

## Telehealth Bariatric Surgery Presenting

### 1. SCOPE

- 1.1. MCHS Telepresenters
- 1.2. Facilities and departments included in the scope listed above are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Abbreviations
  - CPAP: Continuous Positive Airway Pressure
  - JVD: Jugular Venous Distention
  - MCHS: Marshfield Clinic Health System
- 2.2. Definitions
  - Aortic valve: is at the second right intercostal space at the sternal border.
  - Corneal Arcus: gray or white arc visible above and below the outer part of the cornea — the clear, dome-like covering over the front of the eye.
  - Edema: 1+= slight pitting; no visible change in the shape of the leg (skin indents 2mm), 2+= somewhat deeper pitting; no marked change in the shape of the leg (skin indents 4mm), 3+= pitting is deep; leg is full and swollen (skin indents 6mm), 4+= pitting is very deep; leg is very swollen (skin indents 8mm +).
  - Point of Maximal Impulse (PMI): is at the apex; fifth left intercostal space at the midclavicular line.
  - Pulmonic valve: is at the second left intercostal space at the sternal border.
  - Secondary aortic: is at the third left intercostal space at the sternal border.
  - Sensitivity training: is training intended to sensitize people to their attitudes and behaviors that may unwittingly cause offense to others, especially members of various minorities.
  - Telepresenter: is an RN, LPN or MA who is trained to use technology, such as digital stethoscope, otoscope, examination camera, etc, to facilitate comprehensive exams under provider guidance.
  - Tricuspid valve: is at the fifth left intercostal space at the sternal border.
  - Xanthelasma: yellowish plaques that occur most commonly near the inner canthus of the eyelid, more often on the upper lid than the lower lid

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### 3. PROCEDURE BODY

#### 3.1. Program Materials

##### a. Bariatric Information Session folders

- Updates are the responsibility of Bariatric Surgery. Bariatric Surgery sends new forms, content etc. for existing folders when necessary and updated folders as applicable.
- If low on folders, email staff at the Marshfield Center Bariatric Surgery Department/Program for replacements

##### b. Bariatric Surgery Patient Handbooks ("patient binder") are located in each Telehealth exam room

- Give to the patient at the first bariatric Nurse Practitioner visit
- Updates to handbooks are the responsibility of Bariatric Surgery. Bariatric Surgery will send new content etc. for existing handbooks when necessary and updated handbooks as applicable.
- If low on handbooks email staff at the Marshfield Center Bariatric Surgery Department/Program for replacements

#### 3.2. Pre-assessment physical exam

##### a. See [Telehealth Core Presenting](#)

- Vitals signs: Be sure to select the appropriate provider and the necessary package that coincides with the visit
  - Height –without shoes
  - Weight-without shoes
  - BMI
  - Blood Pressure
  - Pulse
  - Neck Circumference if first visit with General Surgery

Measure in Inches

- Enter results in Dashboard

##### b. The provider uses the STOP-BANG questionnaire to evaluate referral status on patients without a known diagnosis of Obstructive Sleep Apnea & CPAP therapy. The provider will ask questions about:

- Snoring
- Tiredness, Epworth Sleepiness Scale tool.
- Observed apneic events
- Pressure, High Blood Pressure

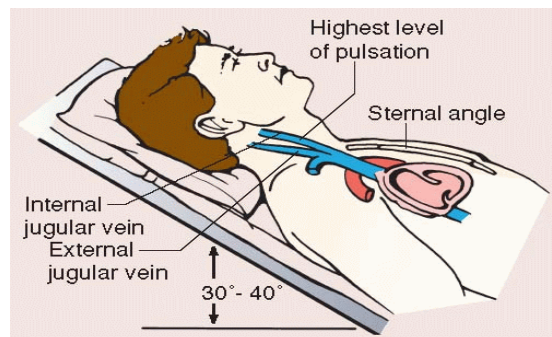
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- If 2 of above criteria are met, sleep referral indicated. If less continue STOP-BANG assessment.
- Body Mass Index  $\geq 35$
- Age  $> 50$
- Neck circumference  $> 15 \frac{3}{4}$ "
- Gender = male
- If 3 or greater of 8 of above criteria are met refer to sleep medicine.

### 3.3. Provider Directed Physical Exam

#### a. Neck

- Assess JVD.
  - Distention reflects right arterial pressure, giving providers' important clinical indicator of cardiac function and right heart hemodynamics.
  - JVD is evaluated best from the right internal jugular vein, because the right internal vein has a more direct anatomic channel into the right atrium.



- Display patient sitting and lying with the room camera.
  - First instruct the patient to sit upright at a 90-degree angle. Veins are normally flat and pulsations are not evident.
  - Then ask the patient to lie supine with the head slightly elevated 30-45 degrees. Hyperextension or flexion may stretch or kink the vein.
  - Apply moderately firm pressure with the palm of hand over the patient's right upper abdominal quadrant for 30-60 seconds. If jugular venous pressure increases, the vein will appear more prominent.

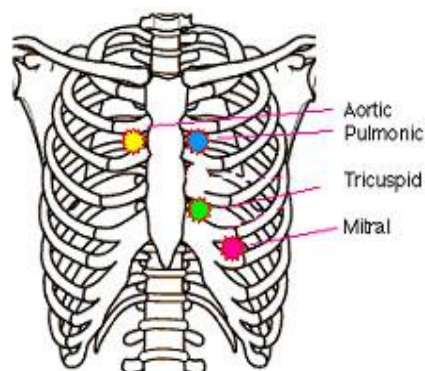
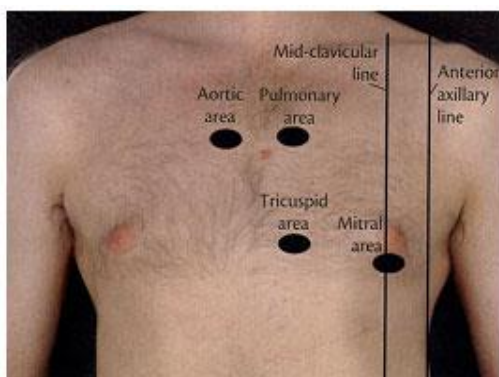
#### b. Eyes

- Using the hand held camera or room camera to zoom in on the eyes allowing the provider to assess the eyes for:
  - Xanthelasma
  - corneal arcus
  - pale conjunctivae- associated with anemia
  - cyanotic conjunctivae
  - petechiae on conjunctivae

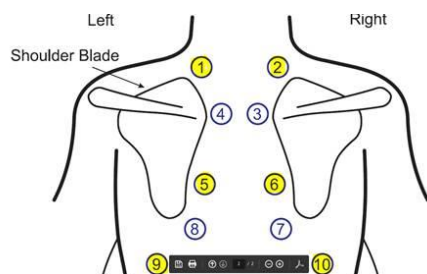
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**c. Heart**

- With the patient's anterior side to the room camera, apply limited pressure to the digital stethoscope to auscultate. Watch the provider for cues to move to the next landmark.
  - Aortic valve
  - Pulmonic valve
  - Tricuspid valve
  - Mitral Valve/Point of Maximal Impulse (PMI)

**d. Lungs**

- With the patient's posterior side to the room camera, place limited pressure with the digital stethoscope at the six posterior lung fields for two complete inspirations and expirations or until provider cues you to move to the next landmark.



- Begin with the upper lobes of the lung, moving the diaphragm of the stethoscope in a ladder-like pattern, from one side to the other.
  - This will allow the provider to identify patterns of breath sounds and compare symmetric areas of the lungs.
- Then with the patient's anterior side facing the room camera, use the digital stethoscope to auscultate two anterior lung fields. (If requested by provider).

**e. Abdomen:**

- Auscultation

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- Place patient in supine position place digital stethoscope on patient's abdomen to assess bowel sounds
- Standing: provider needs to see umbilicus to assess for umbilical hernia
  - Valsalva Maneuver:

Patient is instructed to hold shirt up, hold breath, and push naval out
  - Skin assessment of abdomen;

Under breasts

Under pannus, in abdominal creases, but not perineum, leave underwear in place.
- Palpation of upper abdomen for discomfort (not organ size), on exam table if able, can also be done with patient standing.
  - When done with patient standing instruct patient to brace themselves using a staggered stance to prevent you from pushing them backwards



- Instruct patient to indicate if they experience any discomfort during palpation. Watch for non-verbal signs of discomfort e.g. patient pulls away, facial expressions
- Location: Placement is between ribs and ileac crest, not too high and mid-umbilicus and sternum.

Epigastric; gastric/duodenal

Left upper quadrant (LUQ); gastric

Right Upper Quadrant (RUQ); gallbladder/liver
- Technique:

Use flat part of hand or pads of fingers, not fingertips.

Fingers should be together, avoid sudden jabs.

Use light to deeper, but not aggressive pressure.

Use upward rolling motion similar to performing Heimlich Maneuver when applying pressure

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Patient focused exhalation may be necessary for an anxious patient.

Provider will speak with patient and guide palpation.

f. **Legs**

- Skin color
- Pitting edema assessment
  - Telehealth presenter presses into patient's shin area (on the tibia)
  - Provider will need to see the leg to assess degree of severity, if any.



g. **Gait:** Provider may ask, but if abnormal, report disability prior to visit on Dashboard Provider Worksheet

- 3.4. Post Physical Exam: See [Telehealth Core Presenting](#) Document
- 3.5. Post Considerations: See [Telehealth Core Presenting](#) Document

PROCEDURE

#### 4. ADDITIONAL RESOURCES

- 4.1. References
  - None
- 4.2. Supporting documents available:
  - [Telehealth Core Presenting](#)

PROCEDURE

**5. DOCUMENT HISTORY**

Version No.	Revision Description
1.0	New Document
2.0	Modifications to document
3.0	Reviewed and fixed links 01/12/2018 by Sharon D, Telehealth Project Coordinator
4.0	Removed Marshfield Clinic Logo, Updated Quick Part in Header, Reformat of Section 2. Updated Scope to include MCHS, Reformat of Section 2, Removed 3.3 a, updated new 3.3a (old 3.3b). Removed ACO Blood Pressure Screening Process from section 4.2.
5.0	Per Julianne Elsen, Removed existing 3.1 section regarding Bariatric Informational Sessions as telehealth is no longer involved in facilitating those. Deleted Bariatric Surgery Questionnaire link and updated Telehealth Core Presenting link throughout document.

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