

Bariatric Surgery Referral

FAST FACTS

nearly 1 in 5

12–19 year-olds meet the clinical definition of obesity (20.6%)

BMI >120% at the 95th percentile

defines severe obesity, which is growing in prevalence at a faster rate than obesity

WHEN TO REFER

Refer to Cincinnati Children's Weight Loss for Teens program for initial weight loss surgery evaluation:

- Adolescent with severe obesity interested in weight loss surgery
- Any Red Flags (as shown above) are present
- Interventions are unsuccessful in compliant patients

When you refer your patient to Cincinnati Children's, have the family call 513-636-9215 directly to initiate the process.

If you have clinical questions about obese patients, call the Physician Priority Link® at 513-636-7997.

As many as one in five teens age 12–19 can be considered obese (BMI >95th percentile) or severely obese (BMI ≥120% of the 95th percentile, or >35). Obesity can be the cause of serious health problems, including diabetes and hypertension (HTN), and can prevent teens from enjoying life to the fullest. Adolescents with obesity have a high probability of becoming obese adults. Treating obesity in teens is challenging because of the multifactorial nature of the chronic disease coupled with the physical and cognitive changes inherent in adolescent development.

Weight loss surgery resolves multiple obesity co-morbidities, including:

- **Type 2 diabetes mellitus**—95% resolved
- **HTN**—80% resolved
- **Dyslipidemia**—66% resolved

ASSESSMENT

To identify and diagnose obesity, assess and track body mass index (BMI) at each visit:

- **Overweight**—BMI in the 85th to 95th percentile for sex and age
- **Obesity**—BMI >95th percentile for sex and age
- **Severe obesity**—BMI ≥120% of the 95th percentile for age and sex, or BMI >35

Conduct a thorough history and physical exam for obesity causes and common co-morbidities.

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

- Severe obesity combined with cardiovascular disease risk factors, including hyperlipidemia, elevated inflammation markers, HTN, insulin resistance
- Severe obesity combined with Type 2 Diabetes
- Severe obesity combined with obstructive sleep apnea
- Severe obesity combined with idiopathic intracranial HTN failing management
- Severe obesity combined with NASH

MANAGEMENT/TREATMENT

Treat obese/severely obese patient with comprehensive, intensive lifestyle modification. Higher intensity interventions have greater weight loss and improvement of co-morbidities. See patient a minimum of 26 contact hours over 6 to 9 months. Ideally involve an interdisciplinary team that includes medical care, nutrition therapy, exercise physiology, and behavioral health. Target the home environment and involve the family in treatment.

When appropriate, prescribe medications approved by the US FDA for teens:

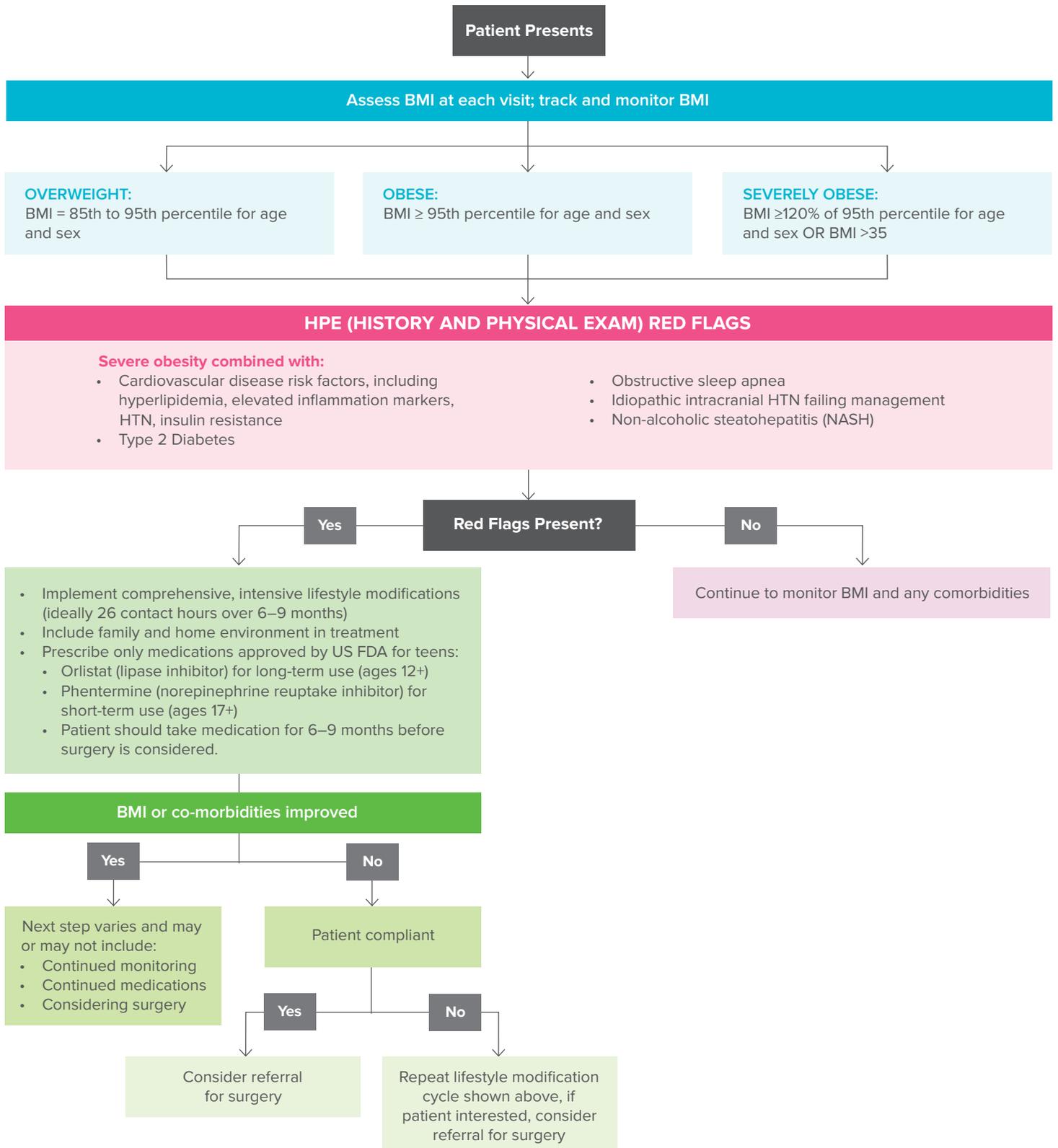
- Orlistat (lipase inhibitor) for long-term use (ages 12+)
- Phentermine (norepinephrine reuptake inhibitor) for short-term use (ages 17+)

Patient should take medication for 6 to 9 months before surgery is considered.

NOTE: Many insurance plans do not cover bariatric surgery—it is important to review this topic with your patient prior to referral.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.