**Pannus**

**Diagnosis/Definition:**
Symptomatic of abdominal pannus.

**Initial Diagnosis and Management:**
Presence of pannus needs resection.

**Ongoing Management and Objectives:**
None - needs surgery.

**Indications for Specialty Care Referral:**
Unable to care for skin, back pain inability to walk or stand up straight.

**Test(s) to Prepare for Consult:**
None indicated.

**Test(s) Consultant May Need To Do:**
None indicated.

**Criteria for Return to Primary Care:**
Fully healed incision, appropriate pain management.

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**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.