INTERNATIONAL PATIENTS · MEDICAL TOURISM

Bariatric Surgery Complete Patient Guide

Candidacy, pre-operative tests, safety protocol, pricing and patient questionnaire — sleeve, bypass and SASI/OATB.

Dr. Luis Meza

Bariatric & Metabolic Surgeon · Certified by the Mexican Council of General Surgery (#130287) and Bariatric Surgery (#150013)

WHAT THIS GUIDE COVERS

- Candidacy
- Pre-op regimen
- Stay in Mérida
- Pre-op tests
- Postpone / cancel
- Clearance to fly
- Medication
- Follow-up
- Pricing
- Questionnaire

FARO del Mayab · Office 907 · Mérida, Yucatán | Tel / WhatsApp +52 985 126 1367 | contacto@luismeza.mx | luismeza.mx

1 Who is a candidate

Based on the 2022 ASMBS/IFSO indications for metabolic and bariatric surgery.

- BMI 35 or higher, with or without other conditions.
- BMI 30–34.9 with metabolic disease (especially type 2 diabetes).
- Ready to commit to lifelong follow-up and lifestyle change.
- No uncontrolled psychiatric condition, active addiction, or uncompensated anesthetic risk.

2 Pre-operative regimen

- **Liver-reduction diet** (very low calorie): minimum 1 week, may extend to 2 depending on ultrasound findings.
- **Stop** NSAIDs, aspirin and blood thinners as directed; stop blood-thinning herbal products (ginkgo, garlic, valerian, kava) at least 10 days before.
- **GLP-1 analogues** (semaglutide, tirzepatide): stop 1 week before anesthesia — aspiration risk from delayed gastric emptying.
- **SGLT2 inhibitors:** stop 3–4 days before (risk of euglycemic ketoacidosis).
- **Smoking:** stop ideally 8 weeks before. **Alcohol:** stopped.
- **Clot (DVT) prophylaxis:** individual risk assessment.

3 Length of stay in Mérida

- **Hospital:** sleeve 1–2 nights; bypass 2–3 nights.
- **Total stay before flying: minimum 10 nights** for sleeve and bypass — to safely pass the highest-risk window before a long flight.
- **Revision cases: 2 weeks.**
- Accommodation close to the hospital for the whole stay.

This document describes professional requirements and does not replace individual clinical assessment. Only the surgeon can determine whether a procedure is appropriate for a given patient.

4 Pre-operative tests & what postpones surgery

These tests confirm the patient is a true surgical candidate and safe for anesthesia. They are done at home first — so no one flies without being operable. Anything missing can be completed in Mérida.

Site: H = home country (Canada) · M = Mérida · H/M = either. This list also allows the laboratory and hospital to be quoted in advance.

TEST	CLINICAL PURPOSE	RESULT THAT POSTPONES OR CANCELS	SITE
HEMATOLOGY & COAGULATION			
Complete blood count	Anemia, infection, platelets	Hb < 8–10 g/dL or symptomatic anemia → postpone and correct; leukocytosis with infection → treat first	**H**
PT / INR and aPTT	Bleeding risk	INR > 1.5 (not from planned anticoagulation) or coagulopathy → postpone and correct	**H**
Blood type and Rh	Transfusion reserve	Required; does not cancel	**H/M**
BIOCHEMISTRY & METABOLIC			
Glucose and HbA1c	Glycemic control	HbA1c > 8.5–9 % or marked hyperglycemia → optimize/postpone (ideal target ≤ 7–8 %)	**H**
Electrolytes (Na, K)	Fluid and electrolyte balance	Hypokalemia or other significant abnormality → correct first	**H**
Creatinine and urea	Kidney function / anesthetic risk	Significant renal impairment → assess and optimize	**H**
Liver function tests	Liver disease	Marked elevation or suspected cirrhosis/portal hypertension → investigate first	**H**
Albumin and total protein	Nutritional status	Severe hypoalbuminemia → optimize	**H**
Lipid panel	Cardiovascular risk	Informative; does not cancel	**H**
C-peptide and CRP (diabetic patients)	Pancreatic reserve / inflammation	Informative	**H**
ENDOCRINE			
TSH (thyroid panel)	Thyroid function	Uncontrolled hypothyroidism → compensate first	**H**
INFECTIOUS			
Urinalysis / urine culture	Urinary infection	Active urinary infection → treat and postpone	**H/M**
H. pylori stool antigen or test	H. pylori infection	Positive → eradicate first (especially for bypass)	**H/M**
Serologies (HIV, HBV, HCV)	Hospital pre-operative requirement	Per hospital protocol	**H/M**

This document describes professional requirements and does not replace individual clinical assessment. Only the surgeon can determine whether a procedure is appropriate for a given patient.

TEST	CLINICAL PURPOSE	RESULT THAT POSTPONES OR CANCELS	SITE
CARDIOPULMONARY			
Electrocardiogram	Heart disease / arrhythmia	New finding (ischemia, arrhythmia) → cardiology assessment first	**H/M**
Chest X-ray (if indicated)	Lung disease	Acute finding → investigate and postpone	**H/M**
Sleep apnea screening (STOP-BANG) ± sleep study	Obstructive sleep apnea	Severe untreated OSA → optimize with CPAP first	**H**
IMAGING & ENDOSCOPY			
Abdominal ultrasound	Gallbladder and liver	Informative; gallstones managed according to findings	**H/M**
Upper endoscopy	Gastric pathology	Relevant finding (active ulcer, etc.) → treat first	**H/M**
WOMEN'S HEALTH			
Pregnancy test (β-hCG)	Pregnancy	POSITIVE → CANCEL: absolute contraindication to elective surgery	**H/M**
ASSESSMENTS			
Anesthetic assessment (ASA)	Perioperative risk	Uncompensated disease → optimize first	**M**
Psychological and nutritional assessment	Suitability and adherence	Uncontrolled disorder or active addiction → defer	**H/M**

Priority criteria for cancelling or postponing surgery

- **Positive pregnancy test** — absolute contraindication to elective surgery.
- **Active infection** (urinary, respiratory or fever) — treat and reschedule.
- **Severe uncorrected anemia** or coagulopathy.
- **Uncontrolled diabetes** (very high HbA1c or marked hyperglycemia).
- **Decompensated heart or lung disease** / severe untreated sleep apnea.
- **Significant electrolyte abnormality** (e.g. hypokalemia).
- **Positive H. pylori** not yet eradicated (especially for bypass).

This document describes professional requirements and does not replace individual clinical assessment. Only the surgeon can determine whether a procedure is appropriate for a given patient.

5 Clearance to fly

Before the flight, every patient is seen in person and cleared only when it is safe: fever-free, tolerating fluids, pain controlled, walking, and with no signs of leak, bleeding or infection.

The surgeon signs a **fit-to-fly letter** with recommendations and prescribes:

- Low-molecular-weight heparin (LMWH) for the return flight.
- Compression stockings, strict hydration, aisle seat, movement every hour.
- Emergency contact and nearest hospital at destination.
- Clear warning signs and what to do during the trip and after arriving home.

6 Post-operative medication (included)

- Stomach protection (proton pump inhibitor) for the indicated period.
- Preventive (perioperative) antibiotics.
- Anti-nausea and pain medication (no NSAIDs).
- Clot (DVT) prophylaxis.
- Multivitamin and bariatric supplements.

7 Follow-up & complications

A **virtual consultation** before traveling, another on return, and a virtual follow-up at about 6 weeks — then 3, 6 and 12 months and yearly, coordinated with the patient's doctor in Canada.

> **Complications & insurance.** If a complication ever requires a second procedure, the surgeon issues a detailed operative report and clinical summary so the agency can start the insurance request and the patient's return.

This document describes professional requirements and does not replace individual clinical assessment. Only the surgeon can determine whether a procedure is appropriate for a given patient.

Patient Questionnaire

Please complete and return before your virtual consultation. All information is confidential.

General information

Full name _____ Date of birth _____

Age _____ Sex _____

Height _____

Current weight _____ Highest weight _____

Lowest weight _____

Phone / WhatsApp _____ Email _____

Medical conditions

☐ Type 2 diabetes ☐ On insulin ☐ High blood pressure ☐ High cholesterol ☐ Sleep apnea ☐ Uses CPAP

☐ Reflux / GERD ☐ Fatty liver ☐ Heart disease ☐ Lung disease ☐ Thyroid ☐ Liver / kidney

Other _____

Clot history

☐ Previous DVT / pulmonary embolism ☐ Varicose veins ☐ Known clotting disorder ☐ Uses contraceptives

Surgical history

Any previous abdominal surgery? ☐ Yes ☐ No

Any previous bariatric surgery? ☐ Yes ☐ No Type / year _____

Complications, if any _____

Medications & allergies

Current medications _____

☐ Blood thinners / antiplatelets ☐ GLP-1 (semaglutide / tirzepatide) ☐ SGLT2 inhibitor ☐ Herbal / supplements

Allergies _____

Habits & women's health

Smoking? ☐ Yes ☐ No Cigarettes / day _____ Alcohol? ☐ Yes ☐ No

Pregnant or breastfeeding? ☐ Yes ☐ No Contraceptive method _____

Mental health & current symptoms

☐ Depression ☐ Anxiety ☐ Binge eating ☐ In current treatment ☐ Difficulty swallowing ☐ Abdominal pain ☐ Vomiting

☐ Bleeding

_____ _____

Patient signature Date

This document describes professional requirements and does not replace individual clinical assessment. Only the surgeon can determine whether a procedure is appropriate for a given patient.

9 References

1. Eisenberg D, Shikora SA, Aarts E, et al. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery. Obes Surg. 2023;33(1):3-14.
2. Mechanick JI, Apovian C, Brethauer S, et al. Clinical Practice Guidelines for the Perioperative Nutrition, Metabolic, and Nonsurgical Support of Patients Undergoing Bariatric Procedures – 2019 Update: Cosponsored by AACE/ACE, TOS, ASMBS, OMA and ASA. Endocr Pract. 2019;25(12):1346-1359.
3. Carter J, Chang J, Birriel TJ, et al. ASMBS position statement on preoperative patient optimization before metabolic and bariatric surgery. Surg Obes Relat Dis. 2021;17(12):1956-1976.
4. American Diabetes Association. Standards of Care in Diabetes (current edition) — perioperative and inpatient glycemic management. Diabetes Care.
5. American Society of Anesthesiologists. Practice Advisory for Preanesthesia Evaluation; ASA Physical Status Classification System.
6. Obesity Canada / Canadian Adult Obesity Clinical Practice Guidelines — Bariatric Surgery: Selection and Pre-operative Workup.

Next steps

1. Complete and return the patient questionnaire.
2. Have the required tests done at home; send us the results.
3. Virtual consultation to confirm candidacy, choose the procedure and set the date.
4. Start the pre-operative regimen and plan the trip (minimum 10 nights).

Dr. Luis Meza

Bariatric & Metabolic Surgery — FARO del Mayab, Office 907, Mérida, Yucatán, Mexico
Tel / WhatsApp +52 985 126 1367 · contacto@luismeza.mx · luismeza.mx

This document describes professional requirements and does not replace individual clinical assessment. Only the surgeon and the anesthesiologist can determine whether a procedure is appropriate for a given patient. The thresholds shown are usual clinical criteria and are individualized for each patient.