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Knowledge and Compassion
Focused on You

Surgical Weight Loss Program Information Seminar

MBSAQIP
METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

Objectives

- Review of how obesity is defined and its impact on your health.
- Review of the pre-operative physician-supervised weight management program.
- Review of the bariatric surgery options:
  - Roux-en-Y Gastric Bypass
  - Vertical Sleeve Gastrectomy
  - Adjustable Gastric Band
- Questions with the surgeon
- Schedule initial surgical consult

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Body Mass Index

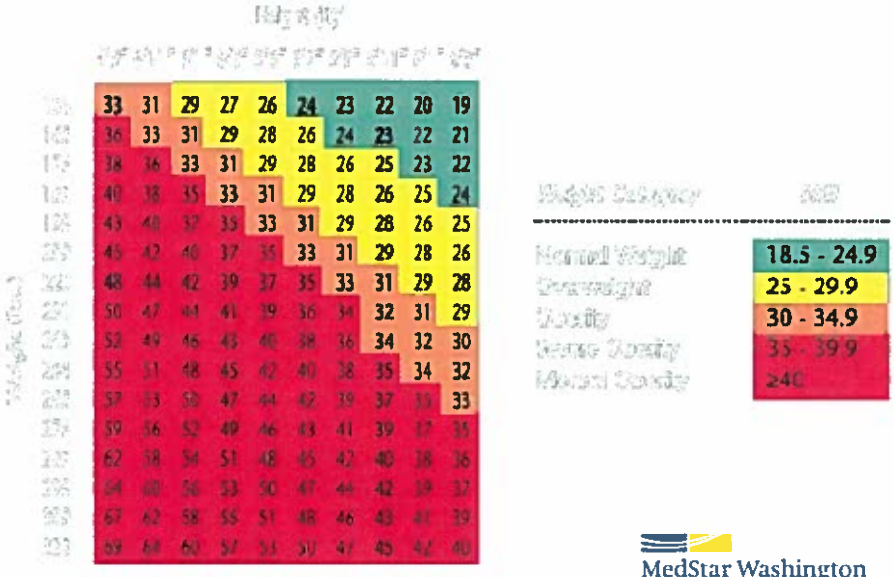
We use a simple calculation called Body Mass Index (BMI) to determine who is normal weight, overweight, or obese.

BMI is a measure of an adult's weight in relation to his or her height.

Six BMI classes:

- Underweight: 15-18.5
- Normal Weight: 18.5-24.9
- Overweight: 25-29.9
- Obese: ≥30
  - Obesity Class I: BMI = 30-34.9
  - Obesity Class II: BMI – 35-39.9
- Clinically Severe (Morbid) Obesity: ≥40

What is My Body Mass Index (BMI)?



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	62	58	54	51	48	45	42	40	38	36
	64	60	56	53	50	47	44	42	39	37
	67	62	58	55	51	48	46	43	41	39
	69	64	60	57	53	50	47	45	42	40

	18.5 - 24.9
	25 - 29.9
	30 - 34.9
	35 - 39.9
	≥40

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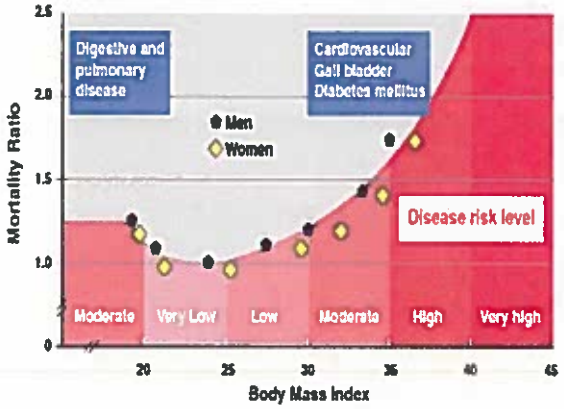
Risk of Disease in Relation to BMI

- As BMI increases so does your risk for developing the following:
  - Diabetes Mellitus
  - High Blood Pressure
  - High cholesterol
  - Arthritis
  - Obstructive Sleep Apnea
  - Gallstones
  - Stroke or heart attack
  - Cancer



Treatment of Obesity

- There are currently two treatments for obesity:
  - Medical/Non-surgical
    - Diet- low calories, fat, carbohydrates
    - Exercise- at least 30 minutes most days of the week
    - Behavior Modification- self-monitoring, goal-setting, eat 3 meals daily, avoid snacking
    - Drugs/prescription medications
  - Surgical
    - Adjustable Gastric band, Vertical Sleeve Gastrectomy, Roux-en-Y Gastric Bypass

Treatment of obesity

- Disadvantages of medical treatment:
  - Most (>95%) patients regain most or all of the weight within 2-5 years.
  - Average weight loss is small (10-40 pounds).
  - Drug therapy may be associated with health complications (Phen-fen and heart disease).
  - Most insurance companies do not cover the costs associated with medical treatment.
  - Difficult to maintain in the long-term
  - "Yo-yo effect" of many programs leads to large weight fluctuations.

Are you a surgical weight loss candidate?

- NIH Consensus Development Conference (1991)
  - Weight
    - Patients with BMI 35-39.9 with other health problems
      - Diabetes Mellitus
      - Obstructive Sleep Apnea
      - Hypertension
      - High cholesterol
      - Coronary artery disease
      - Osteoarthritis
      - Psuedotumor Cerebri
    - BMI $\geq$ 40
  - Failure of non-surgical weight loss attempts
  - Well-informed, motivated
  - Understanding of how surgery will change your life
  - No untreated medical problems that could be causing the obesity
  - No uncontrolled psychological conditions
  - Willing to follow up regularly
  - Absence of drug and alcohol problems
  - Non smoker or able to quit smoking for life

Source: consensus.nih.gov/1991/1991GISurgeryObesity084html.htm

Surgical Weight Loss May Not be an Option for you if…

- The operation poses unnecessary hazards (Risk >Benefit)
- Are not willing to make lifelong eating and behavior changes
- Are not willing to follow the program guidelines
- Are not able to Follow up regularly
- Plan to get pregnant within the first 12-18 months after surgery
- Have any psychiatric contraindications
- Do not meet criteria

Surgical Weight Loss Process

- Is a process, not just an operation
- WILL take several months until surgery
- WILL continue after the date of surgery

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MWHC Bariatric Surgery Process

1. Information Seminar
   - Required- Please make sure you have signed in today!
   - Contact your insurance provider to obtain coverage information for bariatric surgery:
     - CPT code for gastric bypass: 43644
     - CPT code for Vertical Sleeve Gastrectomy: 43775
     - CPT code for Adjustable Gastric Band: 43770
2. Preparation Phase
   - Initial Consultation with the surgeon
     - Can be scheduled before you leave today
   - Medical evaluation by your primary care physician
     - 3-5 year weight history
     - Medical clearance to participate in our exercise program

Preparation Phase: Medically Supervised Weight Management Program

- Complete a 3-7 consecutive month physician-supervised weight management program
  - Insurances that allow 3-4 months (call and check your plan)
    - BCBS FEP- 90 days
    - Some Aetna and Cigna plans- 90 Day program
    - Mailhandlers
    - Medicare (if you have a secondary insurance that requires 6-7 months, you will have to complete 6-7 months).
  - All others not listed generally require 6-7 months
  - MWHC and MSMH programs
  - Other options
  - Rescheduling: we will make every effort to accommodate you if you need to reschedule. We may not be able to accommodate you if you reschedule more than once in one month.

Preparation Phase Continued

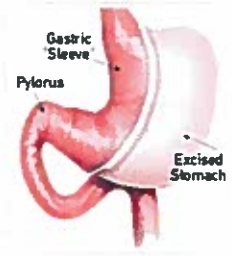
- MWHC additional requirements to complete during the preparation phase include (but may not be limited to):
  - GI consult with Dr. Koch
  - EGD
  - Evaluation by an exercise physiologist- $60 out of pocket fee
  - Evaluation by a mental health professional
  - Support Group
  - EMMI online educational progam

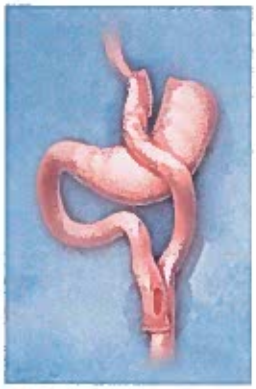
Next Steps

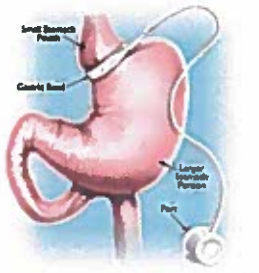
- Precertification Process
  - May take up to 6 weeks
- Two-week Pre-op diet
  - You will start a low-calorie diet exactly two weeks prior to your surgery date.
  - You will receive the diet education in the pre-op program.
- Final Surgical Consultation
  - Meet with the surgeon 1-2 weeks before surgery.
  - Watch mandatory pre-operative video (30 minutes)
- Pre-surgery lab work
  - Completed in our ATC 1-2 weeks prior to surgery.

What Does Surgical Weight Loss Do?

- provides a *tool* to help you gain control of eating behaviors







What Does Surgical Weight Loss NOT Do?

- Guarantee you will lose weight permanently
- Make you change your eating habits and behaviors
- Make all your problems go away

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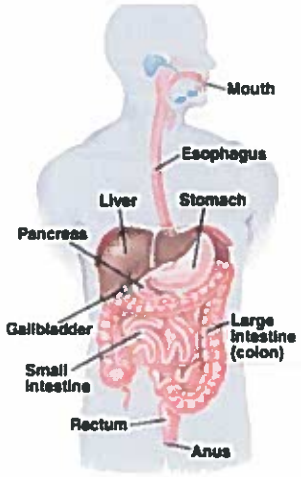
The Digestive System



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How Does Bariatric Surgery Promote Weight Loss?

- Restrictive- shrink the size of the stomach which reduces the amount of food it can hold.
- Malabsorptive- rearrange and/or remove part your digestive system which then limits the amount of calories and nutrients that your body can absorb.
- Combined Restriction/Malabsorption- combines both restrictive and malabsorptive techniques.

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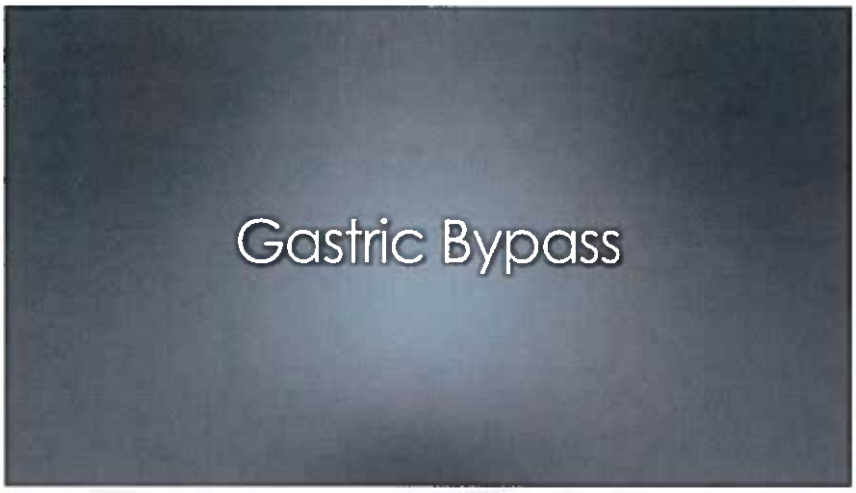
Surgical Approach

- Open
  - A 10-15 inch midline incision is made so that the surgeon can place his/her hands and instruments inside the abdomen to complete the surgery.
- Laparoscopic
  - Four to six ¼ to ½ inch incisions are made to allow the surgeon to place a camera and instruments into the abdomen to complete the surgery. The benefits include:
    - Less pain
    - Quicker recovery
    - Fewer complications
    - Less noticeable scar
    - Shorter hospital stay

Length of surgery and hospital stay

- Adjustable Gastric Band
  - 1.5-2 hours
  - Same day surgery or 1 night stay
- Vertical Sleeve Gastrectomy
  - 1.5-2 hours
  - One to two-night stay
- Roux-en-Y Gastric Bypass
  - 2-3 hours
  - Two to three-night stay

Gastric Bypass



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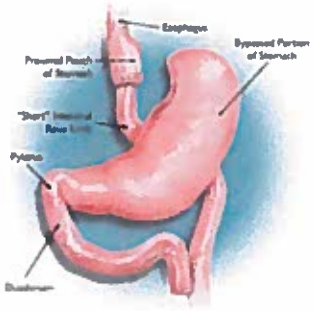
Roux-en-Y Gastric Bypass

- Combination restrictive and malabsorptive procedure:
  - Makes the stomach smaller so you feel full more quickly.
  - Bypasses the stomach and part of the small intestines. This limits the absorption of nutrients in the intestines.
  - Affects gut hormones that play a role in hunger and fullness.



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Roux-en-Y Gastric Bypass: Expected Weight Loss

- Percentage of excess weight loss (%EWL) is the preferred method of evaluating and reporting weight loss.
- Someone who is 6'2" and 400 lbs will lose a different amount of weight than someone who is 5'4" and 220 lbs.
- But both of these patients will lose a **similar percent of their excess weight.**
- Average %EWL for gastric bypass patients is about 65-75% in the first 12-18 months after surgery.
  - For someone who is 100 pounds overweight, that translates into a weight loss of about 65-75 pounds after the gastric bypass procedure.

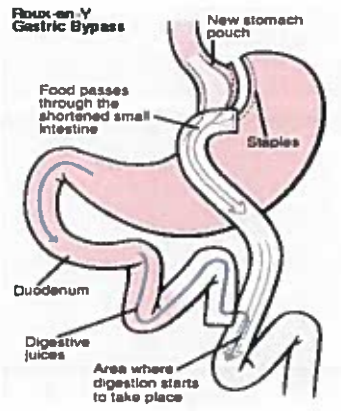
Benefits of gastric bypass surgery

- Diabetes (79-100% resolved or improved)
- Sleep apnea (92-98% resolved or improved)
- Hypertension (78-98% resolved or improved)
- Hyperlipidemia (94-100% resolved or improved)

ROUX-EN-Y GASTRIC BYPASS

Advantages
- Rapid initial weight loss
- Longer experience in USA
- Improvement or resolution of diabetes, hyper-tension, hyperlipidemia, & obstructive sleep apnea.

Disadvantages
- Stomach cutting, stapling and intestinal re-routing
- Nutritional deficiencies
- "Dumping syndrome"
- Non-adjustable, difficult to reverse



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Risks of gastric bypass

- Mortality (death) rate: <0.5%
- Major complication
  - Anastomotic leak
  - Bowel obstruction
  - Bleeding, injury to spleen
  - Medical (Heart attack, stroke, blood clots, pulmonary embolism, pneumonia)
- Minor complication
  - Wound (infection, seroma)
  - Nausea, vomiting, dumping
  - Gallstones
  - Nutritional deficiency
  - Stricture (narrowing) that may require endoscopic dilation
  - Marginal Ulcer
  - Urinary tract infection
  - Depression

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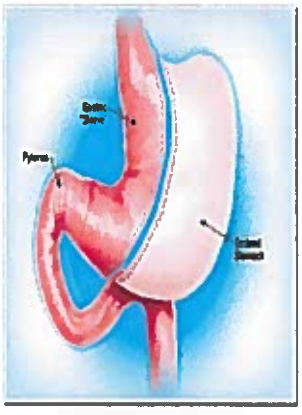
Sleeve Gastrectomy

Sleeve Gastrectomy

- Restrictive Surgery
  - This surgery works by restricting the amount of food you can eat at one time by reducing the size of the stomach.
  - Food follows the same digestion pathway. The intestines are not operated on.
  - May have an affect on gut hormones that play a role in hunger and fullness.



COURTESY ETHICON ENDO-SURGERY, INC.

Sleeve Gastrectomy Outcomes

- Results
  - %EWL and resolution of diabetes **similar** to gastric bypass
  - %EWL and resolution of diabetes **greater** than adjustable gastric band
  - Decreased hunger / increased satiety (Ghrelin)

Sleeve Gastrectomy: Expected Weight Loss

- %EWL for sleeve gastrectomy patients is about 50-80% in first 12-18 months after surgery.
  - For someone who is 100 pounds overweight, that translates into a weight loss of about 50-80 pounds after the sleeve gastrectomy procedure.

Sleeve Gastrectomy Outcomes

- 55 patients, 5 year follow-up
- Average starting BMI: 65
- %EWL = 86%
- Resolution of:
  - Hypertension (95%)
  - Diabetes, cholesterol, sleep apnea (100%)
  - GERD: 53% (new onset GERD 11%)
- 1.9% leak
- No mortalities, strictures, or hemorrhage

Rawlins et al., Sleeve Gastrectomy: 5-year Outcomes of a Single Institution. SOARD, Jan 2013.

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August 5, 2016

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Sleeve Gastrectomy

Advantages:
- No intestinal re-routing
- Rapid initial weight loss
- No need for fills or adjustments
- Comparable resolution of medical comorbidities to that of gastric bypass
- Low malnutrition risk

Disadvantages:
- Purely restrictive
- Stomach cutting, stapling
- Non-adjustable
- Not reversible

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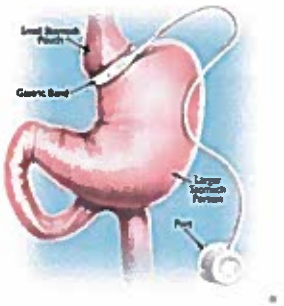
Sleeve Gastrectomy: Risks

- Mortality (death) rate: <0.1%
- Major complication
  - Staple line leak
  - Bowel obstruction
  - Bleeding, injury to other organs
  - Medical (Heart attack, stroke, blood clots, pulmonary embolism, pneumonia)
- Minor complication
  - Wound (infection, seroma)
  - Nausea/vomiting
  - Gallstones
  - Nutritional deficiency
  - Stenosis (narrowing) of the sleeve which may require endoscopic dilation
  - Gastritis (inflamed stomach lining), heartburn, or stomach ulcers
  - Urinary tract infection
  - Depression

Adjustable Gastric Band

Laparoscopic Adjustable Gastric Band

- Restrictive surgery
  - A band is placed around the top portion of the stomach creating a small pouch.
  - The pouch holds less food making you feel full faster.
  - A port is placed under the skin during the operation. Adjustments are made to the band through this port.



The Adjustable Gastric Band

Advantages:

- No stapling, cutting, or intestinal re-routing
- Adjustable
- Can be removed
- Low malnutrition risk
- Many patients experience improvement or resolution of diabetes, hyper-tension, hyperlipidemia, & obstructive sleep apnea.

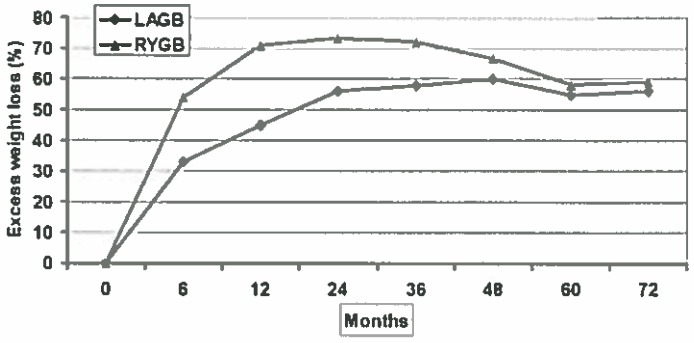
Disadvantages

- Slower initial weight loss
- Regular follow-up critical for optimal results
- Requires implanted medical device
- Longer time to meet optimal weight loss goals

Adjustable Gastric Band: Expected Weight Loss

- %EWL for adjustable gastric band patients is about 50-55% within the first three years after surgery.
  - For someone who is 100 pounds overweight, that translates into a weight loss of about 50-55 pounds after the band placement procedure.

Comparing Weight Loss Results

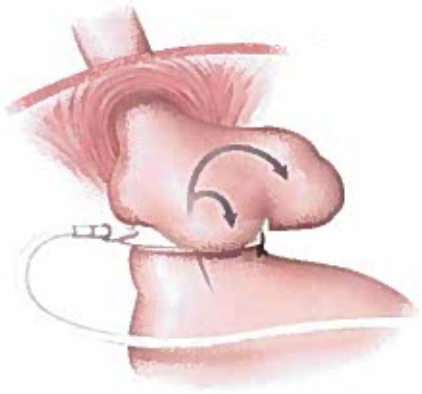


O'Brien et al. Obesity is a Surgical Disease: Overview of Obesity and Bariatric Surgery, ANZ J Surg, 2004; 74: 200-204.

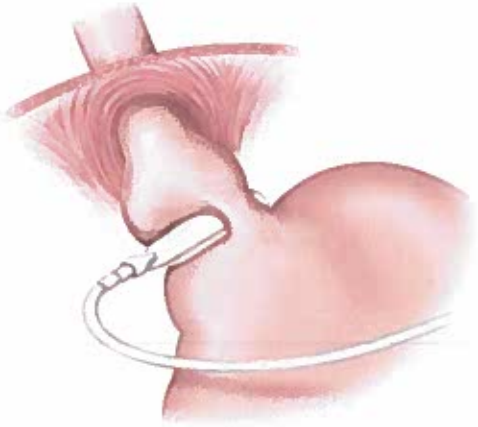
Risks of Adjustable Band

- Mortality = 0.05%
- Risks with any abdominal surgery:
  - Bowel obstruction
  - Bleeding, injury to other organs
  - Medical (Heart attack, stroke, blood clots, pulmonary embolism, pneumonia)
- Risks specific to the band:
  - Band Erosion = <1%
  - Band Slip = 3%
  - Port displacement
  - Port-site infection
  - Tubing complication
  - Esophageal Spasm
  - Gastroesophageal Reflux
  - Inflammation of esophagus or stomach

Gastric Band Slippage



Gastric Band Erosion



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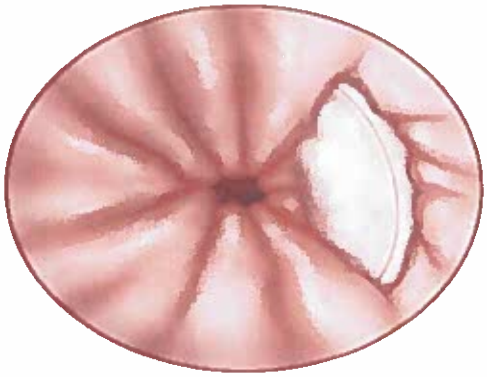
Gastric Band Erosion (view from inside the gastric pouch)



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Esophageal Dilatation

Bariatric Surgery Revision

- Corrective
  - Re-do of the same surgery
- Conversions
  - Gastric band converted to a Roux-en-Y gastric bypass or sleeve.
- Unless there is a problem with the initial surgery that needs to be addressed emergently, you will be required to complete a pre-op program per your insurance requirements.
- Some insurances do not cover revisions- PLEASE CHECK YOUR PLAN!

What do we expect?

- Weight loss (around 5%) during supervised weight management program.
- Quit Smoking
- Increase daily activity
- Healthy Eating habits
- Follow the guidelines set by the team
- Complete your checklist – make sure all results arrive at our office

Why Chose us?

- We are accredited as a "Comprehensive Center" through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program MBSAQIP.
- We have been doing weight loss surgery at MWHC since 1991
- We have experienced and/or Fellowship trained surgeons.
- We have a multidisciplinary team which includes, nurses, a nurse practitioner, registered dietitians, a psychologist, a psychiatrist, physical therapists, and exercise physiologists.

Meet the Team – Our Medical Team

Surgeons

- Dr. Shope

- Dr. Brebbia

- Dr. Zubowicz

Gastroenterologist and nursing staff

- Dr. Koch

- Marsha Brown, RN
- Catherine Hite, NP

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Meet the Team- Our Registered Dietitians

- Registered Dietitians who specialize in the care of bariatric patients
- Routine evaluation and education is available by our Registered Dietitians
- Our dietitians:
  - Lauryn Muller, MS, RD, LD
  - Kristen McGill, RD, LD

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Meet the team – Office Staff

- Business Manager
  - Parul Bisla, BDS, MHSA
- Bariatric Surgery Coordinator:
  - Anyea Lovette, MS, RD, LD
- Office Staff
  - Natalie Bryant
  - Catina Wood
  - Lenique Hammond
  - Jaquary Holmes
  - Janice Abrahams

What should I do now?

- Schedule an appointment with one of our surgeons before you leave today.
- Visit with your PCP for a medical evaluation if you have not done so already → referral (if needed), weight history, exercise clearance
- Call your insurance company and check that your plan covers bariatric surgery.
  - Questions to ask:
    - Is surgical weight loss specifically gastric bypass, sleeve gastrectomy, or the adjustable band a covered benefit in my policy if deemed medically necessary?
    - Do I have any exclusions to surgical weight loss procedures in my policy?