



GREATER LANSING

**Department of Surgery/General Surgery Section**

**Credentialing Criteria for Bariatric, Laparoscopic Bariatric, and Lap Band Surgery**

The purpose of these criteria is to ensure that physicians performing bariatric, laparoscopic bariatric and lap band surgery procedures are qualified. Bariatric surgeons, like those in other sub-specialty areas of surgery, should be responsible for demonstrating a defined experience and exposure to the discipline's unique cognitive, technical and administrative challenges. The following guidelines define the degree of experience, exposure and support considered as minimally acceptable credentials for general surgery applicants to be eligible for hospital privileges to perform bariatric surgery.

These criteria are taken from the American Society for Bariatric Surgery's *Guidelines for Granting Privileges in Bariatric Surgery*, October 2005.

**Global Credentialing Requirements**

To meet the Global Credentialing Requirements in bariatric surgery, the applicant should:

- Have credentials to perform gastrointestinal and biliary surgery.
- Document that he or she is working within an integrated program for the care of the morbidly obese patient that provides ancillary services such as specialized nursing care, dietary instruction, counseling, support groups, exercise training, and psychological assistance as needed.
- Document that there is a program in place to prevent, monitor and manage short-term and long-term complications.
- Document that there is a system in place to provide and encourage follow-up for all patients. Follow-up visits should either be directly supervised by the bariatric surgeon of record or other health care professionals who are appropriately trained in perioperative management of bariatric patients and part of an integrated program. While applicants cannot guarantee patient compliance with follow-up recommendations, they should demonstrate evidence of adequate patient education regarding the importance of follow-up as well as adequate access to follow-up.

**Open Bariatric Surgery Privileges Involving Stapling or Division of the Gastrointestinal Tract**

To obtain "open" bariatric surgery privileges, the surgeon must meet the Global Credentialing Requirements and document an operative experience of 15 open bariatric procedures (or subtotal gastric resection with reconstruction) with satisfactory outcomes during either (1) general surgery residency, or (2) post-residency training supervised by an experienced bariatric surgeon\*.

Surgeons who primarily perform laparoscopic bariatric surgery may obtain open bariatric surgery privileges after documentation of 50 laparoscopic cases (see below) and at least three (3) open cases supervised by an experienced bariatric surgeon.

**\*Experience in Bariatric Surgery Required to Train Applicants**

For the purposes of this document, experienced bariatric surgeons serving as trainers for applicants should meet Global Credentialing Requirements and have experience with at least 200 bariatric procedures in the appropriate Category of Procedure in which the applicant is seeking privileges prior to training the applicant

**Definition of Operative Experience**

For the purposes of this privileging guideline, operative experience is defined broadly to include not only procedure performance but also global care of the bariatric patient that encompasses preoperative and postoperative management. Specifically, preoperative management experience must include patient evaluation and preparation for surgery. Postoperative management experience must include inpatient

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postoperative management and outpatient management extending beyond the 90-day global period (i.e., 6-month and/or annual follow-up visits). Documentation of perioperative management should reflect “hands-on” experience in the outpatient clinic or office as well as hospital unit corresponding to the same patients (or equivalent) that underwent surgery by the applicant. Procedure performance experience is defined as “hands on” performance of a significant portion of the operation under the direct supervision of an experienced bariatric surgeon as defined above.

### **Laparoscopic Bariatric Surgery Privileges for Procedures Involving Stapling or Division of the Gastrointestinal Tract**

To obtain laparoscopic bariatric surgery privileges that involve the GI tract the surgeon must meet the Global Credentialing Requirements and:

- Have privileges to perform “open” bariatric surgery and advanced laparoscopic surgery, or
- Have privileges to perform advanced laparoscopic surgery and documentation of training of bariatric surgery, or
- Document 50 cases with satisfactory outcomes during either (1) general surgery residency or (2) post-residency training under the supervision of an experienced bariatric surgeon

And

- Three (3) proctored laparoscopic cases

### **Lap Band Privileges**

To obtain Lap Band privileges, the surgeon must meet the Global Credentialing Requirements and:

- Have privileges to perform “open” bariatric surgery and advanced laparoscopic surgery,
- Provide documentation of satisfactory completion of the Lap-Band course,

And

- Two (2) proctored cases

### **QUALITY REVIEW**

Quality review of the surgeon’s outcome data within 6 months of initiation of a new program and after the surgeon’s first 50 procedures as well as at regular intervals thereafter, to confirm patient safety.

### **REAPPOINTMENT**

The surgeon should continue to meet Global Credentialing Requirements. Continuing medical education related to bariatric surgery is strongly recommended.