



# Pediatric Criteria for Metabolic and Bariatric Surgery



**NATIONWIDE  
CHILDREN'S®**

*When your child needs a hospital, everything matters.*

## When your patient needs specialized care, everything matters.

A national leader in prevention and treatment, the Center for Healthy Weight and Nutrition at Nationwide Children's Hospital offers a comprehensive approach to weight management, with multiple resources for families and physicians and a cross-departmental, integrated approach. This hospital-based center has developed strategies to address all clinical aspects of obesity care for the pediatric population, both at the acute and sub-acute levels.



The Metabolic and Bariatric Surgery program at Nationwide Children's was the first in the country to receive national accreditation as a pediatric focused center by the American College of Surgeons – Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). This important recognition certifies that the highest standards of quality and safety are being met at our center and affirms Nationwide Children's dedication to providing specialized care to the pediatric and adolescent population affected by severe forms of obesity.

The team at Nationwide Children's has participated in numerous research endeavors including serving as an enrollment site for the Teen-Longitudinal Assessment of Bariatric Surgery (Teen-LABS) consortium, a multi-institution clinical research study funded by the National Institutes of Health (NIH) to understand the benefits and risks of metabolic bariatric surgery in adolescents.

Obesity is a common, complex, and often persistent chronic condition associated with serious health and social consequences. Childhood obesity results from a multifactorial set of socioecological, environmental, and genetic influences that act on children and families.

Body Mass Index (BMI) is the most clinically appropriate tool to screen for excess adiposity and clinically identify youth with overweight and obesity. BMI has limitations as it does not directly measure body composition and fat content, thus is may under or over detect excess adiposity.

## Bias and Stigma

Healthcare providers and caregivers should avoid blame or using shaming language when addressing weight concerns with patients and families. The reasons for obesity are complex and should not be attributed to lack of will power or personal responsibility. Weight-related bias and stigma often lead to suboptimal patient-clinician relationships and poorer outcomes with treatment.

It is best to use positive and affirming language in discussing weight-related concerns. Use of person-first language in notes and conversations allows for addressing obesity as a condition, not a stigma (i.e., Kayla has obesity and NOT "Kayla is obese"; children with obesity and NOT "obese children").<sup>1</sup>

## Who qualifies for Metabolic and Bariatric Surgery

Metabolic and bariatric surgery (weight loss surgery) offers an option for children and adolescents with severe, class 2 obesity or higher, who have not been able to maintain a healthier weight through implementation of lifestyle behavior changes and/or medication management. To qualify for weight loss surgery, patients must:

- Have a BMI of 40 or higher
- If BMI is 35-39.9, then a patient may qualify if one or more obesity-related conditions are present (e.g, type 2 diabetes, high blood pressure, sleep apnea)

We perform the two most common weight-loss surgery procedures.

## Bariatric Surgery Options

- Roux-en-Y Gastric Bypass
- Vertical Sleeve Gastrectomy

## Why Metabolic and Bariatric Surgery

Individuals with the most severe forms of pediatric obesity (i.e.,  $\geq$  Class 2 obesity; BMI  $\geq 35$  kg/m<sup>2</sup>, or 120% of the 95th percentile for age and sex, whichever is lower) are often associated with more serious comorbidities (i.e., obstructive sleep apnea, hypertension, type 2 diabetes, fatty liver disease), diminished long-term health status, and shortened life expectancy<sup>2,3</sup>

Similarly to the data in adults, pediatric metabolic and bariatric surgery patients also experience significant reductions in BMI, as well as improvement and/or complete resolution of several obesity-related comorbid conditions (i.e., obstructive sleep apnea, hypertension, type 2 diabetes, fatty liver disease).<sup>2-5</sup>

The recently published policy statement and clinical practice guidelines from the American Academy of Pediatrics (AAP) endorse metabolic and bariatric surgery as safe and effective for pediatric patients within a comprehensive metabolic and bariatric surgery setting and encourages primary healthcare providers to refer patients that meet clinical eligibility criteria.<sup>2,3</sup>

## Free Online Information Session

The Center for Healthy Weight and Nutrition at Nationwide Children's Hospital has a free online information tool that includes information about the metabolic and bariatric surgery process as well as the risks, advantages and disadvantages of each of the two types of weight loss surgeries available at Nationwide Children's to combat obesity.

Adolescents can sign up at **[HealthyWeight.NationwideChildrens.org](https://HealthyWeight.NationwideChildrens.org)**.

## Coordinated Care

The center involves not only expert physicians and nurse practitioners, but also experts in cardiology, adolescent medicine, pediatric psychiatry and psychology, as well as registered dietitians, specialized nursing personnel, social workers, physical therapists, and certified athletic trainers.

## Outcomes in Metabolic and Bariatric Surgery

For the child or adolescent with severe obesity, bariatric surgery offers an effective means to achieve lasting reversal of cardio-metabolic complications of obesity. Research at Nationwide Children's and its collaborating institutions shows reversal of hypertension, dyslipidemias, type II diabetes, and sleep apnea within months of surgery<sup>6</sup>

## Post-op Care and the Primary Care Physician

Following metabolic and bariatric surgery, primary care physicians can support their patients by doing the following:

1. Continue to monitor obesity-related comorbidities and/or resolution of obesity-related comorbidities. Ensure labs and DEXA scans are completed annually.
2. Assessing for any weight regain and appropriately referring back to the bariatric surgery team.
3. Patients who have had a metabolic and bariatric surgery are at greater risk of vitamin deficiencies. Ensure these patients are taking a daily multivitamin with iron, as well as calcium/vitamin D supplement to minimize these deficiencies.
4. Check-in with these patients regarding their nutritional intake and physical activity and emphasize the importance of: 1) eating 5-6 small meals each day; 2) including protein with all meals and snacks, with a preference for high quality proteins; 3) eating meals at home instead of away from the home; 4) avoiding sugar-sweetened beverages and encouraging 64 fl oz of water daily; 5) advising consumption of low sugar protein shake daily; and 6) importance of regular physical activity and strength training to maintain lean body mass and support metabolic improvements.





**CENTER FOR HEALTHY WEIGHT AND NUTRITION AT NATIONWIDE CHILDREN'S HOSPITAL**





### **Contact Us**

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For more information: [NationwideChildrens.org/specialties/center-for-healthy-weight-and-nutrition](https://www.nationwidechildrens.org/specialties/center-for-healthy-weight-and-nutrition)

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## Referrals and Consultations

Online: [NationwideChildrens.org/Bariatric-Surgery](https://www.nationwidechildrens.org/Bariatric-Surgery)

Phone: (614) 722-6200 or (877) 722-6220 | Fax: (614) 722-4000

Physician Direct Connect Line for 24-hour urgent physician consultations: (614) 355-0221 or (877) 355-0221.

If you have questions or need additional information, please contact the Center for Healthy Weight and Nutrition at (614) 722-4824.



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