### **Frequently Asked Questions: Pediatric Metabolic and Bariatric Surgery at Children's Hospital Los Angeles**

#### 1. **What are the referral criteria for pediatric bariatric surgery at CHLA?**

There is no minimum age requirement for referral. We accept patients with the following criteria:

* **Class II obesity** (BMI >35 kg/m2) with an obesity-related condition such as:
	+ Type 2 diabetes
	+ Pre-diabetes
	+ Metabolic-associated fatty liver disease (MASLD)
	+ Hypertriglyceridemia
	+ Polycystic ovarian syndrome (PCOS)
	+ Obstructive sleep apnea
	+ Asthma
	+ Irregular menses
	+ Blount disease
	+ Slipped capital femoral epiphysis (SCFE)
	+ Anxiety or depression
	+ Increased intracranial hypertension
	+ Hypertension, etc.
* **Class III obesity** (BMI >40 kg/m2) with no obesity related conditions.

#### 2. **What does the pediatric bariatric surgery program entail?**

Our program is comprehensive and involves several steps to ensure patients are fully prepared for surgery and ongoing care. Here's an overview:

* **Initial consultation**: A consultation with our medical team (including a pediatrician or pediatric endocrinologist) and one of our bariatric surgeons to confirm eligibility for surgery.
* **Education**: During this consultation, we will explain that obesity is a complex, chronic disease that is not the fault of the patient or family. We also discuss comprehensive obesity care, including health and behavior lifestyle modifications, obesity-optimizing medication, and metabolic and bariatric surgery.
* **Surgical options**: We primarily perform **laparoscopic or robotic sleeve gastrectomy**, which is the most commonly performed surgery in the United States. This minimally invasive procedure typically takes 60-90 minutes, with a hospital stay of 1-2 days.
	+ **Pain is minimal and controlled with acetaminophen and non**-steroidal agents after discharge.
* **Recovery and activity**: After surgery, patients are typically recommended to take 1-2 weeks off from school. We also advise limiting lifting more than 25 pounds for the first two weeks. After this period, patients can return to normal activities.
	+ **Patients are encouraged to be walking daily immediately after surgery**

#### 3. **What are the next steps after the initial consultation?**

If the family decides to move forward with the program, the next steps are as follows:

1. **Six virtual sessions with our bariatric dietitian** to discuss:
	* Nutrition before and after surgery
	* Staged nutrition approach after surgery
		1. Liquid diet including protein shakes for 2 weeks after surgery
		2. Pureed and soft foods for 4 weeks
		3. Return to normal diet habits with reduction in meal size and focus on protein intake
	* Hydration and protein intake
		1. Aim for 60 grams of protein daily
		2. Aim for 48-60 ounces of water day
	* Supplement requirements
		1. With the sleeve gastrectomy the risk of nutrient deficiency is very minimal so we recommend our patient take any multivitamin twice daily along with vitamin D supplementation
	* Motivation and surgery readiness
	* Family engagement
2. **90-minute psychological assessment** with our psychologist to:
	* Assess surgery readiness and motivation
	* Evaluate underlying mental health status
	* Determine if additional psychological care is needed
3. **Required pre-operative assessments**:
	* Sleep study
	* Upper GI series
	* Pre-operative labs
4. **Insurance submission**: After all assessments are completed, we will submit the necessary paperwork for surgical authorization.

#### 4. **When is surgery performed?**

Surgeries are scheduled for the **first Monday and Tuesday** of each month. Up to **eight cases** are performed each month.

#### 5. **How long does it take from surgical consultation to surgery?**

The average time from consultation to surgery in our program is **16 weeks**.

#### 6. **Are medications prescribed before surgery?**

Yes, **obesity-optimizing medications** are routinely prescribed at consultation to support the preoperative preparation period. Medications are typically held one week before surgery and may be reinitiated after surgery, depending on the patient's needs.

#### 7. **What is the expected weight loss after surgery?**

Patients can expect to lose an average of **70-100 pounds** during the first year after surgery.

#### 8. **What follow-up care is provided after surgery?**

* **Post-operative visits**: Patients will be seen at 2 and 6 weeks after surgery, and then every 3 months thereafter with a surgeon and obesity medicine specialist.
* **Virtual dietitian visits**: Patients will have virtual sessions with the bariatric dietitian every 3 months to monitor progress and provide ongoing support.

#### **9. When is the bariatric clinic held?**

The **bariatric clinic** at Children’s Hospital Los Angeles is held **Thursday afternoons**. Both **in-person** and **virtual visits** are available, allowing flexibility for families. This is a **multidisciplinary clinic** where both the **bariatric surgery team** and **medical team** are present to address all aspects of a patient's care. During the visit, patients and their families will receive comprehensive support and guidance from multiple specialists.

#### 10. **How do we get started?**

To begin the referral process or to ask additional questions, please send a referral to Endocrinology at CHLA specifying that the referral is for bariatric surgery and we will guide you through the steps and schedule an initial consultation.

#### 11. **Is there a coordinator to help guide us through the process?**

Yes, our program includes a **Bariatric Coordinator** and **Bariatric Registered Nurse (RN)** who will provide support throughout your journey. They will:

* Assist with **scheduling visits** and **coordinating appointments**.
* Help arrange **necessary testing**.
* Provide **letters for school and work** if needed.
* Answer and **triage any questions** or concerns you may have throughout the process.

These dedicated team members ensures a smooth experience for both patients and families, offering personalized guidance and support every step of the way.