THE BARIATRIC PROGRAM
AT
ALBANY MEDICAL CENTER
PRESENTED BY:
JEAN TALBOT, PA
THE BARIATRIC PROGRAM

AT

ALBANY MEDICAL CENTER
THANK YOU!

For more information please call us by phone:

518-262-0942

Or visit our web pages:

http://www.amc.edu/Patient/services/Surgery/bariatric_surgery/index.cfm
THE BARIATRIC TEAM

• SURGEONS
  - T. Paul Singh, MD
  - Daniel Bonville, DO
  - Brian Binetti, MD

• CLINICAL NUTRITIONISTS
  - Jennifer Lindstrom, MD
  - Ann Michalek, MD
  - Carol Santoro, MD
  - Vanessa Denning, MD
  - Sharon Alger-Mayer, MD
THE BARIATRIC TEAM

• NURSE PRACTITIONER
  ▪ Ellen Gokey, ANP

• PHYSICIAN ASSISTANT
  ▪ Jean Talbot RPA-C

• REGISTERED DIETICIAN
  ▪ Kathleen Callahan, RD, CDE
  ▪ Aija Leimanis, RD, CDN

• NURSING
  ▪ Mary Curtis, LPN
  ▪ Rose Simeone, LPN
  ▪ Kim Burkins, LPN
  ▪ Lynda Burden, LPN
THE BARIATRIC TEAM

- ADMINISTRATIVE SUPPORT
  - Jessica Horne
  - Laurie Bagley
  - Nicole Friedman
  - Meredith Deflumer
  - Anna Maria Henry
  - Courtney Benn
  - LaDonna Harrison
OVERVIEW

• NIH CRITERIA
• BMI
• WEIGHT LOSS SURGERY
  • Adjustable gastric banding
  • Roux-en-Y gastric bypass
  • Sleeve Gastrectomy

• PRESURGICAL REQUIREMENTS
• INSURANCE
• QUESTIONS
WHO QUALIFIES FOR WEIGHT LOSS SURGERY?
Gastrointestinal Surgery for Severe Obesity
National Institutes of Health
Consensus Development Conference Statement
March 25-27, 1991
NATIONAL INSTITUTES OF HEALTH (NIH) CRITERIA

• BMI > 40
• BMI 35-40 with comorbidities (health problems) such as high blood pressure, diabetes, sleep apnea, cardiovascular disease, high cholesterol, fatty liver disease
In addition to BMI, other requirements must be met.

These will be discussed later.
BMI

\[
\text{BMI} = \frac{\text{weight in pounds} \times 703}{\text{height in inches}^2}
\]

Example:

5’6” patient who weighs 280 lbs
What is the BMI?

\[
\text{BMI} = \frac{280 \text{ lbs} \times 703}{(66 \text{ in})^2}
\]

\[
\text{BMI} = 45.2
\]
<table>
<thead>
<tr>
<th>BMI</th>
<th>Weight Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 – 24.9</td>
<td>Ideal</td>
</tr>
<tr>
<td>25.0 – 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0 – 34.9</td>
<td>Obesity Class I</td>
</tr>
<tr>
<td>35.0 – 39.9</td>
<td>Obesity Class II</td>
</tr>
<tr>
<td>40.0 ≤</td>
<td>Morbid Obesity</td>
</tr>
</tbody>
</table>

**BMI 45.2 →**

**Obesity = overweight by 20% to 30% of ideal body weight**

**BMI 40 (morbid obesity) = about 100lbs over ideal body weight**

**Morbid = unhealthy, ↑ risk for disease or health problems**
Medical problems related to obesity

- High blood pressure
- Type 2 diabetes
- High cholesterol
- Heart disease
- Strokes
- Metabolic syndrome
- Psychological issues
- Kidney problems
- Sleep apnea
- Gallbladder disease
- Osteoarthritis
- Certain cancers
- Pseudotumor cerebri
- Arthritis
- Eating disorders
- Fatty liver
5’6” patient who weighs 280 pounds
How much Excess Body Weight?

<table>
<thead>
<tr>
<th>BMI</th>
<th>Weight Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 – 24.9</td>
<td>Ideal</td>
</tr>
<tr>
<td>25.0 – 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0 – 34.9</td>
<td>Obesity Class I</td>
</tr>
<tr>
<td>35.0 – 39.9</td>
<td>Obesity Class II</td>
</tr>
<tr>
<td>40.0 ≤</td>
<td>Morbid Obesity</td>
</tr>
</tbody>
</table>

BMI = 45.2 = 280lbs
BMI = 24.9 = 154lbs

Excess body weight (EBW) = 126 lbs
Expected Weight Loss With Surgery

- 45% (30-50%) of EBW with gastric banding
- 55% (33-83%) of EBW with sleeve gastrectomy
- 75% (60-80%) of EBW with gastric bypass

Example: Women 5’4” 240lbs (EBW=115) BMI 41
- Weight loss after surgery would be with:
  - Band 51lbs
  - Sleeve 63lbs
  - Bypass 86lbs
Weight Loss Surgery

What does a shovel have to do with weight loss surgery?

A shovel is a tool to help you dig a ditch.

The ditch can be big or small → that is up to you.
WEIGHT LOSS SURGERY IS A TOOL TO HELP YOU LOOSE WEIGHT.

THE WEIGHT YOU LOSE CAN BE BIG OR SMALL→ THAT IS UP TO YOU.
SURGERY...
Surgery

- Is not MAGIC
- Is not a QUICK FIX
- Will not CURE you of obesity
- Is not a guarantee to bring HAPPINESS to your life or to resolve personal problems
- Is not a guarantee of optimal or long-term weight loss (that is up to you)
- Is surgery on your stomach, not on the hand that feeds your mouth (you still can eat whatever you want)
Unfortunately, you can regain weight after Weight Loss Surgery.
Goldie Hawn’s daughter Kate Hudson weds a rock star

HALF HER SIZE!

Seventeen months after stomach-reducing surgery, singer CARNIE WILSON has dropped 150 lbs. and 20 dress sizes. ‘I can’t believe it’s me in that tiny body!’
Carnie’s Journey

1999: 305 lb
1999: surgery
2001: 148 lb (↓ 155)
2008: 205 lb (↑ 55)

March 2008

http://abcnews.go.com/Video/playerIndex?id=4534893&affil=ksat
SURGICAL OPTIONS FOR WEIGHT LOSS (Bariatric Surgery)

Adjustable Gastric Banding
Sleeve Gastrectomy
Roux-en-Y Gastric Bypass
Bariatric Surgery

• 2 main TYPES of weight loss procedures:
  - **Malabsorptive procedures** shorten the digestive tract and reduce the absorption of calories (along with other nutrients)
  - **Restrictive procedures** use bands or staples to restrict food intake and promote a feeling of fullness (satiety) after eating

• Some procedures are a combination of both
• Adjustable gastric banding (*Lap-Band* and *Realize* band)
  RESTRICTIVE

• Sleeve Gastrectomy
  RESTRICTIVE

• Roux-en-Y Gastric Bypass
  RESTRICTIVE AND MALABSORPTIVE
Band, Sleeve and Gastric Bypass

• All are INVASIVE (surgery = invasion of body cavity) and require intubation, anesthesia, incisions, and hospital stay
• All are done laparoscopically (but always possibility of open procedure)
• All have risks for weight regain
• All have complications, they are just different
  – All have risks for infection
  – All have risks for dehydration, constipation, gallstones, psychological adjustments
  – All have a risk of blood clots: PE/DVT
• All have a risk of death
Laparoscopic vs. Open

The incision location, number of incisions and the incision size may vary from surgeon to surgeon.
Laparoscopic vs. Open
Gastric Banding Video Clip

Gastric Banding

- Band (which is an inflatable balloon) is positioned around the top part of the stomach
- A small pouch is created
- This pouch can’t hold much food so you feel full faster
- RESTRICTIVE procedure (helps to restrict how much you eat)
Gastric Banding

• Your stomach is not cut
• Your intestines are not cut
• You digest and process food the same way as you do now
• You absorb all the calories and nutrients that you eat, just as you do now
• Ultimately, the band helps you to eat less food (≠ less calories: That is up to YOU)
Band Adjustments

- Saline must be put into the band (or removed) to make it work for you
- This is a “band adjustment” or “band fill”
- Band adjustments are done as an office visit
- First band fill usually occurs 6-8 weeks after surgery
Band Adjustments: How?

1. The port is accessed with a syringe and needle.
2. Saline travels through the tubing into the band
3. The more fluid in the band, the smaller the diameter
4. Solid food then takes longer to pass through the small stomach-pouch into the rest of the stomach

5. Adjustments allow you to feel full sooner and stay full longer

Goal is to lose a healthy 1 to 2 lbs per week
How much saline will you need in your band to make it work for you?

We don’t know - this is the ART of band fills!
Usually it takes 3 to 4 band fills to obtain the best restriction
TOO MUCH FLUID IN YOUR BAND CAN MAKE IT TOO TIGHT!!!!
The Red Zone: If the band is too tight, the patient will have difficulty eating, swallowing may be difficult and painful, and food may regurgitate into the esophagus or the mouth....In an attempt to remedy these difficulties and allow food to pass, the patient may seek foods that “slip past” the band. These foods include chocolates, ice cream, milk drinks, pureed foods, yogurt, and snack foods that crumble (such as potato chips). This eating pattern is referred to as maladaptive eating.....
Complications of Banding

• Remember - the band is a foreign object in the body - a foreign object has the potential to cause problems
• Always at risk for a second surgery to correct a possible problem
Complications of Banding

- Injury to the esophagus or the spleen at the time of surgery
- Band slippage
- Erosion of band into stomach tissue
- Port may flip
- Severe heart burn (reflux)
- Inadequate weight loss:
  - Failure to exercise, sweet eaters
ROUX-EN-Y GASTRIC BYPASS

CÉSAR ROUX
Gastric Bypass Video Clip

http://www.bariatricedge.com/dtcf/pages/3_GastricBypass.htm
Gastric Bypass Surgery

- Restrictive AND malabsorptive procedure
- *Part of stomach and small intestine is bypassed* – NOT removed.
- Bypass helps you to eat less and absorb less calories - therefore weight loss is greater than band surgery
Gastric Bypass Surgery

• Because your body is unable to absorb all the nutrients from what you eat, you must take vitamin/mineral supplements every day, forever, permanently.

• Vitamin/mineral deficiencies are serious and can result in permanent problems.
Complications of Gastric Bypass

- Leak at incision site
- Infection in abdomen
- Bowel obstruction
- Wound Infection, ulcerations
- Blood clots - DVT/PE 1%
- Dumping syndrome
- Stricture needing Dilation
- Nutritional deficiencies, such as iron, vitamin B12, vitamin D, calcium
Dumping Syndrome
Complication of Gastric Bypass

- Rapid delivery of large amounts of osmotically active food (food with high content of sugar or fat) to the intestine
- “osmotically active” means the food acts like a sponge, draws in fluid from surrounding tissue
- Result is an unpleasant, sick feeling
  - Nausea, light-headedness, sweating, dizziness, vomiting, abdominal pain
- Degree and duration of dumping syndrome is variable
Gastric Sleeve

- Reduces the size of the stomach therefore restricting the amount of food that is eaten

- Gastric Sleeve Video
  
Complications of Gastric Sleeve

- Leak at incision site
- Infection in abdomen
- Wound Infection, ulcerations
- Blood clots - DVT/PE
- Bowel obstruction
- Stricture needing Dilation
- Increase reflux
- Nutritional deficiencies – such as B₁₂
Medical problems may resolve after weight loss surgery

- **Type 2 Diabetes:**
  - 47% gastric banding pts had improvement of diabetes
  - 83% gastric bypass pts had improvement/elimination of diabetes
  - 14% resolved; 86% improved with gastric sleeve

- **Hypertension**
  - 43% gastric banding resolved
  - 67% gastric bypass patients resolved
  - 42% gastric sleeve patients resolved

*JAMA* October 2004;292 (14): 1724-1737
Medical problems may resolve after weight loss surgery

• High cholesterol
  • 78.3% gastric band resolved. In addition, patients in the U.S. clinical trial experienced a 22% increase in good cholesterol (HDL), 36 months after surgery
  • 94.9% resolved with gastric bypass
  • 5% resolved with gastric sleeve and 77% improved

• Obstructive sleep apnea
  • 94.6% resolved with gastric band
  • 80.4% resolved with gastric bypass
  • 39% resolved with gastric sleeve
Obesity-related health problems after gastric bypass surgery

- Migraines 57% resolved
- Pseudotumor Cerebri 96% resolved
- Dyslipidemia Hypercholesterolemia 63% resolved
- Non-Alcoholic Fatty Liver Disease 90% improved steatosis 37% resolution of inflammation 20% resolution of fibrosis
- Metabolic Syndrome 80% resolved
- Type II Diabetes Mellitus 83% resolved
- Polycystic Ovarian Syndrome 79% resolution of hirsutism 100% resolution of menstrual dysfunction
- Venous Stasis Disease 95% resolved
- Depression 55% resolved
- Obstructive Sleep Apnea 74-98% resolved
- Asthma 82% improved or resolved
- Cardiovascular Disease 82% risk reduction
- Hypertension 52-92% resolved
- GERD 72-98% resolved
- Stress Urinary Incontinence 44-88% resolved
- Degenerative Joint Disease 41-76% resolved
- Gout 77% resolved

- Quality of Life-improved in 95% of patients
- Mortality-89% reduction in 5-year mortality
Exercise is *critical* to long-term weight loss!
(regardless what Bariatric surgery you have)
Predictors of long term success with weight loss surgery

- Regular physical activity!!
- 3 daily balanced meals
- Adequate protein intake
  - 60 grams or more per day
- ✔️ grazing and snacking
- Regular follow-up with the Bariatric Team so we can help you!!
Presurgical Requirements

- Education Session - two parts
  - Today for surgery info and diet
  - Another day for exercise, psychological concerns and plastic surgery
- Meet with Physician Assistant
- Meet with the Clinical Nutritionist
- Meet with the Dietician
Presurgical Requirements

- Sleep apnea evaluation
- Psychological evaluation
- Attend 2 support groups
- Weight loss
- Up to Date with Routine Cancer Screening (mammogram, Pap smear, colonoscopy)
- Smoking cessation
- Other MD clearances if appropriate
WHY... sleep apnea evaluation?

- To reduce possible problems with anesthesia during and after surgery
- If you have sleep apnea you need to be treated (usually with a CPAP or BiPAP machine) 6 to 8 weeks prior to surgery
WHY... psychological evaluation?

• Please refer to page 11 in the green folder.

• Ultimately it is to evaluate your motivation for weight loss surgery and understanding that....
WEIGHT LOSS SURGERY (WLS)

• Is not MAGIC
• Is not a QUICK FIX
• Will not CURE you of obesity
• Is not a guarantee to bring HAPPINESS to your life or to resolve personal problems
• Is not a guarantee of optimal or long-term weight loss (that is up to you)
• Is surgery on your stomach, not on the hand that feeds your mouth (you still can eat whatever you want)
WHY... Support groups?

- Interact with people who are working towards WLS
- Interact with people who have had WLS so you can hear about their journey (good and bad)
- Get support for YOUR journey before and after WLS
WHY…
weight loss?

Because we are mean and like to torture people!
WHY... weight loss?
(now the serious answer)

• We use it as an indicator of compliance with diet and exercise (if you’re making healthier choices with food, eating smaller portion sizes, ↓ snacking, and ↑ exercise then we should see some weight loss)
1. “But that’s why I’m here- because I can’t lose weight!”

2. “If I could lose weight then I wouldn’t need surgery”

1. Yes, you can lose weight. (Are you exercising? Have you eliminated snacking?)

2. For most people, maintaining weight loss is the most difficult. WLS helps people to maintain weight loss.
WHY... weight loss?
(more answers)

• Weight loss makes it easier for the surgeon to do surgery
• Weight loss ↓ surgical risk
THE BARIATRIC TEAM

What we want from you
COMMITMENT

This program requires many follow-up visits (before AND after surgery)
If: finances (co-pays)
   time off from work
   gas
distance
are problems/concerns, then maybe this isn’t the time to pursue weight loss surgery
INSURANCE

• Please call your health insurance provider to **verify** that **WLS is covered** in your policy and

• **Verify** that they will cover WLS at **Albany Medical Center**

• We don’t seek insurance approval until you complete all presurgical requirements
Nonsteroidal Anti-inflammatory (NSAIDs)

- Are irritants to the pouch
- Can cause ulcers or perforations of the pouch (holes in pouch)
- Can cause GI bleeding
Nonsteroidal Anti-inflammatories (NSAIDs)

• These include but are not limited to:
  – Motrin, Advil, Aleve
  – Celebrex
  – Mobic
  – Naproxen

• ASK BEFORE TAKING ANY OF THESE MEDICATIONS
PREGNANCY AFTER SURGERY

• Women have to stop all estrogen containing medications 6 weeks before surgery and 6 weeks after surgery.

• **CAUTION!!!** You may become more fertile after weight loss surgery (MEN AND WOMEN) you need use alternate forms of birth control.

• If you desire to become pregnant after surgery you need to wait 18 months – some insurances will not pay for the pregnancy if you become pregnant before that time!
THANK YOU!

For more information please call us by phone:

518-262-0942

Or visit our web pages:

http://www.amc.edu/Patient/services/Surgery/bariatric_surgery/index.cfm