

Obesity and Overweight

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Care Pattern

CP-R

9000020 Patient(s) with bariatric surgery who had a defined complication during hospitalization or 30 days after discharge.

Assessing risk in the surgical treatment of obesity involves evaluating preoperative, postoperative, and long-term complications (1-3). The purpose of this rule is to gather information about some common or life-threatening postoperative complications associated with bariatric surgery. Clinical research and the consensus opinion of experts was the primary source of our recommendation to identify patients with any of the following complications: 1) pulmonary embolism, deep venous thrombosis, pneumonia, complications of anastomosis, post-operative wound infection or dehiscence, sepsis, or gastrointestinal perforation during the bariatric surgery hospitalization or within 30 days after hospital discharge; or 2) hospital readmission within 30 days after discharge from the bariatric surgery hospitalization

1. Encinosa WE, Bernard DM, Chen CC, Steiner CA. *Healthcare Utilization and Outcomes After Bariatric Surgery*. *Med Care* 2006;44: 706–712.
2. Institute for Clinical Systems Improvement (ICSI). *Health Care Guideline: Gastric restrictive surgery for morbid obesity*. (Released May 2005). Accessed August 4, 2008. URL: <http://www.icsi.org>
3. Institute for Clinical Systems Improvement (ICSI). *Health Care Guideline: Prevention and Management of Obesity (Mature Adolescents and Adults)* (Released November 2005). Accessed August 4, 2008. URL: <http://www.icsi.org>

CP-R

9000021 Patient(s) with bariatric surgery who had a defined complication during hospitalization or 180 days after discharge.

Assessing risk in the surgical treatment of obesity involves evaluating preoperative, postoperative, and long-term complications (1-3). The purpose of this rule is to gather information about some common or life-threatening postoperative complications associated with bariatric surgery. Clinical research and the consensus opinion of experts was the primary source of our recommendation to identify patients with any of the following complications: 1) pulmonary embolism, deep venous thrombosis, pneumonia, complications of anastomosis, post-operative wound infection or dehiscence, sepsis, or gastrointestinal perforation during the bariatric surgery hospitalization or within 180 days after hospital discharge; or 2) hospital readmission within 180 days after discharge from the bariatric surgery hospitalization.

1. Encinosa WE, Bernard DM, Chen CC, Steiner CA. *Healthcare Utilization and Outcomes After Bariatric Surgery*. *Med Care* 2006;44: 706–712.
2. Institute for Clinical Systems Improvement (ICSI). *Health Care Guideline: Gastric restrictive surgery for morbid obesity*. (Released May 2005). Accessed August 4, 2008. URL: <http://www.icsi.org>
3. Institute for Clinical Systems Improvement (ICSI). *Health Care Guideline: Prevention and Management of Obesity (Mature Adolescents and Adults)* (Released November 2005). Accessed August 4, 2008. URL: <http://www.icsi.org>