			
Limited Mobility			
Anxiety/Depression			

**Other co-morbidities of note**

**Previous surgery**

**Smoking History**

**Alcohol intake**

**Previous methods of attempted weight loss/medications for Obesity**

### **Thank you for the referral**

If the criteria for referral towards bariatric surgery are met we will aim to see your patient in our combined Multi-disciplinary clinic to take things forward.

Based on our pathway and guidelines, by referring this patient for Bariatric surgery, you are agreeing to:

#### **Engagement with the pathway**

- Ensuring that your patient agrees to this referral and understands that they are being referred for Bariatric surgery.
- The patient must agree to attend all appointments linked to the Bariatric surgery pathway to ensure that they are well-prepared for surgery and have opportunity for surgical and dietary monitoring post-operatively.
- Lack of engagement seen as not attaining a realistic target body weight loss (usually 5%) or not attending dietetic clinics will lead to discharge from the pathway to facilitate appointments for other patients on the waiting list.

#### **Smoking policy**

- Please note that we do not operate on any patient who currently smokes – due to high risk of developing Gastric/Anastomotic ulcers and unsatisfactory post-operative outcomes.
- If your patient smokes, please have a discussion with them about this and refer them to appropriate smoking cessation services at the same time as making this referral. Please inform them that they will not be operated until they have completely stopped smoking and will be tested for the same.

#### **Follow-up care from primary care after 2 years**

1. They will receive lifelong prescription of Multivitamin and Mineral supplementation – Forceval capsules o.d , Ferrous Sulphate 200mg, Fultium D3 800IU od once daily and 3 monthly B12 injections for life. This is the recommendation based on BOMSS ( British Obesity and Metabolic Surgery Society) guidelines.
2. On-going prescription of additional Vitamin or Minerals – depending on blood results.
3. Lifelong Monitoring of Nutritional bloods on a yearly basis.
  - Vitamin B12, Calcium, Vitamin D, Folate, Iron, Copper and Zinc as well as FBC and U+E's.  
These results will be checked by the Bariatric team in the first 2 years after surgery, but after this point, the patient will then be discharged back to the care of their GP.
4. Re-referral to the Bariatric service if any post-operative issues arise after the patient has been discharged.