

At Opcare, elective-surgery candidates shape up before shipping out to the OR

NEW YORK—If people facing serious elective surgery spent the six pre-op weeks (and about \$800) on a course of enhanced nutrition and general conditioning, they'd considerably reduce their hazards and improve their prospects for a quick exit from the hospital. That's the theory behind—and promise of—Opcare, a program devised by Dr. Warren M. Levin and being launched here by the World Health Medical Group, a.k.a. Dr. Levin.

Such a regimen is needed because the typical diet and sedentary habits of Americans leave most of them in poor shape to withstand "the enormous stress of surgery," explains the Manhattan FP, who describes himself as now "a full-time specialist in nutritional preventive medicine." To prepare these outpatients for their ordeal, he's assembled a staff of 24 non-medical aides (he expects to be joined soon by another MD) and taken 6,500 square feet of office space on Park Avenue South.

Evaluations. Persons referred there by their doctors will first undergo a thorough nutritional assessment, says Dr. Levin. Deficits detected will be redressed by injections of vitamins and minerals, and a supplemented diet will be prescribed. "We consistently find deficiencies in zinc and magnesium," Dr. Levin says, adding that their repletion will improve wound healing and minimize the risk of cardiovascular complications during and after surgery. Large doses of vitamin C are also given at Opcare "to prevent infection."

Another object of the six-week course (a two-week "crash" program is also available for around \$500) is to wean patients from caffeine, alcohol, cigarettes, and sugar. The reason, says Dr. Levin, is

that the abrupt denial of those substances in the hospital can add the pangs of "withdrawal" to the surgical stress. Also featured by Opcare are aerobic exercises to "strengthen heart and lung function" and—for the very anxious—relaxation training and biofeedback sessions.

What patients are these measures designed for? "Those whose operations will entail prolonged anesthesia," replies Dr. Levin. Will third-party payers pick up part of the Opcare tab? "I don't file insurance claims," he says. "I treat these visits as 'nutritional evaluations' and warn my patients that insurers aren't likely to find them 'necessary, customary, and reasonable.' But I don't see why a good major-medical plan wouldn't cover them. Opcare's a saving if it shortens hospitalizations costing perhaps \$1,000 a day."

Citations. The value of Dr. Levin's prepping has yet to be confirmed by controlled trials, but he points to the past 10 years of his own clinical experience. (He's only now formalized his approach, he says, because he intends to write a book on it—probably titled *Opcare*.) He claims hospitals regularly report his patients need fewer pain-killers and are out of bed and ready for discharge sooner than the usual surgery patient.

Nutrition is the key, he maintains, and "that's a subject few doctors—outside dialysis clinics, burn centers, and surgical units using hyperalimentation—know anything about. Till recently, they thought they could feed infants better than the mothers could." But Opcare's bedrock is "logic," he says—the simple fact that "an OR patient should be in the best possible condition. And the average American is in atrocious shape."

That reasoning isn't clear to all. "I know of no evidence that this kind of program will make any difference," says Dr. Maurice E. Shils, clinical-nutrition director at Memorial Sloan-Kettering Cancer Center here. He believes those who eat the typical American diet and have no serious underlying disease can stand up to elective surgery without benefit of Opcare.

Though surgeon B. Smith Hopkins of this city's Albert Einstein College of Medicine finds some merit in Dr. Levin's ideas, he feels their emphasis may be misplaced. Many apparently healthy patients are poorly nourished, he agrees, but their problem is likelier to be protein-calorie malnutrition than depleted vitamins or minerals. And he doubts the intensive examination at Opcare—which includes blood and hair analyses—adds much to the findings of simple screening. Still, he says, "a program like this can't hurt."

Meanwhile, more help for surgical candidates is on the way from California, where Santa Barbara sociologist Anthony Zaffuto has put together a videotape called *Sundown to Sunrise*. It combines scenes of outdoor beauty with a soothing soundtrack and is intended to allay anxiety. ("I like the idea," Dr. Levin remarked.)

But reviews from Red Bank, N.J., were less enthusiastic. Though staffers at Riverview Hospital there found the film "relaxing and beautiful," they questioned its pre-op value. So "we decided not to go with it," says nurse Adelyn McKenzie, Riverview's coordinator of consumer health education. ■