BARIATRIC CENTER
Spotlight

Welcome to a Boutique Bariatric Facility:
The Bariatric Center of
Kansas City & Shawnee
Mission Health

Lenexa, Kansas

by CHRISTINE BOVOS, BSN, RN, CBN


This column is dedicated to featuring accredited bariatric centers around the world, with a focus on their facilities, staff, statistics, processes, technology, and patient care.

WELCOME TO THE BARIATRIC CENTER OF KANSAS CITY & SHAWNEE MISSION HEALTH

The Bariatric Center of Kansas City is a private bariatric surgery practice in Lenexa, Kansas, a suburb of Kansas City. By partnering with Shawnee Mission Health (SMH), we are able to provide everything our patients need for bariatric surgery and follow-up in a single building. This provides convenience for our patients and staff, helps maintain consistency, and allows for tremendous efficiency within the program. We have been able to improve our outcomes, volumes, and patient satisfaction through creating an environment that is focused specifically on the needs of our bariatric population.

OUR FACILITY

In 2007, Shawnee Mission Medical Center, now Shawnee Mission Health (SMH), is a 504-bed community hospital that is part of the not-for-profit Adventist Health System. It received its designation as a Center of Excellence (COE) through the American Society for Metabolic and Bariatric Surgery (ASMBs) at the main hospital. Since 2007, the COE has remained at the SMH campus. In 2012, a new inpatient unit was built on the remaining of the third floor with two inpatient operating rooms, four peri-anesthesia bays, and eight private rooms. It is 100-percent owned and operated by SMH. The result is a three-story facility that contains three separate entities—the Bariatric Center of Kansas City private surgical practice, ambulatory surgery center, and the SMH Prairie Star inpatient unit. The facility contains the following:

- Surgeons’ offices, which also house case managers, a registered dietitian, physician assistants (PAs) a clinical psychologist, medical assistants, and office staff
- Seminar room that holds 100 people and is used for pre-operative education classes. It also has a complete kitchen for postoperative support groups.
- Inpatient unit with two inpatient operating rooms, four post-anesthesia care units (PACU) bays, eight private rooms, and a large family room.
- Ambulatory surgery center with three ORs, six pre-operative bays, and 12 postoperative bays, plus six private rooms for patients to remain overnight as 24-hour observation patients
- Laboratory, diagnostic radiology, full emergency department, and wound care center
- The ability to transfer a patient to the SMMC campus within 10 minutes for any service not provided at SMH Prairie Star, (e.g., interventional radiology)

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Our total facility capacity is 14 private rooms for bariatric surgery patients. The entire facility runs smoothly with staff in each department working together as a team.

**OUR PRACTICE STAFF**

The Bariatric Center of Kansas City is a private practice comprised of three Board-certified surgeons, all trained in bariatric and advanced laparoscopic techniques; two PAs, three medical assistants, five case managers, a practice manager, a scheduler, a registered dietitian, a clinical psychologist, three billing staff, and four front office staff. The Bariatric Program Coordinator and Bariatric Clinical Reviewer, both of whom are employed by SMH, are housed in an office next door in the patient care unit for easy access and data collection. They work closely with the Bariatric Center of Kansas City staff, the inpatient unit, and the ambulatory surgery center.

The inpatient care unit on the third floor is staffed by SMH with bariatric-trained registered nurses (RNs) at a three-to-one ratio, assisted by a respiratory therapist, pharmacist, and ancillary staff as needed. There is a radiology department and laboratory in the same building. Surgery is performed Monday through Friday, and anesthesia is present throughout surgery days until the last patient is discharged from PACU to the floor. All staff receive bariatric-sensitivity training annually throughout all facilities. The Bariatric Coordinator provides our nursing staff with specialized training at hire and annually about obesity, the surgical procedures performed, postoperative care and complications, safe patient handling/transfer, and the latest research in the field.

On the second floor, surgeons perform a number of outpatient procedures in addition to bariatric surgery, as well as the diagnostic EGDs required beforehand. The staff working with bariatric patients are all trained to care for those who have had either an adjustable gastric band placement or sleeve gastrectomy. Those patients having sleeve gastrectomy are registered as 23-hour observation and spend the night in one of the six private rooms on the second floor. The RN to patient ratio is three to one, and staff receive the same training as on the inpatient unit.

Hoehn has been the Medical Director of the program at SMH since 2004 and has performed more than 4,000 bariatric surgeries since 2000. Bruce Hamilton, MD, joined the practice in 2012 from a general surgery practice where he performed band placements. He has performed over 1,000 bariatric surgeries to date. Robert Aragon, MD, is the newest member of the team, joining the practice in July of 2014 after completing a bariatric fellowship at University of California, Davis (UC Davis), Davis, California. All three surgeons have extensive training in advanced laparoscopic techniques. Between the three surgeons, a total of over 1,100 bariatric procedures were performed in 2014, almost doubling their outcomes since opening our new facility.

We are able to maintain such a high volume of surgeries with outcomes that meet or exceed benchmarks from the The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) due to the techniques that Dr. Hoehn has developed that allow him to perform a sleeve in 20 to 30 minutes and a gastric bypass in 30 to 45 minutes. The patients are under anesthesia so briefly that their recovery time is dramatically reduced, with the majority of our patients being discharged home approximately 24 hours after surgery. With lengths of stay around 1.2 days for all patients, and operative times that are half of the MBSAQIP benchmarks, we have been able to see tremendous savings in time and costs. Having the surgeons in the same building on the same floor not only allows for tremendous efficiency, but is also safer. In the event that one of the surgeons runs into difficulty in surgery, it is easy to have one of the other surgeons immediately available to assist.

Dr. Hoehn has mentored both of Pacira Pharmaceuticals, Inc., received a warning letter from the US Food and Drug Administration (FDA) Office of Prescription Drug Promotion (OPDP) on September 22, 2014 concerning an advertisement for EXPAREL, which you may have seen published in several professional journals. This publication provides important corrective information about the false and misleading claim.

The FDA stated that the advertisement was false or misleading because it overstates the efficacy of EXPAREL. The FDA objected to the claims that EXPAREL provides pain control that lasts for up to 72 hours because the claims suggest that EXPAREL has been shown to provide pain control beyond 24 hours. According to the Prescribing Information, “The primary outcome measure was the AUC [area under the curve] of the NRS [numeric rating scale] pain score (cumulative pain scores) collected over the first 72 hour period...” In this clinical study EXPAREL demonstrated a significant reduction in pain intensity compared to placebo for up to 24 hours. The difference in mean pain intensity between treatment groups occurred only during the first 24 hours following study drug administration. Between 24 and 72 hours after study drug administration, there was minimal to no difference between EXPAREL and placebo treatments on mean pain intensity.

Excerpts from the applicable sections of the FDA-approved package insert for EXPAREL follow. The FDA has reviewed and approved this communication.

**Indication for EXPAREL**

EXPAREL is a liposome injection of bupivacaine, an amide-type local anesthetic, indicated for administration into the surgical site to produce postsurgical analgesia.

EXPAREL has not been studied for use in patients younger than 18 years of age.

**Clinical Studies**

**Hemorrhoidectomy**

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**Important Safety Information**

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. EXPAREL has not been studied for use in patients younger than 18 years of age.

- Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Other formulations of bupivacaine should not be administered within 96 hours following administration of EXPAREL.

- Monitoring of cardiovascular and neurological status, as well as vital signs should be performed during and after injection of EXPAREL as with other local anesthetic products. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations. In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting.

**Reporting Adverse Events**

Health care providers and patients are encouraged to report adverse events in patients taking EXPAREL to Pacira at 1-855-793-9727. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying brief summary of Prescribing Information.