The Weight is Over

Surgical Weight Loss Options

Meet the Team

- Surgeons:
  - Dr. Lenz and Dr. Henson
- Bariatric Program Coordinator:
  - Jessica Carter
- Surgical CMA:
  - Heather Ballentine
- Behavioral and Mental Health Team
- Dietitians:
  - Jessica Carter
  - Amy Duda
  - Deb Hokanson
- Clinical Reviewer:
  - Melissa Bills

What will we cover today?

- Definition of ***obesity***
- Why and when weight loss surgery should be used
- Procedures offered here at Lakewood Health System
- Pros and cons of surgical weight loss options
- Possible complications
- Necessary lifestyle changes
- The Weight Loss Surgery Program process
- Questions and answers
- Visit www.ASMBS.org for additional information

What is obesity?

- Obesity is a medical condition that exists when a person's weight is greater than what is considered healthy for their height.
- Obesity contributes to the worsening of health problems and also increases your risk of developing certain diseases.
- We measure obesity by BMI, or Body Mass Index.

Body Mass Index: BMI

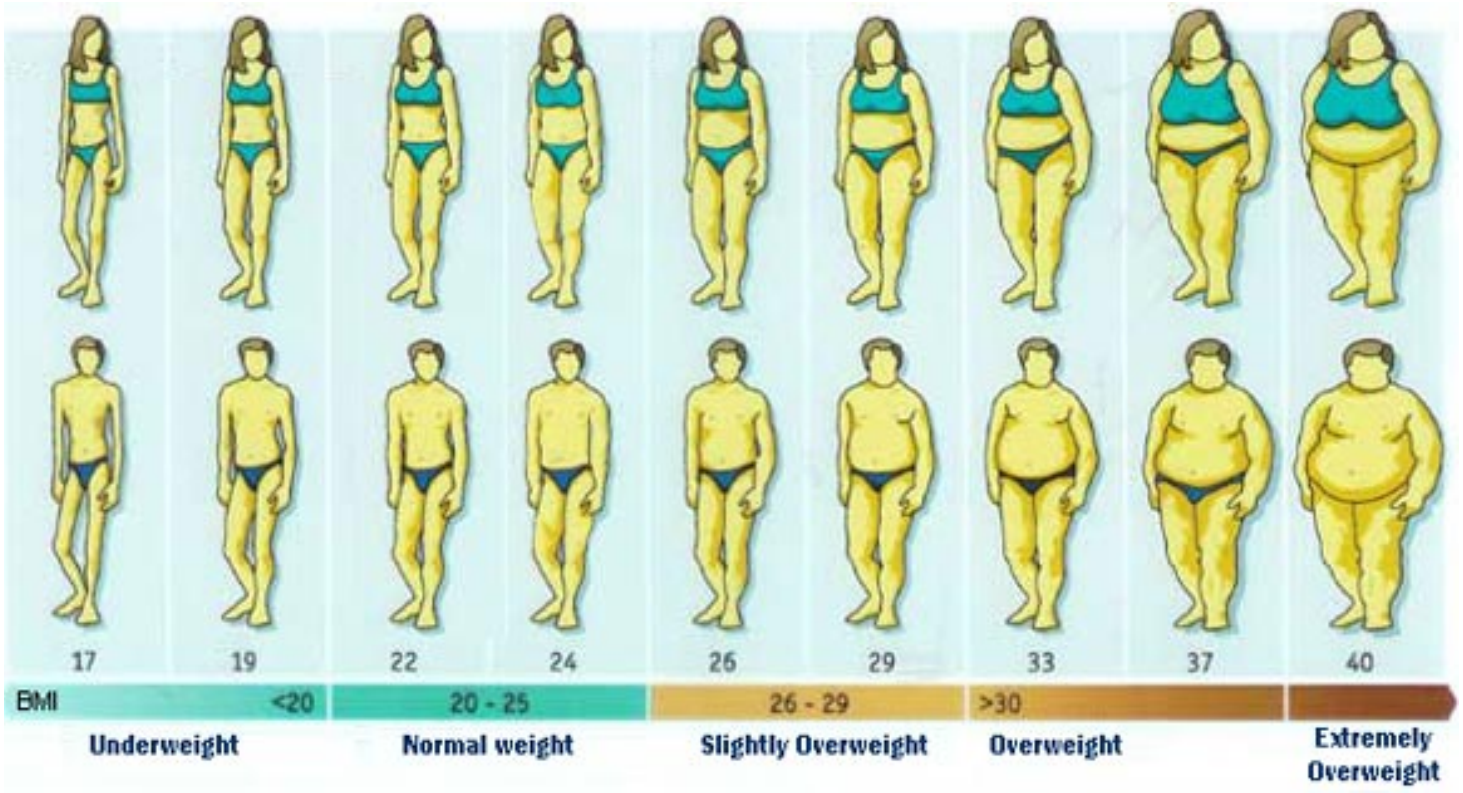
- BMI is a measure calculated using your height and weight
- This measure is one item used to determine whether or not a person may qualify for weight loss surgery.
- Google BMI calculator and enter your height and gender.
- You can accurately calculate your BMI by visiting: www.cdc.gov and searching “BMI calculator”

BMI charts and calculators are available on many reputable websites online.

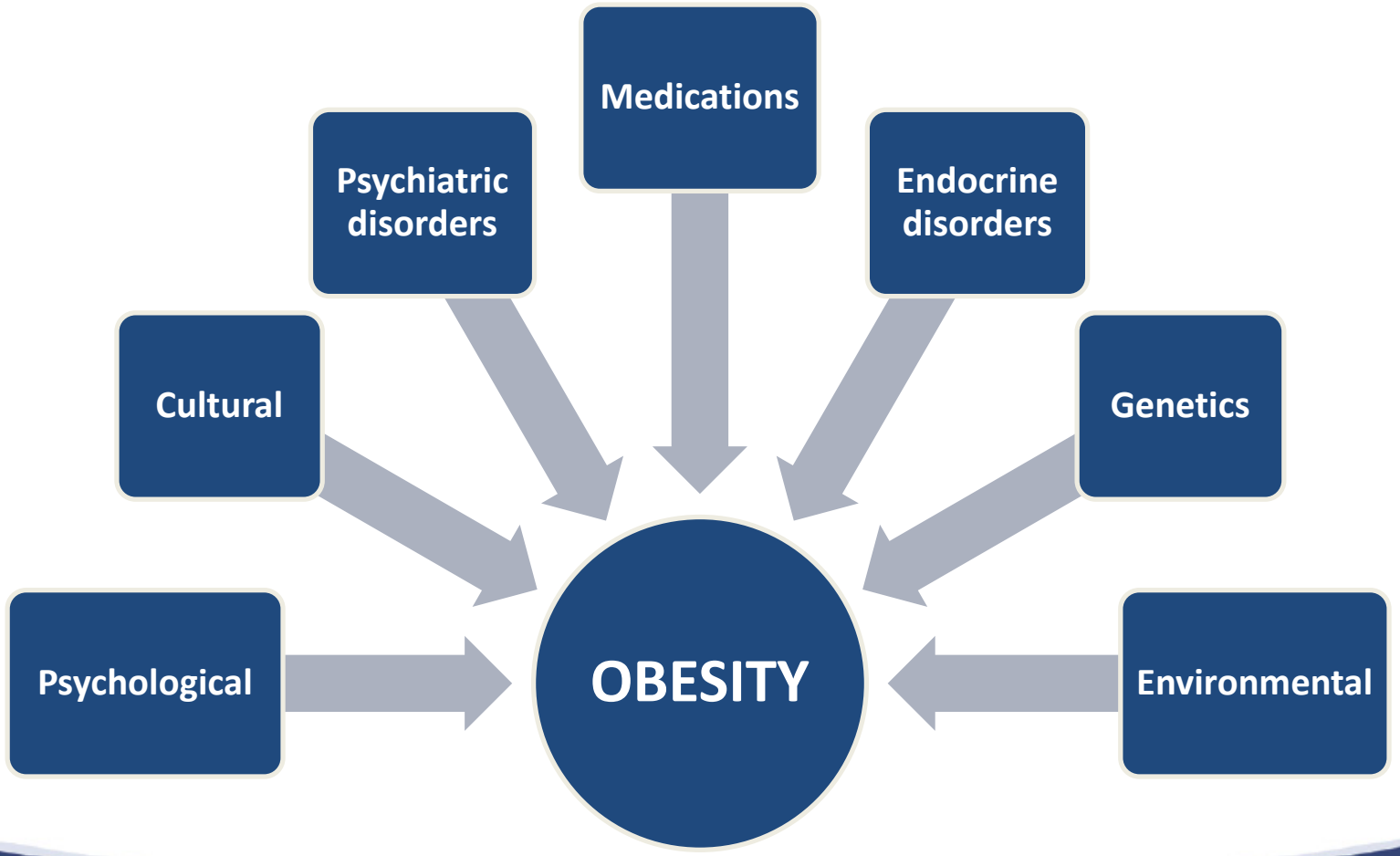
We recommend:

http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

Where do you fit in?



What causes obesity?



Causes of obesity

Obesity is the result of a combination of many influences. We certainly don't know all of them.

- Genetics
- Metabolism
- Behavior
- Environment
- Socialization
- Diet
- Activity Level (or lack thereof)
- Gut bacteria

You are not alone…

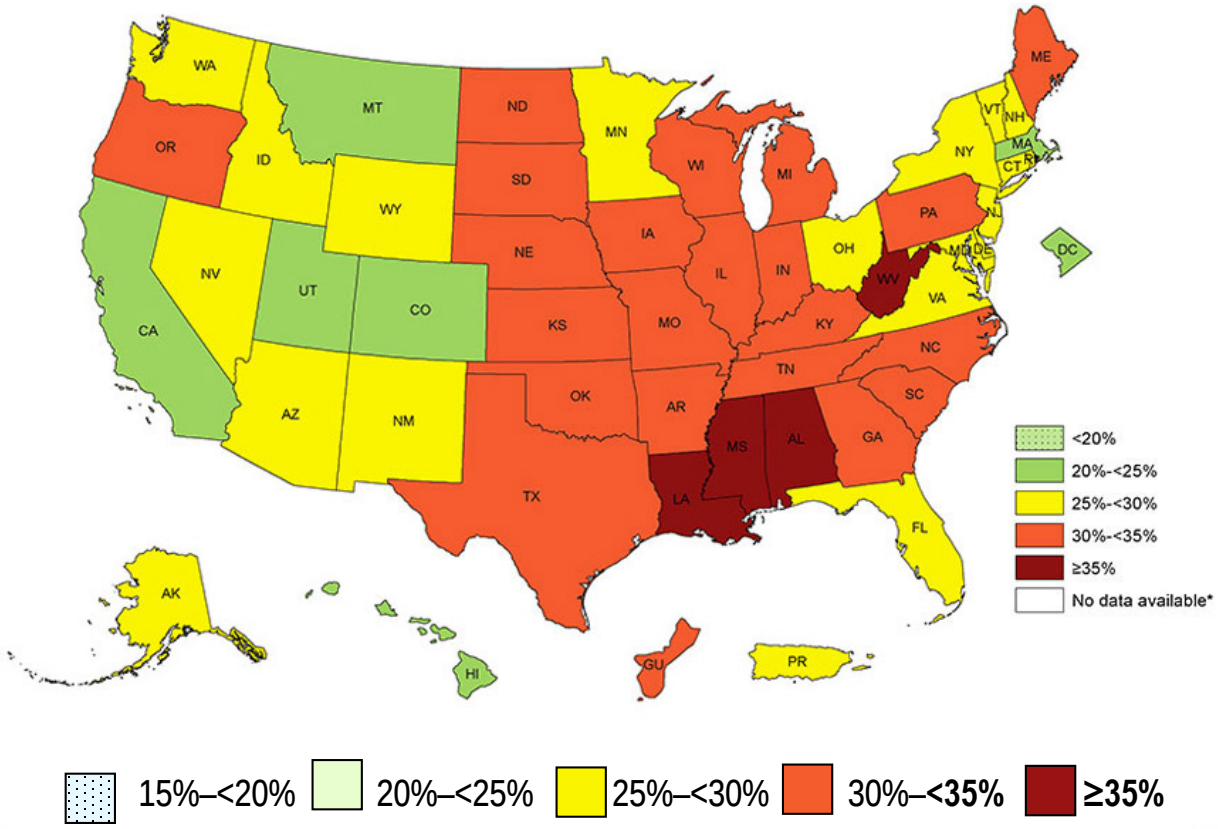
- 34.9% of Americans are obese; that is 78.6 million people
- 62.3% of Minnesotans are overweight (BMI of 30 or greater)
- 24.8% of Minnesotans are obese (BMI of 40 or greater)
- Every state in the U.S. has an obesity rate of 20% or more.

Source: CDC, latest statistics are from 2012

Obesity in America

Prevalence of Self-Reported Obesity Among U.S. Adults 2015

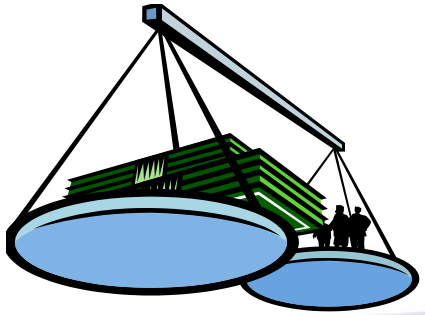
Source: Behavioral Risk Factor Surveillance System, CDC



15%–<20% | 20%–<25% | 25%–<30% | 30%–<35% | ≥35%

The cost of obesity

- Obesity and its associated health problems are expensive, both personally and on a larger scale.
- On average, medical costs of people who are obese are **$3,271** compared to **$512** for people of normal weight.
- The current estimated annual medical cost of obesity in the United States is **305.1 BILLION DOLLARS!**
- **The projected cost for the year 2030 is $957 BILLION**



Obesity-related health conditions

- **Cardiovascular**
  - Hypertension (high blood pressure)
  - Hyperlipidemia (high cholesterol)
  - Heart attack
  - Stroke
  - Blood clots in legs or lung (DVT/PE)

Obesity-related health conditions

continued…

- **Endocrine**
  - Pre-diabetes
  - Diabetes

- **Gastrointestinal**
  - GERD (acid reflux, heartburn)
  - NASH (swollen fatty liver)
  - Gallbladder problems

Obesity-related health conditions

continued…

- **Orthopedics**
  - Arthritis
  - Joint pain/problems
  - Back pain

- **Psychological**
  - Depression
  - Anxiety
  - Social issues

Obesity-related health conditions

continued…

- **Reproductive**
  - Infertility
  - PCOS (polycystic ovarian syndrome)
  - Stress incontinence

- **Respiratory**
  - OSA (obstructive sleep apnea)
  - Asthma

Obesity-related health conditions

continued…

- **Cancer**
  - Esophagus
  - Pancreas
  - Colon & rectum
  - Breast & endometrium
  - Kidney
  - Thyroid
  - Gallbladder

Difficulties with day-to-day living

- **Everyday tasks can become more difficult when you are overweight or obese:**
  - Becoming tired quickly
  - Finding yourself short of breath
  - Concerns about traveling comfortably
  - Difficult to maintain personal hygiene, in some cases

- **This can lead to increased risks to psychological and social well-being and negative self image.**

Life expectancy

- According to a 2014 study, severe obesity (BMI >40) alone can shorten life expectancy by 6.5 to 13.7 years.

When is surgery used to treat obesity?

- We use surgery to treat obesity when other weight loss therapies have failed (diet and exercise, pharmacotherapy, weight loss programs, counseling, etc.)

- We also use surgery to treat obesity when significant weight loss is needed to improve other health conditions.

Surgical weight loss candidate criteria at Lakewood Health System

- Meet the BMI criteria
  - Your BMI is at **least 40,** or
    - Your BMI is **35 to 39.9** and you are suffering from at least two serious health-related problems
  - Weight loss prior to surgery is not required unless you are a male with a BMI >55, or a female with a BMI >60, in which case it will be necessary to get your BMI below those numbers prior to the procedure.

Surgical weight loss candidate criteria at Lakewood Health System

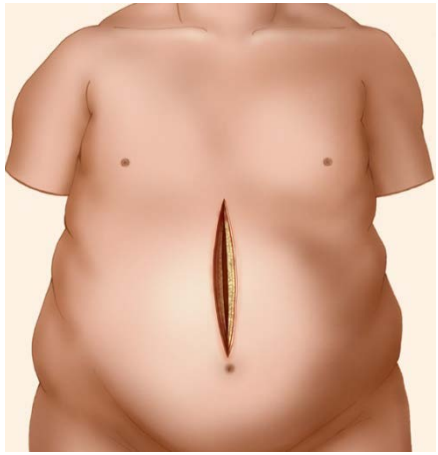
- Be over the age of 18
- Have been overweight for at least two years with only short-term success with serious weight loss attempts.
- Cannot be wheelchair or oxygen dependent, or awaiting transplant.
- Are prepared to attend regular follow-up appointments and make lifestyle changes necessary to make the surgery work (VERY IMPORTANT!)

How we use surgery to treat obesity?

- There are different types of weight loss procedures that work in different ways:
  - **Restrictive:** Reduce how much the stomach can hold
  - **Malabsorptive:** Shorten the digestive tract
  - **Combined:** Do both

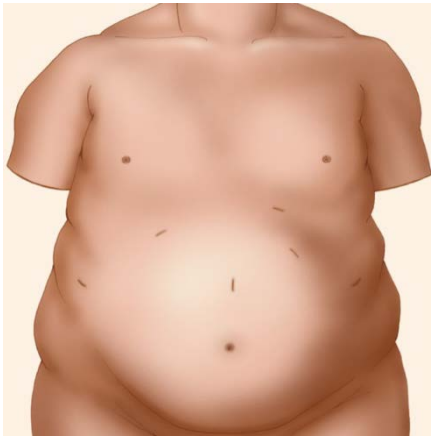
How are the surgeries done?

There are two approaches to abdominal surgery:



Open procedure:

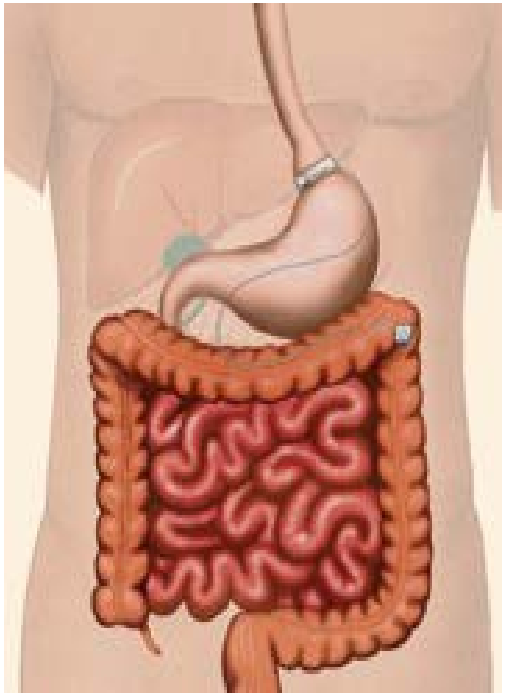
- Large incision/surgeon handles the organs
- Longer hospital stay
- Takes bowel longer to wake up
- Higher risk



Laparoscopic procedure:

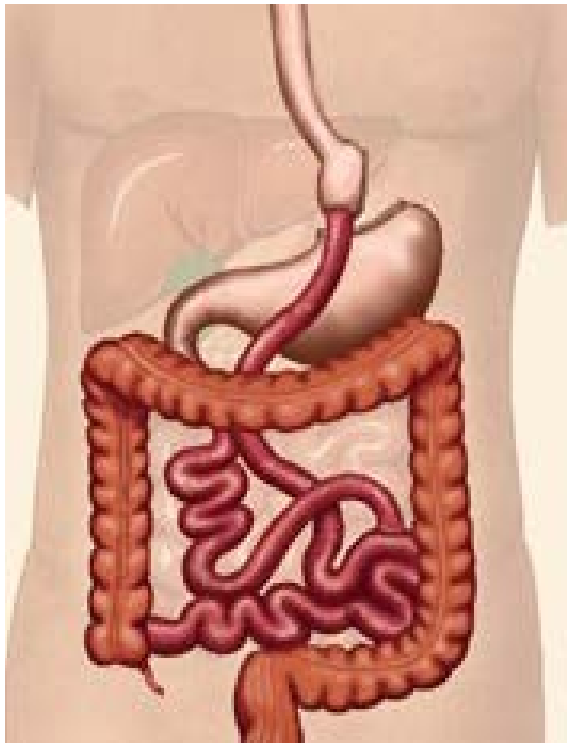
- Several small incisions/operating with camera
- Less painful
- Shorter hospital stay
- Bowel wakes up sooner

The adjustable gastric band



- A gastric band is a silicone band with an inflatable balloon that is placed around the upper portion of the stomach.
- **Not recommended because:**
  - Slowest weight loss, often ineffective.
  - Requires strict adherence to dietary practices and post-op follow-up visits in order to work.
  - Greater percentage of patients with <50% excess weight loss.
  - Highest rate of re-operation over a patient's lifetime (slip, erosion, intolerance, leak, port malfunction).
  - Very few if any surgeons are doing these.

What is a Roux-en-Y gastric bypass?



- This is a combined procedure.
- It is restrictive because a new, very small stomach is formed from the old stomach.
- The new stomach only holds about 4 oz. (1/2c) of food at one time, and empties more slowly.
- It is also a malabsorptive procedure because a portion of the small intestine is re-routed.
- This causes a delay in digestion, and fewer calories get absorbed.

Advantages of Roux-en-Y gastric bypass

- Significant long-term weight loss (60 to 80% excess weight loss).
- Majority of weight loss seen in first year after surgery.
- Many medical problems are improved or resolve best, especially with regard to diabetes, high blood pressure, and high cholesterol.
- In fact, gastric bypass can result in remission of diabetes type 2 in 80% of patients and improvement in the disease in another 15% of patients
- Bariatric surgery is ***the most effective treatment*** for type 2 diabetes in individuals who are also affected by obesity.

Disadvantages of Roux-en-Y gastric bypass

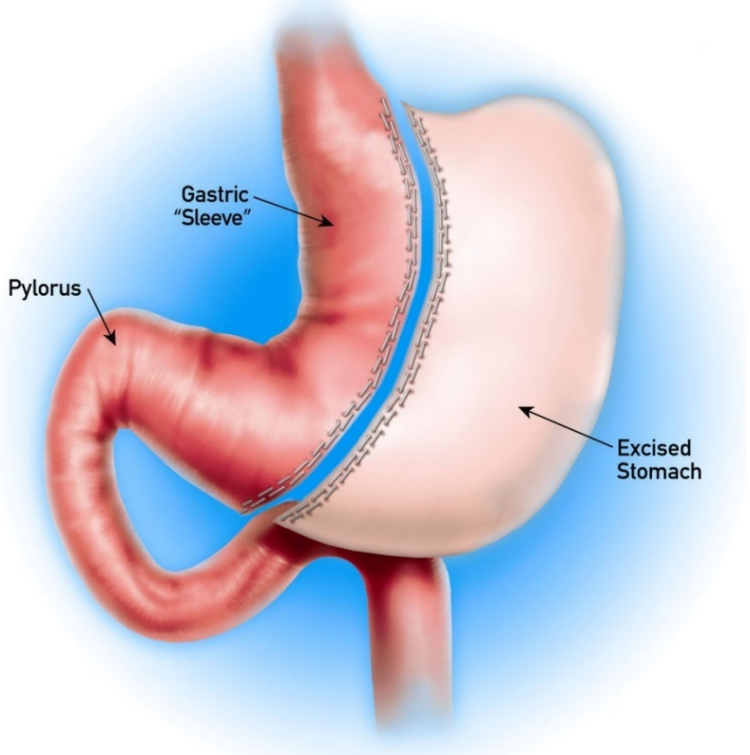
- Most invasive/complex procedure: involves stomach cutting, stapling, and intestinal re-routing
- Vitamin and mineral deficiencies can result because a portion of the digestive tract is bypassed (ex. iron, calcium, B12, folate); may require supplementation beyond just daily multivitamins.
- “Dumping syndrome” can occur
- Non-adjustable, permanent change to digestive tract

Potential complications of Roux-en-Y gastric bypass surgery

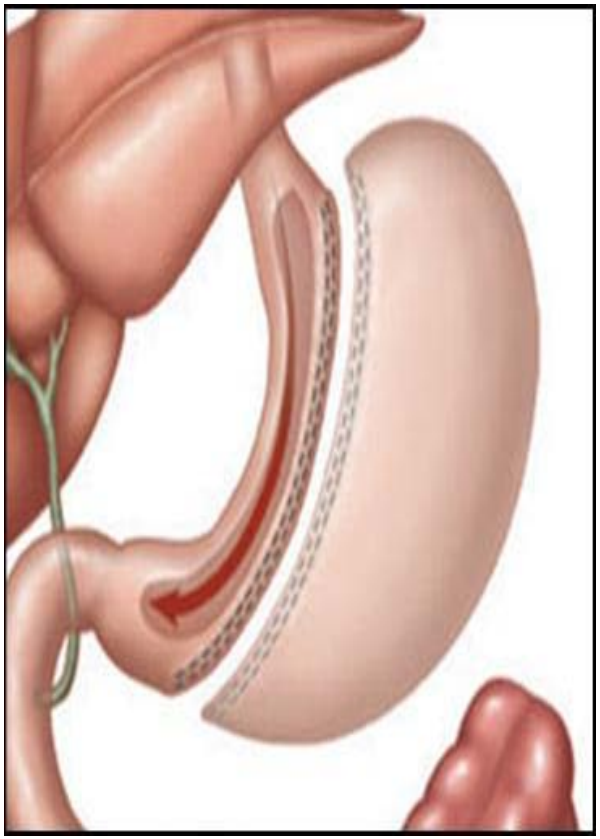
- Risks that are present for any large operation: bleeding, infection, blood clots, pneumonia, cardiac events, death.
- Leak
- Obstruction at the new stomach and bowel connections
- Internal hernia
- Gastritis/ulcers can happen more easily
- Protein/vitamin malnutrition
- Dumping syndrome
- Excessively rapid weight loss

What do we do at Lakewood Health System?

Sleeve gastrectomy



What is the sleeve gastrectomy?



- Restrictive procedure.
- It involves removing 80% of the stomach, leaving a long, narrow banana-shaped stomach behind.
- The new stomach only holds about 1/2c of food.
- There is also usually significantly decreased hunger, as some of the production centers for gut hormones that play a role in hunger signaling are removed.

Advantages of the sleeve gastrectomy

- No intestinal cutting, stapling, or re-routing required.
- No implanted device or adjustments required.
- Very low risk of malnutrition/deficiencies.
- Comparable weight loss to gastric bypass (>50% excess weight loss for 3-5 year data)
- No dumping syndrome.
- Type 2 diabetes remission rates are high (about 60%).

Disadvantages of the sleeve gastrectomy

- Permanent change to the digestive tract and is non-reversible.

Potential complications of the sleeve gastrectomy surgery

- Risks that are present for any large operation: bleeding, infection, blood clots, pneumonia, cardiac events, death.
- Leak
- Obstructive symptoms (extremely rare)
- Gastritis/ulcers can happen more easily (especially in smokers)

Diet changes for success.

PRE-SURGERY:

- **1-6 months of nutrition visits**
- **2 week full liquid diet**: Low carbohydrate, high protein liquid diet for 14 days before surgery

  Example:

  - Carnation Instant Breakfast (CIB), plus protein powder

  – Important for all operations

  – Shrinks the liver, making the operations safer and easier to do.

  – A good “test-run” before the procedure because a two week post-surgery full-liquid diet is required.

POST-SURGERY:

- **Liquid diet for 2 weeks after surgery**
- **Pureed and soft foods diet for 2 -4 weeks after liquids**
- **Regular bariatric diet afterwards:**
  - Hydration is extremely important
  - Goal of 64 oz. calorie free fluids/day
  - No caffeinated or carbonated beverages
  - Protein supplementation encouraged
  - Goal of 60g protein/day
  - Separate solids and liquids when eating
  - Chew very well and eat slowly
  - Daily multivitamin and calcium important

Diet limitations

- Some foods are not tolerated as well as before the surgery, and can get caught, resulting in discomfort, vomiting, or both.

Examples: doughy breads, white rice, some pastas, drier meats.

Smoking cessation

- *All* potential weight loss surgery patients **MUST QUIT SMOKING/USING ALL FORMS OF TOBACCO/NICOTINE** a minimum of 6 weeks prior to surgery, and maintain complete cessation afterwards.
- **The reason:** Smoking cigarettes/nicotine use significantly increases the risk of developing ulcers at anastomotic/staple sites of gastric bypass and sleeve gastrectomy patients, and significantly increases the risk of gastric band erosion for gastric band patients.

Recovery

- Most patients who have had the sleeve gastrectomy are home within 1-2 days of surgery.
- There is a 30-pound lifting restriction in place for 3 weeks following either surgery.

Follow-up schedule with Surgeon for sleeve gastrectomy

- 2 weeks after surgery
- 6 weeks after surgery
- Every 3 months for the first year after surgery
- Every 6 months for the second year after surgery
- Annually thereafter
- No lab work drawn unless needed
- Other visits as needed if issues arise

Lakewood Health System's Bariatric After-Care Program

- Lakewood Health System offers a Weight Loss Surgery Support Group, which is both a support group and a place for long-term patient education.
- Meets the first Tuesday of the month at noon.

Outline of Lakewood Health System's Bariatric Surgery Program

- ❑ Attend information session
- ❑ Return health history packet and insurance benefits check
- ❑ Consult with Dr. Lenz or Dr. Henson
- ❑ Complete nutrition visits with registered dietitian
  - ❑ Number of visits required depends on insurance requirements **and successful completion of goals.**
- ❑ Complete psychological evaluation and follow-up with behavioral health specialist
- ❑ Core Team evaluation/prior authorization
- ❑ Final visit with nutrition to review liquid diet
- ❑ May need to meet with pharmacist for medication planning
- ❑ Surgery and follow-up

Transfer addiction

- The tendency for people with an addiction to relapse, but with another substance.
- People who undergo bariatric surgery may have an underlying addiction or dependence on food, and are at risk of developing other addictive behaviors post-operatively as they can no longer get satisfaction from eating, as they previously did.
- A psychological evaluation is a required step of the program because it is important to identify and work with individuals who may be at significant risk (i.e. learning to develop new skills to deal with issues like loneliness, stress, traumas, etc.).

Why Lakewood Health System's Bariatric Program?

- We have dedicated general surgeons, Dr. Lenz and Dr. Henson, as well as other dedicated staff including a bariatric coordinator and dietitians to help you achieve your weight loss goals, licensed psychologists and other mental health staff to help you cope with any stress, and our entire team wants you to succeed!

- We are currently working hard to get our accreditation as a Comprehensive Center for Weight Loss Surgery with:

MBSAQIP
METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

Most importantly:
The patient, above all else.

Most importantly: Your decision

We are more than happy to help you figure out what procedure would be safest and work the best for you given your past medical history, but ultimately it comes down to what you are most comfortable with doing:

If surgery is not for you talk to us about the other weight loss options at Lakewood Health System.

Next steps

- Question and answer session.
- Be sure you signed in tonight. Attending this informational seminar is an insurance requirement.
- Complete your health history packet and insurance benefit check at home and return to us at your next appointment.

Thank you!

Thank you for coming today!

Thank you for giving us your time and attention.

If you have any questions or concerns,
please call 218-894-8306.