For Referring Physicians

How To Refer a Patient

If you have a patient you feel could benefit from weight loss surgery, we'd like to help.

As you know, obesity is a chronic disease. Weight loss surgery can provide an effective and enduring therapy for morbid obesity. But surgery alone is not a cure – merely a tool to achieve weight loss and encourage healthy diet and exercise habits.

Long-term medical care is essential for morbidly obese patients, even after they achieve weight loss. Therefore, a close working relationship between you and our team is essential.

Our desire at Bariatric and Metabolic Institute of Georgia (BMI of GA) is to see your patients in a timely and efficient manner. Physicians and other health care professionals whose patients meet the criteria listed below and also contact the Program Coordinator and Nurse Practitioner, Michelle Rowell at (478) 476-4883, or you may fax your referral to (478) 476-4882.

Before your patient is evaluated at BMI of GA, as a primary care physician, you will be asked to provide the following information about your patient:

- Name
- Date of Birth
- Address and phone number
- Reason for referral
- Insurance information
- Relevant labs

Referral Criteria

Patients being considered for bariatric surgery should:

 Have a BMI > 35 with serious obesity-related co-morbidities, or have a BMI > 40

- Demonstrate a commitment to comprehensive medical and psychological evaluation before and after the surgery
- Agree to avoid pregnancy for at least one year after bariatric surgery
- Be capable of and willing to adhere to post-operative nutritional quidelines
- Provide informed consent to surgery

Obesity related co-morbidities include:

- **→ Type II Diabetes Mellitus**
- Sleep Apnea
- + Pseudotumor cerebri
- Hypertension
- Dyslipidemias
- Non-alcoholic steatohepatitis
- Venous stasis disease
- Polycystic Ovarian Syndrome
- Stress Urinary Incontinence
- Gastroesophageal Reflux Disease

Relevant Labs

Morbidly obese patients tend to have numerous co-morbidities that are occasionally occult. To fully optimize patients pre-operatively, we require the following diagnostic tests. These should be completed within six months prior to surgery:

- + CXR
- + EKG
- Bloodwork: CBC, Complete metabolic profile including liver profile and calcium tests, thyroid function tests, lipid panel, Fe panel, B12, Folate, Thiamine, HghA1C.
- Additional testing may include cardiac echo if hx of use of Phen Fen or long standing sleep apnea or cardiac risk screen. Stress Test/Cardiac catheterization if hx of abnormal cardiac echo, family hx, IDDM, HTN, >20 pack year history, age >50, other cardiac risk factors: elevated lipid profile, CRP, Lipoprotein A, Homocysteine

• Greenfield Filter- usually indicated if hx of PE/DVT, severe sleep apnea, weight >400 lbs.

These diagnostic tests will allow us to fully care for our patients and are always meant to assist care, not deny care. We will be happy to order any labwork deemed necessary if you have not already done so. Please do not hesitate to call us if you have any questions.