

Evidence Discussion

(AB 9.1) **EviCore** By EVERNORTH

- Preoperative assessment:
 - Routine screening with ultrasound (CPT 76700 or CPT 76705) to assess the gallbladder is reasonable due to the frequent finding of cholelithiasis (21%) leading to synchronous cholecystectomy with the bariatric procedure. (1,3)
 - Patients with Gastro Esophageal Reflux Disease (GERD) should be evaluated based on their reflux per EviCore Guideline Dysphagia and Esophageal Disorders (Neck 3.1). Esophagogastroduodenoscopy (EGD) is more sensitive and specific than barium swallow and can also provide tissue diagnosis as needed. (2)
 - In the absence of symptoms, advanced imaging is generally not indicated.
 - In patients with previous surgery of the foregut, imaging may be indicated for surgical planning. This is addressed in EviCore Abdomen Imaging Guidelines: General Guidelines (AB 1.0) under pre-operative radiology imaging. "If imaging is requested by the operating surgeon to support planned surgery, the imaging may be approved."
- Post-operative complications:
 - Bariatric procedures include gastric banding, gastric bypass, sleeve gastrectomy, and biliopancreatic diversion procedures.
 - Bariatric surgery can result in numerous complications that may not be apparent after initial evaluation or ultrasound. These include internal hernias, marginal ulceration, intussusception, stenosis, perforations, and leaks. Specifically, internal hernias in patients who have had Roux-en-Y gastric bypasses may have intermittent and relatively mild abdominal symptoms which require immediate evaluation with CT imaging.
 - Though abdominal pain in post-operative bariatric patients may be gallbladder induced and an ultrasound would be helpful for this diagnosis, the complications of bariatric surgery can become quickly life-threatening, and so any request for CT imaging in the post-operative bariatric individual should not be delayed with recommendations for ultrasound, even if the examination does not indicate any signs or symptoms of more serious or complicated disease.
 - Symptoms concerning for complications include weight loss failure, heartburn, nausea and vomiting, abdominal pain, fever, abdominal distention, and suspicion of a hernia.
 - Appropriate advanced imaging for suspected complications would be either CT Abdomen and Pelvis with contrast (CPT 74177) or CT Abdomen with contrast (CPT 74160).

References

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6. Varghese JC and Roy-Choudhury SH. Radiological imaging of the GI tract after bariatric surgery. *Gastrointestinal Endoscopy*. 2009;70(6):1176-1181.