

BARIATRIC SURGERY

Jacobi Medical Center

Bronx, New York

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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 = $\text{BMI} < 25 \text{ kg/m}^2$
- Highest mortality = $\text{BMI} > 40 \text{ kg/m}^2$
- $\text{BMI} > 40$ = approximately 100 lbs. over ideal body weight



Degrees of Obesity

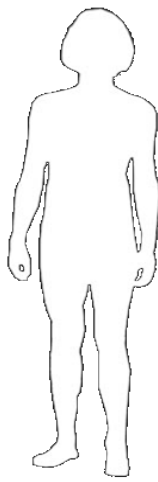
NORMAL

BMI 18.5 — 24.9



OVERWEIGHT

BMI 25 — 29.9



OBESE

BMI 30 — 34.9



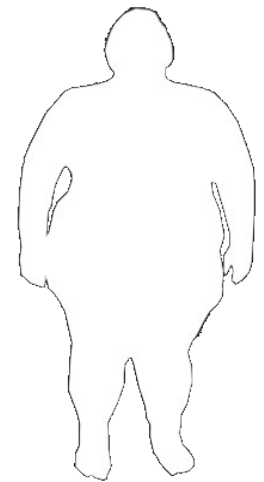
SEVERE OBESE

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



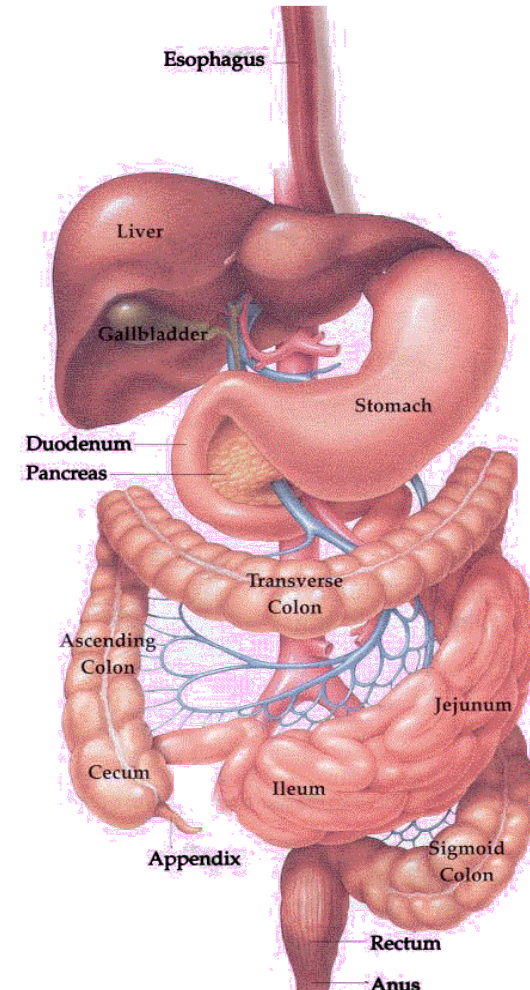
Common Insurances Covered

- 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



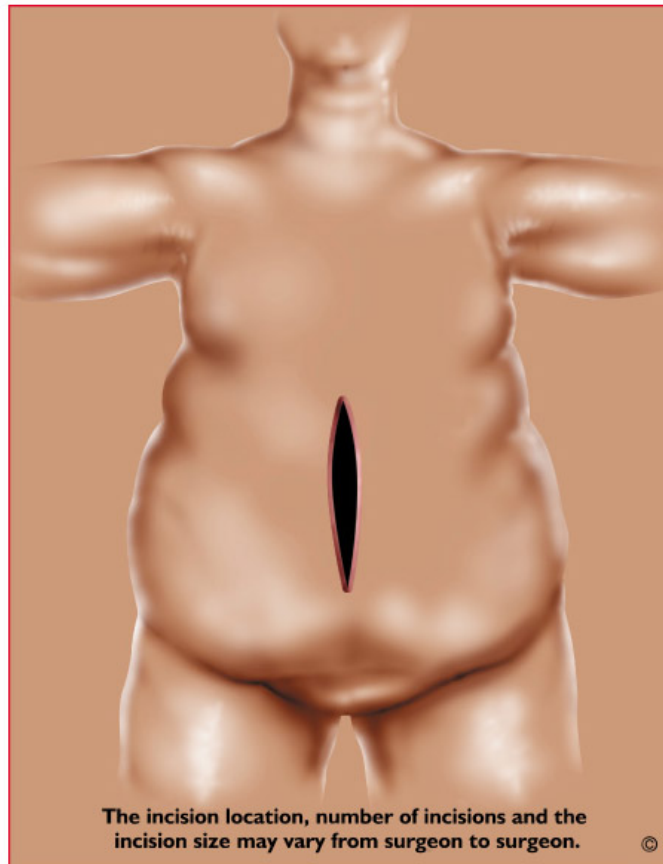
COMMON RISKS OF ALL SURGERIES

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



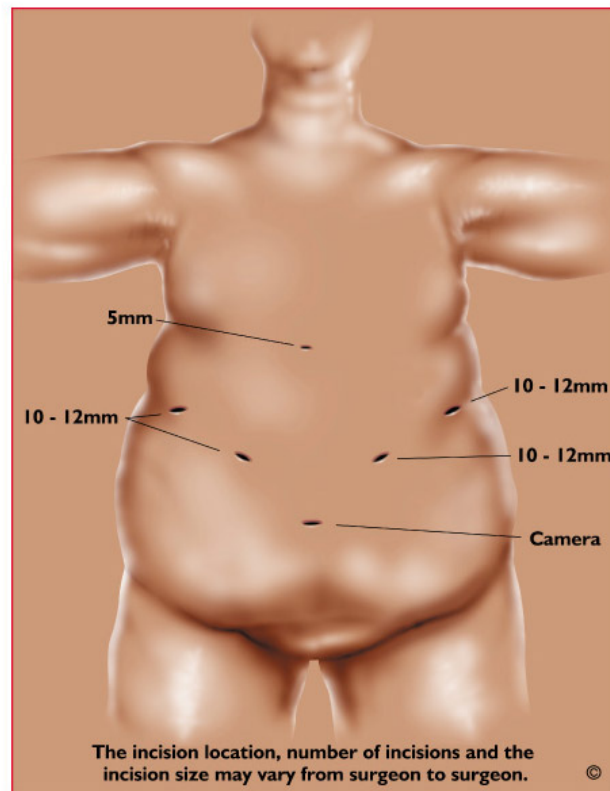
Open Surgical Incisions

Incision for Open Weight Loss Surgery

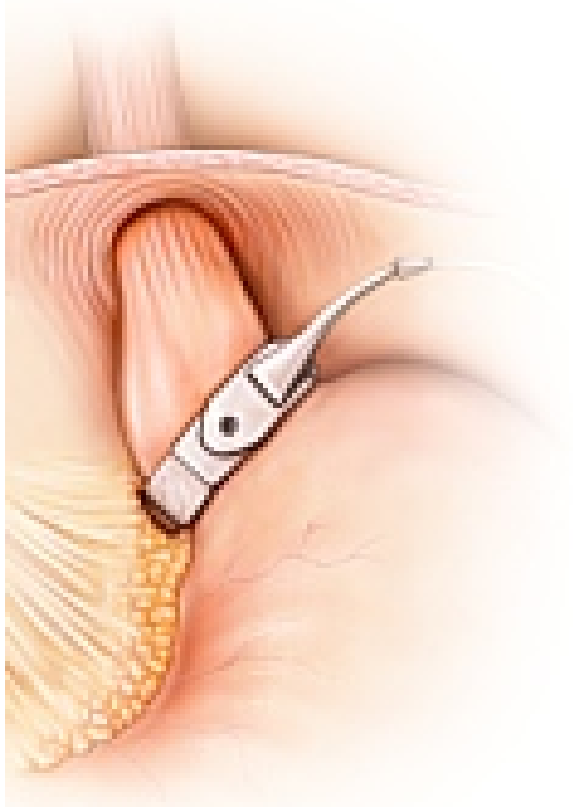


Laparoscopic Incisions

Incisions for Laparoscopic Weight Loss Surgery



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

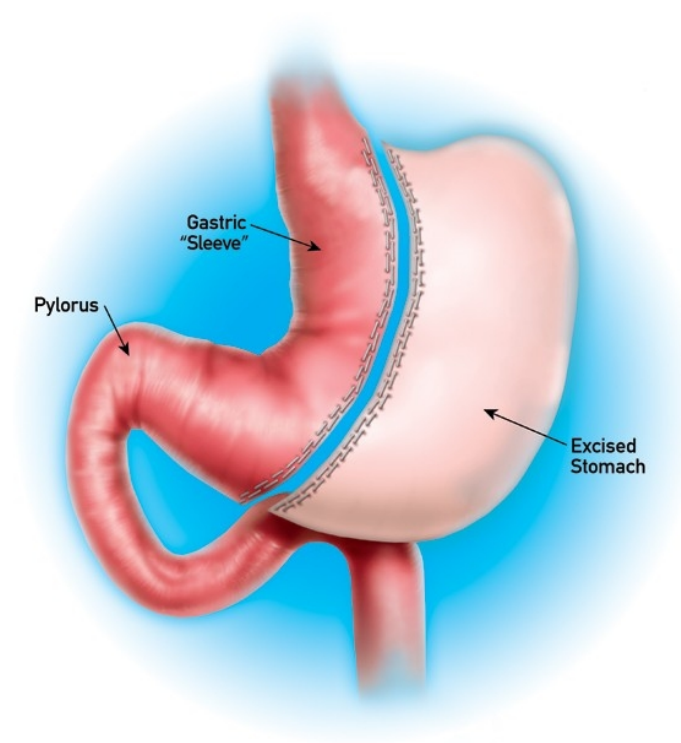


LapBand Disadvantages

- 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

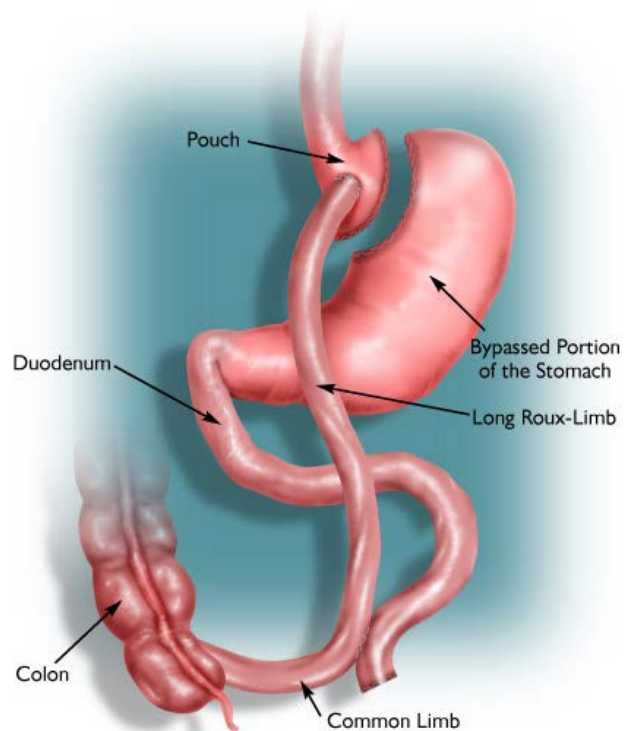


SLEEVE GASTRECTOMY DISADVANTAGES

- 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 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>

