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
718-963-8188
What Causes Obesity?

- The genes you inherit
- Your eating and exercise habits
- Surroundings that promote
  - Increased food intake
  - Non-healthful 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
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 sizes 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

- 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)
- Average 62% excess weight loss at one year
- Some patients experience weight regain – depends on food choices and lifestyle changes
What Happens during a 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
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

WHY DO IT?
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 years\(^1\)
WHAT YOU CAN DO

Start a healthy lifestyle

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

- Start your exercise regimen
  - Swimming
  - Walking
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
718-963-8188