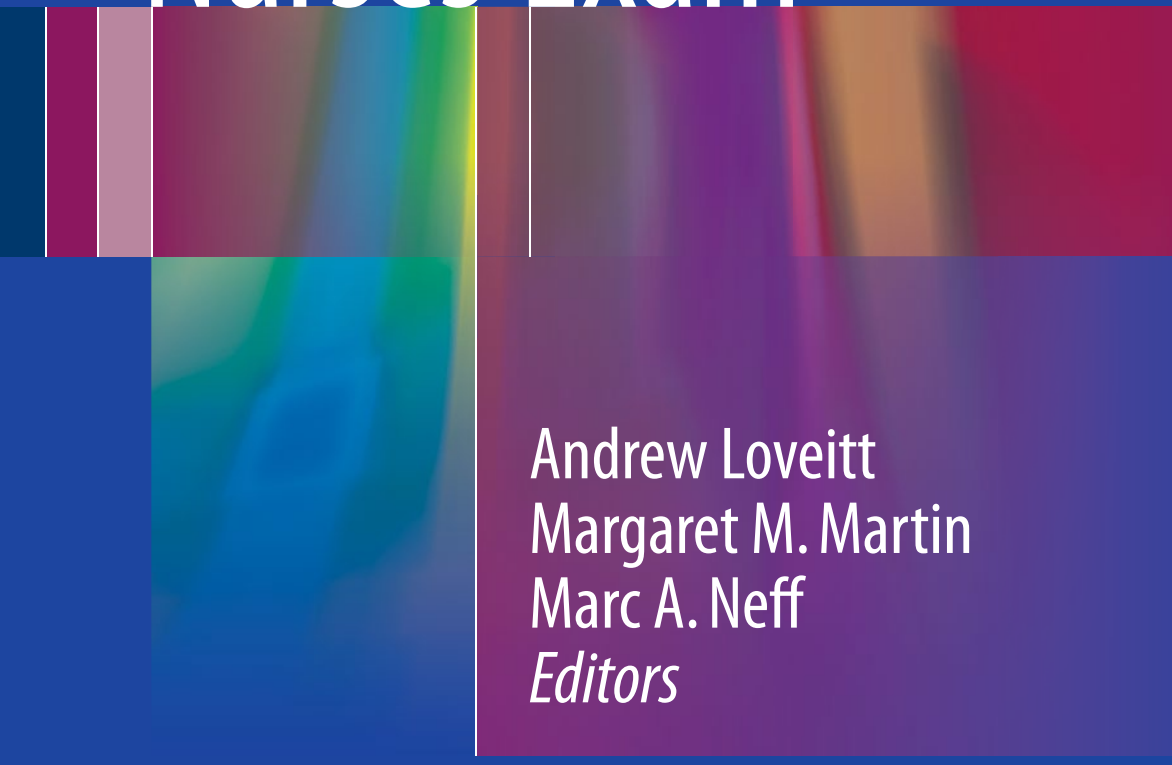
# Passing the Certified Bariatric Nurses Exam



Andrew Loveitt
Margaret M. Martin
Marc A. Neff
*Editors*

Springer

# Passing the Certified Bariatric Nurses Exam

Andrew Loveitt
Margaret M. Martin • Marc A. Neff
Editors

# Passing the Certified Bariatric Nurses Exam

Springer

*Editors*
Andrew Loveitt
Rowan University
Stratford, NJ
USA

Margaret M. Martin, BSN, RN, CBN
Kennedy University Hospital
Stratford, NJ
USA

Marc A. Neff
Kennedy Univ. Hospital - Cherry Hill
Center for Surgical Weight Loss
Cherry Hill, NJ
USA

ISBN 978-3-319-41702-8 ISBN 978-3-319-41703-5 (eBook)
DOI 10.1007/978-3-319-41703-5

Library of Congress Control Number: 2016962446



Printed on acid-free paper

This Springer imprint is published by Springer Nature
The registered company is Springer International Publishing AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

*To my wife, Courtenay, for all you do*
Andrew Loveitt

*My 3 children...Jamie, Andrew, and Dylan*
Marc A. Neff

*My 3 children…Matthew, David, and Claire*
Margaret M. Martin

# Preface

I have been a caring for bariatric surgery patients since 1999. From the beginning, I realized that this is a different patient population. As different as caring for the elderly, the pregnant patient, the pediatric patient, the health-care professional has to take into account a different physiology and group of disease processes that can manifest themselves differently. A bariatric patient could have a complication, a GI leak, but have minimal findings on physical exam or go into respiratory arrest postop as the general anesthetic slowly diffuses out of their adipose tissue. The knowledge that this patient population is unique is vital to good outcomes and proper patient care.

The ASMBS recognized the need for specialized nursing in 2006 and created an exam to help credential those nurses best suited to care for the bariatric patient. The Certified Bariatric Nurse Exam credentials a nurse for 4 years that they have mastered the expertise necessary to care for this patient population. According to the ASMBS website, a nurse qualifies to take the exam if they are:

> A currently licensed professional nurse (RN or equivalent for international nurses) with a valid license number or equivalent, and have been a professional nurse for a minimum of 2 years. And they have worked with morbidly obese and bariatric surgery patients for a minimum of 24 months in the preceding four years, predominately in the Bariatric surgery process. (i.e.: pre-operative, peri-operative or post-operative/follow-up care).

The CBN Examination consists of 170 multiple-choice items. The test presents each question with four response alternatives (A, B, C, and D). One of these represents the single best response, and credit is granted only for selection of this response. Candidates are allowed three hours (180 min) to complete this test.

But more so than these qualifications and this test is a profound understanding of what a bariatric patient is and what the surgery means to them. Obesity is the only remaining acceptable form of discrimination. An individual in this country may not be discriminated against based on their age, their gender, their race, their religious convictions, or their sexual orientation. However, the obese patient is often thought of as sloppy, depressed, ashamed, lazy, and socially dysfunctional. They progress more slowly in their careers. But, as a surgeon, I will tell you that there is no more satisfying patient population to care for. They appreciate that someone is giving them the attention they need, offering them an opportunity to be healthier, to live life, to no longer be trapped inside their body, and to do the things that many of us

take for granted, from sitting in a booth at a restaurant, to flying on a plane without a seat extender, to bending over and tying their shoes without feeling like their head is going to explode. When patients come back to my office having changed the direction of their lives, I feel like I have truly made a difference. Patients forget who did their appendectomy, but they will never forget who did their bariatric surgery and who took care of them before and after that life-changing event.

I am blessed that at my institution to have four certified bariatric nurses. They participate in patient care, preoperatively and postoperatively. They facilitate the patient experience from teaching the preoperative class to running the support groups. I don't think that care and compassion of the bariatric patient requires this exam or a certificate to be hung on the wall. I do however agree that efficient and appropriate care demands a level of competency that this exam tests for. It is for that purpose that this book was created.

Cherry Hill, NJ, USA Marc A. Neff, MD, FACS, FASMBS

# Contents

# Contributors

**Eve Bruneau, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Tatyana Faynberg, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Lisa Harasymczuk, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Sunny Kar, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Nidhi Khanna, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Cheri Leahy, RDN** Kennedy Health Alliance, Cherry Hill, NJ, USA

**Andrew Loveitt, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Alyssa Luning, RDN** Kennedy Health Alliance, Cherry Hill, NJ, USA

**Marc A. Neff, MD, FACS, FASMBS** General Surgery, Kennedy Health Alliance, Cherry Hill, NJ, USA

**Neha Patel, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Mara Piltin, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Rahul Sharma, DO, MPH** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Wiliam Stembridge, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Lynn J. Stott, RN, CMSRN, CBN** Kennedy University Hospital, Stratford, NJ, USA

**Elton Taylor, DO, MBA** Department of General Surgery, Rowan University, Stratford, NJ, USA

**Roshin Thomas, DO** Department of General Surgery, Rowan University, Stratford, NJ, USA

# Introduction to Passing the Certified Bariatric Nurse Exam

1

Andrew Loveitt

Obesity is an epidemic in the United States of America. This may not be news to most but even the experienced healthcare practitioner must find the following statistics startling:

- 34.9 % or 78.9 million US adults are obese (BMI greater than 30) [1].
- The annual medical cost of obesity in the United States was estimated to be $147 billion in 2008 [2].
- Obesity is associated with nearly one in five US deaths [3].

The fight against obesity became prevalent in 1999 when the US Centers for Disease Control and Prevention (CDC) first published state-based maps making the rapid progression of obesity across our nation obvious to even the most casual observer (http://www.cdc.gov/obesity/data/prevalence-maps.html). The fight has continued to rage and sadly we are losing the battle.

This is not for lack of effort. 2013 marked an important year as the American Medical Association officially declared obesity a disease in an effort to open up new resources for patients and those trying desperately to help them. The United States continues to spend trillions of dollars along with uncountable man-hours to fight this epidemic. Despite this enormous public health effort, national rates of obesity are still at an all-time high [1]. What can be done?

Enter the surgeon. While various forms of weight-loss surgery have been available for decades, there has been a recent boom in demand. This is partially a result of the increasing prevalence of the disease but other forces are in effect. The procedures being performed today, in a large part thanks to laparoscopy, have much lower complication rates than those years ago. Surgeons specializing in these techniques

A. Loveitt, DO
Department of General Surgery, Rowan University, Stratford, NJ, USA
e-mail: Loveitan@rowan.edu



A. Loveitt et al. (eds.), *Passing the Certified Bariatric Nurses Exam*,
DOI 10.1007/978-3-319-41703-5_1

have become prevalent. Perhaps most importantly the stigmata of undergoing a bariatric procedure are being lifted. This is not by accident but through a concerted effort by organizations such as the American Society of Bariatric Physicians and American Society for Metabolic and Bariatric Surgery (ASMBS).

Why are we writing this book? As bariatric surgery has become more prevalent, so has the demand on hospitals to meet the specialized needs of the bariatric patient. We have gained experience at our own bariatric facility which is accredited by the American College of Surgeons and have affirmed our belief that truly excellent care starts with excellent nursing. The certified bariatric nurse certification was developed by the ASMBS to establish a professional standard for qualified bariatric surgical nurses and validate a breadth of knowledge and skill necessary to care for the bariatric surgical patient. These specialized nurses are who we want caring for our patients and our patients feel the same way.

Of course with any certification comes a test and the CBN does not disappoint. The CBN exam can be taken by any RN who has worked with bariatric surgery patients for at least 24 months in the previous 4 years. It is administered at testing centers across the United States in February and July. Fees vary from $250 to $480. The test consists of 170 multiple-choice questions each with four answer choices. Test takers have 3 hours to complete the exam, and results are mailed 4–8 weeks after test day. The certification is good for 4 years after which recertification is necessary. For more information visit: https://asmbs.org/professional-education/cbn/cbn-certification-faq

Unfortunately there is a dearth of knowledge regarding what this test covers and how to practice for it. Word of mouth simply will not cut it! We have created *Passing the Certified Bariatric Nurse Exam* to aid you toward not only passing the test and advancing your career but, most importantly, providing more complete and up-to-date care to your patients.

The ASMBS website (listed above) does have excellent resources detailing what will be included on your test, and we suggest you review these materials before getting started with your exam preparation. We intend for this book to be used as a supplement along with other resources for the CBN test. The introductory paragraphs should provide sufficient background knowledge, and the review questions are meant to solidify it. Just before the exam, review the questions multiple times. This should help trigger your knowledge and also identify areas of weakness which will allow for more focused study.

Best of luck!

## References

1. Ogden CL, Carroll MD, Kit BK, Flegal KM (2014) Prevalence of childhood and adult obesity in the United States 2011–2012. JAMA 311(8):806–814
2. Finkelstein EA, Trogdon JG, Cohen JW, Dietz W (2009) Annual medical spending attributable to obesity: payer-and service-specific estimates. Health Aff 28(5):822–831
3. Masters RK, Reither EN, Powers DA, Yang YC, Burger AE, Link BG (2012) The impact of obesity on US mortality levels: the importance of age and cohort factors in population estimates. Am J Public Health 103(10):1895–1901

# Introduction to Bariatric Surgery

# 2

Marc A. Neff

Weight loss surgery (WLS) has come a long way since its early introduction. It currently is safer than heart operations, safer than hip operations, and carries a mortality rate no more than a regular laparoscopic cholecystectomy. This is because of dedicated bariatric and minimally invasive surgical training programs, supervision by the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS), and the training of Certified Bariatric Nurses (CBN).

In addition to the improvement in the safety profile of the surgical procedures, so has our understanding of the nature of obesity. It is now implicated in over 65 different medical conditions ranging from sleep apnea to diabetes, from hypertension to hyperlipidemia. In addition, obesity has been found to be a contributing risk in over 11 different malignancies, including breast and colon cancer.

The surgical procedures work in a variety of ways. Some procedures, such as the lap band and gastric balloon, are restrictive in nature. They work by restricting a patient's eating habits. Other procedures combine a malabsorptive element, such as the gastric bypass and duodenal switch. Still others work with combination of restrictive and hormonal mechanisms, such as the gastric sleeve. Regardless of the surgical procedure chosen, they are all functional tools to facilitate weight loss given the proper follow-up, diet, exercise plan, and lifestyle modification.

All surgical procedures suffer from the risks of bleeding, infection, and reaction to anesthesia. These can be successfully treated with proper identification and early intervention and still lead to successful weight loss. Even a leak can be treated successfully, in a minimally invasive fashion, if recognized early. The leading cause of death in all patients undergoing surgical weight loss is pulmonary embolism. This risk is a 1 in 250 chance, but 1 in 3 patients who suffer an embolism will not survive.

M.A. Neff, MD, FACS, FASMBS
General Surgery, Kennedy Health Alliance, Cherry Hill, NJ, USA
e-mail: M.Neff@kennedyhealth.org



A. Loveitt et al. (eds.), *Passing the Certified Bariatric Nurses Exam*,
DOI 10.1007/978-3-319-41703-5_2

Weight loss surgery is becoming increasingly popular. In 2016, nearly 200,000 procedures are expected to be performed. The numbers of patients in our country alone that have had WLS number in the millions. Every health care practitioner in their career, regardless of their field, is likely to encounter patients who have had weight loss surgery. It is important to understand the procedures performed, their mechanisms of action, the necessary follow-up, and the potential long-term complications.

## Review Questions

1. Choose the correct statement. Weight loss surgery is:

   A. More dangerous than heart operations
   B. More dangerous than hip operations
   C. More dangerous than a laparoscopic cholecystectomy
   D. Safer because of specific training programs for both physicians and nurses and supervision by national organizations

2. Weight loss surgery (WLS) has been linked to:

   A. Infertility
   B. Endometrial cancers
   C. GERD
   D. Type II diabetes
   E. All of the above

3. All surgical procedures are a tool to help the patient achieve successful weight loss. Other important components are:

   A. Diet, exercise, lifestyle management
   B. The proper scale
   C. Having three protein shakes a day
   D. Cleansing once a month

4. The leading cause of death after weight loss surgery is:

   A. Myocardial infarction
   B. Sepsis
   C. Pulmonary embolism
   D. Post-op bleeding

## Answers

1. The answer is *D.* The specific requirements for surgeon credentialing are laid out by the SAGES, SLS, ACS, and ASMBS organizations. In addition, data at credentialed centers is submitted for review by the ACS. The addition of the CBN has further improved patient safety.
2. The answer is *E.* WLS has impact on 65 different medical conditions with resolution rates ranging from 50 to 100 %. The possibility of resolution of medical comorbidities such as type 2 diabetes depends on the

severity of the disease, the duration the patient has been in treatment, the type of surgery performed, and the degree of weight loss. Obesity has been implicated in 11 different malignancies related, in part, to changing estrogen levels, poor diet, and poor patient screening.

3. The answer is *A*. All procedures will change how quickly a patient eats, how much they eat, and the types of food they eat. But this is only part of the successful equation for surgical weight loss. A patient still needs to pay attention to their diet, follow up with a dietician, have regular blood work to check protein and vitamin levels, manage their stress, and exercise regularly. The postoperative follow-up is best individualized towards the patient's specific goals, tailored with regard to their progress, and lifelong. A fitness tracker and food log have been shown to increase total amount and duration of weight loss.
4. The answer is *C*. The leading cause of death is pulmonary embolism. This is characterized by the acute onset of shortness of breath, hypoxia, hypotension, chest pain, a sense of impending doom, and tachycardia. The best treatment is prevention. Patients should be ambulatory within 4 h of the surgical procedure, and patients at high risk (family or personal history of a PE, BMI over 60, or immobility) should be considered for prophylactic IVC filter. While the other causes may also be life-threatening, they are all very treatable with prompt identification.