Weight Loss Surgery Guide

Charleston Area Medical Center
Weight Loss Center

3100 MacCorkle Ave. S.E.
Suite 202
Charleston, WV  25304
Tel:  (304) 388-4965
Fax: (304) 388-4968
From Beckley area, from the south: Take I-77 North to Charleston. Get off at Exit #95, MacCorkle Ave. Turn west on MacCorkle/Rt 61 North and drive approximately three miles. You will pass a Taco bell on your right at the 35th street traffic light. Turn right at the next light on 31st street, and drive into the CAMC Memorial Hospital campus. Stay to the right and follow the signs to visitor parking.

From Logan area, from south: Take Route 119 North (Corridor G) to Charleston and turn right/south on Route 61/MacCorkle, at the Kanawha River. Drive south on Rt 61/MacCorkle for about 3 miles until you pass the University of Charleston on your left. Merge into left land and prepare to turn left into the CAMC Memorial Hospital campus at the 31st street traffic light. Stay to the right and follow the signs to visitor parking.

From the east: Take Rt 60/Kanawha Blvd west toward the state capitol. Turn right at the first stoplight, Chesapeake Ave. Turn right again at Washington street. Follow Washington street east to the 35th street bridge. Take the bridge over the Kanawha River. Turn right/north at the first light, on MacCorkle Ave. Take MacCorkle to the next light and turn right on 31st street into the CAMC Memorial Hospitals campus. Stay to the right and follow the signs to visitor parking.

From the west: Follow I-64 East through Charleston. Merge with I-77 and pass the gold-domed State Capitol Building. Take exit #98 at the 35th street bridge. Drive across the bridge an turn right/north at the first light, on Rt 61/MacCorkle Ave. Take MacCorkle to the next light and turn right on 31st street into CAMC Memorial Hospital campus. Stay to the right and follow the signs to visitor parking.

From the north: Take I-77 or I-79 South into Charleston, following signs toward Beckley. I-79 merges into I-77. I-77 South merges with I-64 East. Pass the gold-domed State Capitol Building, then take exit #98 at the 35th street bridge. Drive across the bridge and turn right/north at the first light, on Rt 61/MacCorkle Ave. Take MacCorkle to the next light and turn right on 31st street into CAMC Memorial Hospital campus. Stay to the right and follow the signs to visitor parking.
Welcome

Thank you for attending our seminar and considering CAMC Weight Loss Center to help you take control of obesity and your life. For people suffering from severe obesity and related health conditions, weight-loss surgery may be the solution you have been searching for. Studies demonstrate that weight-loss surgery, as compared to non-surgical treatments, yields the longest period of sustained weight loss in patients who have failed other therapies.

For best results, patients need to actively participate in a multi-disciplinary weight-loss program which includes nutritional, psychological, and exercise counseling. Our highly trained team is committed to providing the highest level of patient care every step of the way. At CAMC Weight Loss Center, we perform Gastric bypass surgery (both Laparoscopic and Open), the LAP-BAND® System surgery and Revisional Weight Loss Surgery.

Robert B. Shin, MD, FACS is the Director of CAMC Weight Loss Center. At CAMC Weight Loss Center, bariatric surgeons perform Gastric bypass surgery (both Laparoscopic and Open), the LAP-BAND® System surgery and Revisional Weight Loss Surgery. He is board certified in Surgery, fellow of the American College of Surgeons and holds active membership with the American Society for Bariatric Surgery, the Society of American Gastrointestinal

Endoscopic Surgery, and the International Federation of the Surgery of Obesity. He has written multiple publications on major surgical journals on Morbid Obesity.

If you are interested in pursuing a weight loss surgery, please read the materials provided in this packet and fill out the enclosed Patient Worksheet. It is important to provide as much detail as possible so that we will be better able to assist you and help you start your journey towards a healthier, happier life.

Please complete the forms before your surgical consultation with Dr. Shin or send or fax to:

CAMC Weight Loss Center
Attn: Robert B. Shin, MD, FACS
Fax: 304-388-4968

Please note that this is not an overnight process. There are many required steps that involve multiple parties. We will make every effort to expedite this process for you.

In the meantime, you can begin taking positive steps toward your post-surgical success. Read the literature provided in the packet and take the short Quiz to make sure you understand the information presented at today’s seminar. Keep a list of any questions for your upcoming appointments.

We look forward to helping you achieve your health goals

Robert B. Shin, MD, FACS
Director
CAMC Weight Loss Center
Clinical Assistant Professor of Surgery
West Virginal University
Dear Prospective Patients:

Thank you for your participation in CAMC Weight Loss Center Educational Seminar. Your initial surgical consultation can be scheduled after you completed the seminar. Obtaining the approval from your insurance company can be lengthy. CAMC Weight Loss Center will assist you in this process to provide the insurance coverage for the Roux-en-Y gastric bypass or the LAP-BAND System. However, your participation is essential. Here are some of the steps you will need to take:

**Review your insurance policy.**
Check the “Exclusion of Coverage” or “Certificate of Coverage” section for mention of a specific weight loss surgery option.

**Fill out consent form.**
If your insurance company requires prior authorization, you will need to fill out a consent form allowing your doctor’s office to release information about your condition to your insurance company.

**Complete the Patient Worksheet.**
Fill out the information on the Patient Packet to assist CAMC Weight Loss Center in the submission process. A detailed list—supported by appropriate documentation—of the specific weight loss efforts you have tried and failed in the past 5 years (or more) is necessary to show that you have been unable to achieve long-term weight loss without surgery.

Currently, it is mandatory by your insurance companies that we submit your diet or non-surgical weight loss history to obtain necessary approval for your weight loss surgery. **We cannot gather, copy, or organize these for you!**

Get copies of your medical records from your primary care physician and any other healthcare professionals who have treated your obesity and its related medical conditions (such as type 2 diabetes, high blood pressure, sleep apnea, asthma, joint problems, etc)

If you have undergone medically supervised weight loss programs in the past, obtain copies of those records. If you have never been on a medically supervised weight loss program, begin one now (while you are waiting for insurance approval for your weight loss surgery) and be sure to keep copies of your medical records. Currently, most of insurance companies require at least 6 months “Medically supervised diet or weight loss program” within last 2 to 5 years. Your physician must document the followings on **monthly** basis.

- your diet plan
- your weight
- dietary consultation if necessary or required by your insurance plan
- recommendation of behavioral lifestyle modification
- exercise recommendation
- proof of weight loss some time during this non-surgical weight loss trial

If you have PEIA, they require 12 month trial within last 2 years.

Letters from your physicians who have supervised your weight loss, including the medication or diet used, your name, and your physician’s letterhead/address and signature can help very much.
Ask your primary care physician for a letter referring you to CAMC Weight Loss Center.
The letter should include your height, weight, and body mass index (BMI) history, as well as any health problems you have that may be related to your obesity and the medications or treatments you are receiving for these conditions.

Be patient.
After CAMC Weight Loss Center has sent your insurance company the appropriate paperwork to request pre-authorization, it could take many weeks before a response is received. While you are waiting to hear, investigate other available options (such as financing the cost of the procedure and making monthly payments) in case your approval is denied.

Thank you.

Sincerely,

Charleston Area Medical Center Weight Loss Center Staff
INTRODUCTION

CAMC Weight Loss Center provides a comprehensive and multidisciplinary care to your weight loss, health and better life-quality. CAMC is committed to provide life-long medical cares for its clients from experts in surgery, multiple medical specialties, psychology, nutritional science, exercise physiology and nursing.

Weight loss surgery is not the cure for Obesity. It is a tool. In order to achieve a life-long healthiness and fitness after your weight loss surgery, you must be committed to life-long modification of life-style, dietary and exercise habits.

THE OBESITY EPIDEMIC

Obesity is a life-threatening disease afflicting the United States at an alarming rate. Today, more than 97 million American, more than one-third of the adult population, are overweight or obese. An estimated 10 million of those are considered morbidly obese. An increase in 20% or more over your “ideal body weight” is the point at which excess weight becomes a health risk. Obesity is the leading cause of preventable deaths in the U.S. - surpassing smoking and associated with approximately 500,000 deaths/per year in the U.S.

Obesity becomes “morbid” when it reaches the point of significantly increasing the risk of one or more obesity-related health conditions or serious diseases that result in significant physical disability or even death.

According to the National Institutes of Health (NIH) Consensus Report, morbid obesity is a serious disease and must be treated as such. It is a chronic disease, meaning that its symptoms build slowly over an extended period of time.

What is Morbid Obesity?

Morbid obesity (or clinically severe obesity) is defined as:

- greater than 100 pounds overweight or
- greater than 200% of your ideal body weight or
- body mass index (BMI) of greater than or equal to 40.

The most common measurement for obesity is the Body Mass Index (BMI). Your BMI depends on both your weight and your height. The BMI calculation cannot distinguish between body muscle and fat. This could cause a very muscular person to be mistakenly classified as obese. For this reason, your physician should always consider your individual case.

The obesity categories adopted in 1988 by NIH are:

- BMI 19 to 24.9 -- Ideal
- BMI 25 to 29.9 -- Overweight
- BMI 30 to 34.9 -- Obese
- BMI 35 to 39.9 -- Severely Obese
- BMI 40 and up -- Morbidly Obese

(Please refer to the BMI table to calculate your BMI.)
Who should consider surgery?

Morbid obesity greatly increases the chance of developing health conditions that can result in significant physical, mental and social disabilities. It can also cause death.

Not everyone who has a weight problem should consider surgery. Your doctor might suggest surgery to help you lose weight, if

- your BMI is 40 or higher (or at least 100 pounds overweight or greater than 200% of your ideal body weight), or
- your BMI is between 35 and 40 with other medical conditions (such as diabetes mellitus, sleep apnea or heart problems)

CAUSES OF OBESITY

The reasons for obesity are multiple and complex. Despite conventional wisdom, it is not simply a result of overeating.

Energy Balance

To work right, your body needs the energy that comes from foods. When you eat the same amount of food your body needs, your weight stays the same. If you get more energy from your food than you need, some is left over. Your body stores that extra energy as fatty tissue. If your body never uses the extra fat, you will gain weight. How much food you need depends on how fast your body uses energy. Some people with higher metabolism use energy faster than others. Some need more energy because they are more active.

Heredity

If others in your family are obese, then you have a higher risk for obesity. Research has shown that, in many cases, a significant underlying cause of morbid obesity is genetic. Genetic research does show that a number of processes do not work as well in obese people as they do in others. These include how fat is burned, metabolism, and feeling of hunger and fullness.

Metabolic Disorders

Metabolism refers to how your body gets energy from food. Many factors can affect your metabolism. For example, trouble with your thyroid gland can change your metabolism and leads to obesity or morbid obesity.

Eating and Social Habits

Your eating habits can affect your weight. Things like not eating a balanced diet or eating fast-food and fatty snacks between meals can all cause obesity. Eating portions too large or too rich and drinking too many high-calorie soft drinks can also cause obesity. Not getting enough exercise can make the effect of these habits worse.

Psychological Factors

Most people’s eating habits are affected by their surroundings. Smell and color will cause them to eat more. Some people eat to be social. Some eat for comfort in times of grief or stress, especially after a diet fails.

Any one or combination of these factors can lead to obesity. As science continues to search for answers, morbidly obese individuals must understand how to treat their conditions in the most effective way.
THE RISKS OF OBESITY

Health Risks

If you are morbidly obese, your risk of early death is doubled compared to non-obese individuals. Your risk of death from diabetes or heart attack is 5 to 7 times greater.

Obese people have more risk for

- Type 2 Diabetes
- High blood pressure / Heart diseases
- Osteoarthritis of weight bearing joints
- Sleep apnea / Breathing difficulties
- Gastro esophageal reflux / Heartburn
- Gallbladder diseases
- Infertility
- Depression
- Skin breakdown
- Swollen legs / Skin ulcers
- Urinary stress incontinence
- Menstrual irregularities
- Lower extremity venous stasis
- High cholesterol
- Pulmonary embolism
- Pancreatitis
- Cancers
- Sudden death

If you already have few of these diseases, they can get worse. The more weight you gain the more risk you have. As a result, your life expectancy is shorter.

Psychological and Social Well-being Risks

Severely obese people often have a negative self-image and find themselves socially isolated. Obese children may be teased at school and have fewer friends.

You may find it hard to buy clothes that look good. Bus or airplane seats and cars may be too small. You are also likely to be left out of social functions that require exercises.

Day-to-day Living Risks

If you are severely obese, you tend to tire more quickly. You may also have breathing problems. Not being able to move as well makes it difficult for some people to maintain personal hygiene.

TREATMENT OPTIONS FOR MORBID OBESITY

Non-surgical Treatments

For anyone who has considered a weight loss program, there are numbers of choices. Most of the medically supervised or comprehensive non-surgical weight loss programs recommend some combination of diet plan, behavioral modification and regular exercise. Some uses very low calorie diet and/or pharmacological interventions.

Many regain their weight back when the diet ends, which leads to more dieting, replacing meals with special drinks, or taking diet pills. These people are subjecting their bodies to a continuing cycle of weight loss and gain, known as “yo-yo effect”. Serious health risks have been identified for people who move from diet to diet. This “yo-yo effect” can also make more difficult to lose weight in the future.
Unfortunately, studies show that less than 5% of individuals lose a significant amount of weight and reach the goal of long-lasting weight loss, even with most effective non-surgical weight loss programs (NIH Consensus Statement, 1992). According to NIH, more than 90% of all people in these programs regain their weight within one year.

**Surgical Treatments**

If non-surgical treatments have not helped you lose weight and keep it off, you still have another option. Weight loss surgery, when compared to non-surgical treatments, has provided the longest period of sustained weight loss in patients for whom all other therapies have failed.

There are three types of weight loss surgery.
- **Restrictive** - reduces the amount of food the stomach can hold but does not interfere with normal digestion of food and nutrients.
- **Malabsorptive** - shortens the digestive tract to limit the number of calories and nutrients that can be absorbed.
- **Combination** - restricts the amount of food the stomach can hold and reduces the number of calories absorbed by altering the digestive tract.

CAMC Weight Loss Center offers the Roux-en-Y gastric bypass and the LAP-BAND System.
WHY WEIGHT LOSS SURGERY?

Weight loss surgery has been found to be effective in improving and controlling many obesity-related health conditions. Surgery should be viewed first and foremost as a method for alleviating debilitating diseases, thus improving the quality of life.

The actual weight loss after a weight loss surgery depends on a number of factors. These include: Age, Weight before the surgery, Overall health conditions, Surgical procedure, Ability to exercise, Commitment to maintaining dietary guidelines and other follow-up recommendations, Your motivation and cooperation of your family, friends and others.

In general, weight loss surgery success has been defined as achieving a loss of 50% or more of excess body weight and maintaining that loss for at least five years (Wittgrove et al, 2000). Patients with higher initial BMIs tend to lose more total weight. Patients with lower initial BMIs will lose a greater percentage of their weight and will more likely come closer to their ideal body weight.

Weight loss surgery has been shown to be a safe and effective procedure, with relatively low risks and complications as compared to not having the surgery. Weight loss surgery has been shown to improve a number of obesity related diseases as well as emotional and social functioning. Weight loss surgery can help you achieve your long-term weight control and improvements in your health, quality of life and life-expectancy.

Quality of life after gastric bypass

<table>
<thead>
<tr>
<th></th>
<th>Greatly Improved</th>
<th>Improved</th>
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</thead>
<tbody>
<tr>
<td>Osteoarthritis</td>
<td>58%</td>
<td>37%</td>
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<tr>
<td>High Cholesterol</td>
<td>41%</td>
<td>47%</td>
</tr>
<tr>
<td>GERD</td>
<td>63%</td>
<td>33%</td>
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<tr>
<td>Hypertension</td>
<td>72%</td>
<td>24%</td>
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<tr>
<td>Sleep Apnea</td>
<td>70%</td>
<td>18%</td>
</tr>
<tr>
<td>Depression</td>
<td>74%</td>
<td>19%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>80%</td>
<td>18%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>25%</td>
<td>75%</td>
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Schauer et al., 2000- University of Pittsburgh

Obesity related medical problems after gastric bypass

<table>
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<tr>
<th>Medical Problem</th>
<th>Resolved</th>
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</thead>
<tbody>
<tr>
<td>Osteoarthritis</td>
<td>41%</td>
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<td>18%</td>
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<tr>
<td>Sleep Apnea</td>
<td>74%</td>
<td>19%</td>
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<tr>
<td>Depression</td>
<td>8%</td>
<td>47%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>80%</td>
<td>18%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>25%</td>
<td>75%</td>
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THE INDICATIONS FOR WEIGHT LOSS SURGERY

A very careful consideration is given in selecting each candidate for weight loss surgery, based on NIH guidelines, ASBS recommendations and other experts in the field of weight loss surgery. This is to protect your welfare and ensure your ability to follow post-surgical obligations with regard to diet, exercise and life-style modifications.

A weight loss surgery may be right for you if:

- Your BMI is 40 or higher or you weigh at least twice your ideal body weight or you weigh at least 100
pounds more than your ideal body weight.

- Your BMI is 35 to 40 with documented obesity-related medical conditions.
- You have been overweight for more than 5 years.
- Your serious attempts at non-surgical weight loss have had only short-term success.
- There are no psychosocial contraindications.
- You have to demonstrate an adequate understanding of risks and complications from a weight loss surgery.
- You are committed to make significant changes in your eating, exercise and life-style habits.
- You are committed to post-surgical educations and life-long follow-ups.
- You are free of untreated major psychological problems, illegal substance abuse and alcohol abuse.

YOUR GASTROINTESTINAL ANATOMY

To understand how your weight loss surgery works, it is important to understand how your gastrointestinal track functions. Your body gets energy from food while it passes through the gastrointestinal tract. This consists of the mouth, the esophagus, the stomach, and the small and large intestines. As the food you consume moves through the tract, various digestive juices and enzymes are introduced at specific stages that allow absorption of nutrients. Digestion starts in the mouth with chewing and the addition of saliva.

The esophagus is a long muscular tube which moves food from the mouth to stomach. The stomach provides temporary storage for food and normally holds just over 3 pints (about 1500 ml) of food from a single meal. Gastric juices, which contain enzymes and acid, break down proteins, fats and carbohydrates.

When food is properly digested, the pylorus (a small rounded muscle at the outlet of the stomach) opens and allows the digested food into the small intestine. The small intestine is about 15 to 20 feet long. This is where the majority of the nutrient absorption takes place. The duodenum is the first section of the small intestine. This is where the food is mixed with bile produced by the liver and other juices from the pancreas. Iron and Calcium are absorbed here.

The jejunum is the middle part of the small intestine, responsible for digestion. The last segment of the small intestine, the ileum, is where vitamin A, D, E and K and other nutrients are absorbed. In the large intestine, excess fluids are absorbed and a firm stool is formed.
SURGICAL OPTIONS
At CAMC Weight Loss Center

At CAMC Weight Loss Center, Roux-en-y gastric bypass, LAP-BAND System and Revisional weight loss surgery are performed. More than 500 weight loss surgeries are performed successfully every year at CAMC.

CAMC Weight Loss Center provides comprehensive and multidisciplinary cares to our patients. Again, a weight lose surgery is not a solution or cure for obesity. It is a tool. In order to achieve the long-term success from your weight loss surgery, you must be able to make changes regarding life-style, dietary and exercise habits.

Roux-en-Y Gastric Bypass

How does the Roux-en-Y gastric bypass work?

The gastric bypass is both a restrictive and a malabsorptive procedure. According to the American Society for Bariatric Surgery and NIH, Roux-en-Y gastric bypass is the current gold standard and the most frequently performed weight loss surgery in the U.S.

Stapling creates a small (15 to 20 cc, 1-2 oz., or about the size of your thumb) stomach pouch. The rest of the stomach is permanently separated from the new pouch. The small intestine is cut below the stomach at the jejunum and is rearranged to provide an outlet from the new stomach pouch to the jejunum. The other end is connected into the side of the Roux limb (see below figure), of the intestine, creating the “Y” shape that gives the technique its name. In this way, the flow of digestive juices from the lower stomach is maintained. Bile and digestive juices are still released from the old stomach and travel down the duodenum and into the jejunum at the new connection.

How is the Roux-en-Y gastric bypass performed?

Both the traditional open incision and the laparoscopic approach can be used. Your surgeon will determine if you qualify for the laparoscopic approach at the time of your surgical consultation. However, generally if you are less than
400 lbs and have few previous abdominal surgeries, then you may be a candidate.

There are advantages and disadvantages to both procedures; you will need to discuss these with the surgical staff. There has been growing interest in the laparoscopic approach, which results in decreased pain, shorter hospital stay, better wound healing, and more rapid recovery. At CAMC Weight Loss Center, greater than 99% of the Roux-en-Y gastric bypass has been performed laparoscopically.

### U.S. Data from Laparoscopic RYGB:

<table>
<thead>
<tr>
<th></th>
<th>% of Excess Weight Loss</th>
<th>Months of Follow-up</th>
<th># of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wittgrove</td>
<td>73%</td>
<td>54 months</td>
<td>500</td>
</tr>
<tr>
<td>Schauer</td>
<td>77%</td>
<td>30 months</td>
<td>275</td>
</tr>
<tr>
<td>Higa</td>
<td>62%</td>
<td>36 months</td>
<td>1500</td>
</tr>
<tr>
<td>Gould</td>
<td>56%</td>
<td>12 months</td>
<td>223</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Laparoscopic RYGB</th>
<th>Open RYGB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operative Time</strong></td>
<td>50 min (35 min-3 hrs)</td>
<td>1-2 hrs</td>
</tr>
<tr>
<td><strong>Incisions</strong></td>
<td>6 small incisions</td>
<td>8–14 inch incision</td>
</tr>
<tr>
<td><strong>Hospital Stay</strong></td>
<td>1-3 days</td>
<td>3-5 days</td>
</tr>
<tr>
<td><strong>Recovery Time</strong></td>
<td>1-3 weeks</td>
<td>6 weeks</td>
</tr>
</tbody>
</table>

### How much weight will you lose with the Roux-en-Y gastric bypass?

The average excess weight loss in the Roux-en-Y gastric bypass is generally higher in compliant patients. Studies show that weight loss can average 77% of excess body weight at one year after the surgery and 50-60% of excess body weight loss after 10-14 years.
LAB-BAND System

How does the LAP-BAND System work?

The LAP-BAND System’s adjustable band is a silicon elastomer hollow ring, filled with saline and placed around the upper part of the stomach. This creates a new small stomach pouch with the larger part of the stomach below the LAP-BAND. The pouch above the band can hold only a small amount of food. The band also controls the stomach outlet between the two parts of the stomach. The size of the opening between the two parts of the stomach controls the flow rate of the food from the upper part to the lower part of the stomach. This lets you feel full sooner. The feeling also lasts longer.

Advantage of the LAP-BAND
• Least invasive weight loss surgery
• No stomach stapling or cutting, or intestinal re-routing
• Adjustable
• Reversible
• Low mal-nutritional risk

Disadvantage of the LAP-BAND
• Slower initial weight loss than the Roux-en-Y gastric bypass
• Regular follow-up critical for optimal results
• Required an implanted medical device
• In some cases, effectiveness can be reduced due to band slippage.
• In some cases, the access port may leak and require minor revisional surgery.

How is the LAP-BAND Procedure performed?

The LAP-BAND System is usually placed laparoscopically using 5 small incisions. A small tunnel is made behind the top of the stomach. Then the band is pulled around the stomach to form a ring. The band has a locking part which securely holds the band in a circle around the stomach. The reservoir for adjusting the band will be placed under your skin.
### Facts about the LAP-BAND System

- It is less invasive than other weight loss surgeries.
- There is no cutting and stapling of the stomach.
- There is no bypassing of the small intestine.
- The band can be adjusted.
- The process can be reversed.
- It may require less hospital time the other weight loss surgeries.
- Recovery time is quicker.

### How much weight will you lose with the LAB-BAND System?

The average weight loss in the U.S. Clinical Study was approximately 36-38% of excess body weight, 2 and 3 years after the surgery. A few people lost up to 100% of their excess body weight, some did not lose any weight, and a few got heavier.

On average, 1.5 to 2 pound/week of weight loss is expected once the proper band adjustment has been obtained.

Sample of published results from around the world:

<table>
<thead>
<tr>
<th>% of Excess Weight Loss</th>
<th>Years of follow-up</th>
<th># of Patients</th>
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</thead>
<tbody>
<tr>
<td>Rubenstein, US</td>
<td>53.6%</td>
<td>3</td>
</tr>
<tr>
<td>Dargent, France</td>
<td>64%</td>
<td>3</td>
</tr>
<tr>
<td>O’Brien, Australia</td>
<td>68.2%</td>
<td>4</td>
</tr>
<tr>
<td>Nehoda, Austria</td>
<td>72%</td>
<td>1</td>
</tr>
<tr>
<td>Forestieri, Italy</td>
<td>88.5%</td>
<td>2</td>
</tr>
<tr>
<td>Fielding, Australia</td>
<td>68%</td>
<td>3</td>
</tr>
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</table>

### Contraindications

The LAP-BAND System is not right for you if

- You have inflammatory disease or condition of the gastrointestinal tract, such as ulcers, severe esophagitis, or Crohn’s disease.
- You have portal hypertension and its complications- Gastric or esophageal varices
- You have cirrhosis.
• You have chronic pancreatitis.
• Your esophagus, stomach, or intestine
• You are on chronic, long-term steroid treatment.
• You or your family member has an autoimmune connective tissue disorders, such as systemic lupus erythematosus or scleroderma.

Band adjustments

With the LAP-BAND System, the band can be adjusted to meet your specific needs. Your band is usually empty or only partially inflated after your surgery. This lets you get acquainted with your band during the first few weeks after surgery.

The first time the band is adjusted is usually 4-6 weeks after your surgery. To determine how ready you are for a band adjustment, your surgeon will consider:
• Your weight loss (less than 1.5 to 2 pounds/week)
• The amount of food you can comfortably eat
• How much fluid is already in your band

To adjust your band, the clinician injects saline into the self-sealing access port. This port is located under your skin. Adjustments can be done in a doctor’s office or under the fluoroscopic guidance. To get best results, you may need more than one adjustment.
SURGICAL RISKS AND COMPLICATIONS

All surgical procedures have risks. When you decide on a procedure, you should know what the risks are. Talk with your surgeon in detail about all the risk and complications that might happen. Then you will have the information you need to make your decision.

It is important to remember that there are no ironclad guarantees in any kind of medicine or surgery. There can be unexpected outcomes in even the simplest procedures. Remember that weight loss surgery will only succeed when you make a life-long commitment. Some of the challenges facing you after your weight loss surgery can be unexpected. Lifestyle changes can strain your relationships within families and in your marriage.

It is possible you may not lose much weight or any weight at all. You could also have complications related to obesity. If you have existing problems, such as diabetes, a large hiatal hernia, Barrett’s esophagus, or emotional or psychological problems, you may have more complications. You also have more risk of complications if you have had a surgery before in the same area.

Anti-inflammatory drugs that may irritate the stomach, such as aspirin, Motrin, Alleve and other NSAIDs, should be discontinued.

The following is the possible lists of complications from the Roux-en-Y gastric bypass and the LAP-BAND System, but are not limited to.

The Roux-en-Y gastric bypass
Possible complications from gastric bypass are as follows:
(Yale, 1989, Schauer et al., 2000).

• Death 0.4-3%
• Pulmonary Embolus 2%
• Ventral Hernia
• Wound Infection 15-20%
• Heart Attack <1%
• Iron Deficiency 18%
  o (10% symptomatic)
• Bleeding
• Bowel Obstruction
• Injury to Spleen
• Bowel Leak
• Stomach Pouch Leak
• Pneumonia
• Heart Failure
• Stroke
• Kidney Failure
• Liver Failure
• Depression
• Anemia
• Hair Loss
• Vitamin & Nutrient Deficiency
• Weight Regain

The LAP-BAND System

• Death
• Pulmonary Embolism
• Stomach Perforation
• Esophageal Injury
• Stomach and Band Slippage
• Band Erosion
• Infection
• Bleeding
• Ventral Hernia
• Mechanical Failure of tubing and reservoir.
• Severe Gastro-esophageal Reflux
• Weight Regain
THE WEIGHT LOSS SURGERY AT CAMC

Getting ready for surgery

After attending a CAMC Weight Loss Center Seminar, you may schedule your initial office consultation. During this consultation, you will be seeing your surgeon, nurse and dietician. This may take 2-3 hours. This consultation is covered by most insurance companies, although some will not pay for consultation billed under morbid obesity.

After your initial office consultation at CAMC Weight Loss Center, you are required to undergo a psychological evaluation. As a result of this evaluation, you may be asked to undergo further psychological evaluation, testing or educational sessions.

After a careful review of your case by multidisciplinary experts, your case will be submitted to your insurance company for pre-certification. If any of multidisciplinary experts expressed concerns regarding your readiness for weight loss surgery, you will receive a letter of recommendation. Once you have completed the suggested recommendation, your case will be submitted to your insurance company. These recommendations may be additional counseling with appropriate expert(s), attendance at support group meetings prior to your surgery, participation in CAMC Weight Loss Center Seminar or further psychological or psychiatric evaluation.

It may take several weeks before the insurance approval process can be completes. Once you are approved, your operation can be scheduled as soon as possible.

You are required to attend a pre-surgery teaching session approximately one week before your weight loss surgery. Either nurse practitioner or nurse will prepare you for pre-surgical and in-hospital issues.

You will also need to have a number of tests before your surgery. These are to evaluate your health. When it is time for your surgery, you will be admitted to CAMC Women and Children’s hospital on the morning of your surgery.

The surgery

You will receive a general anesthesia for your weight loss surgery. If your case is typical, the operation will be done laparoscopically. Sometimes laparoscopic surgery cannot be done. Sometimes, it may be necessary to switch into the “open” method from the laparoscopic approach. If this is the case, you will not be aware of it while you are under the anesthesia. After this “open” surgery, you will most likely need to stay in the hospital longer. In the U. S. study, about 5% of the patients were converted to open procedure (compare to less than 1% from CAMC Weight Loss Center).

After the surgery

Once the anesthesia has worn off, you may feel some pain. You will have a pain pump as well as adequate pain medications. The hospital staff will help you get out of bed and start moving as soon as possible. This will help prevent blood clots, respiratory problems and bedsores.
After a laparoscopic surgery, your will normally stay in the hospital for 1-3 days after the Roux-en-y gastric bypass and 1 day after the LAP-BAND System.

You will be seen at CAMC Weight Loss Center for the post surgical follow-ups after 1 week, 1 month, 3 months, 6 months, 9 months, 12 months, 18 moths and 24 months from your surgery date. After that, you will have yearly follow-ups. You will meet the dietitian at 4 weeks, 3 months and 9 months after your surgery in a small group setting. The recommended dietary modifications, and vitamin and nutritional supplementation will be discussed in detail.

After 3 to 6 weeks after your weight loss surgery, you will have initial exercise session with the exercise physiologist. Once you have created your own individualized exercise routine, regular exercise sessions in small group setting will be provided by CAMC.

You are recommended to attend Support group meetings as well as ongoing free psychological, dietary and exercise educational seminars.
YOUR DIET AFTER WEIGHT LOSS SURGERY

After your weight loss surgery, you must make significant changes in your diet. Your surgeon and dietitian will discuss this in detail. They can help you learn and get used to the changes in lifestyle and eating habits you need to make. It is very important to follow the eating and drinking instructions right from the start after your operation. That’s because you must allow the new stomach structure to heal completely. It may take a month or more for this to happen.

Dietary habit changes

It is important that you have at least 64 oz of liquid (preferably water) a day for the rest of your life after your surgery. In order not to overfill or damage your stomach pouch, the following guidelines are recommended:

- Sip liquids for at least few weeks after your surgery.
- Space your fluid intake. You should drink fluid between meals only. Stop drinking fluid 30 minutes before a meal and wait at least one hour after your meal before drinking again.
- Eliminate carbonated beverages for life after your surgery. This is to prevent damaging and stretching your stomach pouch.
- Avoid caffeine. Caffeine has been found to be an appetite stimulant. It causes diuresis which may lead to dehydration and iron-poor blood which increases the risk of anemia.

You should begin to make these changes right after attending CAMC Weight Loss Center Seminar. Remember, the weight loss surgery is only a tool. In order to maintain your weight-off for long-term, and improve your health and life-quality, you must be motivated and committed to make many changes in your life. The best time to start this journey is right now.

Vitamins and Minerals

It is mandatory that you take multivitamins for the rest of your life. You will be married to your multivitamins (whether you had the Roux-en-Y gastric bypass or the LAP-BAND System).

After the Roux-en-Y gastric bypass, you will need to supplement other vitamins and minerals. These include iron, vitamin B12, vitamin D, and calcium. Vitamin and mineral deficiencies can cause decreased bone mineral density (calcium and vitamin D), anemia (vitamin B12 and iron) or neuromuscular damages.

Foods to be avoided

It is important that you start to read labels before you eat your foods. The best way to find out which food you can tolerate will require a “trial and error” approach.

- High in sugar
  - Stay under 10 grams sugar
- Citrus fruits
  - Fibrous membranes of orange or others can obstruct the stomach outlet.
- Refined starches and starchy vegetables
  - White rice, white bread, bagels, muffins, grits, rice cakes, popcorns, rolls, pancakes,
waffles, mashed potatoes, peas, corn
- High calorie snacks
- Tough or dry meats

10 important rules

Rule 1:
Eat four small meals a day.
Both the Roux-en-Y gastric bypass and the LAP-BAND System create a small pouch that limit how much you can eat, reducing your appetite and slowing digestion. If you try to eat too much at one time, you may become nauseous. You may also vomit. If you routinely eat too much, the stomach pouch may stretch. Frequent vomiting after the LAP-BAND procedure can cause certain complications, such as stomach slippage. It is very important that you need to learn how much your stomach pouch can hold comfortably and then not exceed this amount.

Rule 2:
Eat slowly and chew thoroughly
Food can pass through the new stomach outlet only if it has been “chopped” into very small pieces. Always remember to take more time for your meals and chew your food very well.

Rule 3:
Stop eating as soon as you feel full
Once your stomach pouch is full, your brain receives a signal that you have eaten enough. It takes time, though, for you to become aware of this signal. If you hurry your meal, you may eat more than you need. This can lead to nausea and vomiting. Spend approximately 30 minutes eating one meal and try to recognize the feeling of fullness.

Rule 4:
Do not drink while you are eating
You must eat solid food for your weight loss surgery to be effective. If you drink at mealtimes, the food you have eaten becomes liquid. This prevents you from keeping the feeling of fullness as long as possible. It is recommended that you should not drink anything for at least one hour after a meal.

Rule 5:
Do not eat between meals
You need to avoid snacking or “grazing”, especially with high calorie content. Eating snacks between meals or at late night is one of the major reasons for weight-loss failure.

Rule 6:
Drink enough fluid during the day
Significant weight reduction (both from fat and muscle contents) results in waste products. You will need to drink adequate amount of liquid everyday in order to urinate more and excrete these waste products from your body. You should drink at least 64 oz. of liquid per day; preferably water. Also, you should drink your liquids between meals only, not during.

Rule 7:
Eat good quality foods
After your weight loss surgery, you should be able to eat only a small amount. Do not fill your stomach pouch with “junk” food that lacks vitamins and other important nutrients. Your meals should be high in protein and vitamins. Eat your protein foods first, and then choose fresh vegetables and fruit.
Rule 8:
**Drink only low-calorie liquids**
Liquids (even soups) simply run through the narrow stomach outlet created by the surgery. If you drink liquid high in calorie, you will lose little weight, even if you otherwise follow your diet.

Rule 9:
**Avoid fibrous food**
Food such as asparagus that contain many fibers can block the stomach outlet. If you would like to have asparagus or other fibrous foods, then you must be sure to cook them well, cut them into very small pieces first and then chew thoroughly.

Rule 10:
**Eat enough**
Most people do not feel hungry for few months (some time up to one year) after your surgery (especially with the Roux-en-Y gastric bypass). Despite lack of appetite, taste change and limited amount of food intake after your surgery, you must eat enough (about 80 gram of protein/day for women and 100 gram of protein/day for men) of foods. Many people think if they eat less, they may lose more weight. Unless you help your body (metabolism) to work for you by providing adequate nutrients, you will reach plateau sooner and you will not be able to improve your health.

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After Roux-en-Y gastric bypass

**During hospital stay**
Clear liquids are started after your operation and continued through your hospital stay. You should take only a small amount at a time. This diet is to keep you hydrated. You are recommended to have sugar-free or no-sugar added liquids. You can have water, ice chips, low sodium broth or soup (with no vegetables or meat and not creamy), sugar-free gelatin, decaffeinated coffee and tea, and 100% juices (diluted 40/60 with water).

**The first 10 days**
You are to start thicker liquids (Phase 2 diet) at home. You are recommended to start high protein liquids or shakes in addition to the liquids from the Phase 1 diet. You can have blenderized fat-free or low fat cottage cheese, fat-free yogurts, fat free/skim or 1% milk mixed with protein powder or high protein supplement shakes.

**Ten days to four weeks**
During this period, you are recommended to start soft foods (Phase 3 diet). You can have high protein soft food (shrimps, baked fish etc), fat-free/low fat cottage cheese, refried beans, deli meats, eggs or egg substitute, canned fruits, well-cooked vegetables and vegetable or bean soups.

**After four weeks**
Now, you are to start regular food (Phase 4 diet). You are recommended to have 4 meals per day. For the first several months from your operation, you are required to have high protein shakes or supplements. You should start with protein-rich foods first, then follow with
vegetables and fruits. Some products like bread, meat, and rice may cause you problems. Chew all your food well. If you eat too much, too fast or swallow chunks, you may have vomiting, stomach irritation and swelling. You could also have stomach obstruction. If you have problems with solid foods and suffer from nausea or vomiting, go back to the liquid diet you had earlier. Then slowly add soft foods to help you transition to solid foods later.

**After LAP-BAND System procedure**

It is important, especially in the early weeks, not to stretch the small stomach pouch above the band. Vomiting can do this, so it is important not to vomit. Vomiting can increase the chance of stomach tissue slippage up through the band. The choices of foods during each phases of diet are similar to the Roux-en-Y gastric bypass diet.

**The first few days after the operation**

Clear liquids (Phase 1 diet) are started after your operation. To prevent nausea and vomiting, do not drink too much.

**The first one to four weeks.**

You are on thicker liquids (Phase 2 diet). It is important in the first few weeks to let your stomach adjust to the LAP-BAND System. Remember during the liquid diet periods that you should avoid high-calorie liquids or high-sugar or fat liquids. Unlike patients who had the Roux-en-Y gastric bypass, you will be able to tolerate high-sugar or high-fat contents without the dumping syndrome.

**Four to six weeks**

During this period, you are switching gradually into soft foods (Phase 3 diet). You can have high protein soft food (shrimps, baked fish etc), fat-free/low fat cottage cheese, refried beans, deli meats, eggs or egg substitute, canned fruits, well-cooked vegetables and vegetable or bean soups.

**After six weeks**

Now, you are to start regular food (Phase 4 diet). You are recommended to have 4 meals per day. No high-calorie, high-sugar or high-fat liquids. Eat slowly and chew well. Vomiting may increase the incidence of band slippage, stomach slippage, or stretching of the small stomach pouch above the band.
EXERCISE

Surgeon General’s Report:
“Significant health benefits can be obtained by including a moderate amount of physical activity (e.g., 30 minutes of brisk walking or raking leaves, 15 minutes of running, or 45 minutes of playing volleyball) on most, if not all, days of the week. Through a modest increase in daily activity, most Americans can improve their health and quality of life.”

Exercise is always an important part of a healthy lifestyle. It is even more important after your weight loss surgery in helping to achieve and maintain a healthy body composition and improved quality of life. Many studies show that in order to achieve a long-term weight, you must incorporate Regular Exercise Routine in your life.

Benefits of Exercise:

- Increase muscular endurance and strength
- Helps to regulate blood sugar
- Improve balance and coordination
- Maintain bone density
- Improve sleep patterns
- Improve self-image and confidence
- Improve lipid profile
- Reduce stress, tension, anxiety, and depression
- Nice alternative to less healthy habits
- Enhances mood
- AND MANY MORE

Development of a regular exercise routine after your weigh loss surgery is a critical part of your comprehensive weight management program at CAMC Weight Loss Center. Our exercise specialist will help you develop an individualized program. You are recommended to participate in exercise counseling following your weight loss surgery.

You are recommended to start incorporating exercise into your life before your weight loss surgery. There are many simple ways to do that. Take you time and set reasonable goals. Gradually build your cardiovascular endurance until you can walk four or more days per week and accumulate initially 30 minutes per day. Begin a progressive resistance program shooting for 20 minutes 3 times per week. Join a gym and seek the guidance of an exercise professional or get started at home. Keep the intensity moderate or “comfortably hard” rather than hard. Consult a physician to rule out any underlying risk factors before starting an exercise program and keeps things moderate in intensity.
FREQUENTLY ASKED QUESTIONS

Q: Is it possible to regain weight after my surgery?
A: Yes. Remember, the long-term success of your weight loss is dependent on your commitment to make and sustain lifestyle, dietary and exercise habits. Approximately 18 months to 24 months after your surgery, you will be able to eat in significant amount. If you do not watch your calorie intake, do not exercise, drink with meals, snack excessively or overeat, weight gain will occur.

Q: How long will it take to recover from the operation?
A: Generally it takes about 1-3 weeks to return to work and four to six weeks to resume exercising from laparoscopic surgery. In the case of open surgery, or if there are complications, recovery may take longer.

Q: Will I be sick a lot after the operation?
A: The Roux-en-Y gastric bypass and the LAP-BAND System limit food intake. If you feel nauseated or sick on a regular basis, it may mean that you are not chewing your food well enough, eating too much, eating too fast, eating food that is too dry, advancing the diet too quickly or that you are not following the diet rules properly. However, it could be also mean that there is a problem with the placement of the band after the LAP-BAND System or your stomach outlet is too tight after the Roux-en-Y gastric bypass. Please contact your doctor if this problem persists. Vomiting should be avoided as much as possible as it can cause the small stomach pouch to stretch. It can also lead to slippage of part of the stomach through the band and reduce the success of the operation. In some cases, it can require another operation. Consuming foods high in sugar or fat can cause nausea and vomiting as well.

Q: How much weight will I lose?
A: Weight loss results vary from patient to patient, and the amount of weight you lose depends on several things. Beside the operation, you need to be committed to your new lifestyle, eating and exercise habits. A Weight Loss Surgery is not a miracle cure. It is very important to set achievable weight loss goals from the beginning. From the LAP-BAND System, a weight loss of 2 to 3 pounds a week in the first year after the operation is possible, but one pound a week is more likely. From the Roux-en-Y gastric bypass, you lose your weight a lot more rapidly (it is not unusual to lose greater than 20 to 30 pounds per months during the first 3 months after the surgery). Remember, with the LAP-BAND System, you lose weight gradually. The main goals are to prevent, improve, or resolve health problems related to morbid obesity, and to improve your quality of life.

Q: What is the “Dumping syndrome”?
A: This occurs as the result of rapid emptying of stomach contents into the small intestine. This is usually triggered after consuming foods high in carbohydrate, sugar or fat. You may experience abdominal cramping, nausea, chest pain, profuse sweating, vomiting, sudden urge to evacuate the stools (often watery stool), light-headedness, and passing out. This may last up to 30-45 minutes. Many patients describe this as a feeling of “impending doom or
death”. It is best to avoid all food that can cause dumping.

Q: What about alcohol?
A: Alcohol has a high number of calories and breaks down vitamins. It is best to avoid alcohols during the fist six months after your surgery. An occasional glass of wine or other alcoholic beverage, though, is not considered harmful to weight loss. Be careful with cocktails or mixed drinks. These may have high content of sugar (drinks mixed with juices or sugar products), thus cause you to have “dumping syndrome”. With regarding to the Roux-en-Y gastric bypass, remember that the alcohol is absorbed much faster than before.

Q: Do I need to take vitamin supplements?
A: Yes, you are recommended to take at least 1 (if not 2) multivitamin everyday for the rest of your life, especially after the Roux-en-Y gastric bypass. This is to avoid vitamin and mineral deficiencies. At your regular check-up, you doctor will evaluate whether you are getting enough vitamin B12, folic acid, and iron.

Q: What about other medications?
A: You should be able to take prescribed medication, though you may need to use capsules, break big tablets in half or dissolve them in water so they do not get stuck in the stomach outlet and make you sick. You are recommended to avoid taking aspirin (baby aspirin is OK), and other non-steroidal anti-inflammatory pain relievers because they irritate the stomach and possibly cause an ulcer. If you are taking extended or sustained released medications, you need to consult your physician to switch into short acting forms after the Roux-en-Y gastric bypass.

Q: How about hair loss?
A: Especially after the Roux-en-Y gastric bypass, you may lose significant amount of hair between the 4th and 6th month post-surgery. In general, the hair will grow back.

Q: What about pregnancy?
A: We recommend avoiding pregnancy during the first year after the Roux-en-Y gastric bypass due to high risk to you and the baby. Becoming pregnant can be easier as you lose weight. Your menstrual cycle may become more regular. With the LAP-BAND System, after pregnancy, the band can be loosened to allow you to eat more.

Q: What about birth control?
A: Birth control pills, implants, patches or injections that contain hormones may not work very well due to extremely high levels of hormones released by the body as you loose your weight very rapidly after the Roux-en-Y gastric bypass.

Q: What happens to the lower part of the stomach after the Roux-en-Y gastric bypass?
A: The lower part of the stomach (beside your stomach pouch) is completely separated form the stomach pouch. It continues to release gastric juices to digest food, but no longer receives food.

Q: Will I suffer from constipation?
A: There may be some reduction in the volume of your stools, which is normal after a decrease in food intake because you eat less fiber. You should drink at least 64 oz. of water or liquid a day. If you have consistent problem with
constipation, you may take fiber supplements such as Citrucel or Metamucil.

**Q: How is the LAP-BAND adjusted?**
A: Adjustments are often carried out in your surgeon’s office or X-ray department. After local anesthesia, a fine needle is passed through the skin into the access port to add or subtract saline. This process most often takes only a few minutes and most patients say it is nearly painless. Sometimes adjustment can be by using X-rays to see the access port clearly. Your reproductive organs should be shielded.

**Q: Is it true that the LAP-BAND seems “tighter” in the morning?**
A: This is fairly common feeling, especially for people with bands that are tight or just after an adjustment. During the day the water content in the body changes and this may cause the band to feel “tighter” some of the time. Some women have also noticed that the LAP-BAND feels tighter during menstruation.

**Q: Can the LAP-BAND be removed?**
A: Although the LAP-BAND System is not meant to be removed, it can be, in some cases laparoscopically. Surgeons report that the stomach generally returns to its original shape once the band is removed. After the removal, though, you may soon go back up to your original weight. You may also gain more.
CAMC Weight Loss Center Check List

The checklist is provided below regarding the requirements or documents that must be completed before your first office visit. You may fax or mail any of these forms prior to your first office visit to expedite the process.

Please complete or obtain the following items prior to your initial office visit:

1. **CAMC Weight Loss Center Patient Packet**

2. **Letter of Intent**

   Prior to proceeding with a weight loss surgery, you are asked to submit a letter of intent to CAMC Weight Loss Center, as part of the pre-surgical screening process. This letter will become part of your CAMC medical file. Please type your letter and return it to CAMC Weight Loss Center. Please be thorough and give this letter serious consideration.

   In this letter, you should include the following information:
   - Your reasons for considering weight loss surgery.
   - Your expectations for the outcome after your weight loss surgery.
   - Your knowledge and understanding about the surgical procedure.
   - Your understanding and motivation regarding the recommended lifestyle, diet and exercise changes after your weight loss surgery.
   - A description of how you will get social support (family, friends, etc.) following your weight loss surgery
   - Your signature, printed name, and the date

3. **Documentation of your physician supervised or non-surgical weight loss programs**

4. **Primary care physician’s letter of referral and managed care authorization for your initial visit.**

Please be aware that the initial office consultation may takes about 2-3 hours to allow you to meet with several staff from CAMC Weight Loss Center. Your meeting with the psychologist will be scheduled separately and will take approximately 2 to 3 hours.

It is best if you come prepared to your initial office visit with any questions you have about weight loss surgery. It can be helpful to consult various resources for information about weight loss surgery. Recommended resources are:

- CAMC Weight Loss Center “Weight Loss Surgery Guide”

- **The Doctor’s Guide to Weight Loss Surgery: How to Make the Decision that Could Save Your Life** by Biskin, Manfred, & Flancbaum

- **A Complete Guide to Obesity Surgery** by B. Woodward
- [www.gastricbypass.com](http://www.gastricbypass.com)
- [www.weightlossurgeryinfo.com](http://www.weightlossurgeryinfo.com)
- [www.obesityhelp.com](http://www.obesityhelp.com)
- Bariatric_Surgery_of_Southern_WV@yahoogroups.com
Charleston Area Medical Center
Weight Loss Center

**BMI Chart (lbs/in)  BMI = lbs./inches² × 704.5**

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**Body Mass Index Classification**

| Underweight | Ideal BMI | Overweight | Obesity | Severe Obesity | Morbid Obesity | Super Obesity |
|-------------|-----------|------------|---------|----------------|----------------|---------------|-------------|
| <19         | 19-25     | 25-30      | >30     | >35            | >40            | >50           |

Please note that the BMI does not distinguish between fat and muscle. It is possible for a heavily muscled individual to have a BMI in excess of 25 without increased health risks.
Weight Loss Center

NAME: _______________________________________________ AGE: ____________
DATE OF BIRTH: ____/____/____ SEX: ___Male ___Female SS#:_____________________
ADDRESS: _______________________________________________________________________
CITY: _______________ STATE: _____________ ZIP: _______________
HOME PHONE: _______________ WORK PHONE: ___________________
CELL PHONE: _______________ E-MAIL: ________________________
SPOUSE OR GUARANTOR’S NAME: ______________________________________________
EMPLOYER: ________________________________________________________________
PRIMARY INSURANCE: _________________________________________________________
SECONDARY INSURANCE: ______________________________________________________
REFERRING OR FAMILY PHYSICIAN: ____________________________________________

PAST MEDICAL HISTORY:
__Diabetes Mellitus ___Stroke ___Kidney diseases
__Cancer ___GERD/Reflux ___Stress incontinence
__DVT ___Stomach ulcers ___Polycystic ovarian
__Pulmonary Embolism ___Sleep Apnea ___Psychiatric disorders
__High blood pressure ___Lung diseases ___Hypothyroidism
__High cholesterol ___Neurological diseases ___
__Heart diseases ___Arthritis Others:_____________

FAMILY HISTORY:
___Obesity ___Diabetes ___Heart disease ___High blood pressure ___Cancer
___Others, explain_____________________________________________________________________

SOCIAL HISTORY:
___Alcohol _____________ (Frequency)
___Smoker _________ ppd ___Ex-smoker, quit ______ years ago
___Drug Uses
PAST SURGICAL HISTORY:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ALLEGIES TO MEDICATIONS:
__None  __Yes, please list below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

MEDICATIONS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REVIEW OF SYSTEMS:

__Weight Gain  __Cold intolerance  __Black stools
__Weight Loss  __Blackouts  __Blood in stools
__Fever  __Heart palpitations  __Frequent urination
__Fatigue  __Chest pain  __Burning with urination
__Dizziness  __Heart attack  __Back pain
__Blurred vision  __Shortness of breath  __Joint pain
__Headache  __Cough  __Easy Bleeding
__Sore throat  __Abdominal pain  __Skin Rash
__Sweats  __Nausea/Vomiting  __Weakness/Paralysis
__Heat intolerance  __Diarrhea/Constipation  __Depression/Anxiety

I hereby authorize Charleston Area Medical Center Weight Loss Center and Dr. Shin to release information regarding my physical condition or treatment to ______________________________________(insurance company name(s)).

I also authorize the above insurance company(s) to pay directly to Dr. Shin all the benefits due me under the above policy number(s) by reason of services rendered as provided for in the above policy(s). I agree to pay all charges in excess of the amounts paid by the insurance company(s) named above.

SIGNATURE: _______________________________   DATE: ___________________

Charleston Area Medical Center
Weight Loss Center

DIETARY QUESTIONNAIRE

WEIGHT HISTORY:
When did you have problem with your weight first? _____________________________
When did you begin to worry about your weight? _______________________________
Why did you start to worry about your weight? _________________________________
Why do you think you are overweight?
_______________________________________________________________________
Which members of your family are overweight?
_______________________________________________________________________
What was your lowest adult body weight? Age_____ Weight _____ pounds.
What was your heaviest adult body weight? Age_____ Weight _____ pounds.
What was your most weight loss? _______ pounds. After what? ___________________
What is your goal weight after your weight loss surgery? _______ pounds.
When you have regained your lost weight, why do you thinks this occurred?
________________________________________________________________________
What do you feel are your barriers to keep your weight off?
___Lack of motivation
___No support (family or friends)
___Lack of knowledge about nutrition
___Time issues
___Others ________________________

DIETARY HISTORY:
How many meals do you have per day? _______________________________________
Do you frequently skip meals? _____Yes     _____No
If you answered Yes , which meal(s) do you skip most frequently? And why?
________________________________________________________________________
Who plans the meals? _____________________________________________________
Who cooks? ______________________  And food shopping? _____________________
How many times do you eat out per week?
Which meal(s) do you eat out most frequently? ___Breakfast ___Lunch ___Dinner
How often do you snack between meals?  ____0 to 1  ____2 to 4  ____5 to 7  ____Other
What do you snack on?
________________________________________________________________________

List your food cravings (candies, chocolate, fried foods, ice cream, starches, sweets, etc.)
________________________________________________________________________

Do you drink during your meal? ____Yes. ____No.

Do you drink alcoholic beverages? ____Yes. ____No.

How many drinks per week? ________________________________________________

What types of drinks? ______________________________________________________

Do you smoke? ____Yes. ____No. If Yes, how many cigarettes per day? __________

Do you drink caffeinated coffee? ____Yes. ____No. How many times a day? ______

Do you drink caffeinated tea? ____Yes. ____No. How many times a day? _________

Do you take vitamin, mineral or nutritional supplements? ____Yes, ____No

If Yes, please list them.
________________________________________________________________________

Are you participating any type of special diet or eating plan? ____Yes, ____No

If Yes, please list them.
________________________________________________________________________

**DIETARY HABITS:**

What triggers for you to eat?

___Hunger     ___Anger            ___Depression    ___Loneliness

___Lack of control    ___Boredom     ___Family gatherings    ___Social situations

How often do you overeat or binge at meals/snacks?

Do you ever feel compulsive about foods?

Do you achieve feeling of fullness?

**POST SURGICAL COMMITMENT:**

What changes do you think you need to make your weight loss surgery successful?
________________________________________________________________________

How motivated and committed are you to make necessary life-style and dietary changes after your weight loss surgery?

**FOOD ALLEGIES**
## FOOD DISLIKES

---

## FOOD CHOICE ANALYSIS

### Daily Food Choices

<table>
<thead>
<tr>
<th>Food Category</th>
<th>0 to 1 serving</th>
<th>2 to 3 servings</th>
<th>More than 4 servings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, Poultry, Fish</td>
<td>More than 7 oz.</td>
<td>5 to 6 oz.</td>
<td>0 to 4 oz.</td>
</tr>
<tr>
<td>Fruits</td>
<td>0 to 1 serving</td>
<td>2 to 3 servings</td>
<td>More than 4 servings</td>
</tr>
<tr>
<td>Vegetables</td>
<td>0 to 1 serving</td>
<td>2 to 3 servings</td>
<td>More than 4 servings</td>
</tr>
<tr>
<td>Whole grain breads, Unsweetened cereals, Starch vegetables (corn, peas, squash, potatoes etc.)</td>
<td>0 to 2 servings</td>
<td>3 to 5 servings</td>
<td>More than 6 servings</td>
</tr>
<tr>
<td>Dairy Products</td>
<td>0 to 1 serving</td>
<td>2 to 3 servings</td>
<td>More than 4 servings</td>
</tr>
<tr>
<td>Foods high in Sugar/Fat (sodas, chips, cookies, candies, pastries, desserts, crackers)</td>
<td>More than 4 times</td>
<td>2 to 3 times</td>
<td>0 to 1 time</td>
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</tbody>
</table>

### Weekly Food Choices

<table>
<thead>
<tr>
<th>Food Category</th>
<th>0 to 1 time</th>
<th>2 to 3 times</th>
<th>More than 4 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legumes</td>
<td>0 to 1 time</td>
<td>2 to 3 times</td>
<td>More than 4 times</td>
</tr>
<tr>
<td>Fast Foods</td>
<td>6 times or more</td>
<td>3 to 5 times</td>
<td>0 to 2 times</td>
</tr>
</tbody>
</table>

### TOTAL SCORES
**DIETARY HISTORY**

Please list all foods and beverages eaten in each day for **the last 3 days**.

<table>
<thead>
<tr>
<th>Time</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snacks</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snacks</th>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snacks</th>
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**NAME**  
**SIGNATURE**  
**DATE**
# WEIGHT LOSS PROGRM /DIET / EXERCISE HISTORY

## Physician Supervised Diet or Weight Loss Programs

<table>
<thead>
<tr>
<th>Name of Physician</th>
<th>Dates (from when to when)</th>
<th>Length of Time</th>
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*Example:*

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates Attended</th>
<th>Length of Time</th>
<th>Form of Proof</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Watchers</td>
<td>2000, 2003</td>
<td>6 month, 8 months</td>
<td>Receipts and booklets</td>
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<tr>
<td>Physician’s Weight Loss</td>
<td>2003</td>
<td>12 months</td>
<td>Carbon copy of check</td>
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</table>

## Organized Diet Programs

(eg. Diet programs by Hospital/Dietitian, Weight Watchers, etc)

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<thead>
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<th>Form of Proof</th>
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## Medications

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<th>Form of Proof</th>
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## Organized Exercise Programs

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__NAME____________________________ SIGNATURE________________________ DATE__________
CONSENT
To release Pre-Weight Loss Surgery Information to Health Insurer

RELEASE OF RECORDS TO HEALTH INSURER OR OTHER THIRD PARTY:
I hereby authorize the release of my Pre-Weight Loss Surgery Information, prepared by CAMC Weight Loss Center, to my health insurer named below for the purpose of receiving health insurance benefits, reimbursements, payments for services, or other similar decisions related to authorization of my weight loss surgery.
A) Please print your health insurer’s name and address here:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

CONTENTS OF RECORDS TO BE RELEASED:
I understand that these Pre-Weight Loss Surgery Information will include data gathered from surgical consultation, dietary consultation, psychological consultation, and all other relevant information gathered by CAMC Weight Loss Center Staff.

PATIENT INFORMED CONSENT:
I understand that, by law, I do not have to consent to the release of this information. However, I willingly choose to release it for the purposes specified above. I understand that it will be the responsibility of the party named in “A” above to protect the confidentiality of the information released to them. I understand that I may revoke this release by means of a written letter, except to the extent that action has been taken in reliance on my consent. This consent will automatically expire after 180 days from the date it is signed. I have had explained to me fully and understand this authorization to release information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. Everything in this form that was not clear to me has been explained to my satisfaction.

A PHOTOCOPY OF THIS RELEASE IS TO BE CONSIDERED AS VALID AS THE ORIGINAL.

SIGNATURE:

_____________________     ______________________     __________     __________
Print Name                             Signature                                 Date of Birth     Today’s Date

Note to Health Insurer:
1. This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Federal regulation (42 C.F.R. Part 2, Sections 2.31(a) and 2.33) and state regulations prohibited you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.
2. This is strictly confidential material and is for the information of only persons who are professionally capable of understanding, appreciating, and acting upon it according to their specific and advanced professional training in health care fields. Please restrict the availability of these records to the appropriate health care providers. These ethical and legal responsibilities are yours. No responsibility can be accepted by the provider or author of these records if this material is made available to any other person who otherwise should not have access to it, including the patient.
3. Redisclosure or retransfer of these records is expressly prohibited, and such redisclosure may subject you to civil and criminal liability.
4. Federal and state rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
Patient Consent

I have read the booklet “Weight Loss Surgery Guide”, produced by CAMC Weight Loss Center”. I understand the risks and potential complications it describes. I have had my questions answered to my satisfaction regarding the Roux-en-Y gastric bypass or LAP-BAND. I understand no all risks connected with a weight loss surgical procedure can be predicted. I also know those risks can be serious, including death. They can be serious even with the best medical and surgical care. I accept all the risks and the possible complications. I believe the benefits I will get from a weight loss surgery outweigh the risks. I take full responsibility for my choice and choose to proceed with the surgical treatment for morbid obesity.

Signed by: ____________________________ Date ______________

Print or type your name: __________________________________________________
Commitment to Post-Weight Loss Surgery Obligations

I have read the booklet “Weight Loss Surgery Guide”, produced by CAMC Weight Loss Center”. I understand that there are numbers of obligations I must be committed after my weight loss surgery. I agree to makes recommended changes (made by CAMC Weight Loss Center Staff) to my life-style, diet and exercise habits. I agree to long-term follow-ups with CAMC Weight Loss Center after my weight loss surgery. I understand that a weight loss surgery is a tool, not the cure for my obesity and obesity-related diseases. I am fully aware of my responsibility in making the changes in life-style, diet and exercise in order to improve my life-quality and health. I have been sufficiently explained of the role of a weight loss surgery and requirements after my surgery by CAMC Weight Loss Center Staff. I take full responsibility for my choice and choose to proceed with the surgical treatment for morbid obesity.

Signed by: _________________________________________ Date _______________

Print or type your name: __________________________________________________
# Weight Loss Center

**Charleston Area Medical Center**

**BMI Chart (lbs/in)**  
\[ \text{BMI} = \text{lbs./inches}^2 \times 704.5 \]

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<tr>
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<th>4'11''</th>
<th>5'1''</th>
<th>5'3''</th>
<th>5'5''</th>
<th>5'7''</th>
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<th>5'11''</th>
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### Body Mass Index Classification

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*Please note that the BMI does not distinguish between fat and muscle. It is possible for a heavily muscled individual to have a BMI in excess of 25 without increase health risks.*