Weight Loss Surgery Guide

Upper Chesapeake Bariatric Surgery
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Defining Morbid Obesity

Obesity becomes "morbid" when it reaches the point of significantly increasing the risk of one or more obesity-related health conditions or serious diseases (also known as co-morbidities) that result either in significant physical disability or even death.

Morbid obesity is typically defined as being 100 lbs. or more over ideal body weight or having a Body Mass Index of 40 or higher. According to the National Institutes of Health 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.

Where to Begin

This guide has been created to give you an understanding of weight loss surgery, the known benefits and risks associated with laparoscopic Roux en Y Gastric bypass and Gastric Banding. Additionally, we encourage you to talk to your primary care health provider. You can refer to the list of prepared questions in this guide to ask your health care provider and surgeon as you consider weight loss surgery.

Finding an experienced weight loss surgeon with an established multidisciplinary team is an important step in the process of considering weight loss surgery. Talking to others who have taken the path you are now considering may help you understand what you need to know to make a decision that is comfortable for you. Upper Chesapeake Bariatric Surgery offers monthly support groups and informational sessions that can help you in this decision making process.

Taking the First Step

Am I morbidly obese? Answering this question may give you the courage you need to take the first step. There are several medically accepted criteria for defining morbid obesity. You are likely morbidly obese if you are:

- more than 100 lbs. over your ideal body weight, or
- have a Body Mass Index of over 40, or
- have a BMI of over 35 and are experiencing severe negative health effects, such as high blood pressure or diabetes, related to being severely overweight
- unable to achieve a healthy body weight for a sustained period of time, even through medically supervised dieting.

Ideal Body Weight Chart

Height	Ideal Weight	Height	Ideal Weight
4' 6"	63 - 77 lbs.	4' 6"	63 - 77 lbs.
4' 7"	68 - 84 lbs.	4' 7"	68 - 83 lbs.
4' 8"	74 - 90 lbs.	4' 8"	72 - 88 lbs.
4' 9"	79 - 97 lbs.	4' 9"	77 - 94 lbs.
4' 10"	85 - 103 lbs.	4' 10"	81 - 99 lbs.
4' 11"	90 - 110 lbs.	4' 11"	86 - 105 lbs.
5' 0"	95 - 117 lbs.	5' 0"	90 - 110 lbs.
5' 1"	101 - 123 lbs.	5' 1"	95 - 116 lbs.
5' 2"	106 - 130 lbs.	5' 2"	99 - 121 lbs.
5' 3"	112 - 136 lbs.	5' 3"	104 - 127 lbs.
5' 4"	117 - 143 lbs.	5' 4"	108 - 132 lbs.
5' 5"	122 - 150 lbs.	5' 5"	113 - 138 lbs.
5' 6"	128 - 156 lbs.	5' 6"	117 - 143 lbs.
5' 7"	133 - 163 lbs.	5' 7"	122 - 149 lbs.
5' 8"	139 - 169 lbs.	5' 8"	126 - 154 lbs.
5' 9"	144 - 176 lbs.	5' 9"	131 - 160 lbs.
5' 10"	149 - 183 lbs.	5' 10"	135 - 165 lbs.
5' 11"	155 - 189 lbs.	5' 11"	140 - 171 lbs.
6' 0"	160 - 196 lbs.	6' 0"	144 - 176 lbs.
6' 1"	166 - 202 lbs.	6' 1"	149 - 182 lbs.
6' 2"	171 - 209 lbs.	6' 2"	153 - 187 lbs.
6' 3"	176 - 216 lbs.	6' 3"	158 - 193 lbs.
6' 4"	182 - 222 lbs.	6' 4"	162 - 198 lbs.
6' 5"	187 - 229 lbs.	6' 5"	167 - 204 lbs.
6' 6"	193 - 235 lbs.	6' 6"	171 - 209 lbs.
6' 7"	198 - 242 lbs.	6' 7"	176 - 215 lbs.
6' 8"	203 - 249 lbs.	6' 8"	180 - 220 lbs.
6' 9"	209 - 255 lbs.	6' 9"	185 - 226 lbs.
6' 10"	214 - 262 lbs.	6' 10"	189 - 231 lbs.
6' 11"	220 - 268 lbs.	6' 11"	194 - 237 lbs.
7' 0"	225 - 275 lbs.	7' 0"	198 - 242 lbs.

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Contributing Factors for Morbid Obesity

The reasons for obesity are multiple and complex. Despite conventional wisdom, it is not simply a result of overeating. Research has shown that in many cases a significant, underlying cause of morbid obesity is genetic. Studies have demonstrated that once the problem is established, efforts such as dieting and exercise programs have a limited ability to provide effective long-term relief.

Science continues to search for answers. But until the disease is better understood, the control of excess weight is something patients must work at for their entire lives. That is why it is very important to understand that all current medical interventions, including weight loss surgery, should not be considered medical cures. Rather they are attempts to reduce the effects of excessive weight and alleviate the serious physical, emotional and social consequences of the disease.

Genetic Factors

Numerous scientific studies have established that your genes play an important role in your tendency to gain excess weight.

- The body weight of adopted children shows no correlation with the body weight of their adoptive parents, who feed them and teach them how to eat. Their weight does have an 80 percent correlation with their genetic parents, whom they have never met.
- Identical twins, with the same genes, show a much higher similarity of body weights than do fraternal twins, who have different genes.
- Certain groups of people, such as the Pima Indian tribe in Arizona, have a very high incidence of severe obesity. They also have significantly higher rates of diabetes and heart disease than other ethnic groups.

We probably have a number of genes directly related to weight. Just as some genes determine eye color or height, others affect our appetite, our ability to feel full or satisfied, our metabolism, our fat-storing ability, and even our natural activity levels.

The Pima Paradox

The Pima Indians are known in scientific circles as one of the heaviest groups of people in the world. In fact, National Institutes of Health researchers have been studying them for more than 35 years. Some adults weigh more than 500 pounds, and many obese teenagers are suffering from diabetes, the disease most frequently associated with obesity.

But here's a really interesting fact - a group of Pima Indians living in Sierra Madre, Mexico, does not have a problem with obesity and its related diseases. Why not?

The leading theory states that after many generations of living in the desert, often confronting famine, the most successful Pima were those with genes that helped them store as much fat as possible during times when food was unavailable. Now those fat-storing genes work against them.

Though both populations consume a similar number of calories each day, the Mexican Pima still live much like their ancestors did. They put in 23 hours of physical labor each week and eat a traditional diet that's very low in fat. The Arizona Pima live like most other modern Americans, eating a diet consisting of around 40 percent fat and engaging in physical activity for only two hours a week.

The Pima apparently have a genetic predisposition to gain weight. And the environment in which they live - the environment in which most of us live - makes it nearly impossible for the Arizona Pima to maintain a normal, healthy body weight.

Environmental Factors

Environmental and genetic factors are obviously closely intertwined. If you have a genetic predisposition toward obesity, then the modern American lifestyle and environment may make controlling weight more difficult.

Fast food, long days sitting at a desk, and suburban neighborhoods that require cars all magnify hereditary factors such as metabolism and efficient fat storage.

For those suffering from morbid obesity, anything less than a total change in environment usually results in failure to reach and maintain a healthy body weight.

Metabolism

We did think of weight gain or loss as only a function of calories ingested and then burned. Take in more calories than you burn, gain weight; burn more calories than you ingest, lose weight. But now we know the equation isn't that simple.

Obesity researchers now talk about a theory called the "set point," a sort of thermostat in the brain that makes people resistant to either weight gain or loss. If you try to override the set point by drastically cutting your calorie intake, your brain responds by lowering metabolism and slowing activity. You then gain back any weight you lost.

Eating Disorders & Medical Conditions

Weight loss surgery is not a cure for eating disorders. And there are medical conditions, such as hypothyroidism, that can also cause weight gain. That's why it's important that you work with your doctor to make sure you do not have a condition that should be treated with medication and counseling.

Health Concerns Resulting From Obesity

Co-morbidities are health conditions and illnesses that result from being morbidly obese. They are caused by the deposition of fat cells into organs and tissues. The bad news is that these illnesses can cause early death. The good news is that these same illnesses often improve or completely resolve with effective weight loss. A partial list of some of the more common health conditions is listed below. Please contact your doctor for a more detailed and complete list.

Type 2 Diabetes

Obese individuals develop a resistance to insulin, which regulates blood sugar levels. Over time, the resulting high blood sugar can cause serious damage to the body.

High blood pressure / Heart disease

Excess body weight strains the ability of the heart to function properly. The resulting hypertension (high blood pressure) can result in strokes, as well as inflict significant heart and kidney damage.

Osteoarthritis of weight-bearing joints

The additional weight placed on joints, particularly knees and hips, results in rapid wear and tear, along with pain caused by inflammation. Similarly, bones and muscles of the back are constantly strained, resulting in disk problems, pain and decreased mobility.

Sleep apnea / Respiratory problems

Fat deposits in the tongue and neck can cause intermittent obstruction of the air passage. Because the obstruction is increased when sleeping on your back, you may find yourself waking frequently to reposition yourself. The resulting loss of sleep often results in daytime drowsiness and headaches.

Gastroesophageal reflux / Heartburn

Acid belongs in the stomach and seldom causes any problem when it stays there. When acid escapes into the esophagus through a weak or overloaded valve at the top of the stomach, the result is called gastroesophageal reflux, and "heartburn" and acid indigestion are common symptoms. Approximately 10-15% of patients with even mild sporadic symptoms of heartburn will develop a condition called Barrett's esophagus, which is a premalignant change to the inner lining of the esophagus, a cause of esophageal cancer. For more information on Heartburn, its causes and possible cures, visit www.heartburnhelp.com.

Depression

Seriously overweight persons face constant challenges to their emotions: repeated failure with dieting, disapproval from family and friends, sneers and remarks from strangers. They often experience discrimination at work, cannot fit comfortably in theatre seats, or ride in a bus or plane. These multiple emotional insults can lead to clinical depression.

Infertility

The inability or diminished ability to produce offspring.

Urinary stress incontinence

A large, heavy abdomen and relaxation of the pelvic muscles, especially associated with the effects of childbirth, may cause the valve on the urinary bladder to be weakened, leading to leakage of urine with coughing, sneezing, or laughing.

Menstrual irregularities

Morbidly obese individuals often experience disruptions of the menstrual cycle, including interruption of the menstrual cycle, abnormal menstrual flow and increased pain associated with the menstrual cycle.

Choosing Surgery

Weight loss through gastric bypass is major surgery with significant risks. Its growing use to treat morbid obesity is the result of three factors:

- **The current knowledge of the significant health risks of morbid obesity;**
- **The evolving safety of weight loss surgery in dedicated specialty centers such as ours;**
- **The documented ineffectiveness of current non-surgical approaches to produce sustained weight loss.**

Individuals who have had to deal with the realities of the chronic disease of Morbid Obesity know all too well the many challenges of day to day life. While these challenges, such as simply walking, buying clothes, looking for a place to sit, are important, our focus is on helping to save you from this truly life threatening illness. With significant weight loss we can positively impact all aspects of obesity. The goal is to live better, healthier, and longer. You will be told by some that you are looking at taking the easy way out. Don't be fooled for a second, for you are beginning a difficult, lifelong journey that is not for everyone!

At the UCH Bariatric Surgery Program, we are committed to providing our patients with the most current and accurate information possible to ensure that their decision to undergo a weight loss procedure is an informed one. That is why we believe our patients should make the decision to have weight loss surgery only after careful consideration, extensive research and consultation with an experienced bariatric surgeon and multi-disciplinary support team, who will be involved in their care both before surgery and in the years afterwards.

The UCH Bariatric Surgery Program will answer your questions clearly and explain the exact details of the procedures (laparoscopic gastric bypass and gastric banding), the extent of the recovery period, and the reality of the follow-up care that will be required. There should be no question in your mind about our team's commitment to the care of the morbidly obese patient. This is a lifelong relationship.

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. What can be said, however, is that weight loss surgery will only succeed with lifelong commitment from the patient. With bariatric surgery, risks are taken upfront in hopes of long term benefit, and improved quality of life. Also remember that non-surgical treatment is not without risk, as it is associated with an increasing number of medical disabilities and a shortened lifespan.

Some of the challenges facing a person after weight loss surgery can be unexpected. To help patients achieve their goals and deal with the changes surgery and weight loss can bring, our program offers follow-up care that includes an advanced practice nurse program coordinator, a dietician, an exercise specialist, a behavioral health counselor, patient support groups, and other forms of continuing education.

Ultimately, the decision to have the procedure is entirely up to you. After having heard all the information, you must decide if the benefits outweigh the risks and potential complications. This surgery is only a tool. Your success depends on your commitment and use of the tool when making lifestyle changes related to diet, exercise and long-term follow-up.

Surgery Options

Laparoscopic Gastric Bypass

The Roux en Y gastric bypass is a combination of a malabsorptive and restrictive procedure, which can result in significant weight loss. **At the Upper Chesapeake Bariatric Surgery Program, the Roux en Y gastric bypass is performed using a laparoscope** rather than through an open incision. This laparoscopic method allows the surgeon to make a series of much smaller incisions.

Laparoscopic gastric bypass usually reduces the length of the hospital stay, the amount of scarring, and results in less pain and a quicker recovery than an open procedure.

The Roux en Y procedure involves stapling the stomach to create a small pouch that holds less food and then shaping a portion of the small intestine into a "Y." The "Y" portion of intestine is then connected to the stomach pouch so that when food is being digested it travels directly into the lower part of the small intestine (called the jejunum) and the first part of the second section of the small intestine (call the duodenum). The effect of bypassing these organs is to restrict the amount of calories and nutrients that are absorbed into the body.

The laparoscopic approach uses several small incisions and three or more laparoscopes - small thin tubes with video cameras attached - to visualize the inside of the abdomen during the operation. The surgeon performs the surgery while looking at a TV monitor. The advantage of the laparoscopic approach is that it allows direct viewing of the abdominal structures without the need for a large incision.

The benefits of the minimally invasive laparoscopic procedure include:

- **Shorter hospital stay**
- **Better pain management**
- **Less risk of infection**
- **Quicker return to work**

Laparoscopic Adjustable Gastric Banding

Laparoscopic adjustable gastric banding (LAGB) is a type of minimally invasive weight loss surgery that is categorized as a restrictive procedure. It has been widely used in Europe and Australia for patients who suffer from morbid obesity, unable to lose excess weight with conventional medical therapy such as diet and exercise. In 2001 the United States FDA gave approval for an adjustable band, the **LAP-BAND®,** to be used in assisting morbidly obese patients to loose excess weight.

The LAP-Band System consists of a band with an inflatable cuff, catheter and access port. The band is placed around the upper portion of the stomach creating a smaller stomach by restriction. The catheter with access port is brought to the posterior (underneath) abdominal wall allowing access with a specialized needle to insert fluid (usually normal saline) to the cuff of the band in order to increase or decrease the restriction around the stomach. It is the restriction that allows a person to eat less thus decreasing their calorie intake and allowing them to lose weight.

Eligibility criteria for the gastric band are the same for other weight loss procedures such as the gastric bypass. A person must be at least 100 lbs over their ideal body weight (body mass index 40 or above) or a body mass index of 35 with existing associated illnesses such as diabetes,

hypertension, or sleep apnea. Additionally patients are required to meet their insurance company's criteria to include documentation of morbid obesity for at least 5 years.
As with any weight loss surgery, adjustable gastric banding has risks and complications thus there is the need for appropriate patient selection, pre operative consultations, insurance authorization, hospitalization and a multidisciplinary approach to care.

Risks

All surgical procedures have known risks related to the type of procedure being performed, anesthesia, and a person's current health status. Below is a list of risks and complications for each procedure. Talk to your surgeon in detail about all the risks and complications that might arise. Then you will have the information you need to make an informed decision.

Known "Risks and Complications" for **Roux en Y Gastric Bypass** include but are not limited to:

- Death
- Spleen or liver damage
- Damage to major blood vessels
- Blood clots
- Anastomatic leak
- Small bowel obstruction
- Internal hernia
- Gastric ulcer
- Gastric fistula
- Wound infection
- Vitamin deficiency (including Vitamin B12 and Calcium)
- Nausea
- Vomiting
- Failure to loose weight
- Weight regain

"Risks and Complications" for **Adjustable Gastric Banding** include but are not limited to:

- Death
- Spleen or liver damage
- Damage to major blood vessels
- Blood clots
- Gastric perforation
- Gastric band erosion
- Gastric band slippage
- Wound infection
- Nausea
- Vomiting
- Gastric reflux
- Gastric stoma obstruction
- Band access port slippage
- Band access port leakage
- Failure to loose weight
- Weight Regain

Life After Surgery

Diet

The modifications made to your gastrointestinal tract will require permanent changes in your eating habits that must be adhered to for successful weight loss. Post-surgery dietary guidelines will vary by surgeon. You may hear of other patients who are given different guidelines following their weight loss surgery. It is important to remember that every surgeon does not perform the exact same weight loss surgery procedure and that the dietary guidelines will be different for each surgeon and each type of procedure. What is most important is that you adhere strictly to your surgeon's recommended guidelines. The following are some of the generally accepted dietary guidelines a weight loss surgery patient may encounter:

- When you start eating solid food it is essential that you chew thoroughly. You will not be able to eat steaks or other chunks of meat if they are not ground or chewed thoroughly.
- Don't drink fluids while eating. They will make you feel full before you have consumed enough food.
- Omit desserts and other items with sugar listed as one of the first three ingredients.
- Omit carbonated drinks, high-calorie nutritional supplements, milk shakes, high-fat foods and foods with high fiber content.
- Avoid alcohol.
- Limit snacking between meals.

Going Back to Work

Your ability to resume pre-surgery levels of activity will vary according to your physical condition, the nature of the activity and the type of weight loss surgery you had. Many patients return to full pre-surgery levels of activity within six weeks of their procedure. Patients who have had a minimally invasive laparoscopic procedure may be able to return to these activities within a few weeks.

Birth Control & Pregnancy

It is strongly advised that women of childbearing age use the most effective forms of birth control during the first 16 to 24 months after weight loss surgery. The added demands pregnancy places on your body and the potential for fetal damage make this a most important requirement.

Long-Term Follow-Up

Although the short-term effects of weight loss surgery are well understood, there are still questions to be answered about the long-term effects on nutrition and body systems. Nutritional deficiencies that occur over the course of many years will need to be studied. Over time, you will need periodic checks for anemia (low red blood cell count) and Vitamin B12, folate and iron levels. Follow-up tests will initially be conducted every three to six months or as needed, and then every one to two years.

Support Groups

The widespread use of support groups has provided weight loss surgery patients an excellent opportunity to discuss their various personal and professional issues. Most learn, for example, that weight loss surgery will not immediately resolve existing emotional issues or heal the years of damage that morbid obesity might have inflicted on their emotional well-being. The UCH Bariatric Surgery Program offers monthly support group meetings (click on this and go to news and events section with info on meeting dates).

Glossary of Terms

Absorption
Process in which digested food is absorbed by the lower part of the small intestine into the bloodstream

Adipose
Fatty; having to do with fat

Anastomosis
Surgical connection between two structures

Bariatric
Having to do with weight or weight reduction

Body Mass Index (BMI)
Method of figuring out the degree of excess weight. Based on weight and height.

Cardiovascular
Having to do with the heart and blood vessels

Certificate of Coverage
A document provided by the health insurance company that describes the details of the plan's policy, including requirements for eligibility, benefits, deductibles, maximums, and exclusions of coverage.

Clinically Severe Obesity
Body Mass Index of 40 or more, which is roughly equal to 100 pounds or more over ideal body weight; a weight level that is life-threatening. Also known as morbid obesity.

Co-Morbid
Related illnesses (i.e., arthritis, hypertension) or disabling conditions related to clinically severe obesity or obesity-related health conditions

Colon
Large intestine beginning at the end of the small intestine and ending at the rectum

Contraindications
Any symptom or situation that is inappropriate for an otherwise recommended treatment (i.e., alcoholism, drug dependency, severe depression, sociopathic [antisocial] personality disorder)

Criteria
Defines what is right for surgery

Digestion
Process in which food is broken down by the stomach and upper small intestine into absorbable forms

Dilation
Process of enlarging or further opening a passage or anastomosis

Disease
Process that is a hazard to health and/or longevity

Divided Gastric Bypass Surgery
Surgical operation that provides a way to manage clinically severe obesity

Dumping Syndrome
Uncomfortable feeling of nausea, lightheadedness, upset stomach, vomiting, and/or diarrhea, related to ingestion of sweets, high-calorie liquids, or dairy products

Duodenum
First 12 inches of small intestine immediately below the stomach. Bile and pancreatic fluids flow into the duodenum through ducts from the liver and pancreas.

Fully-Insured Plan
A type of health insurance plan in which the employer pays a monthly premium for a standardized health plan from an insurance company that assumes all risk and cost involved. The insurance company generally makes coverage decisions and must abide by state and federal regulations.

Gastric
Having to do with the stomach

Gastric Bypass Surgery
Operation designed to make a portion of the stomach nonfunctioning and to reroute the small intestine

Gastrointestinal
Having to do with the stomach or intestine

Gastrojejunostomy Anastomosis
Upper connection of the gastric bypass operation

Gastroplasty
Surgical operation for morbid obesity that changes the shape of the stomach

Genetic
Having to do with inherited physical characteristics

Hernia
A weakness in the abdominal wall that results in a detectable bulge

Herniation
Process in which a hernia is formed

Hyperosmolality
Having highly concentrated substances that are capable of causing dumping syndrome

Hypertension
High blood pressure

Ileum
The 10 feet of small intestine that handle absorption

Jejunum
The 10 feet of small intestine that handle digestion

Kilogram
Measure of weight equal to 2.2 pounds

Laparoscopy
Method that allows a doctor to see and treat intra-abdominal problems with long fiber-optic instruments

Morbid
Having to do with disease, illness, and a higher risk of death

Morbid Obesity
Body Mass Index of 40 or more, which is roughly equal to 100 pounds or more over ideal body weight; a weight level that is life-threatening

Mortality
Having to do with death

Multidisciplinary Bariatric Program
Team approach to testing and treatment of clinically severe obesity; includes surgical, internal medicine, nutrition, psychiatric, and exercise physiology, assessment, and treatment

NIH
National Institutes of Health

NIH Consensus Report
Summaries of meetings about clinically severe obesity and the assessment and treatment of obesity; issued periodically by NIH

NIH Surgical Criteria
The National Institutes of Health has established minimum requirements for deciding whether bariatric surgery is the right treatment option:

- 100 pounds or more above ideal body weight or a BMI of 40 or greater
- BMI of 35 or greater with one or more obesity-related health condition

Obesity
Having to do with excessive weight or adipose tissue

Obstructions
Narrowing of an anastomosis or a part of the gastrointestinal tract that slows down the normal passage of food or waste

Psychotherapy
Testing and treatment of mentally related disorders

Pulmonary
Having to do with the lungs

Roux-en-Y Gastric Bypass Surgery
A surgical method of reconnecting the stomach and upper small intestines in roughly a Y shape

Self-Funded Plan
A type of health insurance plan in which the employer assumes all risks and costs in providing healthcare to employees and, therefore, decides what is and what is not covered, such as bariatric surgery. Self-funded plans are usually administered by an insurance company. This insurance company is often referred to as the third-party administrator (TPA) of the plan. The TPA performs administrative functions only and does not determine coverage. Self-funded plans are exempt from state regulations, including mandated benefits, premium taxes, and consumer protection laws, but must meet federal regulations.

Staples
Surgically sterile devices for connecting tissue; usually they are permanent and made of stainless steel or titanium

Strictures
Narrowing of anastomosis or a section of intestine; often related to scarring or ulcers

Summary Plan Description
Employers with self-funded health insurance plans are legally required to provide this document to their beneficiaries. The document provides plan participants important information about their health benefits. This includes plan rules, financial information, and information on the operation and management of the plan. The information contained in the Summary Plan Description is similar to what is found in the Certificate of Coverage provided by the health insurance company.

Therapy
Treatment

Type 2 Diabetes
A disorder of glucose and insulin metabolism

Vertical Banded Gastroplasty
A type of surgical operation to treat clinically severe obesity. Changes the shape of and restricts the stomach. Not performed very often.

Q&As

Our Frequently Asked Questions section references accepted standard of practice and guidelines from regulatory and professional organizations including the National Institutes of Health (NIH), American College of Surgery (ACS), American Society for Metabolic and Bariatric Surgery (ASMBS) As always, please check with your healthcare provider to determine their individual practices, guidelines and what they recommend for you.

Qualifying for Surgery

The National Institutes of Health set minimum requirements for recommending bariatric surgery as a treatment option:[1]

- 100 pounds or more above ideal body weight or a BMI of 40 or greater
- BMI of 35 or greater with one or more obesity-related health conditions

Insurance companies also set requirements or criteria specific to individuals' insurance plan. Some of these criteria include:

- History of documented dietary weight loss attempts for 3 or 6 consecutive months within a recent 2 year period
- Documented history of morbid obesity for at least 5 years
- Some specialty consultations such as psychiatric and nutritional evaluations

If you are mentally and emotionally prepared to make lifelong lifestyle changes
Together, you and your bariatric surgeon take steps to determine:

- If surgery is the right treatment for you
- Which type of procedure is right for you
- That you have, or will have, the necessary support system around you

Expect the prequalification process to include a series of tests (see next section on preparing for surgery). You also will meet with a nutritionist, behavioral health counselor, and other support staff members in sessions leading up to surgery. Each healthcare professional will help you prepare for the changes and challenges that lie ahead.

Preparation for Surgery

What are the routine tests before surgery?
After your initial consultation with the bariatric team you will be given physician orders for specific preoperative consultations that may include the following:

- Cardiology evaluation
- Pulmonary evaluation that includes Pulmonary Function Studies, Arterial blood gases and possible Sleep Study evaluation
- Gastrointestinal (GI) Evaluation(to include a upper endoscopy test)
- Psychiatric Evaluation
- Letter of medical necessity from your primary care provider (also documenting history of at least 5 years morbid obesity)
- Laboratory Blood Studies (To establish baseline values for chemistries, vitamins, thyroid function etc)

What is the purpose of all these tests?
An accurate assessment of your health is needed before surgery. These tests (and others) will assist us in learning more about you and your current health conditions. As you know weight loss surgery has known risks and complications and by knowing all we can pre operatively allows us the chance to decrease you risks. However with that said remember not all risks and complications can be avoided.

What impact do my medical problems have on the decision for surgery, and how do the medical problems affect risk?
Medical problems, such as serious heart or lung problems, can increase the risk of any surgery. On the other hand, if they are problems that are related to the patient's weight, they also increase the need for surgery. Severe medical problems may not discourage the surgeon from recommending weight loss surgery (bypass or banding)if it is otherwise appropriate, but these conditions will make a patient's risk for complications higher.

Why do I have to have a Gastroenterology (GI) Evaluation?
Many patients who are morbidly obese have gastrointestinal symptoms and or conditions which they may or may not be receiving appropriate treatment. These symptoms may include heartburn, increased belching or passing gas, or pain. Sometimes the pain may be caused by a hernia in your esophagus or irritation of the lining of your stomach known as an ulcer. An upper endoscopy will allow the physician to see, diagnose and treat any of the above. The treatment plan and monitoring of these conditions allows you to prepare the inner lining of your stomach and intestines for the weight loss procedure you are seeking.

Why do I have a Cardiology Evaluation?
A cardiology evaluation is a series of tests to evaluate heart function. Tests may include auscultation (using a stethoscope to listen to the heart), blood tests for cholesterol, and other diagnostic tests (including electrocardiograms). Medical ultrasound technology, such as echocardiogram, is frequently used.

Why do I have to have a Pulmonary Evaluation?
This type of evaluation gives you a better understanding of the status of your respiratory system which is important with respect to general anesthesia and your pain management. The pulmonary function study and arterial blood gases allow the anesthesiologist to plan for your anesthesia care the day of your surgery. The sleep study also allows for this but provides you with the opportunity to better assess the status of your respiratory disease (if detected). Conditions such as sleep apnea are very common in the morbidly obese and if undetected is associated with a high mortality rate for anesthesia and weight loss surgery. Your pulmonary doctor will explain in detail the disease of sleep apnea and discuss with you the options for treatment.

Why do I have to have a Psychiatric Evaluation?
A psychiatric evaluation is ordered most commonly because your insurance company may require it and our team would like confirmation that if there is a pre existing condition such as depression or a bipolar disorder; that you are currently being treated appropriately. Most psychiatrists will evaluate your understanding and knowledge of the risks and complications associated with weight loss surgery and your ability to follow the required lifestyle changes after surgery.

If I want to undergo a weight loss procedure (gastric bypass or gastric banding), how long do I have to wait?
After attending the mandatory informational session, your first consultation with the bariatric team can be scheduled within 3-4 weeks. The amount of time between the first consultation and the date of surgery depends on several factors which include appointments for necessary pre operative medical consultations and meeting the required insurance criteria for surgical authorization.

What can I do before my initial appointment with the bariatric team to speed up the process of getting ready for surgery?

- Select a primary care physician if you don't already have one, and establish a relationship with him or her. Remember most insurance companies are asking primary care providers to document in their letter of medical necessity that you have been under their care for at least 5 years for morbid obesity. Work with your primary care provider to

ensure that your routine health maintenance testing is current. For example, women may have a Pap smear, and if over 40 years of age, a breast exam. And for men, this may include a prostate specific antigen test (PSA).

- Verify with your current insurance plan that weight loss surgery is a covered benefit and if possible obtain any of the required criteria for surgical authorization. You are not authorizing the surgery (the surgeon must do this) you are simply making sure it is a covered benefit with your plan. You will also be given information related to your responsibilities for co insurance and co pay amounts. The following are procedure codes sometimes asked when you are verifying benefits:
    - o Laparoscopic Roux en Y Gastric Bypass (43644)
    - o Laparoscopic Adjustable Gastric Banding (43659)
- Call the office (if you have not already) for an initial patient screening and directions on how to register your personal health information on line and upcoming dates for the required informational session attendance.
- Make a list of all the diets you have tried (a diet history), giving dates of when started, how long you stayed on a diet and how much you lost or gained (honest approximation is acceptable).
- Stop smoking if you smoke. You must be at least 3 months smoke free prior to scheduling surgery.
- Gather any pertinent medical data such as reports of special tests (echocardiogram, sleep study, etc.) or surgical reports for past surgeries you may have received..
- Gather a list of your current medications with dose and schedule. Also include any over the counter medications you take routinely such as vitamins, pain relievers and any other herbal remedies.

Insurance Issues

Why does it take so long to get insurance approval?
Simply put, to receive insurance approval you must have weight loss surgery as a covered benefit in your plan and then meet the criteria your plan requires. This is called ***verifying benefits*** and you as a member or beneficiary of the insurance plan can ***verify*** your benefits. Call the customer service number on your card and ask the insurance representative to check your plan for coverage of weight loss surgery. Our office staff will also be verifying the weight loss surgery benefit. Once verification has been completed then you must document meeting the requirements set forth by your plan and formally request the insurance company to authorize payment for the surgery. Our office staff will assist you in understanding, documenting and submitting for authorization. When we have submitted all the required health information to your insurance company it can take up to 4 weeks to receive notification of approval or denial for the procedure. Most insurance companies state that notification will be provided within 14 business days. Our office staff regularly monitors the progress of your request. It may also be helpful for you to call the claims service of your insurance company about a week after your letter has been submitted and ask about the status of your request.

How can they deny insurance payment for a life-threatening disease?
Authorization for surgery may be denied for reasons that are specific to the health insurance plan being provided by your employer. Most commonly they are the weight loss surgery benefit does not exist; has been excluded from your policy or the documentation submitted for authorization does not meet the criteria required as medically necessary (such 3 or 6 months physician-supervised dieting or 5 year history of morbid obesity as documented by a primary care provider with a date range). Insurance payment may also be denied for lack of "medical necessity." A therapy is deemed to be medically necessary when it is needed to treat a serious or life-threatening condition. In the case of morbid obesity, alternative treatments - such as dieting, exercise, behavior modification, and some medications - are considered to be available. Medical necessity denials usually hinge on the insurance company's request for some form of

documentation, such as participation in a 6-month to 1 year physician-supervised dieting program and/or a psychiatric evaluation, illustrating that you have tried unsuccessfully to lose weight by other methods.

What can I do to help the documentation of meeting insurance criteria?
Gather all the information (diet records, medical records, medical tests) you may have from previous attempts at losing weight. Ask questions if you don't understand and be patient. Our staff is proficient in interpreting what is needed and understanding what is the acceptable and required documentation and will assist you. We will not knowingly submit for authorization if we feel your request is lacking in the documentation.

The Surgery

What are the different approaches to Bariatric Surgery?

Bariatric surgery has been performed for many decades. For many of those years, the surgery was performed as an open procedure. An open procedure means a surgeon creates a long incision, or cut, opening up the abdomen. As medical technology evolved, laparoscopic or minimally invasive surgery became a possibility. With laparoscopic surgery, the surgeon creates small incisions. Both approaches have similar success rates in reducing excess weight and improving or resolving co-morbidities. [24,25]

Dr Fullum and Dr. McKenna will perform bariatric surgery using the laparoscopic method. An important question for patients to ask is: How many minimally invasive and/or open procedures has the surgeon performed? Read below to learn more about both procedures.

What is Laparoscopic or Minimally Invasive Surgery?

A laparoscopic procedure involves making several small incisions or "ports" for different medical devices to be used. There are, on average, four to six ports created. The devices, including a small video camera, are inserted through the ports. The surgeon uses a monitor to perform the procedure. Most laparoscopic surgeons believe this provides them a better view and excellent access to key body parts. Many patients are able to recover from the surgery in a fraction of the time that open procedures require. In fact, some return to work in little more than a week. Performing surgery laparoscopically lowers the chance of wound complications such as an infection and/or occurrence of a hernia,

Will I have a lot of pain?

Every attempt is made to control pain after surgery to make it possible for you to move about quickly and become active. This helps avoid problems and speeds recovery. Often several drugs are used together to help manage your post-surgery pain. One method of pain management is, a Patient Controlled Analgesia (PCA) device, which allows you to give yourself a dose of pain medicine on demand. This method will be a part of your plan of care while in the hospital. Harford Memorial Hospital implements a Healing Healthcare model which offers alternative methods of pain management such as massage and aroma therapy to enhance the medical approach to pain management. Ask your surgeon and RN program coordinator about these options.

How long do I have to stay in the hospital?

Recognizing that each patient's recovery is individual, our patients' normal length of stay in the hospital (including the day of surgery) has been 1.5 days for laparoscopic gastric bypass and gastric banding. Criteria for discharge after your weight loss surgery will include how well you are tolerating liquids, managing your pain as you take fluids by mouth and your ability to move and take care of yourself personally.

Will the doctor leave a drain in after surgery?

Most patients in our program do not require a drain tube. However if the surgeon determines this is needed understand that this is a safety measure. Generally a drain tube is placed to allow any accumulated fluids to flow from the surgical wound. Usually it produces no more than minor discomfort and is removed a few days after the surgery.

If I have surgery, what can I expect when I wake up in the recovery room?

A Registered Nurse will be caring for you when you arrive in the post anesthesia care unit. Your vital signs including pain will be monitored frequently. Oxygen will be applied by mask or nasal canula until the oxygen level in your blood returns to the appropriate percent (92% and above). Initially the nurse will provide you with medication for your pain and nausea as prescribed by the surgeon and anesthesiologist. As you become more awake a Patient Controlled Analgesia (PCA)

device or a self-administered pain management system, will be provided. You will have received written and verbal instructions on how to use this prior to the day of your surgery.

How soon will I be able to walk?
Within a few hours after your surgery you will be assisted by the nursing staff out of the bed and walking in your room. The next day you are expected to take several walks around the patient care unit. On leaving the hospital, you must be able to care for all your personal needs, but may need help with shopping, lifting and transportation for a couple of days.

How soon can I drive?
For your own safety, you should not drive until you have stopped taking narcotic medications and can move quickly and alertly to stop your car, especially in an emergency. Usually this takes 7-14 days after surgery.

The Hospital Stay

What is done to minimize the risk of deep vein thrombosis or pulmonary embolism?
Patients are assessed for risk of deep vein thrombosis (DVT) blood clots or pulmonary embolism (PE) pre-operatively. While in the hospital patients are treated with sequential compression devices (lower leg wraps that inflate and deflate with air), given a blood thinner during and after surgery and assisted out of bed walking shortly after surgery. If a patient has an increased risk for blood clots then an inferior vena cava filter will be placed prior to surgery.

What should I bring with me to the hospital?
Basic toiletries (comb, toothbrush, etc.) and gown will be provided by the hospital, but most people prefer to bring their own. Choose clothes for your stay that are easy to put on and take off. Because of your incisions you should consider loose fitting clothing (elastic waistband). Other ideas include:

- reading and writing materials
- crossword and other puzzles
- personal toiletries
- bathrobe

Diet

How long will I be off of solid foods after surgery?
Patients undergoing the Roux en Y gastric bypass will resume solid foods 7 to 10 days after their surgery. Post operative day one patients are permitted clear liquids with a protein supplement until their first post operative visit in the office.

Patients undergoing gastric banding will begin with a liquid diet for 1 to 2 weeks then progress to pureed foods and then to soft foods. This diet progression occurs over a period of 3 to 6 weeks after your surgery. We will provide you with specific dietary guidelines for the best post-surgical outcome.

What are the best choices of protein?
Eggs, low-fat cheese, low-fat cottage cheese, tofu, fish, other seafood, chicken (dark meat), and turkey (dark meat).

Why drink so much water?
When you are losing weight, there are many waste products to eliminate, mostly in the urine. Some of these substances tend to form crystals, which can cause kidney stones. A high water intake protects you and helps your body to rid itself of waste products efficiently, promoting better weight loss. Water also fills your stomach and helps to prolong and intensify your sense of satisfaction with food. If you feel a desire to eat between meals, it may be because you did not drink enough water in the hour before.

What is Dumping Syndrome?
Eating sugars or other foods containing many small particles when you have an empty stomach can cause dumping syndrome in patients who have had a gastric bypass or BPD where the stomach pylorus is removed. Your body handles these small particles by diluting them with water, which reduces blood volume and causes a shock-like state. Sugar may also induce insulin shock due to the altered physiology of your intestinal tract. The result is a very unpleasant feeling: you break out in a cold clammy sweat, turn pale, feel "butterflies" in your stomach, and have a pounding pulse. Cramps and diarrhea may follow. This state can last for 30-60 minutes and can be quite uncomfortable - you may have to lie down until it goes away. This syndrome can be avoided by not eating the foods that cause it, especially on an empty stomach. A small amount of sweets, such as fruit, can sometimes be well tolerated at the end of a meal.

Is there a problem with consuming milk products?
Milk contains lactose (milk sugar), which is not well digested. This sugar passes through undigested until bacteria in the lower bowel act on it, producing irritating byproducts as well as gas. Depending on individual tolerance, some persons find even the smallest amount of milk can cause cramps, gas and diarrhea.

Why can't I snack between meals?
Snacking, nibbling or grazing on foods, usually high-calorie and high-fat foods, can add hundreds of calories a day to your intake, defeating the restrictive effect of your operation. Snacking will slow down your weight loss and can lead to regain of weight.

Why can't I eat red meat after surgery?
You can, but you will need to be very careful, and we recommend that you avoid it for the first several months. Red meats contain a high level of meat fibers (gristle) which hold the piece of meat together, preventing you from separating it into small parts when you chew. The gristle can plug the outlet of your stomach pouch and prevent anything from passing through, a condition that is very uncomfortable.

How can I be sure I am eating enough protein?
40 to 65 grams a day are generally sufficient. Check with your surgeon to determine the right amount for your type of surgery.

Is there any restriction of salt intake?
No, your salt intake will be unchanged unless otherwise instructed by your primary care physician.

Will I be able to eat "spicy" foods or seasoned foods?
Most patients are able to enjoy spices after the initial 6 months following surgery.

Will I be allowed to drink alcohol?
You will find that even small amounts of alcohol will affect you quickly. It is suggested that you drink no alcohol for the first year. Thereafter, with your physician's approval, you may have a glass of wine or a small cocktail.

Will I need supplemental vitamins?
B12 injections are sometimes suggested once a month for the first year and every six months thereafter. B12 may also be taken orally or sublingually (under the tongue) by many patients.

What vitamins will I need to take after surgery?
Most surgeons recommend a daily multivitamin for the rest of your life.

Is it important to take calcium, iron, trace elements or female hormone replacements?
Some patients require these supplements, but your need for these can be determined by your surgeon

Do I meet with a nutritionist before and after surgery?
Most surgeons require patients to consult with a nutritionist before surgery. Counseling after surgery is available on an individual basis as needed or required by your physician.

General Information

Will I get a copy of suggested eating patterns and food choices after surgery?
Surgeons provide patients with materials that clearly outline their expectations regarding diet and compliance to guidelines for the best outcome based on your surgical procedure. After surgery, health and weight loss are highly dependent on patient compliance with these guidelines. You must do your part by restricting high-calorie foods, by avoiding sugar, snacks and fats, and by strictly following the guidelines set by your surgeon.

What is the youngest age for which weight loss surgery is recommended?
Generally accepted guidelines from the American Society for Bariatric Surgery and the National Institutes of Health indicate surgery only for those 18 years of age and older. Surgery has been performed on patients 16 and younger. There is a real concern that young patients may not have reached full developmental or emotional maturity to make this type of decision. It is important that young weight loss surgery patients have a full understanding of the lifelong commitment to the altered eating and lifestyle changes necessary for success.

What is the oldest patient for who weight loss surgery is recommended?
Patients over 65 require very strong indications for surgery and must also meet stringent Medicare criteria. The risk of surgery in this age group is increased, and the benefits, in terms of reduced risk of mortality, are reduced.

Can Weight Loss Surgery prolong my life?
There is good evidence from scientific research that if you have Type 2 diabetes (or other serious obesity-related health conditions), are at least 100 lbs. over your ideal body weight, and are able to comply with lifestyle changes (daily exercise and low-fat diet), then weight loss surgery may significantly prolong your life.

Can weight loss surgery help other physical conditions?
According to current research, weight loss surgery can improve or resolve associated health conditions.

Condition	Percentage found in preoperative individuals	Percentage cured 2 years after surgery
Diabetes or insulin resistance	34%	85%
High blood pressure	26%	66%
High triglycerides	40%	85%
Sleep apnea	22% in males, 1% in females	40%

Contact Us

Studies show that patients who choose surgery to treat obesity have seen their weight related health problems…high blood pressure…high cholesterol…diabetes…disappear. While the decision to have weight loss surgery is not easy, it has helped many people begin living healthier lives. Upper Chesapeake Bariatric Surgery offers a patient-focused program with all the clinical care, nutrition, exercise and counseling in one location. Our care doesn't end with surgery; we provide long-term follow up to help ensure the highest level of success. Please call us at 443-843-6360 and we can answer your questions in a confidential and compassionate manner.

Upcoming Events

Bariatric Surgery Support Group
A monthly support group for individuals who have had bariatric surgery or laparoscopic gastric banding and their family members. Call HealthLink at 800-515-0044for more information or to register.

Laproscopic Gastric Banding Support Group
Call HealthLink at 800-515-0044 for dates/times.
Harford Memorial Hospital, Havre de Grace Room

Bariatric Surgery Support Group
Harford Memorial Hospital, Havre de Grace Room
Upper Chesapeake Medical Center, Chesapeake Conference Room
Call HealthLink at 800-515-0044 for dates/times.

Weight Loss Surgery New Course for Life Information Sessions
Learn whether weight loss surgery is right for you at these free informational sessions presented by the staff of Upper Chesapeake Bariatric Surgery. Call 443-843-6360 for more information or to register.

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