

BARIATRIC & MINIMALLY INVASIVE SURGERY ROTATION

ATTENDINGS:

Lawrence Tabone, MD - Cell: (681) 209-5072

Nova Szoka, MD - Cell: (304) 906-7613

Salim Abunnaja, MD - Cell: (314) 570-6861

PA/NPs:

Kiley Iams - Cell: (724) 825-9335

Courtney Brown - Cell: (724) 263-5424

Megan Przybrowski – Cell: (814) 939-9012

Rebekah Shephard – Cell: (304) 777-6604

CONFERENCES/EDUCATIONAL:

In preparation for the rotation you are expected to:

- Watch the following videos for the commonly performed bariatric operations:
 - Sleeve Gastrectomy: <https://youtu.be/AndCyUUt378>
 - Gastric Bypass: <https://youtu.be/SxEckPB0e3M>
 - Duodenal switch: https://youtu.be/K6u9_meo-YI
 - Bariatric Surgery Complications: <https://youtu.be/Ndam7ywTfoc>
- You will be assigned a topic or an article to review then prepare & present a 10 minute powerpoint presentation at our monthly Bariatric Board meeting on the second Friday of the month at 10am.
- You are expected to practice laparoscopic suturing and advanced laparoscopic skills in the sim lab prior / during the rotation.
- Set up an account on the robotic simulator if not already done. Complete simulator modules on suturing, energy device (vessel sealer), as well as the intro modules to the robot's controls if not already completed
 - Create an account on learning.intuitive.com
 - In the account set-up, indicate your affiliation with WVU

TYPICAL WEEKLY SCHEDULE:

- Monday/Tuesday/Wednesday: OR days

If after Wednesday AM didactics, there are no OR cases, go to bariatric clinic (4th Floor POC)

- Thursdays (1st, 2nd, 4th): Endoscopy AM – Sim lab or clinic PM
- Thursdays (3rd): OR day
- Fridays (1st, 3rd): OR day
- Fridays (2nd): Presentation at Bariatric Board Meeting (9 -11am) - Sim lab PM
- Fridays (4th): Clinic

ROUNDING :

- You are expected to round and write notes for all the patients on the service.
- You should update each attending after AM rounds via text on their patients.
- After plan is established, communicate plan with midlevels and be sure to communicate who (resident vs midlevel) is doing each action item in patient plan to prevent confusion and avoid redundancy
- Do afternoon rounds for post op checks and update staff. postoperative notes not required
- You are expected to see all the daytime new inpatient or ED consults and staff them with attending on call. If the patient belongs to a particular attending and is not urgent you can staff it with them.

TIPS FOR SERVICE:

- ***Please email team your monthly schedule the day prior to starting rotation, include days off or oncall***
- Contact the PA/NPs at the beginning of your rotation for help with order sets – All attendings use the same order sets.
- Preop H&P updates: check-in all patients; your note should include the date of the patient's last full H&P note/preoperative visit.
- On Endoscopy days:
 - You are expected to know why the patient is getting an endoscopy, do H&Ps and consents. Attendings will do the procedure notes. The discharge orders are held/pended by the Bariatric PA/NPs. No discharge summary is required.

Useful EPIC dot phrases:

Dr. Szoka

H&P validation: .szhpvalidation

H&P for EGD: .szegdhp

Post op D1 progress note: .szpod1

Dr Abunnaja

H&P validation: .sahpvalidation

H&P for EGD: .saegdhp

Post op D1 progress note: .saprogress

Post op D2 progress note: .sapostop

Bariatric Complications

1. Marginal ulcer (.SZMARGINALULCERINPTNOTE)
 - Recommend aggressive therapy for 3-6 months with:
 - Protonix 40mg po BID - 30 min before meals
 - Carafate 1g po QID - 30 min before meals
 - Misoprostol 200 mcg po QID
 - Nutritional recommendations:
 - Increase protein in diet to 80-100g daily.
 - Counsel the importance of no tobacco and no NSAIDs.
 - Counsel pt on importance of contraception/avoiding pregnancy while taking misoprostol.

LEARNING MATERIALS

SCORE Online Portal

1. Textbook: Sabiston, Chapter 48. Morbid Obesity
2. Modules:
 - a. Morbid Obesity
 - b. Minimally Invasive Surgery Principles