

The prevalence of morbid obesity in the United States (US) continues to be on an incessant rise and at an epidemic level. Morbid obesity, a serious health problem that can result in adverse health complications, continues to be ignored despite public awareness of its morbidity and mortality. In a recent report by The Centers for Disease Control and Prevention (CDC), 41.9% of adults and 19.7% of children are affected in the US. With no paucity in this epidemic and the goal of a means to curb the trend, bariatric surgery has emerged as the most effective and long-lasting weight loss method now available. However, postoperative medication reconciliation remains a complex facet. This DNP project involved the participation of 28 pre-implementation and 14 post-implementation bariatric surgery patients at a community hospital in New York City. There was a pre-implementation rate of 25%, and complications decreased to 0% post-implementation. These findings for the project outcome were populated through a pre-post intervention descriptive analysis using the Pearson Chi-Square Analysis. This DNP project translated into practice the role and importance of implementing a standardized preoperative medication reconciliation process to reduce postoperative surgical complications and morbidity in adult bariatric patients at a community hospital.