Your Weight Is Over

Surgical Weight Loss Options

Presented by:
Charleston Area Medical Center Bariatric Surgery Department
Solutions for the rest of your life

• An introduction to Bariatric weight loss surgery
• Your First step toward a Healthier happier longer life
• The necessity to learn about surgical treatments prior to making your decision
• Understanding the risks benefits and obligations associated with weight loss surgery
• Next step
• Post Seminar Quiz
Today’s discussion

• What is obesity
• Trends and Impact of Obesity
• What is Body Mass Index (BMI)
• What are your surgical options
• Benefits and Risks of Surgery
• Summary
• What are your next steps
Comprehensive Multidisciplinary team

- Bariatric Surgeon
- Dietitian, Physical Therapy and support staff
- Unique Committed Comprehensive team
- Provide Education and resources for life time of success
- Follow up is corner stone of our program
- Life Long Commitment for your short and long term success
Our Dedicated Bariatric Surgeons

Dr. Robert Shin MD, FACS
Medical Director

- Dr. Shin performs Gastric bypass surgery, LAP-BAND Procedure and Revisional Weight Loss Surgery. He has performed more than 500 weight loss operations.
- He is a graduate from the University of Washington, School of Medicine with Honors, and completed his surgical trainings from the University of Arizona Health Sciences Center. He is board certified in Surgery and a fellow of the American College of Surgeon. He is an active member in 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.
Dr. Joel Levien MD, FACP, FACG

Dr. Levien is the Medical Weight loss Supervisor at the Weight Loss Center. He received his Bachelor of Arts Degree from New York University in 1968, a Masters of Science Degree from New York University in 1973, completed Medical School in 1974 at the University of Miami. Dr. Levein had Medical Internship in 1974-1975 at Lenox Hill Hospital in New York, a Neurology Residency in 1975-1976 at New York University Hospital, a Medical Residency in 1976-1978 at Lenox Hill Hospital, and a Gastroenterology Fellowship in 1978-1980 at Lenox Hill Hospital. He is Board certified in Internal Medicine with a subspecialty of Gastroenterology. He is in the process of obtaining is board certification in Bariatric Medicine.
Our Dedicated Bariatric Staff

Vanessa Bibbee RN, MSN, FNP-BC

- Vanessa currently practices as a Nurse Practitioner for the Weight Loss Center. Vanessa received her BSN from West Virginia Institute in Technology in 2005 and her MSN from West Virginia University in 2010. She has 5 years of experience in Bariatric Surgery.
Our Dedicated Bariatric Staff

Beverly Mann

- Beverly is the Dietician at the Weight Loss Center. Beverly’s Education includes:

- West Virginia University Morgantown, WV BS Family Resources Emphasis Dietetics, 1969-1974, and ADA Approved Dietetic Traineeship, West Virginia University Medical Center Morgantown, WV April 1975-1976. She successfully completed national registration examination 1976 and achieved state licensure 1999. Beverly was Board Certified as a specialist in Renal Nutrition in 1991 and worked as a specialists in renal nutrition for 29 years. She also was certified by American Dietetic Association in Adult Weight Management in 2008. Beverly has 3 years of experience in Bariatric Nutrition.
Our Dedicated Bariatric Staff

Michelle Strickland RN, BSN

Michelle is the nurse at the Weight Loss Center. She received her BSN from Marshall University in 2001 and is currently completing her MSN at Mountain State University. Michelle has 6 years experience with Bariatric Surgery.
Our Dedicated Bariatric Staff

• Peggy Perdue RN, MA

• Peggy is the Psychologist at the Weight Loss Center. Peggy is a graduate of Western Kentucky University Nursing School and has experience as a psychiatric and mental health nurse with a specialty in chemical dependency.

• Also, Peggy completed her Master’s degree in clinical psychology at Marshall University. She has worked in various clinical setting as a supervised and/or licensed psychologist with adults, children, and adolescents for the past seventeen years. She has specialized in bariatrics in various clinical areas including private practice, hospital settings, industrial, and forensic settings throughout her career. Peggy has specialized in bariatrics for the past eight and a half years. She is a member of the American Society for Metabolic and Bariatric Surgery.
Our Dedicated Bariatric Staff

- Lakesha Moore MS

Lakesha is the Exercise Physiologist at the Weight Loss Center. She received her Master’s Degree in Exercise Physiology from Marshall University Graduate School. She received her BS in Sports and Exercise Psychology from West Virginia University. Her clinical experience has been in the Diabetes and Cardiac Rehabilitation Center at Marshall University. She also has worked with the Health Kids Program for 4 years. Kesha has 5 years of experience with Bariatric Patients.
Our Dedicated Bariatric Staff

- Mary Lambert

- Mary is the Pre-Authorization Specialist at the Weight Loss Center. She Graduated from WVUIT with a Bachelor's Degree in Health Service Administration. Mary has 1.5 years experience with Bariatric patients. Prior to this position, I have 10 years experience in Third Party Administration Insurance.
Our Dedicated Bariatric Staff

- Audrey “Victoria” Goad

- Victoria holds the job title as a registration representative/ front desk. Victoria has an associate’s degree in Business Administration. She has 2 years of experience with Bariatric Surgery.
Our Dedicated Bariatric Staff

- Rhonda Wolford

- Rhonda is the Practice Manager at the Weight Loss Center.
What is obesity?
Obesity is...

Excessive body fat. Causes include sedentary habits, a diet high in fat, alcohol, and increased caloric intake. Calories consumed but not used are stored as fat. Obesity raises the risk of increased comorbid conditions that may lead to early death.

Obesity is...

• Multi-factorial (many different factors can cause obesity)
• Life-long
• Progressive
• Potentially life-threatening
• Costly
Did you know that obesity is...

• The second leading cause of preventable death
• Morbidly obese die 10-15 years sooner than non-obese people
• Associated with multiple life threatening medical conditions also called Comorbid conditions
Obesity: In the News Now More Than Ever Before
The Caloric Balance Equation

- Overweight and obesity result from an energy imbalance. This involves eating too many calories and not getting enough physical activity.
- Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status.
- Behavior and environment play a large role causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.
Many factors influence obesity.
Environmental Causes

- Elevator
- Low Cost Easy Available Foods
- Escalator
- Moving Sidewalk
- Computer Games
- Television
- Automobiles
- Riding Lawnmowers
- High Fat-Energy Dense Foods
- Larger Food Servings
- High Snack Consumption
Many serious illnesses are associated with obesity

- Type-2 Diabetes
- Hypertension
- Hyperlipidemia
- Respiratory disease
- Sleep apnea
- Depression
- Menstrual irregularity
  - Amenorrhea
  - Dysmenorrhea
- Urinary stress incontinence
- Asthma/pulmonary disorder
Many serious illnesses are associated with obesity Cont’d

- Gastro esophageal reflux disease (GERD)
- Degenerative joint disease (DJD)
- Heart disease
- Gallstones
- Fatty liver disease
- Coronary artery disease
- Stroke
- Osteoarthritis
- Infertility
- Cancer
How do genes affect obesity?

Science shows that genetics plays a role in obesity. Genes can directly cause obesity in disorders such as Bardet-Biedl syndrome and Prader-Willi syndrome.

However genes do not always predict future health. Genes and behavior may both be needed for a person to be overweight. In some cases multiple genes may increase one's susceptibility for obesity and require outside factors; such as abundant food supply or little physical activity.
Impact of Obesity: Social and Economic Effects

Social Impact
- Getting a job, making a good impression
- Dealing with judgmental behavior
- Compromised health and premature aging

Economic Impact*1-3
- As weight increases, so does medical spending in healthcare system
- Increased personal spending on prescriptions, weight loss products

Costs Associated With Obesity1

<table>
<thead>
<tr>
<th>Weight</th>
<th>% Increase in Medical Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight (BMI=25-29.9)</td>
<td>14.5%</td>
</tr>
<tr>
<td>Obese (BMI ≥30)</td>
<td>37.4%</td>
</tr>
</tbody>
</table>

*Regression approach using data from 1998 Medical Expenditure Panel Survey and the 1996-97 National Health Interview Surveys. N=9867 adults. Percent of increase is significant across all payors (P<0.05).

Who Qualifies for Weight-Loss Surgery?

Clinical Terms Used to Describe Various Levels of Body Fat

- **Normal Weight** (BMI 18.5 to 24.9)
- **Overweight** (BMI 25 to 29.9)
- **Obese** (BMI 30 to 34.9)
- **Severely Obese** (BMI 35 to 39.9)
- **Morbidly Obese** (BMI 40 or more)
Body Mass Index (BMI)

- Measures Obesity based on your weight and height
- BMI Calculator
- Determines if you qualify for surgery or not
Sizing Up Your Level of Body Fat

Using the Body Mass Index (BMI)

- Used to determine if you qualify for surgery
- Measures obesity based on weight and height

<table>
<thead>
<tr>
<th>Height (ft)’</th>
<th>4’9”</th>
<th>4’11”</th>
<th>5’1”</th>
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Weight Category

- Normal Weight: 18.5 - 24.9
- Overweight: 25 - 29.9
- Obesity: 30 - 34.9
- Severe Obesity: 35 - 39.9
- Morbid Obesity: ≥40
US Trends in Obesity

- Over 72 million people in the US are obese\(^1\)
- Over 23 million people suffer from type 2 diabetes\(^2\)
  - More than 85% of people with type 2 diabetes are overweight\(^3\)
- According to the Centers for Disease Control, 53% of obese adults in the US were diabetic in 2007\(^4\)

\(^1\)Based on 2005-2006 data from the CDC/NCHS–National Health and Nutrition Examination Survey.
You’re not alone

- More than **65%** of adults are overweight or obese.
- **32%** of children are overweight.
- **4.8%** of adults are morbidly obese.
- Total medical cost for obesity in 2003 was **$75 billion**.
- **325,000 obesity-related deaths** occur annually.

1.
The Weight of a Nation

In 10 years, obesity increased by 50% in most states

Medical Complications of Obesity

Pulmonary Disease
- Abnormal Function
- Obstructive Sleep Apnea
- Hypoventilation Syndrome

Nonalcoholic Fatty Liver Disease
- Steatosis
- Steatohepatitis
- Cirrhosis

Gall Bladder Disease

Gynecologic Abnormalities
- Abnormal Menses
- Infertility
- Polycystic Ovarian Syndrome

Osteoarthritis

Skin

Gout

Idiopathic Intracranial Hypertension, (High Pressure inside the skull)

Stroke

Cataracts

Coronary Heart Disease

Diabetes

Dyslipidemia (abnormal lipids)

Hypertension (High BP)

Severe Pancreatitis (inflammation of pancreas)

Cancer
- Breast
- Uterus
- Cervix
- Colon
- Esophagus
- Pancreas
- Kidney
- Prostate

Phlebitis (leg swelling, inflammation)

Venous Stasis disease, leg ulcers

Health Risks & Increased Risk of Mortality

- Diabetes
- Hypertension
- Sleep apnea
- Depression
- Joint Pain
- Infertility
- Cancer
- GERD
- Asthma

Relative Mortality Rate

BMI (kg/m²)

Source: The Surgeon General's Call to Action to Prevent Overweight and Obesity & NIH, NEJM, 1995.
Medical and Health Implications

With BMI > 30

- 70% increase in coronary artery disease
- 75% increase in stroke
- 400% increase in diabetes
- 55% increase in mortality

- Morbidly obese males between 25 and 35 have 12x the chance of dying as normal weight men

- A morbidly obese adult has a 33% chance of living to age 65 as that of a normal weight person
Changing Perceptions as Obesity Increases

Past\(^1\)

- Obesity was seen as a weakness or failure of the individual
- Diet and exercise were prescribed treatments
- Weight loss surgery was viewed as dangerous and extreme

Present\(^1\)

- Obesity is considered a disease with serious health risks
- Surgery is accepted as a proven treatment for obesity
- Surgical treatment is appropriate for qualified patients

Bariatric surgery is a proven weight loss method.

Weight Loss Strategies

- Reduction of about 10% of body weight at 6 months is a healthy weight loss,¹ but diets are prone to failure for many reasons²

- Does not always lead to weight loss

- Requires ongoing professional contact, and failure rate can be high

- Weight is typically regained when treatment ends

- The most effective approach for long-term weight loss

References:
Surgical Therapy for Obesity

GOAL of Weight-Loss Surgery:

• Improve Health
• Improve Quality of Life
• Increase Lifespan
• Not cosmetic—this is only a side effect
Bariatric Surgery

Goal of every bariatric procedure is to assist in reducing daily calorie intake.

Surgery levels the playing field, making it possible for the patient to control their weight, for the first time in their life!
Time to Consider:

Your Surgical Options

65-70% have success with weight loss surgery
Types of Weight Loss Surgeries

- Restrictive
- Malabsorptive
- Combination
Bariatric Surgical Options:

- Laparoscopic Adjustable Gastric Banding
- Gastric Bypass
- Sleeve Gastrectomy

References:
Restrictive Procedures

A small pouch is created, which limits the amount of food patients can eat.

The smaller stomach pouch fills quickly, helping patients feel satisfied with less food.

Examples of restrictive bariatric procedures:
- Gastric Banding
- Sleeve Gastrectomy
Malabsorptive Procedures

The small intestine is rerouted so that food skips a portion of it.

Some calories and nutrients are not absorbed.

Currently, surgeons rarely perform strictly malabsorptive procedures.
Combination Procedures

The surgeon creates a small pouch, limiting the amount of food a patient can eat.

A section of the small intestine is rerouted, causing food to bypass a large portion of the small intestine.

Bypassing a portion of the small intestine means the patient’s body absorbs fewer calories.

Examples of combination bariatric procedures:
- Gastric bypass
- Biliopancreatic diversion with duodenal switch
Gastric Bypass

Combines restrictive and Malabsorptive surgery techniques

Stapling creates a small (15-20cc) stomach pouch, then attaches a section of the small intestine directly to the pouch.

The remainder of stomach is stapled shut and divided from the smaller pouch.

This allows food to bypass a portion of the small intestine where calories and nutrients are normally absorbed.

Gastric Bypass is not reversible.

Advantages

• Rapid initial weight loss.
• Laparoscopic approach is possible.
• No postoperative adjustments are required.
Bariatric Surgical Options: Safety

Gastric Bypass

<table>
<thead>
<tr>
<th>Safety</th>
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<tbody>
<tr>
<td>• Complications: pulmonary embolus, leakage, hernia, ulcers, bowel obstructions, vitamin/mineral deficiencies, and dumping syndrome¹</td>
</tr>
<tr>
<td>• In one study, 23% of patients had at least 1 complication (n=54/235)²</td>
</tr>
<tr>
<td>• Total mortality rate 0.98% (n=91/9258)³</td>
</tr>
<tr>
<td>• Patients lost a median of 31.3% fat-free mass (n=87)⁴</td>
</tr>
</tbody>
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The LAP-BAND System

In most cases, the LAP-BAND® System is put into place during a laparoscopic procedure, using general anesthesia. The procedure is performed using long, thin instruments inserted through a few tiny incisions (usually 0.5-1.5 cm). The surgery itself typically takes about an hour.

Step One: Your surgeon implants the LAP-BAND® System around the upper part of your stomach, much like a belt.

Step Two: A tube is then connected from the LAP-BAND® System to a small access port, fixed beneath the skin of your abdomen.

Step Three: After the first four to six weeks, adjustments to the LAP-BAND® System are made through the access port. This is done as needed — more frequently in the first year — to maintain optimal weight loss, by adding or removing saline solution.
Animation Of Gastric Band

The LAP-BAND® System
Summarizing Benefits of an Adjustable Procedure

- No stapling or cutting
- Gradual, healthy weight loss\(^1\)
- Lifelong medical monitoring\(^2\)
- Long-term weight loss\(^3\)

2 Years 53.3\% EWL (n=640)\(^1\)
A Well-Adjusted Band

Good weight loss
  Steady
  *Amount depends on BMI and dietary habits*

Able to eat most solid foods
  *Exceptions thick breads and thick meats*
  *Must thoroughly chew food and eat slowly*
  *Comfortably eat a small selected solid meal*

No limitations of liquids
  *Except during meals*
  *Never recommend high calorie liquids*
The LAP-BAND System

- Advantages
  - Lowest mortality and complication rate
  - Least invasive surgical approach
  - No stapling, cutting, or intestinal re-routing
  - Adjustable
  - Reversible
  - Low malnutrition risk

- Disadvantages
  - Slower initial weight loss than Gastric Bypass
  - Requires implanted medical device
Bariatric Surgical Options: Safety

Laparoscopic Adjustable Gastric Banding

<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complications include: band slippage, stoma blockage, and vomiting¹*</td>
</tr>
<tr>
<td>• In one study, 9% of patients experienced at least 1 complication (n=4/480)²</td>
</tr>
<tr>
<td>• Total mortality rate 0.22% (n=13/5780)³</td>
</tr>
<tr>
<td>• Patients lost a median of 17.5% fat-free mass (n=400)⁴</td>
</tr>
</tbody>
</table>

* For full list of complications associated with the LAP-BAND System, refer to the Patient Label

# Bariatric Surgical Options: Possible Serious Complications

<table>
<thead>
<tr>
<th>Categories</th>
<th>Laparoscopic Adjustable Gastric Band</th>
<th>Gastric Bypass</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Complications</strong>*</td>
<td>8.8% (n=4/480)¹</td>
<td>23% (n=54/235)¹</td>
</tr>
<tr>
<td><strong>Major Complications</strong>* (Grade III/IV)</td>
<td>0.2% (n=1/480)¹</td>
<td>2% (n=5/235)¹</td>
</tr>
<tr>
<td><strong>Short-term Mortality Rate</strong></td>
<td>0.05% (n=3/5780)²</td>
<td>0.5% (n=46/9258)²</td>
</tr>
<tr>
<td><strong>Long-term Mortality Rate</strong></td>
<td>0.2% (n=10/5780)²</td>
<td>0.5% (n=45/9258)²</td>
</tr>
</tbody>
</table>

* Published complication rates vary depending upon the institution and how the surgeon diagnoses and defines a particular complication.

Sleeve Gastrectomy

• A restrictive procedure that limits the amount of food you eat by reducing the size of your stomach.
• During the procedure, a thin vertical sleeve of stomach is created using a stapling device. This sleeve typically holds 50-150mls and is about the size of a banana. The excised portion of the stomach is removed.

• **Advantages**
  • Limits the amt of food eaten at a meal.
  • Food passes through the digestive tract in the usual order, allowing full absorption of vitamins and minerals.
  • No postoperative adjustments required.
Animation of Sleeve Gastrectomy

Sleeve Gastrectomy
# Bariatric Surgical Options: Average Recovery Time

<table>
<thead>
<tr>
<th>Procedure</th>
<th>LAP-BAND® System (n=21)¹</th>
<th>Gastric Bypass (n=19)¹</th>
<th>Sleeve Gastrectomy (N=120)²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Hospital Stay</td>
<td>1.3 days</td>
<td>2.5 days</td>
<td>3-4 days</td>
</tr>
<tr>
<td>Days to Normal Activity</td>
<td>7.2 days</td>
<td>18.2 days</td>
<td>Not available</td>
</tr>
<tr>
<td>Length of Recovery</td>
<td>15.8 days</td>
<td>21.7 days</td>
<td>Not available</td>
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</table>

Do You Qualify?

Meet the BMI criteria

• Your BMI is at least 40, or
• You are at least 100 pounds more than your ideal weight, or
• Your BMI is at least 35 and you are suffering from serious health problems

Are at least 18 years old

Medically supervised weight loss program

• Documentation
• Length depends on insurance plan (most are six months with your physician)
• Have been overweight for more than 5 years

Are prepared to attend regular follow-up sessions and make lifestyle changes
Summary
Resolving your co-morbid conditions

- Following bariatric surgery, most patients resolve or improve their co-morbid conditions.

Migraines 57% resolved
Pseudotumor Cerebri 96% resolved
Dyslipidemia Hypercholesterolemia 63% resolved
Non-Alcoholic Fatty Liver Disease 90% improved steatosis 37% resolution of inflammation 20% resolution of fibrosis
Metabolic Syndrome 80% resolved
Type II Diabetes Mellitus 83% resolved
Polycystic Ovarian Syndrome 79% resolution of hirsutism 100% resolution of menstrual dysfunction
Venous Stasis Disease 95% resolved
Depression 55% resolved
Obstructive Sleep Apnea 74-98% resolved
Asthma 82% improved or resolved
Cardiovascular Disease 82% risk reduction
Hypertension 52-92% resolved
GERD 72-98% resolved
Stress Urinary Incontinence 44-88% resolved
Degenerative Joint Disease 41-76% resolved
Gout 77% resolved
Quality of Life improved in 95% of patients
Mortality 89% reduction in 5-year mortality
What are your next steps?
You’ve already taken the first step!

- Attend or viewing this online seminar *(Complete!)*
- Providing your information *(Complete!)*
- Complete short Quiz
Steps toward the future

- Complete the short test following this presentation and submit
- You can call our office in about a week to check on your status, or if you know that you have bariatric coverage you can call and schedule an appointment
- The initial consult with your surgeon will occur after your insurance is verified. At this appointment, the surgeon will determine what type of testing you will need done prior to surgery (cardiac consult, pulmonary consult, sleep study, EGD-this will differ from patient to patient depending on history)
- 2 Consults are required by insurance: Nutrition and Psychological Evaluation. We will make the referral for you and these offices will contact you to schedule the appointment.
Steps Continued....

✓ You will have a three month follow-up appointment with the bariatric coordinator to make sure all your documentation is in order and to see if you have any questions.

✓ After your 6 months physician supervised documentation, consults, psych and nutrition appointments are completed, your paperwork will be submitted to your insurance carrier for approval.

✓ Once approved you will come in to the office to schedule your surgery date, sign your consent and set up your pre-op testing.

✓ You will have to be on a liquid diet 10-14 days prior to surgery. This will be discussed in detail with the nutritionist at your first appointment so you know what to expect.
Thank You
We look forward to assisting you in your weight loss JOURNEY
1.) Which of the following statements are true about morbid obesity?

- A) Obesity is the 2nd leading cause of preventable death
- B) The morbidly obese have a life span shortened by 10-15 years than non-obese people
- C) Both A & B
2.) Types of weight loss surgery include restrictive, malabsorptive, and combination

   □ True
   □ False

3.) Three factors contributing to the development of obesity are genetics, behavior, and environmental

   □ True
   □ False

4.) Obesity is associated with multiple life threatening medical conditions

   □ True
   □ False
5.) Life long commitment and follow-up with the bariatric team is very important for best outcomes and success

- True
- False

6.) Gastric Bypass Surgery is an example of what type of weight loss surgery

- Restrictive only
- Malabsorptive only
- Combination of restrictive & malabsorptive

7.) Sleeve Gastrectomy Surgery is an example of

- Restrictive only
- Malabsorptive only
- Combination of restrictive & malabsorptive
8.) Lap Band Surgery is an example of
- Restrictive only
- Malabsorptive only
- Combination of restrictive & malabsorptive

9.) Some of the health risks of obesity include:
- Sarcoidosis, vomiting, crohn’s disease
- High blood pressure, diabetes, arthritis
- Shingles, cataracts, melanoma

10.) We have a multidisciplinary Comprehensive Bariatric Program
- True
- False
• And finally…. On July 6th 2001, the US Government passed compliance regulations (HIPAA LAWS) …..

• Your privacy is important to us. Please indicate below if we are able to leave a message on your answering machine or voicemail. Thank you

☐ Yes, it’s okay to leave a message
☐ No, please do not leave a message

• Submit quiz