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CHI ADVANCE FOR NURSES
From the Editor

Perioperative care nurses help improve care for patients before, during and after surgeries. Whether your focus is administering anesthesia, assisting during surgery, monitoring patients in recovery or allaying patients’ fears before they go to an OR, the perioperative nurse is a vital part of the OR suite.

This special issue of ADVANCE for Nurses focuses on several aspects of perioperative nursing.

It’s a special nurse who chooses a career in the perioperative setting. “Called to Perioperative Nursing” looks at how a nurse became involved in the specialty and what her duties as a circulating nurse entail.

“Bariatric Surgery for Teens” examines how nurses can help with patient education for adolescents. These young patients face incredible changes after surgery not only in terms of how they eat, but how they feel about the differences in their body. Nurses are uniquely positioned to help teens deal with these emotional changes.

The OR is an area of nursing constantly exposed to new technologies. Has your OR introduced robots yet? The nurses profiled in “Expanding Roles” serve as RN First Assistants and find working with robotic surgery makes them up the level of teamwork required in the OR.

This special issue also features news about honors and achievements of nurses in the region. For more regional information, visit www.advanceweb.com/NurseNortheast.

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“Stand over there.”
“You’re too close to the sterile field.”
“If you accidentally touch someone, they’ll be contaminated.”

I can recall my first time in the OR as an observer. It was 1982; I was a high school student, enrolled in a program for prospective nursing students trying to decide if nursing was the profession for me.

Our last day, we were paired with a nurse. I met an OR nurse, JoAnne, who was phenomenal. She exuded toughness, but had a soft interior. JoAnne was intelligent, experienced, resourceful, had a great sense of humor and interacted with surgeons in such a manner that I could tell they had a deep respect for her.

Hooked from Day One
JoAnne escorted me into the heart room where I observed cardiac bypass surgery. I was sold! I remember peeking over the sterile drape and watching in complete awe as the patient’s heart stopped moving. There it was, in front of my eyes, plain as day; the large red organ surrounded by muscle and fatty tissue now connected to plastic tubes attached to the heart-lung machine.

“Go on bypass!” yelled the cardiothoracic surgeon. The stern order, directed at the perfusionists, echoed through the enormous room. I was awestruck at the miracle of the complex heart-lung machine with its silver dials and knobs rotating in synchrony to perfuse the patient’s body with precious blood and heparinized solutions while the surgeon worked furiously to anastamose pieces of the patient’s harvested leg veins to their heart.

That’s when I knew I wanted to be an OR nurse. It’s what I wanted to do nearly 29 years ago and what I do today, as a circulating nurse in a Philadelphia OR. I can only hope that my enthusiasm for this specialty is contagious so that when I introduce prospective nurses to the OR, they will want to jump on board, too.

Uniquely Challenging
The OR can absolutely be intimidating, if you happen to be visiting for a rotation or observation purposes, you may hear some of those orders at the beginning of this article given directly to you.

Circulating nurses are responsible for maintaining the scrub person’s sterile field, as well as the function and operations of the OR. RNs in this position provide supplies and instruments needed for surgery, ensure sterile technique is not broken, that supplies are opened in a sterile fashion with intact wrappers and sterile indicators, that traffic in the room is monitored and kept to a minimum, and that all equipment needed for the surgery is functioning properly.

Amidst equipment testing, sterile provision of instrumentation, and physical set-up, there also is the hustle and bustle of personnel including surgical attendings and residents, members of the anesthesia department, scrub technicians, circulating nurses, physicians assistants, laser nurses, X-ray technicians and more.

Getting Acclimated
The circulating nurse may be the perfect match to introduce an outsider to the flurry of activity. When paired with an observer, I give an overview of the scheduled procedure, whether the patient has colon cancer, a bunion, a ureteral stone or gastroesophageal reflux.

I discuss the critical importance of maintaining the sterile field and the roles and responsibilities of all personnel assisting in the surgery. I offer an explanation of the different types of anesthesia and explain the layout of the room and the basic equipment needed to perform most surgical procedures.

The list of equipment used to perform surgeries safely, accurately and in a reasonable period of time under anesthesia is endless. Argon beam coagulators coagulate tissue using Argon gas. There’s a device that uses ultrasound to cut and dissect layers of tissue and coagulate vessels, as well as heart-lung machines, which perfuse the heart for coronary artery bypass surgery. Fluoroscopy equipment, which yields a live radiographic picture, helps visualize an ureteroscopic stone or a fractured pelvis.

The “silverware” or surgical instrumentation includes clamps in every shape and size, retractors to maintain an open incision, forceps to grab tissue and aid in suturing wounds closed, scissors to cut and dissect. The list goes on and is unique to each procedure.

The OR is a sensory explosion of sights, smells and sounds, and one can easily feel overwhelmed on this unit. Keeping my first time in mind, I hope to ignite the same passion for OR nursing in future generations of professionals.

Nancy Cohen is an OR nurse at Roxborough Memorial Hospital in Philadelphia.
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The learning curve to robotic surgery may be bumpy at times as surgeons and registered nurse first assistants (RNFAs) add robotics to the complicated mix in the operating room.

At journey’s end, however, RNFAs like Brigitte Saylor, BSN, RN, CNOR, RNFA, at Providence Saint Joseph Medical Center in Burbank, CA, are thrilled to be part of this new dimension in surgery.

“It was a difficult road to get here,” said Saylor, who today “loves it” and is “very confident” in robotic surgery with approximately 150 cases under her belt.

Revolutionary Role
Just as robotic surgery is revolutionizing patient recovery, often allowing inpatients to go home within 24 hours with less pain and fewer complications than ever before, it is changing the scope and responsibility of the role of RNFAs.

Nancy Rove, BA, RN, CNOR, CRNFA, established the RNFA program at Providence Saint Joseph in 1993. She handpicked Saylor a couple of years ago because she was not only an excellent RNFA, but committed to investing the time to learn robotic surgery.

Separate, But Together
No longer beside or across the patient from surgeons, RNFAs work in the sterile field with scrub and circulating nurses as surgeons guide the robot from a console across the room.

“The surgeon is very dependent on the RNFA at the sterile field to handle the instrumentation,” Rove said. “He must have a very high level of confidence and trust in the RNFA, and be comfortable that the person is conscientious and well-trained.”

In robotic surgery, RNFAs function more independently.

“If RNFAs are unsure in placing an instrument, the surgeon can no longer “reach over and correct you,” Saylor said. “You have to learn to place the instrument where you want it.”

RNFAs are assuming new tasks in robotic surgery as well, like applying Hem-o-lok clips to blood vessels, “because the surgeon is not scrubbed in and there’s no robotic instrument that can apply the clip,” Saylor said. “It must be hand-applied.”

It takes a “trained, skilled RNFA to be able to work in tandem with a surgeon who is no longer standing beside them,” said Lynda Jayjohn, BSN, RN, CNOR, MBOE, robotic coordinator and nurse manager of perioperative services at The Ohio State University Medical Center (OSUMC) in Columbus.

RNFAs must be board-certified OR nurses before they can apply to RNFA programs. Like learning to play an instrument, assisting in robotic surgery requires countless hours of training and practice, and often frustration in learning how the robot works in tandem with the surgeon.

Even if an RNFA is comfortable assisting in other surgical procedures, “once you step into the realm of robotics assisting,” Rove said, “it’s a whole new set of learning modalities to conquer and it takes a lot of time and surgeries.”

Once the RNFA and surgeon are onboard with the robotics, however, most surgeries no longer take up to 8 hours as they did when robotics were introduced several years ago into the OR.

“Now it’s pretty equal to laparoscopic surgery in terms of time,” Jayjohn said.

Positioning Challenges
Safe positioning is one of the biggest challenges in robotic surgery. RNFAs place the patient in an extreme Trendelenburg position.

“The head is pretty much all the way down, with legs up, for the entire surgery,” Saylor said. “We have to make sure the patient is strapped in really well. If the patient slides just an inch, it may make a difference placing instruments and make it more difficult to reach the area we need to reach.”

The RNFAs’ more autonomous position at the sterile field also gives them a larger role to play in troubleshooting problems.

“If complications arise, he or she is ready at the field and is accountable for being alert for any problems so the surgeon can...
scrub and jump in there,” Jayjohn said. “It rarely happens, but [RFNAs] have to anticipate problems at the field.”

**Teamwork More Critical**
As the role of the RNFA changes in robotic surgery, teamwork with others in the surgical suite becomes even more critical.

“You have to have a good relationship with the surgeon, but also with the circulator and scrub nurse,” said Christopher Vardaman, RNFA, at Northside Hospital in Atlanta. “It always takes good communication between everyone, but with robotics you have to depend on your team even more because there are certain things you need in a certain order.”

As excited as they are now with robotic surgery, the RNFAs are even more enthralled with future possibilities, like integrating robotics with information technology and playing a key role in data collection, analyzing trends and outcomes, and identifying safety issues.

Vardaman anticipates the technology will shrink in size and “we’ll be able to make fewer incisions,” making the surgery even more safe. “Robotics allows me to work closely with the doctor and team, and ensure a successful outcome for the patient. It’s better for everyone,” he said.

The robot has been “a major advancement,” Vardaman added, and he’s looking forward to riding the wave of robotics into further dimensions in surgery.

*Kathleen Waton is a frequent contributor to ADVANCE.*
S	AMFORD, CT – Stamford Hospital is a 305-bed facility that has provided compassionate care to the community for more than 100 years.

Understanding that only excellent nurses deliver excellent hospital patient care, the hospital works hard to attract, recruit and retain the best, brightest and most compassionate nurses available for the Stamford Hospital nursing program. Stamford nurses receive ongoing training and are encouraged to pursue continuing and higher education levels to meet their own professional goals.

The Stamford Vision
Stamford Hospital is committed to patient-centered care and is an affiliate of the highly selective Planetree Alliance of Hospitals.

Nursing Environment
Nurses at Stamford Hospital are dedicated to providing compassionate care. This year, 12 Stamford Hospital nurses received the Nightingale Award for Excellence in Nursing, Connecticut’s largest statewide nursing recognition program. Honorees are recognized for having a significant influence on patient care and/or the nursing profession, going “beyond the call” in a clearly illustrated scenario, demonstrating excellence above what is normally expected, showing commitment to the community serving in a way significantly above the norm or achieving a life-long legacy in a particular arena.

“The goal at Stamford is to demystify and personalize the healthcare experience for patients and their families. The Joint Commission designated the hospital as a Primary Stroke Center (PSC). This represents dual certification for Stamford Hospital as the Connecticut Department of Public Health designated it as a PSC in 2010. The designation emphasizes the hospital’s ability to provide effective, timely care to stroke patients, which can significantly improve patient outcomes.

Stamford’s drive for excellence has led to other honors. In April, the hospital’s Bennett Cancer Center received the 2010 Outstanding Achievement Award from the Commission on Cancer of the American College of Surgeons. Stamford is one of only two hospitals in the state and the only teaching hospital to receive the award. The award is granted to facilities that demonstrate high levels of achievement in five areas of cancer program activity: cancer committee leadership, cancer data management, research, community outreach and quality improvement.

Stamford Hospital’s nurse-to-patient ratios are among the highest in the state. The hospital’s nurses are dedicated to delivering the patient-centered philosophy of care that comes with being a Planetree Hospital and to meeting the highest professional nursing standards.

Ongoing Education
A clinical ladder for nursing professional development recognizes and rewards RNs for their contributions to the organization. It encourages professional growth and promotes accomplishments of individual and organizational goals. At the same time, the development program promotes and supports excellence in clinical practice. Career tracks and on-site certification offerings enable nurses to focus on what interests them. All nurses are invited to present and attend monthly nursing grand rounds. Utilization of nursing theory and evidence-based research is demonstrated through the presentation of challenging patient care scenarios for the continuing education of all Nursing staff. The informal lunch-and-learn format provides opportunities for questions and networking with colleagues, with continuing education credits awarded for attendance.

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New York – North Bronx Women’s Health Service Receives National Patient Safety Award

The North Bronx Healthcare Network’s (NBHN) Women’s Health Service recently received the prestigious National Association of Public Hospitals and Health Systems (NAPH) Safety Net Patient Safety Award for its Reducing Adverse Outcomes on Labor and Delivery initiative. The NAPH’s Safety Net Awards Ceremony recognizes those organizations which have been recognized for best practices by implementing the best safety initiatives using evidence-based guidelines. The initiative was designed to reduce occurrences of certain adverse perinatal events, such as the incidence of Erb’s palsy, that can be devastating to newborns and their families.

The NBHN Women’s Health Service joined forces with the Institute for Healthcare Improvement, an organization which partners with healthcare providers around the world to establish and support ways to provide safe and effective care. It then developed a process to analyze key labor and delivery data, and identified certain risk factors strongly associated with these adverse outcomes. It then implemented a number of interventions which included a customized protocol for use of Oxytocin during labor, study cycles to test changes and monitor compliance with the protocol, and TeamSTEPPS training for staff.

TeamSTEPPS is a toolkit of evidence-based methods designed by the Department of Defense and the Agency for Healthcare Research and Quality. Its goal is to provide better, safer healthcare through improved communication and teamwork skills among healthcare professionals.

“The Women’s Health Service team has remained committed to doing everything possible to maximize a safe delivery,” Susan Gross, MD, FRCS(C), FACOG, FACMG, chairperson, Department of Obstetrics and Gynecology, NBHN. “Our initiative has reduced deliveries complicated by shoulder dystocia, decreased severe Erb’s Palsy cases, and reduced adverse patient occurrences overall, while maintaining cesarean section rates well below the national average. We are proud that the NAPH has recognized our efforts to create a safe environment for our patients.”

In addition, the NBHN’s Women’s Health Service was also awarded the Health Association of New York State (HANYS) 2011 Pinnacle Award for Quality and Patient Safety in the Multi-Entity or System, another distinguished achievement recognizing NCBH’s Labor and Delivery units as one of the safest labor floors in the country. Its team of dedicated physicians and midwifery and nursing staff have enabled NCBH to maintain one of the lowest cesarean section rates in New York.

Newark, NJ – Newark Beth Israel NICU Reduces MRSA Infections, Lowers Costs

Newark Beth Israel Medical Center (NBIMC) renewed its status with the Institute for Healthcare Improvement (IHI) and will continue to participate in the Mentor Hospital Registry in the category of Infection Prevention – MRSA.

Organizations on the Mentor Hospital Registry volunteer to provide support, advice, clinical expertise and tips to hospitals seeking help with their implementation efforts, according to the IHI. When clinicians at NBIMC identified a cluster of MRSA-infected babies in the NICU in the summer of 2005, they began an initiative that substantively changed infection-control practices and made the center a pioneer in the war against drug-resistant organisms.

The collaborative effort consisted of a team of representatives from neonatology, nursing, microbiology laboratory, housekeeping, infection control and epidemiology. The purpose of the team was to implement infection control measures including surveillance, identification of infected patients, use of isolation techniques, intensive environmental sanitation, and health care worker education.

This process is now second nature to the frontline staff and is responsible for the sustainability of the effort over the past 6 years, according to Pat Harmon, MA, RN, CIC, the director of infection prevention and epidemiology.

The steps in the process included screening all admissions for nasal colonization with MRSA, surveillance and search for infected cases, use of isolation techniques to prevent the spread of MRSA to other babies, aggressive environmental cleaning procedures, and cohorting or grouping together of infected babies.

While the original cost of MRSA infection in the NBIMC NICU was $48,022, by preventing 24 infections in 42 months, the medical center realized savings of more than $1.15 million in 42 months or the equivalent of $329,000 per year.

National – AWHONN Unveils Guidelines for Pregnant Women Undergoing Surgery

The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) released Perioperative Care of the Pregnant Woman, a guideline that describes how nurses and patient care facilities can provide safe care for pregnant women who require surgical procedures as well as for pregnant women who have cesarean births.

Since 1996, the rate of cesarean birth in the U.S. has risen nearly 60 percent, according to AWHONN. There are many reasons for this
dramatic increase, including more inductions of labor, fewer women having access to trial of labor after cesareans, concerns over legal liability, more multiple gestation births, older women giving birth, and maternal choices. Yet, cesarean deliveries are associated with higher rates of complications and hospital re-admissions compared to vaginal deliveries. “The frequency of surgical procedures that pregnant women require, including cesareans, means that obstetric nurses must also be competent as operating room nurses,” said AWHONN Chief Executive Officer Karen Peddicord, RNC, PhD. “This new resource will help nurses provide safer, more consistent and higher quality care to pregnant women.”

Developed by a team of AWHONN nurse experts, Perioperative Care of the Pregnant Woman includes recommendations for:

• evidence-based practice and competencies for obstetrical (OB) and operating room (OR) nurses;
• interventions to promote family-centered care before, during and after surgery;
• assessment and care of women recovering from regional and general anesthesia;
• appropriate staffing levels to safely care for pregnant women requiring surgery;
• assessment and interventions for post-cesarean complications such as pulmonary embolus, wound infection and endometritis;
• care of high-risk patients, including special considerations for safe care of the obese pregnant woman; and
• patient safety measures unique to the OB OR setting.

Perioperative Care of the Pregnant Woman includes 2.1 continuing education contact hours and a Quick Care Guide, a handy bedside reference tool that summarizes key practice recommendations for nursing care. It is available for purchase on AWHONN’s website.

Fairfield, CT – Fairfield University School of Nursing To Create Mock OR with $450K Grant

Fairfield University’s School of Nursing will use a U.S. Health Resources and Services Administration (HRSA) award worth $446,856 to fund a new, state-of-the-art mock operating room for graduate students enrolled in the master of science and doctor of nursing practice in nurse anesthesia programs. The programs are offered in conjunction with Bridgeport Hospital and Bridgeport Anesthesia Associates.

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The initiative — the Comprehensive Anesthesia Training Through Simulation (CATTS) Project — will prepare students for real-life experiences in the operating room by way of an anesthesia simulation laboratory. Its endeavors will also benefit surgical patient care, area certified registered nurse anesthetists and students from Harding Medical Magnet High School in Bridgeport.

Nancy A. Moriber, PhD, CRNA, APRN, Fairfield’s nurse anesthesia program track coordinator, is the project director. “As part of the grant, we will be designing a mock operating room equipped with high-fidelity, computerized adult and pediatric patient simulators, so that the nurse anesthesia students will be able to develop their skills in increasingly more complex patient care situations,” she said.

The facility will be located within the School of Nursing Robin Kanarek ’96 Learning Resource Center, which houses the latest medical equipment, simulators, practice modules and audio-visual materials. The CATTS project will lead to a new comprehensive Anesthesia Crisis Resource Management (aCRM) component within the nurse anesthesia program curriculum that links this specialty practice program with the simulation-focused pedagogy adapted by the School of Nursing. Simulation learning exposes Fairfield’s undergraduate and graduate students to challenging and even rare situations infrequently seen in clinical practice. Fairfield’s patient simulators, or mannequins, used in simulation learning are sophisticated learning tools that typically cost in the five- to six-figure range that bleed, breathe, sweat, talk and experience life-threatening ailments, for instance.

Under the guidance of faculty in the simulated operating room, Fairfield students can develop the critical-thinking and decision-making skills essential to the provision of quality anesthesia care. “Nurse anesthesia students will be exposed to scenarios and health care situations seldom encountered during training but whose mastery is essential for the provision of safe and effective care post-graduation,” Moriber said.

The Association of periOperative Registered Nurses Names NY Nurse President-Elect

Deborah G. Spratt, MPA, BSN, RN, CNOR, NEA-BC, is the president-elect. She is chief of sterile processing at the Canandaigua VAMC in Canandaigua, NY.

The election also marked the beginning of the new term for the AORN board of directors. The board members were inducted into office at the AORN Annual Congress.

Research shows nurses who work in organizations that empower professional nursing practice have better patient outcomes. When nurses feel powerless in their practice, patients suffer — and so can nurses.

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Speaker: Ainslie Nibert, PhD, RN

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New York – Bellevue Opens New NICU in Manhattan

➤ The New York City Health and Hospitals Corporation (HHC) and Bellevue Hospital Center unveiled the new Barbara P. Gimbel Neonatal Intensive Care Unit (NICU), specially designed to mimic the nurturing environment of the mother’s womb, reduce the stress of the NICU experience and help the immediate and long-term health of premature babies and other critically ill infants. The $5.2 million, 14,000-square-foot NICU triples the size of the current unit and will serve 500 infants annually.

Bellevue Hospital Center

“This new space is designed to improve the quality of care and health outcomes of the littlest New Yorkers by dramatically reducing stressful external stimulation and nurturing them as if they never left their mother’s womb prematurely,” said HHC President Alan D. Aviles.

“Loud noises and bright lights interrupt babies’ sleep patterns and interfere with the healing and developmental process that occurs during their sleep. We know that premature babies who receive this kind of developmental care that eliminates external stimuli can feed on their own quicker, go home sooner and ultimately have better short and long-term outcomes than babies who don’t,” Aviles added.

The new NICU is named after Barbara P. Gimbel, the philanthropist and health advocate who is co-founder of the Children of Bellevue Auxiliary and a longtime supporter of the hospital.

The 20-bed NICU incorporates the latest developmental research findings with input from staff who work in the unit and from family members whose babies are former patients of the NICU. The design includes high-tech incubators and monitoring devices to control excessive light, noise and room temperatures; multi-function beds that convert from radiant warmers to incubators; and a sound system that can monitor sounds from inside incubators.

The NICU also will feature a “launch pad,” a home-like private room where parents can spend a night or two caring for their pre-term babies with the assistance of medical staff before the baby is discharged from the hospital.

Elmhurst, NY – Elmhurst Hospital Center Recognized for Quality Improvement Effort

➤ Elmhurst Hospital Center is one of 14 recipients statewide to receive a 2011 IPRO Quality Award. The Quality Awards given annually by IPRO, the Medicare Quality Improvement Organization (QIO) for New York State, recognize healthcare providers that demonstrate a commitment to improving healthcare services in the state.

“We thank the leadership and staff of Elmhurst Hospital for their commitment to implementing best practices and evidence-based care,” said Clare B. Bradley, MD, MPH, senior vice president and chief medical officer, IPRO. “This commitment has led to measurable improvements in care for their patients, and has supported our statewide quality improvement goals.”

“Our hospital is committed to providing the best care to our patients, and IPRO has given us the tools to help make this possible,” said Chris Constantino, Elmhurst Hospital Center’s executive director.

Bradley noted Elmhurst Hospital received the award because of its “organization-wide commitment to patient-centered care and quality improvement, as demonstrated by the collaboration between the nursing staff in the medical-surgical division and the information technology (IT) team in the use of health IT to optimize patient care.”

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Childhood obesity rates are startling and nobody, from Jamie Oliver to Michelle Obama, has found a widespread solution.

Bariatric surgery has been successful among adults, but little research exists about its effectiveness in children. Surgery may be part of the solution, however, for adolescents who meet the adult criteria.

Missouri may serve as an example for the rest of the U.S. Washington University School of Medicine, Barnes-Jewish Hospital and St. Louis Children’s Hospital announced plans to open the area’s first adolescent surgery center.

When the program is fully operational in a year or so, adolescents ages 15-19 may qualify if their BMI is greater than 40.

Three types of minimally invasive weight-loss surgeries are available: laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy and laparoscopic gastric bypass. The surgery generally lasts 1-2 hours and patients often stay in the hospital for 1-2 days. Most patients can return to school or work after 2 weeks of recovery.

Bariatric Surgery Research

Even when the center is fully up and running, staff doesn’t expect to schedule thousands of teenagers for weight-loss surgeries.

“This is not something to take on lightly,” said Karen Siegrist, NP, who works at St. Louis Children’s Hospital’s pediatric diabetes and endocrinology programs. “Kids are not small adults that you can plug into an existing program. The focus must be interdisciplinary.”

Despite the success of bariatric surgery for obese adults, there’s very little research about its effectiveness in children. In pediatrics, evidence is mounting on positive outcomes but practitioners are still concerned about when children are done growing, the long-term effectiveness of the surgery and malabsorption.

Until recently, only a few U.S. centers performed weight-loss surgery in adolescents — often as part of research studies. But the surgery is becoming more common in teens who are obese, and new research suggests it is more effective than diet and exercise.

Esteban Varela, MD, director of the center, conducted his own research before he joined the Washington University faculty showing that bariatric surgery is as safe in adolescents as in adults, and adolescents have fewer complications. In addition, he said, obese teens often are unable to lose weight without surgery.

“A study in the New England Journal of Medicine offered very good scientific evidence that obese kids often die young,” Varela noted. “An intervention like bariatric surgery has the potential to increase their chances of living longer.”

Lifestyle Changes

A key element of the burgeoning adolescent surgery program is participation in the Head to Toe weight management program at St. Louis Children’s Hospital. Most insurance companies require surgery candidates to follow a weight-loss program for 6 months prior to the operation as well.

“Surgery is a tool for weight loss, not a cure,” Siegrist said. “Head to Toe focuses on healthy eating, active lifestyles and portion control. We teach them to read labels and notice high-sugar foods are marketed as healthy. Head to Toe will be incorporated so participants know how to change behavior afterward.”

Motivational Interviews

Nurses play a significant role in the program’s motivational interviewing component. Motivational interviewing scripts were developed by the University of California Los Angeles Center for Human Nutrition and assess patients’ readiness for a weight-loss program. Scripts are designed to improve patient/provider conversations with statements such as “Looking at your eating habits, I think the biggest benefits would come from switching from whole milk dairy products to fat-free dairy products. What do you think?”

The entire family is included in the motivational interview, as Siegrist said, it’s rarely only one family member with a problem.

“In clinic, I see children with comorbidities like diabetes, non-alcoholic fatty liver disease, hypertension and sleep apnea,” she said. “More often than not, the parents are also obese. We make goals like eating at a table, not watching TV during dinner and getting rid of sweet drinks in the house.”
Emotional Changes
Siegrist describes the nurses’ role in the adolescent bariatric center as one consisting of “education, education, education.” Not only do they need to understand what surgeons will be doing in the operating room and how to maintain the changes, but nurses must prepare them for the emotional transformation that accompanies such a drastic change.

“Depression is huge,” she said. “These kids are more socially isolated, have fewer friends and less perceived confidence. They’ve been victimized and stigmatized. Huge numbers of obese teens are homeschooled. After the surgery, we prepare them for the fact that there are some feelings of being demoralized, but that does lift.”

Protocols for follow-up are still in development, but Siegrist anticipates an initial surgical follow-up with multidisciplinary support and a nurse-led support group for the first year or two. After that point, appointments will likely be required on an annual basis.

Eventually, Siegrist predicts successful adolescent bariatric surgery centers will be surfacing throughout the U.S.

“Bariatric surgery is an outcome of a lack of social change,” she said. “There’s great potential and a lot of people like Mrs. Obama working very hard. We understand what obesity does, but centers like this might spur social change, just like with the anti-smoking campaign. It didn’t happen overnight, but the same thing may happen with obesity.”

Robin Hocevar is senior regional editor at ADVANCE.
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