



My New Beginning

DISCOVER LIFE AFTER WEIGHT LOSS.



## **Bariatric Surgery Education**

### **Mission Statement:**

My New Beginning, the bariatric program at City Hospital at White Rock, is committed to relieving the suffering resulting from clinically-severe obesity by providing multidisciplinary bariatric care.

Our goal is to improve health by achieving weight loss that reduces life threatening risk factors, improves self-esteem, and enhances all aspects of daily living.

We are pleased that you have chosen to participate in City Hospital at White Rock's long-term, weight loss surgical program at My New Beginning. Your input, motivation and participation are required for your program to be successful. Your commitment to long-term follow up, including support group attendance is essential for your success. We will partner with you to help you achieve your goals of long-term weight loss and maintaining your new life!

### **This Packet:**

The purpose of this packet is to educate you about our program. The information is designed to help minimize your stress through understanding. This packet is for educational purposes only, **it is not meant to replace your physician's orders.**

## What is Obesity?

Obesity is no longer considered a cosmetic issue that is caused by overeating and a lack of self-control. The World Health Organization (W.H.O.), along with National and International medical and scientific societies, now recognizes obesity as a chronic progressive disease resulting from multiple environmental and genetic factors.

The disease of obesity is extremely costly not only in terms of economics, but also in terms of individual and societal health, longevity, and psychological well-being. Due to its progressive nature, obesity requires life-long treatment and control.

An epidemic in the United States, morbid obesity, or clinically severe obesity, is a serious disease. This medical condition can often be misunderstood and mistreated. As a result of popular misconceptions, obese people often endure ridicule, discrimination and misunderstanding.

Here are some obesity related facts:

- ❖ Worldwide, at least 2.8 million people die each year as a result of being overweight or obese.
- ❖ In all regions worldwide, women were more likely to be obese than men.
- ❖ A total of more than half a billion adults are obese.
- ❖ Between 1980 and 2008, the prevalence of obesity nearly doubled.

Studies suggest that bariatric surgery may lower death rates for patients with severe obesity.

Obesity is a complex disease characterized by storage of excessive body fat. There are several factors that play a role in the development of obesity. Evidence proves that genetic, biochemical and physiological factors contribute to obesity. Certain biological factors such as environmental, cultural, socioeconomic and psychological issues also contribute to the development of obesity.

**Genetic factors** play a role in the development of this disease. Many obese people do not need to consume as many calories to maintain weight as non-obese people. Obese patients usually have other associated conditions called co-morbidities. These conditions include but are not limited to:

- ❖ Hypertension
- ❖ Diabetes > Heart disease
- ❖ Elevated cholesterol/triglycerides
- ❖ Respiratory disease-sleep apnea
- ❖ Shortness of breath with exertion
- ❖ Heartburn (reflux disease)
- ❖ Degenerative arthritis
- ❖ Depression
- ❖ Stress incontinence
- ❖ Increased risk for cancer
- ❖ Premature death

There are also **non-hereditary factors** that contribute to obesity. These factors include:

- ❖ Calories consumed - food and beverages
- ❖ Calories burned - burned by body through normal activities and exercise
- ❖ Amounts of fat, carbohydrates, and protein in diet
- ❖ Frequency and duration of physical activity

People who are at least 100 pounds above their ideal body weight not only suffer from medical health risks, but they often suffer from psychological aspects of the disease.

There are solutions to the obesity epidemic. My New Beginning a department at City Hospital at White Rock offers effective surgical options for the treatment of morbidly obese people.

## Do I qualify for bariatric surgery?

Your bariatric surgeon will discuss whether or not you are a good candidate for surgery. Common selection criteria for bariatric surgical treatment programs include:

- ❖ 100 pounds over ideal body weight
- ❖ Body Mass Index (BMI) of 40 or more
- ❖ BMI of 35-39 with serious co-morbidities

Bariatric Surgery is not a “miracle cure” for morbid obesity. It is simply one part of the *My New Beginning* Bariatric Program. Successful weight loss after undergoing bariatric surgery depends upon your participation as a patient. The most important factor in your program is realizing that your commitment and dedication must be **life-long**. The key to your success is your personal dedication to the lifestyle changes in eating and exercise habits. Successful treatment will include calorie restriction, calorie reduction, and changes in the amounts of fat, carbohydrates and proteins that you consume. Exercise and long-term follow-up are also essential portions of this weight loss program. We want you to be successful in reaching and maintaining your weight loss goal. We are here to help!

## Body Mass Index

Body mass index (BMI) is an approximate measure of body fat. BMI is based on your height and weight and it applies to both men and women. As a factor to help in determining health risk, BMI may indicate if a patient is in the normal range for body fat. BMI is only an indicator and does have some limitations. Limitations are:

- ❖ **Overestimate** body fat in athletes or people with muscular builds.
- ❖ **Underestimate** body fat in older people or others with loss of muscle mass

### BMI Table:

- ❖ Below 18.5 = Underweight
- ❖ 18.5 – 24.9 = Normal
- ❖ 25.0 – 29.9 = Overweight
- ❖ 30.0 – above = Obese

BMI is not the only indicator of health risk. Other factors to look at when assessing your health risk include:

- ❖ Diet
- ❖ Physical inactivity
- ❖ Blood pressure
- ❖ Blood sugar
- ❖ Cholesterol level
- ❖ Family history of disease
- ❖ Smoking
- ❖ Waist circumference

To determine your **waist circumference**, place a measuring tape snugly around your waist. This is a good indicator of abdominal fat, which is another indicator of your health risk. Risk increases if your waist measurement is:

- ❖ Men – over 40 inches
- ❖ Women – over 35 inches

[http://www.nhlbi.nih.gov/health/educational/lose\\_wt/risk.htm](http://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm)

## **Bariatric Surgery Options:**

### **1. Adjustable Gastric Banding (AGB or Lap-Band®)**

Potential Advantages:

- ❖ Low mortality rate
- ❖ Minimally-invasive surgery
- ❖ Body parts remain intact – no cutting or stapling
- ❖ Adjustable
- ❖ Reversible
- ❖ Low complication rate
- ❖ Low malnutrition risk Potential

Disadvantages:

- ❖ Slow initial weight loss
- ❖ Regular follow-up for band adjustments
- ❖ Requires strict dietary compliance for success
- ❖ Band or stomach slippage
- ❖ Band erosion
- ❖ Port leakage – may require additional surgery
- ❖ Infection at port site
- ❖ Device malfunction

### **2. Roux-en-Y Gastric Bypass (RYGB or Gastric Bypass)**

Potential Advantages:

- ❖ Rapid weight loss
- ❖ Minimally-invasive approach or open abdominal incision options
- ❖ Higher weight loss than with other methods, except BPD (Biliary Pancreatic Diversion)
- ❖ Long, successful results in the U.S.
- ❖ Patients have improved or resolved co-morbidities

#### Potential Disadvantages:

- ❖ Cutting and stapling of bowel and stomach
- ❖ Part of digestive tract bypassed – can lead to malabsorption
- ❖ Lifelong monitoring (blood work) for nutritional deficiencies
- ❖ Must take vitamins and mineral supplements for life
- ❖ Dumping Syndrome can occur
- ❖ Difficult to reverse
- ❖ Higher mortality and complication rates than with VBG (Vertical banded Gastroplasty) and Band

### **3. Sleeve Gastrectomy (Laparoscopic Sleeve Gastrectomy if Laparoscopic)**

#### Potential Advantages:

- ❖ Restricts the amount of food the stomach can hold
- ❖ Induces rapid and significant weight loss that comparative studies find similar to that of the Roux-en-Y gastric bypass. For example: weight loss of >50% for 3-5+ year data, and weight loss comparable to that of the bypass with maintenance of >50%
- ❖ Requires no foreign objects (AGB), and no bypass or re-routing of the food stream (RYGB)
- ❖ Involves a relatively short hospital stay of approximately 2 days
- ❖ Causes favorable changes in gut hormones that suppress hunger, reduce appetite and improve satiety

#### Potential Disadvantages:

- ❖ Is a non-reversible procedure
- ❖ Has the potential for long-term vitamin deficiencies
- ❖ Has a higher early complication rate than the AGB

#### 4. Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

Potential Advantages:

- ❖ Results in greater weight loss than RYGB, LSG, or AGB
- ❖ Allows patients to eventually eat more average meals
- ❖ Reduces the absorption of fat by 70% or more
- ❖ Causes favorable changes in gut hormones to reduce appetite and improve satiety
- ❖ Is the most effective against diabetes, as compared to RYGB, LSG, and AGB

Potential Disadvantages:

- ❖ Requires a longer hospital stay than the AGB or LSG
- ❖ Has higher complication rates and risk of mortality than the AGB, LSG, and RYGB
- ❖ Has a greater potential to cause protein deficiencies and long-term deficiencies in a number of vitamin and minerals such as iron, calcium, zinc and fat-soluble vitamins such as vitamin D
- ❖ Compliance with follow-up visits and strict adherence to dietary and vitamin supplementation guidelines are critical for avoiding serious complications from protein and vitamin deficiencies

For more information visit:

<http://asmb.org/patients/bariatric-surgery-procedures>

Weight loss surgery is generally designed for those with a body mass index (BMI) equal to or greater than 40, or equal to or greater than 35 with serious co-morbidities. Laparoscopic adjustable gastric banding with the Lap Band® is also FDA-approved for weight loss surgery in people with a BMI of 30 to 35 who have at least one obesity-related condition. Weight loss surgery is considered safe, but like many types of surgery, it does have risks. Consult with your physician about the risks and benefits of weight loss surgery.

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## Your Obligations as a Bariatric Patient

To ensure you reach your weight loss goals and achieve the success that you desire in the *My New Beginning* program, it is important that you understand your responsibilities.

The following are the obligations that you are accepting as a part of the bariatric program:

- ❖ I will be sure to get necessary pre-op work done before surgery
- ❖ I will see my surgeon for follow-up visits after surgery
- ❖ I will visit my bariatric coordinator for follow-up visits after surgery, as needed
- ❖ I will contact my bariatric coordinator if I have any other procedures, tests, ER visits, hospital stays or surgeries
- ❖ I understand I must take my vitamin and mineral supplements for the rest of my life
- ❖ I understand I must take Vitamin B12. Vitamin B12 may be taken by nasal spray, sublingually, or injection per the instructions of your physician or nurse coordinator.
- ❖ I know I must follow the prescribed diet for the rest of my life
- ❖ I will attend a support group after surgery to help me achieve my goals
- ❖ I know that weight loss will be more easily attained if I add a modest exercise routine to my life

## **Good Habits to Develop Before Surgery**

- ❖ Take your adult chewable vitamins twice a day – one at breakfast, one at dinner.
- ❖ Decrease your portion sizes at meals.
- ❖ Eat the protein portion of your meal first.
- ❖ When eating, practice taking small bites and chew food well before swallowing.
- ❖ Practice eating slowly.
- ❖ Start exercising every day. Walking for 30 minutes a day is great exercise.
- ❖ Avoid sugar and sweets such as desserts. Choose fresh fruit for dessert.
- ❖ Avoid fried foods.
- ❖ Start weaning yourself off caffeine, carbonated beverages (yes, even diet soda) and alcohol. >
- ❖ Avoid eating fast food.
- ❖ Avoid “pigging out” before surgery.
- ❖ Eat 5 or 6 small meals a day.

## Frequently Asked Questions about Medications:

**Q: What effect does weight loss surgery have on my medications?**

**A:** Prescription or over-the-counter drugs may be absorbed differently after surgery, depending on the type of procedure. Your medication therapy may be affected by this change. In the early period right after surgery, larger tablets or capsules may not be recommended by your surgeon so that pills do not become stuck. Because of this, your surgeon may recommend that you take medications different forms, such as crushed, liquid, suspension, chewable, sublingual or injectable. Some long-acting medications and “enteric coated” medication may not be crushable. Some medication may be crushed and administered with food.

Sleeve gastrectomy and adjustable gastric banding tend to have little to no change in the absorption of medications. Roux-en-Y gastric bypass and duodenal switch can have more significant changes in how medications are absorbed. Check with your surgeon and pharmacist about how you should take each of your medications. Some patients need a higher dose of anti-depressants to have the same effect. This is not a complication, but you need to be aware of how you feel, and speak up with all your caregivers.

**Q: Will my medications change after bariatric surgery?**

**A:** Maybe. Some doses may change (see the previous question). Some medication doses may decrease as the obesity-related health conditions improve. For example, diabetic patients often require less insulin or other diabetes medications after surgery because glucose control can improve quickly. Patients who take high blood pressure and cholesterol medication can see their doses lowered if these disease states improve. Any changes in prescription medication should be overseen by your doctor; this is not something that you should do yourself.

**Q: Which medications should I avoid after weight loss surgery?**

**A:** Your surgeon or bariatric physician can offer guidance on this topic. One clear class of medications to avoid after Roux-en-Y gastric bypass is the “Non-steroidal anti-inflammatory drugs” (NSAIDs), which can cause ulcers or stomach irritation in anyone but are especially linked to a kind of ulcer called “marginal ulcer” after gastric bypass. Marginal ulcers can bleed or

perforate. Usually they are not fatal, but they can cause a lot of months or years of misery, and are a common cause of re-operation, and even (rarely) reversal of gastric bypass.

Some surgeons advise limiting the use of NSAIDs after sleeve gastrectomy and adjustable gastric banding as well. Corticosteroids (such as prednisone) can also cause ulcers and poor healing but may be necessary in some situations. Some long-acting, extended-release, or enteric coated medications may not be absorbed as well after bariatric surgery, so it is important that you work with your surgeon and primary care physician to monitor how well your medications are working. Your doctor may choose an immediate-release medication in some cases if the concern is high enough. Finally, some prescription medications can be associated with weight gain, so you and your doctor can weigh the risk of weight gain versus the benefit of that medication. There may be alternative medications in some cases with less weight gain as a side effect.

**Q: Are there any additional prescription medications I will have to take after bariatric surgery?**

**A:** Some patients may require anti-acid medications, either temporarily or indefinitely. Some surgeons prescribe a temporary medication for gallstone prevention, if you still have a gallbladder. Ask your surgeon if these will be needed.

**Q: Are all medications crushable?**

**A:** Not all medications are crushable. Whether or not a medication can be crushed would depend on the drug formulation. In general, non-coated, immediate release tablets may be crushed. It is important that you are VERY careful with medications, so please always check with your surgeon, primary physician, or pharmacist prior to making medication decisions. An online list of non-crushable medications is available at:

<http://www.ismp.org/tools/donotcrush.pdf>.

## Frequently Asked Questions after Surgery:

**Q: How much food will my stomach hold after surgery?**

**A:** Once your stomach has healed, your stomach will hold about ½ to 1 cup of food or liquid.

**Q: How long will it take my stomach to heal?**

**A:** It will take about 6 weeks for your stomach to heal after surgery.

**Q: Will I stay healthy eating the recommended amounts of calories and food?**

**A:** You will remain healthy eating the smaller amounts of food and reduced calories that bariatric patients consume after surgery. Friends and family members may be concerned about the small amounts of food, but the program is designed to meet your body's needs.

**Q: Will bariatric surgery change my eating habits?**

**A:** After bariatric surgery, you will develop a new, healthy eating pattern. Your new stomach is smaller and you will feel full after eating less food. Meals will be smaller. You will have to chew your food very well and take smaller bites.

**Q: Will I be hungry after surgery?**

**A:** Some people are not hungry after surgery. However, you must achieve your postoperative nutritional goal of 64 oz. fluid every day to prevent dehydration. The next goal you will need to meet is your protein goal. You will need about 60 to 70 grams of protein every day.

**Q: Is there anything I cannot eat after bariatric surgery?**

**A:** Food you consume after surgery must be low-fat and sugar-free. Some people have food intolerances after bariatric surgery. If you find that you do not tolerate something in the beginning, try that food item again later. You may be able to tolerate that particular food later on. Many patients find it difficult to tolerate red meat for at least 6 months after surgery. Coconut is something you should always avoid. You must also avoid fibrous foods such as: celery, asparagus, broccoli stalks, corn and pineapple.

**Q: Does the new stomach stretch after surgery?**

**A:** There is no scientific proof that the new stomach stretches. However, as you heal, it relaxes and thus patients find that they can gradually consume more food at a time. Weight loss will be maintained as long as you avoid large amounts high caloric food.

**Q: Do I really need to drink 64 oz. of fluid every day?**

**A:** Yes, you need this much fluid to remain hydrated. There is water in the food we eat. After surgery you are eating smaller amounts of food. As a result, you are not receiving as much water every day as you normally would. Drinking water will also help diminish food cravings.

**Q: What happens when I crave high-fat and high-sugar foods?**

**A:** Craving may be caused by an emotional or hormonal need. It can be very difficult to have restrictions on your diet. Space your meals out evenly during the day to help prevent cravings. Drink more water and/or go take a walk if you are craving food. Distract yourself with activity and you will find cravings will subside.

**Q: How do I know I am eating enough food?**

**A:** You should feel full after eating a small amount of food. Your portion size should be no more than ½ cup to 1 cup of food at each meal. If you feel that you are having problems with food choices, call the Bariatric Coordinator or the Bariatric Dietitian for help.

**Q: Can I drink soft drinks after bariatric surgery?**

**A:** Carbonated beverages will cause gas that is very painful after surgery. It is not recommended that you drink soft drinks after bariatric surgery. If you insist on drinking soft drinks, make sure that the soft drinks are sugar-free (diet).

**Q: Can I drink coffee and tea after surgery?**

**A:** Yes, but caffeinated drinks can cause dehydration. Decaffeinated beverages are a better choice after bariatric surgery. Use only a sugar substitute or low fat creamer in your coffee or tea.

**Q: Can I drink alcohol after surgery?**

**A:** Alcohol will slow down your weight loss. Alcohol contains empty calories, which are of no nutritional value. After your surgery, alcohol will enter your blood stream much quicker. You can become intoxicated much quicker after consuming only a small amount of alcohol. An occasional glass of wine or a cocktail may be ok. Check with your doctor. Beer is carbonated and should be avoided.

**Q: Can I smoke after bariatric surgery?**

**A:** No. Smoking stimulates gastric secretions in your stomach. These gastric secretions are very irritating to your new stomach. Irritation of your new stomach can cause ulcers and chronic gastritis.

**Q: Will I lose my hair after surgery?**

**A:** Hair loss may be a result of having several life-altering events occurring at the same time. You just had major surgery, changes in your eating habits and rapid weight loss. Some patients will have hair loss about 3 to 5 months after surgery. Hair loss is temporary and your hair will grow back. Take your vitamins and keep your protein levels up to lessen the chance and amount of hair loss.

**Q: Will my weight loss reach a plateau?**

**A:** You will eventually reach a plateau after surgery. You may notice that you are not losing pounds or inches. Review your food choices and activity levels. Consult with the Bariatric Dietitian or Bariatric Coordinator for solutions.

## Insurance Coverage for Bariatric Surgery

My New Beginning accepts most major insurances; we understand that insurance can seem overwhelming when trying to understand what is on your policy. This is why we do a FREE insurance assessment before the initial consultation, ensuring that your policy has bariatric surgery or medical weight loss coverage\*\* and determining what clearances are required to have surgery.

Each insurance company has different requirements in order to obtain surgical clearance. Some of these clearances are (but not limited to):

- ❖ Having a BMI of 40, or a BMI of 35 - 39 with a comorbid condition
- ❖ Nutrition Evaluation
- ❖ Psychological Evaluation
- ❖ Weight History
- ❖ Sleep Study
- ❖ EGD
- ❖ Primary Care Physician Referral and/or Clearance
- ❖ No Smoking Clause
- ❖ No Weight Gain Clause

\*\* Even with insurance coverage patients are still responsible for co-pays, deductibles, and co-insurance (until out of pocket max has been met). These costs are a requirement from your insurance policy and not My New Beginning.



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