

THE WEIGHT IS OVER



**Weight Loss Center for
Weight Management
Metabolic & Bariatric
Surgery**

Woodhull Hospital Center

Located at 2C-260

718-963-8188



Our Team

- Javier Andrade, MD, FACS, FASMBS – Metabolic & Bariatric Surgeon
- Michelle Desrochers RD, CDN Dietitian and Metabolic & Bariatric Program Coordinator
- Anabelle Lampón Vélez, Ph.D. – Psychologist
- Pamela Lebron, PA-C Physician assistant
- Naina Palathinkal, PA-C Physician assistant
- Zulay Roman, RN nurse
- Miosoti Morel, PCA patient care associate
- Lazaro Navedo, Assistant coordinating manager
- Melissa Charles, clerk
- Karelis Roa – clinical chart reviewer

Questions?

Call our Coordinator

Lazaro

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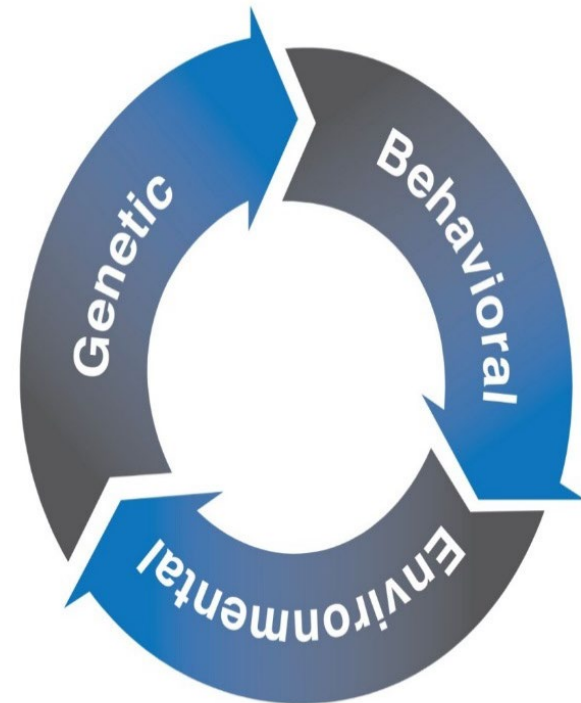


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What Causes Obesity?

- The genes you inherit
- Your eating and exercise habits
- Surroundings that promote
 - Increased food intake
 - Non-healthy foods
 - Physical inactivity
- Psychological factors such as
 - Depression
 - Anxiety
 - Boredom
 - Loneliness



What Are Your Options?

1. Diet and exercise

2. Weight loss medications

- Together with diet and exercise

3. Weight loss surgery

- Together with diet and exercise
- Surgery makes it easy to control portion sizes and hunger
- Patients can lose and maintain an average of 65% of their excess weight



Weight Loss Surgery Candidates

- Meet the BMI criteria:
 - **BMI is at least 35**, or
 - **BMI is at least 30** and obesity-related health problems such as diabetes, hypertension, high cholesterol or sleep apnea

Also:

1. Have had minimal success with serious weight-loss attempts
2. Are prepared to attend regular follow-up sessions
3. Are prepared to make diet & exercise changes



Who Cannot Have Surgery

- Someone who does not meet the BMI requirements
- Inadequate understanding of surgery's consequences
- Unstable mental illness
- Ongoing substance abuse – illicit drugs/alcohol
 - **If you're a regular smoker**
- Unwillingness/inability to comply with
 - Diet changes
 - Daily vitamin use
 - Follow up visits with bariatric team and your PCP after surgery
- Heart, lung, or liver disease that prevents undergoing general anesthesia

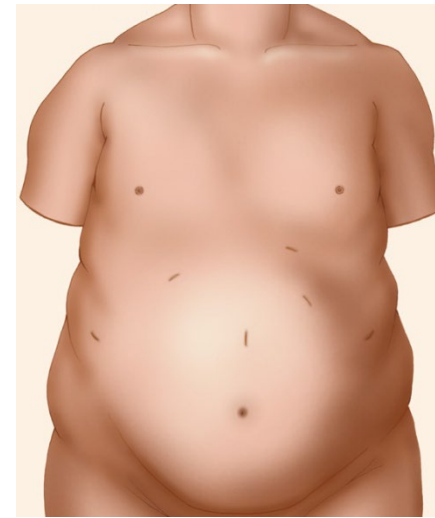


How is the Surgery Done?



Open

- Large incision
- Longer hospital stay



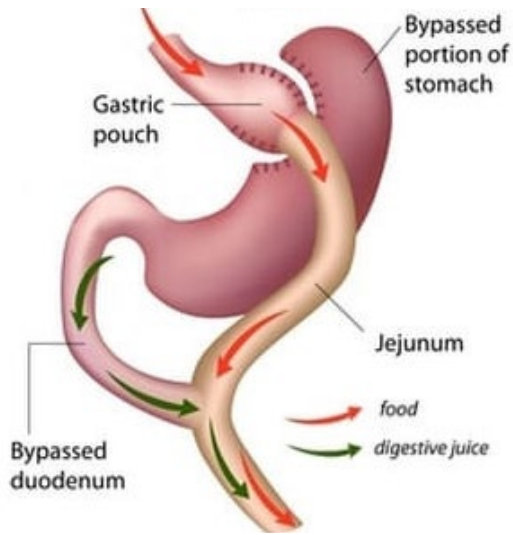
Laparoscopic/Robotic

- Small incisions
- Shorter hospital stay
- Less pain



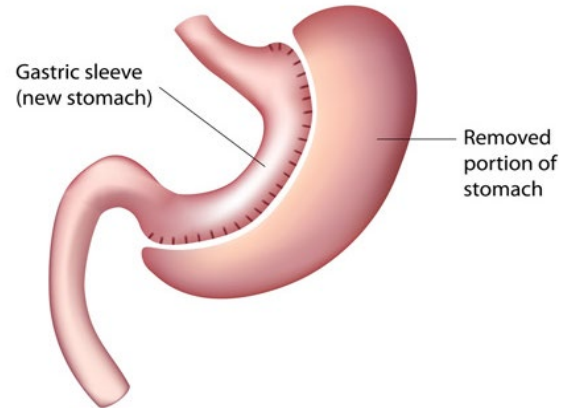
Surgical Options

Combined



Gastric Bypass

Restrictive

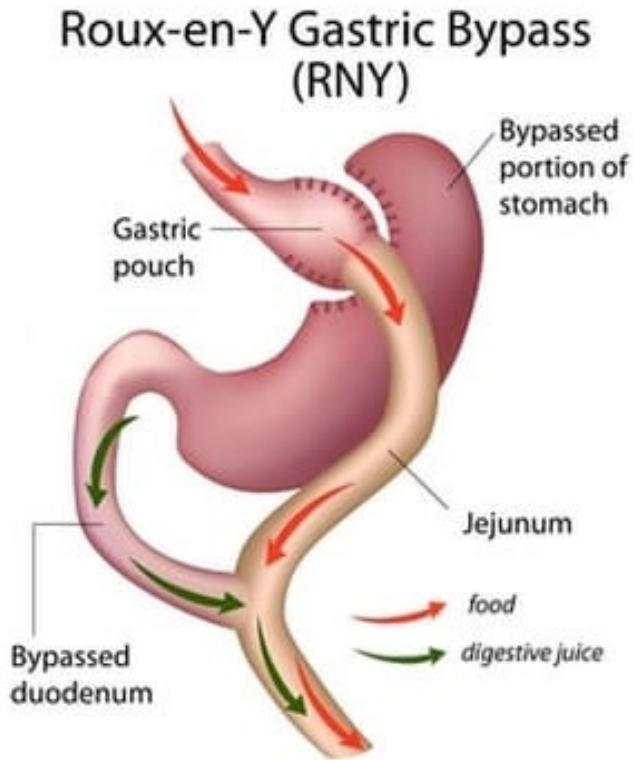


Sleeve
Gastrectomy



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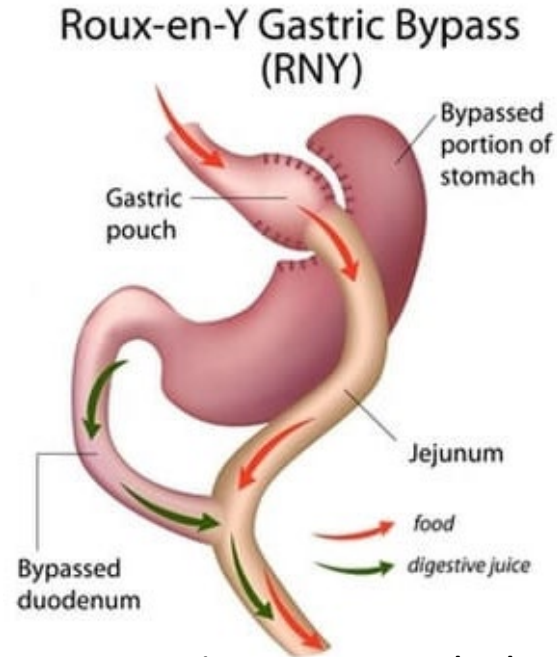
What Happens during the Gastric Bypass



- Surgeon creates small stomach pouch using staples
- Then he attaches a section of the small intestine directly to the pouch
- The smaller stomach size helps patients feel full more quickly, reducing food intake
- A typical portion is the size of one whole egg



Gastric Bypass



Advantages

- Rapid initial weight loss
- Most weight loss compared to sleeve gastrectomy and adjustable gastric band
- Shown to help resolve type 2 diabetes, high blood pressure, obstructive sleep apnea and to improve high cholesterol
- Robust clinical database available

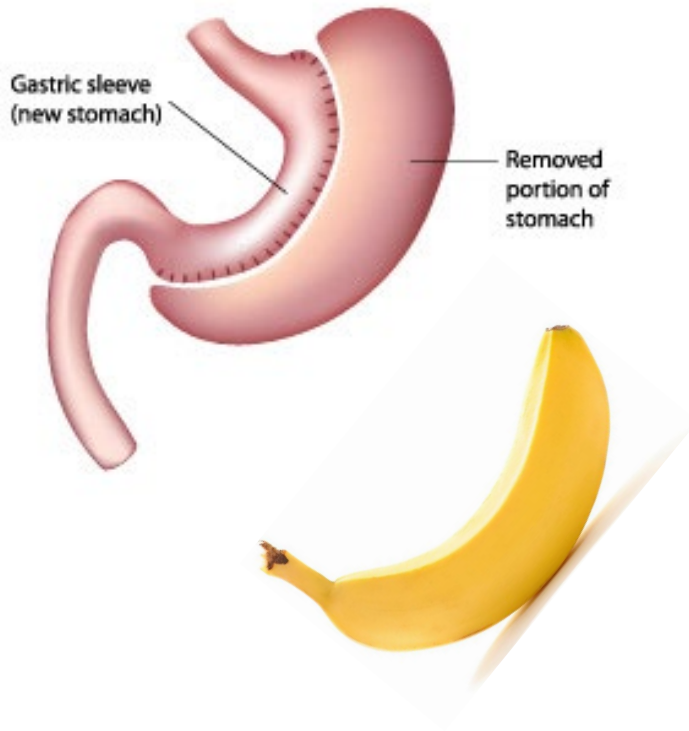
Disadvantages

- Average 62% excess weight loss at one year
- Some patients experience weight regain – **depends on food choices and lifestyle changes**
- May not tolerate sweets or fats (dumping syndrome); can cause nausea, weakness and occasional diarrhea
- Higher risk for nutritional deficiencies compared to other procedures (anemia, bone loss, hair loss)



What Happens during a Sleeve Gastrectomy

Vertical Sleeve Gastrectomy



- The surgeon creates a thin vertical “sleeve” of stomach using a stapling device
- Surgeon removes 80% of the stomach
- The surgery restricts the amount of food that can be eaten at one meal
- The stomach is about the size of a banana



Sleeve Gastrectomy

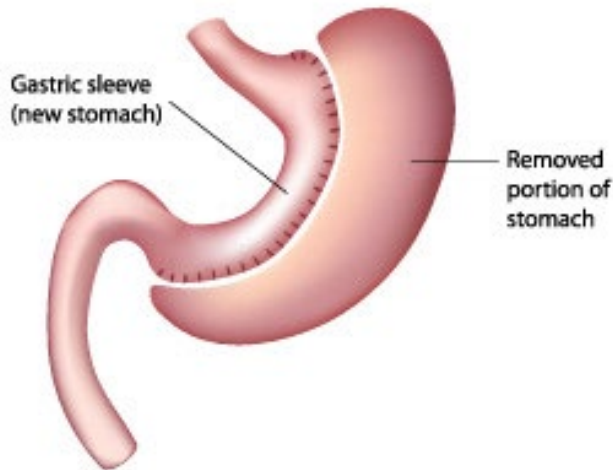
Advantages

- No malabsorption
- Fewer malnutrition risks compared to gastric bypass
- Shown to help resolve type 2 diabetes, high blood pressure, obstructive sleep apnea and to improve high cholesterol

Disadvantages

- Less weight loss compared to gastric bypass
 - Irreversible
 - May worsen reflux (GERD) symptoms; ulcers
- 50 to 60% excess weight loss over 2 or more years
 - Some patients experience weight regain – **depends on food choices and lifestyle changes**

Vertical Sleeve Gastrectomy



Possible Complications

Short-Term

- Nausea & vomiting
- Stenosis
- Dehydration
- Changes in bowel function (ex: diarrhea, constipation)
- Bowel obstruction (hernia)
- Leaking of fluids into the abdomen
- Wound infections
- Blood clots
- Hair loss
- Fatigue

Long-Term

- Changes in bowel function (ex: diarrhea, constipation)
- Gallstone formation
- Ulcers
- Vitamin deficiencies
- Malnutrition

Very low risk of death (< .01%)

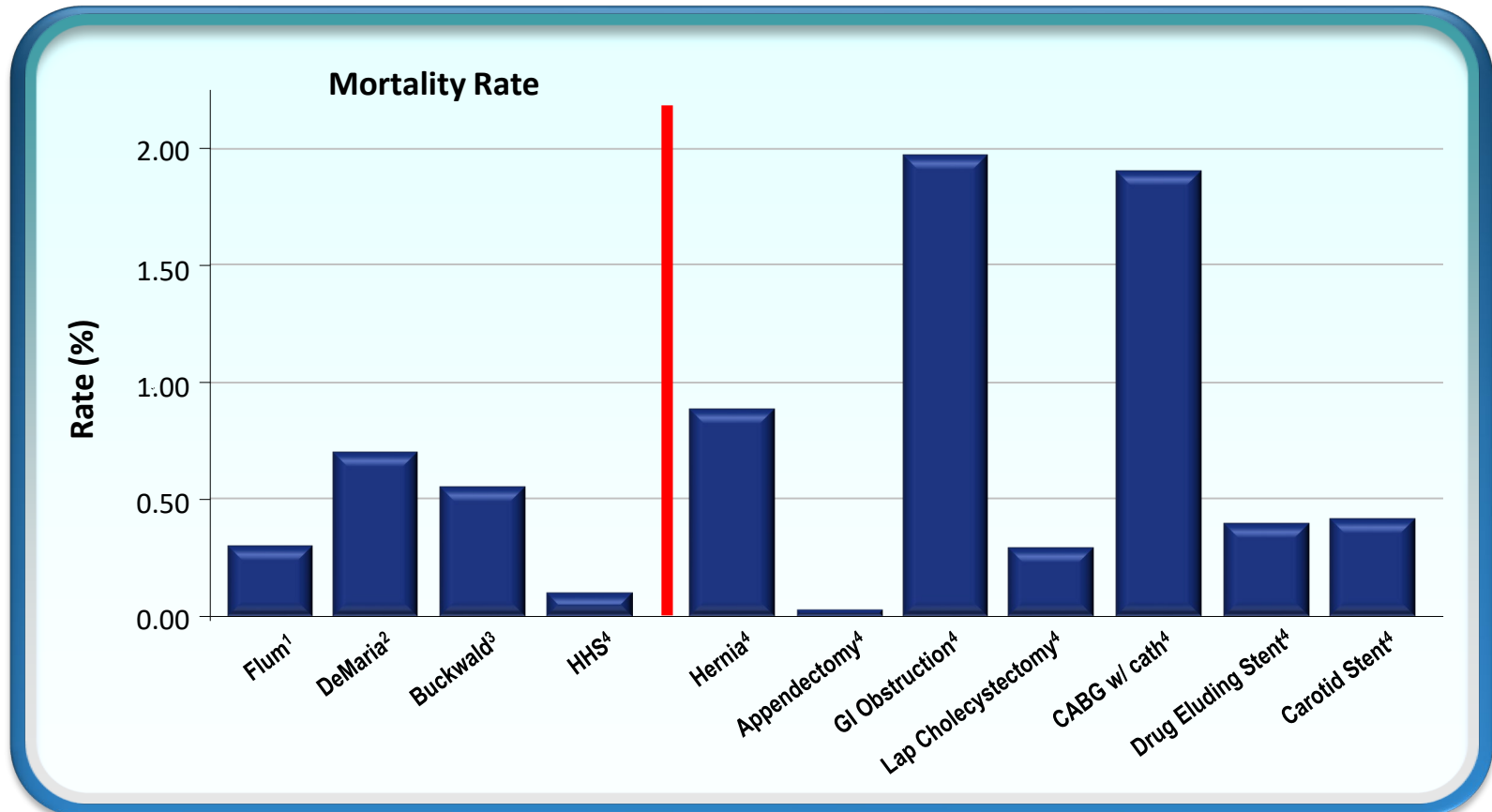


Early post-operative psychological experiences

- Emotional adjustment to changes in eating
 - Feelings of deprivation or loss
 - Loss of food as a source of comfort
 - “Eating to live” instead of “living to eat”
 - Decrease in reward value of eating or specific foods
- Improvement in mood
- Anxiety about “messing it up”
- Buyer’s remorse, almost always very short-lived
- Social eating and drinking adjustments
- Body image adjustments



Overall, Bariatric Surgery Is Safe With Low Mortality Rates



1. Flum DR et al. *N Engl J Med.* 2009;361(5):445-454; 2. DeMaria EJ et al. *Ann Surg.* 2007;246(4):578-582; 3. Buchwald H et al. *JAMA.* 2004;292(14):1724-1737; 4. US Department of Health & Human Services. AHRQ. <http://hcupnet.ahrq.gov>. Accessed January 13, 2011.



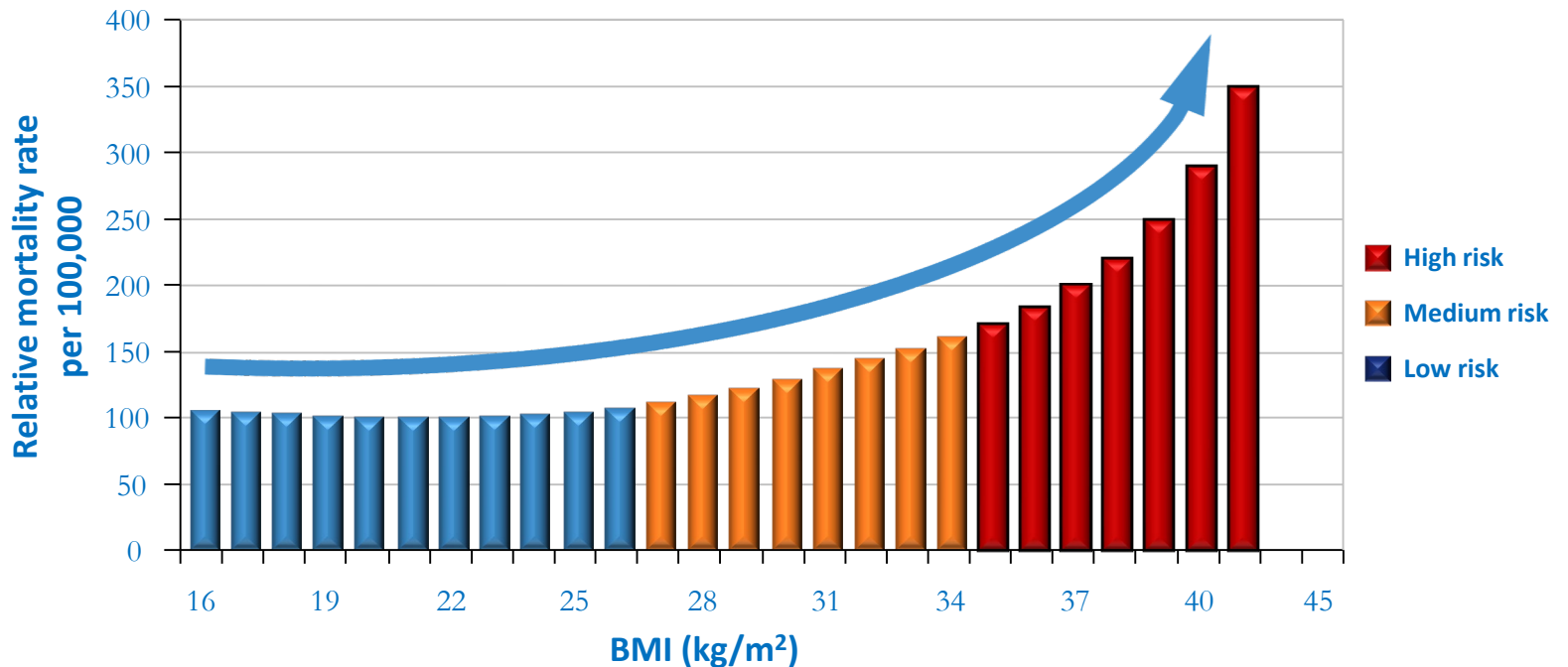
WHY DO IT?



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BMI Vs Mortality

HIGHER BMI = EXPONENTIAL INCREASE IN CHANCE OF HEALTH RISKS AND DEATH



For adults with a BMI >45, life expectancy decreases by up to 20 years¹



WHAT YOU CAN DO

Start a healthy lifestyle

- Keep a food diary
 - On paper
 - or
 - Download *MyFitnessPal* or a similar food + exercise tracking app

- Start your exercise regimen
 - Swimming
 - Walking



WHAT YOU CAN DO

Build a support system

- Talk to your friends and family
- Join a support group:
 - Woodhull Hospital nutrition and psychology support groups
 - Online support group at Obesityhelp.com

Quit smoking

- Talk to your primary care physician about adjusting your medication for surgery



WHAT YOU CAN DO

Plan your future pregnancy

- **AVOID PREGNANCY FOR 18-24 MONTHS FOLLOWING SURGERY**
- Pregnancy before 18 months post op could lead to developmental delays & nervous system abnormalities in the fetus
- Can restart hormonal birth control methods a month after surgery
- Safe sex practices should be used **immediately** following surgery





How to Get Started

- Meet with your PCP to discuss weight loss surgery
- Get a referral for bariatrics from your PCP
- At your consultation, you will undergo an examination, discuss your surgical options and have the opportunity to ask questions
- At the conclusion of your consultation, a Registered Nurse will give you a checklist of pre-operative tests you will be required to complete before you can proceed





Insurance Coverage

- Most insurance companies provide benefits for surgery
- Must meet the criteria for weight qualification
- Must meet your insurance company's criteria
 - Many require documentation of participation in a **medically supervised weight loss program**: 3-6 months duration
 - Proof of obesity for at least 5 years
 - Medical clearance from your primary care physician
- **Check with your insurance company regarding your coverage**



What to Bring on Your 1st Visit

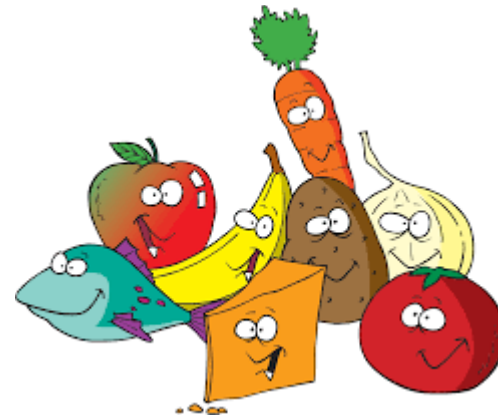
- Plan to be at your first appointment for about **2 hours – bring a healthy snack**
- Please remember to bring your
 1. Referral from your PCP
 2. Medication list
 3. Insurance information



Success after Surgery

- This is a life-changing surgery!
- A successful patient is one that is **READY** to make changes to daily lifestyle.

And to stick to recommendations!



Thank You!

Weight Loss Center

Bariatric + Metabolic Services

Woodhull Hospital Center

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