



Weight Loss Surgery Info for Physicians

As physicians, we see it every day when we see our patients – more and more people are obese, and it's affecting their health. It's estimated that at least 2/3 of the U.S. population is overweight or obese. Texas has some of the worst statistics.

Weight loss surgery, too, is on the rise. It may seem surprising, considering the problems some of us saw with these procedures during our residency and the earlier years of our practice.

But it's not at all surprising when you consider that patients who have surgery today face fewer risks and are coming off their medications for diabetes, hypertension, arthritis, and other serious obesity-related conditions. Basically, these patients now can enjoy a healthier, happier, longer life.

Why Weight Loss Surgery?

A Body Mass Index (BMI) of 40, which is considered morbidly obese, is associated with a 2.5 times greater mortality rate than a normal-weight BMI. Bariatric surgery seeks to improve the health conditions associated with obesity by decreasing the patient's weight.

Type 2 diabetes, hypertension, osteoarthritis, sleep apnea – these are just a few on a list of co-morbidities that is all too familiar. Obesity can impact every organ system, including the skin (intertriginous dermatitis) and even the psyche (depression). Plus, obesity is associated with an increased risk of breast, colon, and pancreatic cancers.

Bariatric surgery has provided the longest period of sustained weight loss in severely obese people. Approximately 60-75% of non-surgical patients lose weight with diet and exercise alone at 6 months – but 95-98% of them have regained that weight (or more) at 5 years. Conversely, five years after surgery, most surgical patients have maintained successful weight loss.

Most morbidly obese patients live on the roller coaster of being “on” and “off” diets for years before they seek surgical help. Surgery is a tool that helps them adopt and maintain a healthy lifestyle so they can lose weight and reduce or eliminate serious medical conditions, then sustain their improvements.

What Has Changed Since the Old Days?

Laparoscopy launched the revolution in bariatric surgery. As morbidity, mortality, and hospital stays decreased, more were performed. With more taking place, techniques were refined, further decreasing risk and improving outcomes.

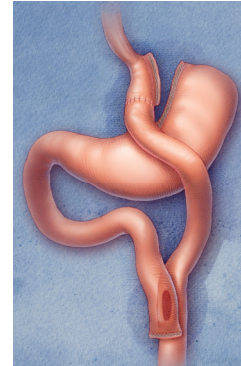
And it hasn't been just surgical techniques that have evolved. Pre-operative and post-operative care protocols have also changed dramatically to improve the maintenance of weight loss and improve these patients' health.

The Procedures

The two most common bariatric procedures are the Roux-en-Y gastric bypass and the laparoscopic adjustable gastric band. The sleeve gastrectomy is a newer procedure that is starting to be performed in the U.S.

Gastric Bypass

In the Roux-en-Y gastric bypass, a 15-20 cc stomach pouch is created near the top of the stomach by stapling. This pouch is then connected to the small bowel, bypassing the lower portion of the stomach, the duodenum, and part of the jejunum.



Gastric bypass is a restrictive procedure in that the stomach pouch restricts intake and a malabsorptive procedure in that bypassing the stomach, duodenum, and part of the jejunum decreases the absorption of glucose, fat, and certain nutrients.

The average hospital stay is two nights. Patients can expect to lose 60-80% of their excess weight (average), the majority of that in the first year after surgery.

The surgeons of Southwest Bariatric Surgeons use a laparoscopic approach whenever feasible – in 99% of our cases. Laparoscopy greatly reduces the incidence of wound infections and incisional hernias after gastric bypass. However, other complications can occur, including anastomotic leak, anastomotic stenosis, staple line bleeding, and intra-abdominal bleeding.

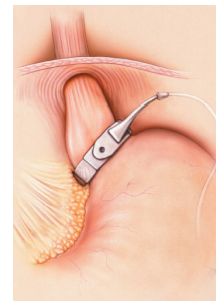
Operative mortality is reported to be up to 2.5% and is most often caused by pulmonary embolism, respiratory failure, myocardial infarction, and postoperative leak and sepsis. (The mortality rate in Austin/Round Rock is lower.)

The bypass element of the procedure does cause some side effects. Gastric bypass patients are at risk for micronutrient deficiencies and must supplement prophylactically with B-12, folate, iron, thiamine, and calcium. They also must take a multivitamin daily.

Additionally, 70% of gastric bypass patients can experience dumping syndrome secondary to sugar and fat intake. Dumping syndrome can include cramping, diarrhea, hypoglycemia, and other unpleasant reactions consecutively or concurrently. It serves as an effective deterrent to eating these unhealthy foods.

Adjustable Gastric Band (Lap-Band and Realize Band)

The laparoscopic adjustable gastric band is a restrictive procedure only and can often be performed on an outpatient basis. There are two adjustable gastric bands approved by the FDA, Allergan's Lap-Band (depicted here) and Ethicon's Realize Band. They function similarly and have similar outcomes.



In the procedure, a silicone band is placed around the top of the stomach, with sutures placed to secure it. This creates a small open-ended pouch of approximately 15-20 cc. The patient's anatomy is not permanently altered.

The inside ring of the gastric band has an inflatable balloon that connects to a catheter that is also connected to an access port sewn on top of the rectus abdominis, under the skin. In the office, saline is added or removed via the port to inflate and deflate the balloon. This process – called an “adjustment” or “fill” – alters the rate at which food empties from the pouch into the remaining part of the stomach, enabling customization to the patient.

The gastric banding procedure works by restricting the amount of food a patient can eat and by helping the patient feel full longer due to the slowed emptying of the pouch. Patients can expect to lose an average of 50-70% of their excess weight. Weight loss is more gradual than with gastric bypass and stabilizes at 2 years.

Complications with the adjustable gastric band typically occur further out than those with gastric bypass. Gastric prolapse, in which a portion of the main stomach slips up under the band can sometimes be resolved by removing saline, but may require surgical intervention.

Other complications include gastric erosion (in which the band erodes through to the stomach), port site hernias, tubing leaks, and pulmonary embolism. The gastric band's surgical mortality rate is reported as lower than the gastric bypass rate. Because there is no malabsorptive component, patients generally need only supplement with a daily multivitamin.

We are frequently asked if a patient should have a band removed after the desired amount of weight has been lost. The answer is a resounding “no.” If the band were removed, the patient would lose the satiety it provides and most likely return to their pre-op lifestyle (and weight).

Sleeve Gastrectomy (aka Gastric Sleeve and Vertical Gastrectomy)

The sleeve gastrectomy is a newer procedure being performed. It's actually the upper part of an older procedure, the duodenal switch. This full procedure is now rarely performed due to side effects. However, surgeons discovered that the upper part of the procedure, the sleeve gastrectomy, provided effective weight loss without the unwanted side effects.



The sleeve gastrectomy is typically an option for very obese patients. It can be performed as a stand-alone procedure or as the first stage of a gastric bypass. In the procedure, we create a stomach pouch shaped like a banana, then remove the excess stomach. There is no rerouting of the intestines.

The sleeve gastrectomy is a purely restrictive procedure, like gastric banding. No intestines are bypassed, so no malabsorption occurs. However, unlike gastric banding, no device remains inside the patient and no adjustments are required. Because there is no

bypass, there are fewer nutritional concerns than gastric bypass and no incidence of dumping syndrome. Of course, risks still exist and complications can occur.

Which Procedure for Your Patients?

Selecting the procedure for an individual patient requires patient education to establish patient preference and an exploration of the patient's eating and lifestyle habits, as well as current health status.

Unfortunately, insurance can sometimes dictate the choice, as there are still some plans that cover gastric bypass only, despite FDA approval of both the Lap-Band and Realize Band. We have yet to encounter an insurance plan that covers sleeve gastrectomy.

Southwest Bariatric Surgeons requires potential patients to attend a seminar (either live or online) to help them understand the procedures and start to determine which one would be most appropriate for them. We also explore the options during our patient consults.

Pre-Op Care

A major facet of the evolution in bariatric surgery has been increased focus on patients' readiness for surgery and on monitoring patients long-term.

Determining Candidacy

In selecting candidates, many practices, including Southwest Bariatric Surgeons, follow the guidelines from the National Institutes of Health. In a Consensus Statement, NIH stated that surgery is appropriate for patients with a BMI of 40 or above and for patients with a BMI of 35 or above who have an obesity related co-morbidity.

In addition, a patient is not considered to be a surgical candidate without evidence that more conservative attempts at weight loss have failed. Few patients have trouble presenting a lengthy list.

The patient's insurance company may have other requirements.

Patient Assessment and Readiness

Pre-op care includes patient education and a multi-disciplinary evaluation. Education is critical in ensuring that patients understand not only the risks of weight loss surgery, but that their procedure is a tool that will require them to make significant lifestyle changes.

At Southwest Bariatric Surgeons, patients not only meet with the surgeon to learn more about the procedure and be evaluated, they also are required to attend a seminar and to undergo evaluation by a psychologist or psychiatrist, our on-staff dietitian, and an exercise physiologist.

Additional evaluations by cardiologists, pulmonologists, and other physicians may be required depending on a patient's health history and information revealed by labwork and other tests the surgeon orders.

Long-Term Follow-Up Care

Long-term follow-up care makes weight loss surgery successful. The American Society for Metabolic & Bariatric Surgery has set a goal of 75% patient follow-up at 5 years. In the past, patients who had bariatric surgery saw their surgeon once afterward, then went on their way. Surgeons realized that for these patients to lose weight and sustain that weight loss, they must be followed more closely.

Of course, follow-up is also important in catching medical issues and serious micro-nutrient deficiencies, such as B-12. Patients are also encouraged to regularly see their other physicians so that their obesity-related conditions can be monitored and medication adjusted as conditions improve.

Because this follow-up care is essential for success and to address any complications, it is advisable for patients to select a surgeon close to home.

At Southwest Bariatric Surgeons, we emphasize the importance of follow-up care and employ the mantra, “Patients for Life.” Our patients see their surgeon at every follow-up visit and enjoy access to our dietitian via phone and in person.

Bariatric Surgery is Not the Easy Way Out

When they decide to have weight loss surgery, patients are besieged by feelings and accusations of “taking the easy way out.” However, the restrictions and requirements they must follow make surgery anything but easy. Patients must be committed to permanently changing eating patterns and food choices, as well as to exercising.

If they follow the rules and treat their procedure as the tool that it is, they should significantly improve their health and quality of life.

Helping Your Patients Explore Weight Loss Surgery

Southwest Bariatric Surgeons believes that an informed patient improves their chances for a successful outcome, and we encourage you to send your patients to these online resources:

www.realizeband.com

www.lapband.com

www.bariatricedge.com

Scheduling a Consult

Because being well-informed is so important, the Southwest Bariatric Surgeons patient process starts with a free seminar – either in-person or online. Weight loss surgery involves major lifestyle changes, and we want a potential patient to understand those lifestyle changes and the procedures themselves (including their risks and complications). Our live seminars are highly interactive, and we strongly encourage questions.

At the seminar, we provide potential patients with forms we use to preliminarily assess their candidacy. And we obtain their health insurance information so that we can check their benefits and let them know what their financial obligation would be.

We suggest that you either provide patients with the seminar list available on our Web site, our Web site address, or our New Patient phone number, 512.334.1885.

Helping Your Patients Clear the Insurance Hurdle Physician-Supervised Diet History

Most insurance plans now require some period of physician-supervised diet before they will authorize surgery. They typically want to see documentation of weight loss efforts for 3 or 6 months. A physician who is not performing the surgery must supervise these diets. We tell our patients to see their primary care or other referring physician to have them document their weight loss efforts.

Southwest Bariatric Surgeons offers a diet history grid that may be useful to you in creating the appropriate documentation to help your patients. We developed this grid based on what we've learned most companies look for in the physician-supervised diet documentation. It's available at www.SouthwestBariatric.com/Physician.

Insurance plans also can have other requirements. We contact the patient's insurance company prior to the patient's first consult and inform the patient of requirements so there are no surprises.

Contact Us Anytime

Please let us know if there is anything that we can do to assist you in caring for your patients. The best number is our New Patient line, 512.334.1885. We also invite you to attend a patient seminar any time you'd like.

If you'd like to receive seminars lists, business cards, or other materials for your office, please call Michelle at 512.334.1885.

We look forward to working with you to improve your patients' health.