BARIATRIC SURGERY

Jacobi Medical Center
Bronx, New York
718-918-LOSS(5677)
Bariatric Surgery
Multidisciplinary Team

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What Is Obesity?

- A life-long progressive, life-threatening, genetically-related, costly, multi-factorial disease of excess fat storage with multiple co-morbidities
What Is Morbid Obesity?

- Clinically severe obesity at which point serious medical conditions occur as a direct result of the obesity
- Defined as >200% of ideal weight, >100 lb overweight, or a body mass index of ≥40
Body Mass Index (BMI)

- Calculated as follows: Weight/Height^2
- Lowest mortality = BMI < 25 kg/m^2
- Highest mortality = BMI > 40 kg/m^2
- BMI > 40 = approximately 100 lbs. over ideal body weight
Degrees of Obesity

NORMAL
BMI 18.5 — 24.9

OVERWEIGHT
BMI 25 — 29.9

OBESE
BMI 30 — 34.9

SEVERE OBESE
BMI 35 — 39.9

MORBIDLY OBESE
BMI ≥ 40
Medical Implications of Obesity

- Diabetes
- Hypertension
- Lipid disorders
- Heart disease
- Asthma
- Sleep apnea
- Gallstones
- NASH (non-alcoholic steatohepatitis)
- Urinary incontinence
- Gastroesophageal reflux
- Osteoarthritis and gout
- Arthritis
- Infertility and menstrual problems
- Obstetric complications
- Low back pain
- DVT & thromboembolism
- Depression
- Immobility
- Venous/stasis ulcers
- Skin infections
- Intertrigo
Surgery

- “a tool to use to control the chronic disease of obesity-not a cure”

- Optimally performed within a comprehensive program-team approach
Candidates for Surgery

- BMI 40 or greater
- BMI 35 with serious medical condition, related to obesity
- Previous attempts at non-surgical therapy
- Risk comprehension
- Willingness to comply with postoperative therapy
Common Insurances Covered

- Aetna
- United
- BC/BS
- Americhoice
- 1199 SEIU
- Multiplan
- Oxford
- Metroplus
- Fidelis
- GHI
- Healthfirst
- HIP
- Medicare
- Medicaid
Surgical Therapy - How Does It Work

- Restriction - earlier satiety
- Malabsorption - incomplete absorption of nutrients
Common Aspects of All Surgeries

- All done with Minimally Invasive techniques (Laparoscopy)
- All done under 3 hours (Surgery Time)
- Hospital Stay between 1 and 4 Days
- Back to work in 2-3 weeks
COMMON RISKS OF ALL SURGERIES

- Pain
- Bleeding
- Infection
- DVT
- Pulmonary embolus
- Pneumonia
- Need for further surgery
Open Surgical Incisions

Incision for Open Weight Loss Surgery

The incision location, number of incisions and the incision size may vary from surgeon to surgeon.
Laparoscopic Incisions

Incisions for Laparoscopic Weight Loss Surgery

The incision location, number of incisions and the incision size may vary from surgeon to surgeon.
Laparoscopic Adjustable Gastric Banding

- Restrictive
- Good results in Europe and Australia
- Bioenterics Lap Band™
- FDA approved 6/01
- 50 – 70% excess weight loss
Adjustable LapBand
LapBand-Advantages

- Shorter OR time
- Go home the same day or overnight hospital stay
- Return quickly to work
- Evaluated every 6-8 weeks for gradual tightening if necessary
- Amenable to minimally invasive techniques
- Relatively lower complexity
- Less association with specific nutritional deficits
- Reversible
LapBand Disadvantages

- Foreign body
- Needs adjustments with needles
- Problems with port
- Band slippage
- Erosion
- Less weight loss
SLEEVE GASTRECTOMY
SLEEVE GASTRECTOMY

ADVANTAGES

- Stomach volume is reduced, and it tends to function normally so most food items can be consumed in small amounts
- Reduces appetite stimulating hormone that helps reduce hunger sensation
- No dumping syndrome
- Less ulcers
- Less vitamin deficiencies
- No foreign body
- Expected weight loss for most patients can be 60-70% of their excess body weight over 1-2 years
SLEEVE GASTRECTOMY

DISADVANTAGES

- Not reversible
- Reflux
- Leak
- Bleeding
Roux-en-Y Gastric Bypass

- Combination
- Most frequently performed bariatric procedure in the US
- First done in 1967
- Laparoscopically since 1993
- 60 – 80 % excess weight loss
GASTRIC BYPASS ADVANTAGES

- No foreign body
- Most weight loss than other surgeries
- More long term data available
RYGB-Nutritional Outcomes

- Calcium
- Iron (anemia)
- Potential Vitamin B12 deficiency-anemia
- Potential folic acid deficiency-anemia
- Miscellaneous-potassium, magnesium, vitamins A,K,D, thiamine
- Dumping Syndrome-avoid concentrated sugars
RYGB-Complications(Specific)

- Anastomotic Leak
- Anastomotic stenosis (narrowing/blockage)
- Ulcers (NO SMOKING!)
- Internal hernia
- Skin breakdown, muscle crush injury, extremity nerve injuries-less common
Signs and symptoms to watch out for:

- Fast heartbeat, heart racing, palpitations
- Trouble breathing
- Chest pain
- Fever
- Severe stomach pain/abdominal pain
- Nausea/vomiting with inability to keep down liquids or food
- Pain to back of leg, inner thigh
- Dizziness/weakness or just not feeling well
Initial Office Visit

- FILL OUT QUESTIONNAIRE PRIOR TO ARRIVING!

- Sleep apnea questionnaire

- Identification of individual medical issues for workup
Preoperative Evaluation-Standard

- Support Group Meeting
- Gallbladder Ultrasound
- Endoscopy
- UGI on a case by case basis
- Laboratory Tests- Chemistry, Blood Count, Lipid Profile, Liver Profile, Urine Analysis, Thyroid Profile, Diabetic Profile
- Psychology Consultation
- Nutrition Consultation
- Medical Clearance
- Possible Pulmonary or Cardiology Consultation
Just Call Us

- Any issue not already mentioned that is causing persistent distress
- Problems handled earlier often often minimized
- 718-918-LOSS (5677)
SLEEVE GASTRECTOMY

Before
SLEEVE GASTRECTOMY

After
SLEEVE GASTRECTOMY
Laparoscopic Adjustable Gastric Banding Band
SLEEVE GASTRECTOMY

BEFORE
SLEEVE GASTRECTOMY

- AFTER
Gastric Bypass

- **Before**
Gastric Bypass
Questions?
https://asmbs.org/patients