

Lose the Weight, *Change your life!*

Is weight-loss surgery right for me?



Presented by

W. Jay Suggs, MD, FACS, FASMBS

Alabama Bariatrics

www.alabariatrics.com



Bariatric Surgical Procedures

- Laparoscopic vertical sleeve gastrectomy
- Laparoscopic adjustable gastric band
- Laparoscopic Roux-en-Y gastric bypass
- Laparoscopic (or open) revision surgery
- Orbera intragastric balloon (non-surgical)

Who Qualifies for Weight-Loss Surgery?

Clinical Terms Used to Describe Various Levels of Body Fat

Normal (BMI 18.5 to 24.0)



Overweight (BMI 25 to 29.9)



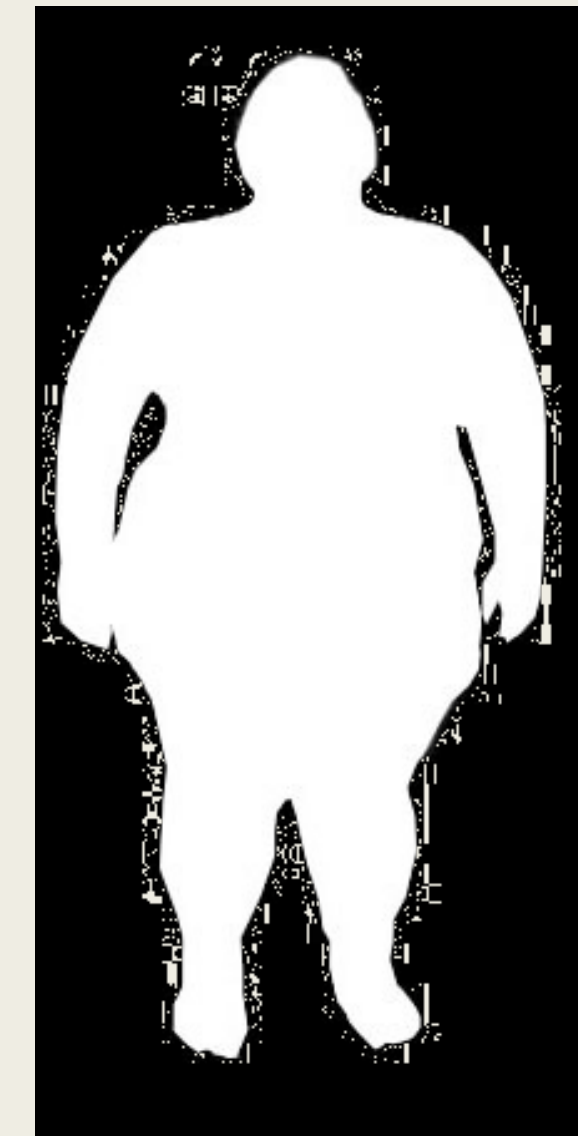
Obese
(BMI 30 to 34.9)



Severely Obese
(BMI 35 to 39.9)

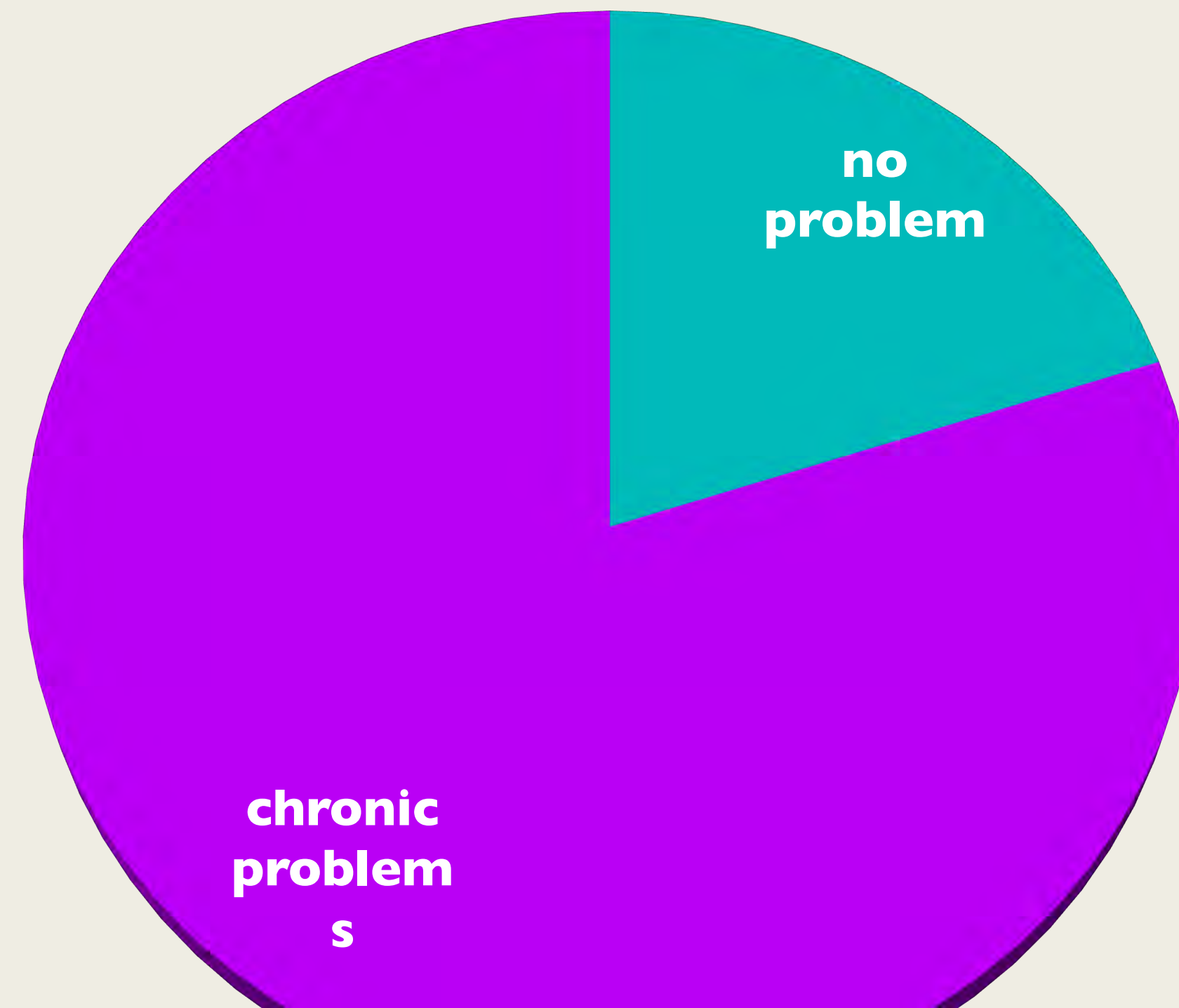


Morbidly Obese
(BMI 40 or more)



Additional Health Problems Are Common for the Overweight/ Obese

80% of the overweight/obese population have one or more chronic diseases



Comorbidities

- Hypertension
- Diabetes
- Hypertrophic cardiomyopathy
- Obesity hypoventilation syndrome
- Hypercholesterolemia
- Obstructive sleep apnea syndrome
- Coronary Artery Disease

Comorbidities

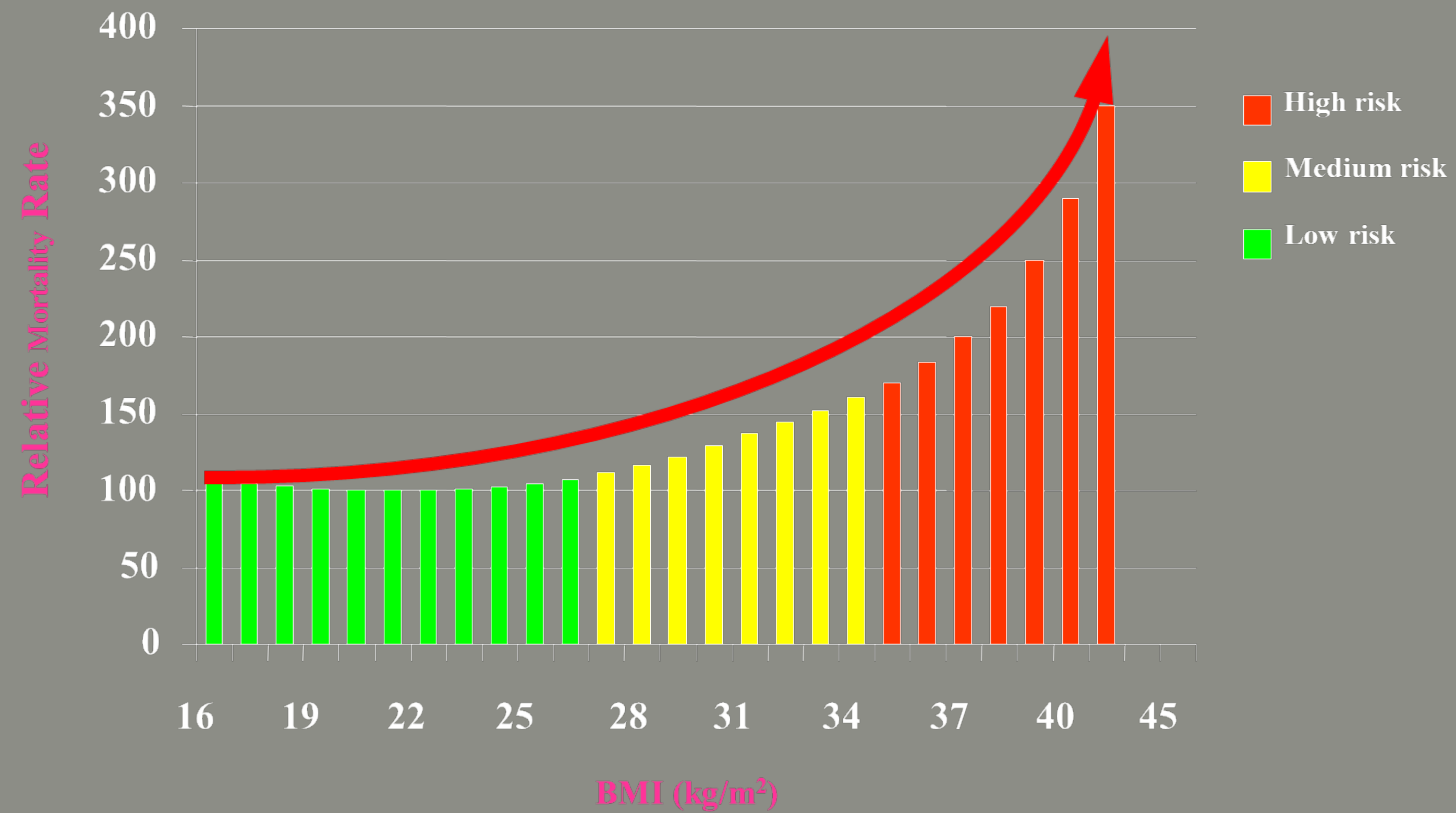
- Gallstones
- Psychosocial impairment (emotional and/or social problems)
- Acid reflux disease (GERD, heartburn)
- Arthritis (aching, worn, and swollen joints)
- Stress overflow - Urinary incontinence
- Infertility with sex hormone dysfunction
- Depression

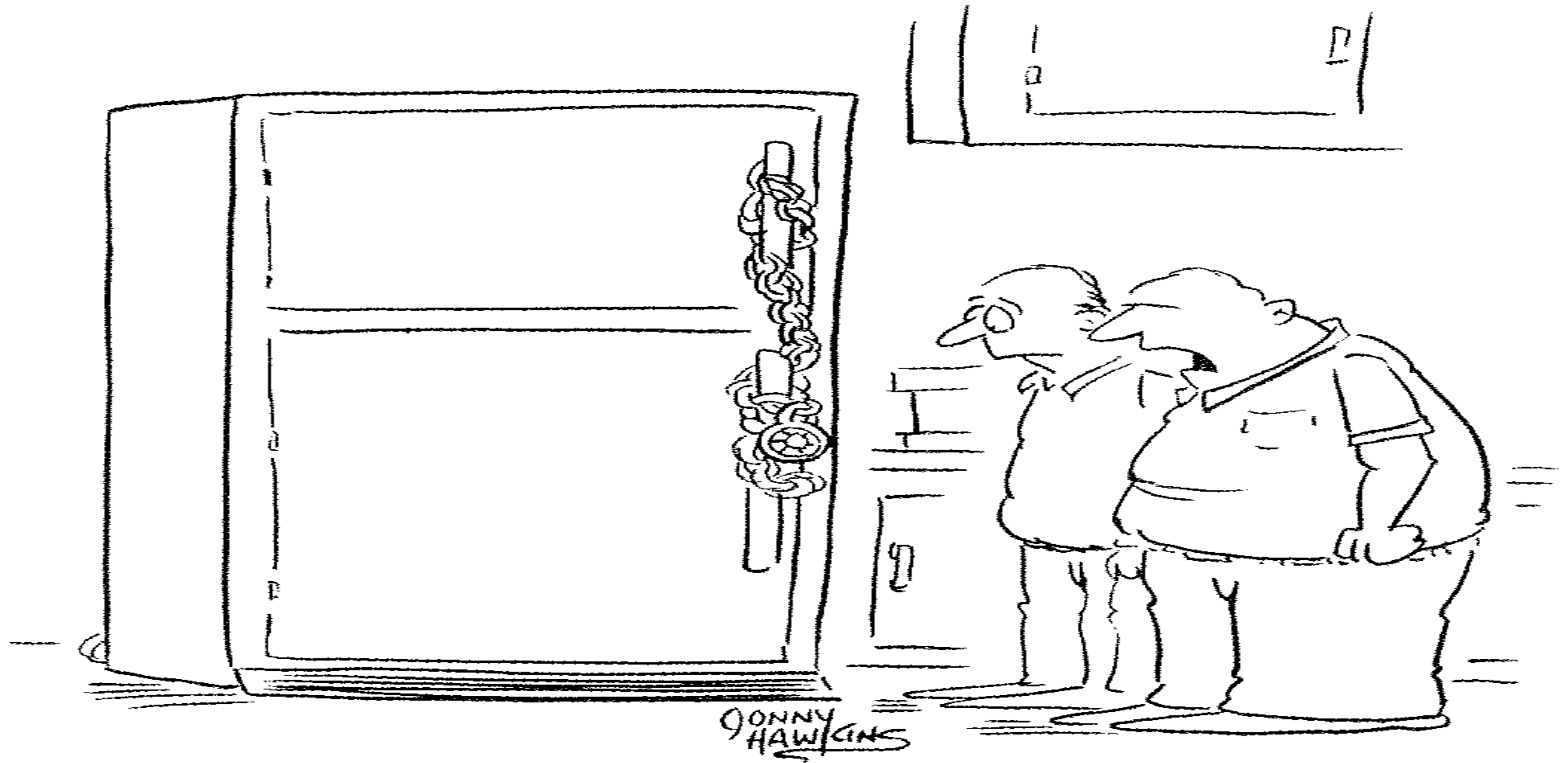
Comorbidities

- Chronic venous stasis ulcers and disease
- Headaches/pseudotumor cerebri
- Asthma
- Atherosclerotic vascular disease
- NASH/fatty liver
- Gout
- Blood clots, pulmonary embolism
- Several cancers

OBESITY'S EFFECTS ON LIFE EXPECTANCY

As BMI increases, life expectancy decreases.¹⁰





“I’m on a very restricted diet.”

BEHAVIOR-BASED THERAPY AND MEDICATIONS VS. BARIATRIC SURGERY

Effectiveness of Current Weight Loss Therapies at Six-Month at Five-Year Follow-up

WEIGHT LOSS THERAPY	WEIGHT LOSS (% OF PATIENTS)	
	6 MONTHS	5 YEARS
COMPREHENSIVE, BEHAVIOR-BASED* (DIET AND EXERCISE)	60% TO 75%	2% TO 5%
MEDICATIONS* (SIBUTRAMINE, ORLISTAT, PHENTEMINE)	70% TO 90%	0
SURGERY** (GASTRIC BYPASS, GASTROPLASTY)	80% TO 90%	50% TO 70%

* Success measured as a loss of 10% of initial body weight
** Success measured as a loss of 50% of excess body weight
(equivalent to loss of approximately 20% to 25% of initial body weight)

Source: Lee M. Kaplan, M.D., Ph.D.
Harvard University, Boston, MA, as presented at Digestive Disease Week 2003, Orlando, FL.

Resolution of Comorbidities Laparoscopic Gastric Bypass

- Diabetes mellitus¹ - 84%
- Hypertension¹ - 74%
- Hyperlipidemia¹ - 94%
- Sleep Apnea¹ - 87%
- OA/DJD² - 41% (improved 47%)

1. Sugarman et. al. JAMA 2004

2. Schauer et. al. Ann Surg 2000

Resolution of Comorbidities

Laparoscopic Vertical Sleeve Gastrectomy

- Diabetes mellitus¹ - 90%
- Hypertension¹ - 80%
- Hyperlipidemia¹ - 80%
- Sleep Apnea¹ - 95%

1. Cirangle. Presented at ASMBS 2010.

Who qualifies for surgery?

- BMI ≥ 30
- New BMI and comorbidity criteria currently evolving
- Other “criteria”
 - *SMOKE FREE*
 - *Highly motivated*
 - *Age 18 to 70*

Who qualifies for surgery?

BMI \geq 30? with significant medical problems

Hypertension

Diabetes

Coronary artery disease

Heart failure

Lymphedema

Obstructive sleep apnea

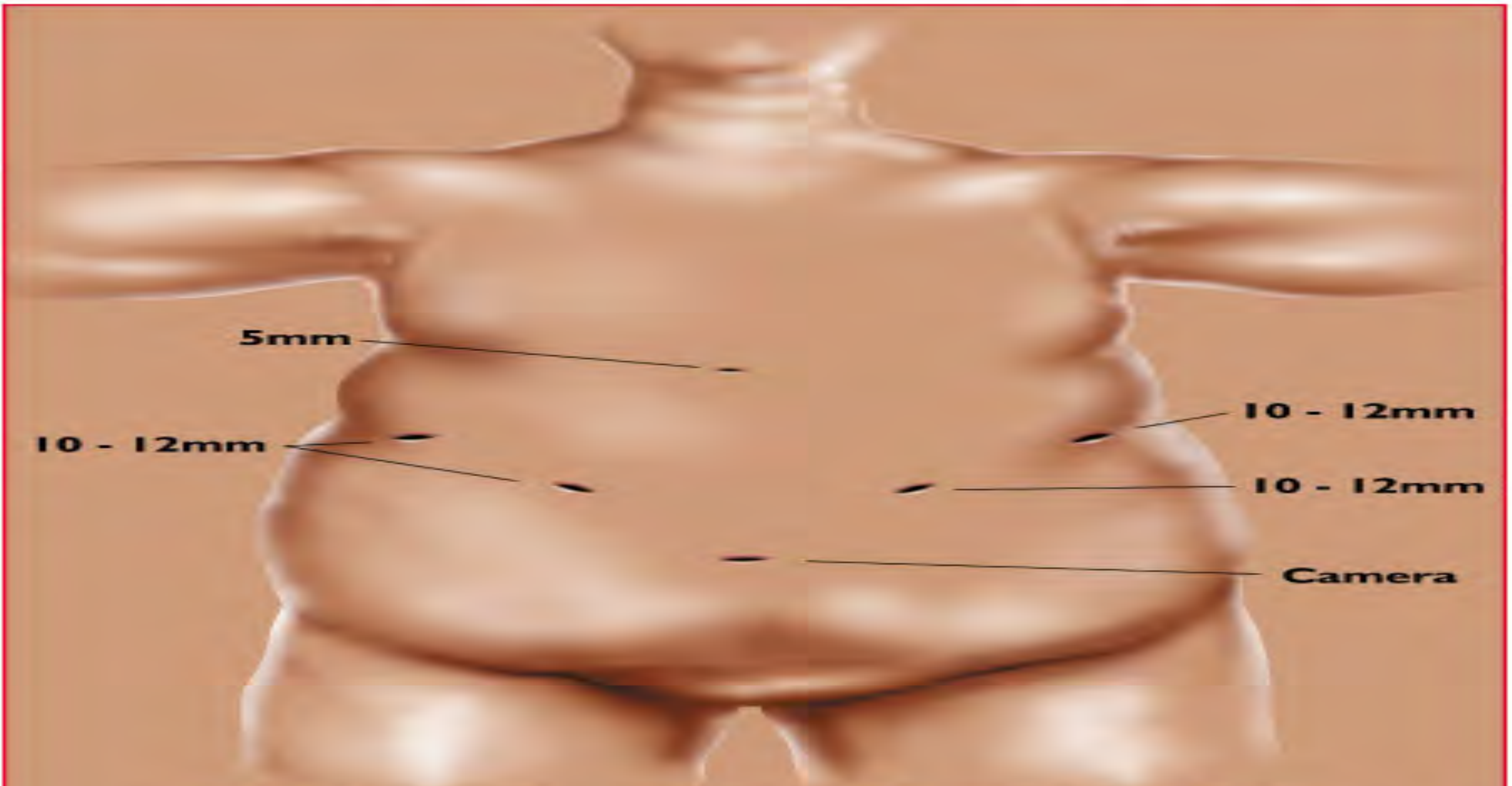
Osteoarthritis in weight-bearing joints

for some patients, severe GERD or NASH

Health Insurance Requirements

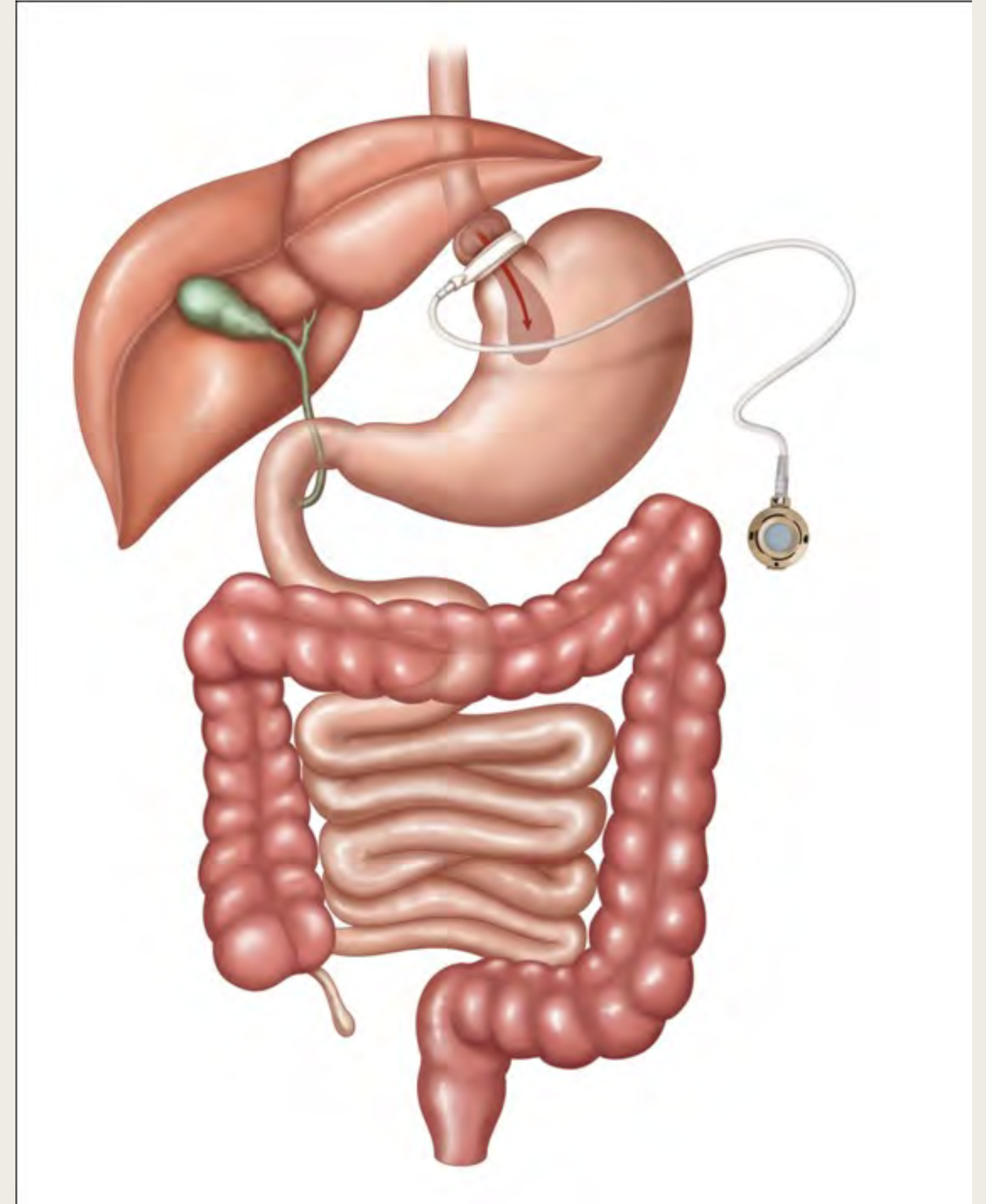
- Meet medical criteria
- BMI criteria ≥ 40 , or 35-39 with comorbidities
- 3 year history of morbid obesity documented in medical record
- documentation of prior dieting
- Many require 3-6 month physician-supervised weight loss program
- smoking cessation
- may require psychological evaluation
- May have to jump through other hoops

Incisions for Laparoscopic Weight Loss Surgery



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

Adjustable Gastric Banding



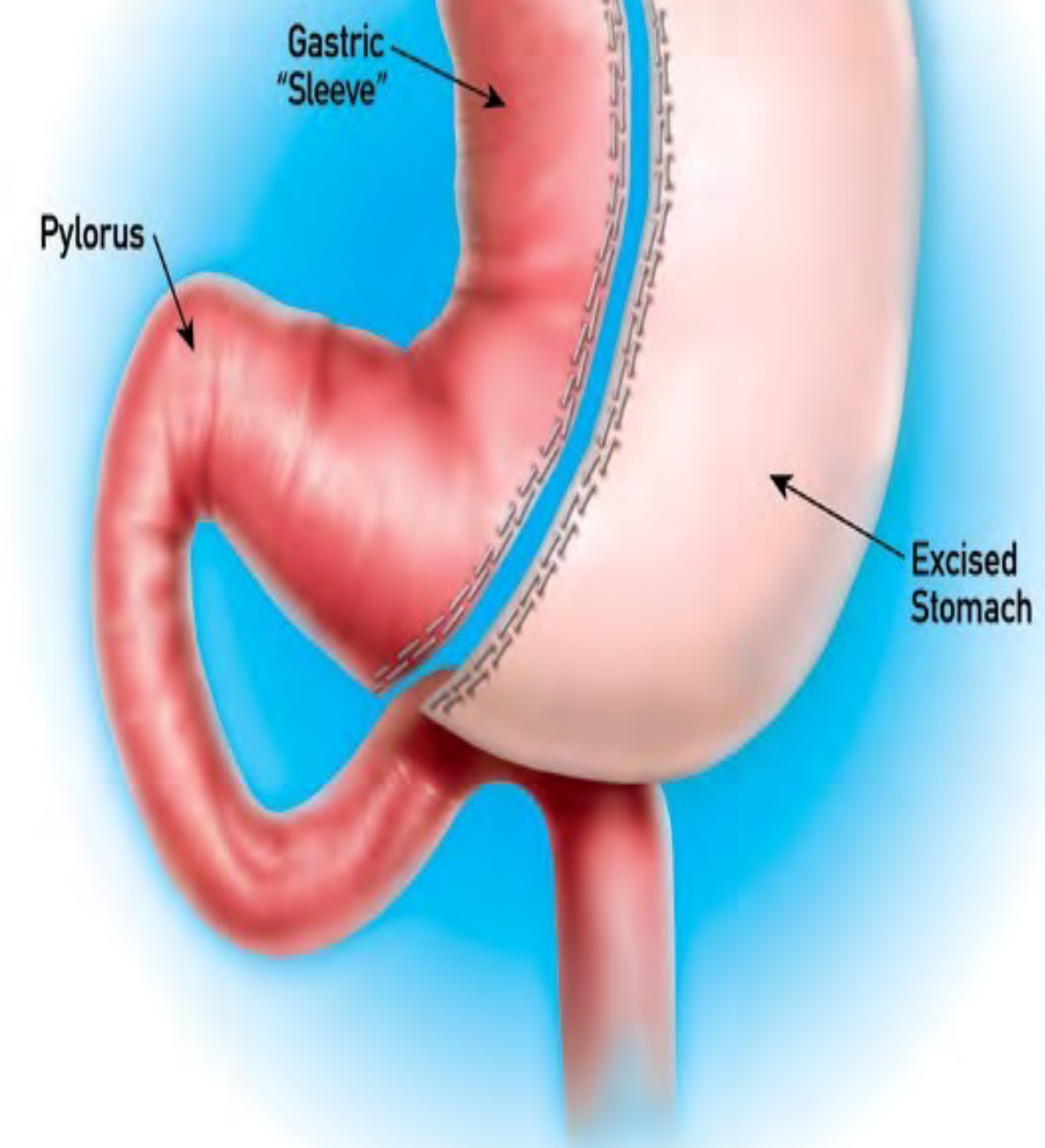
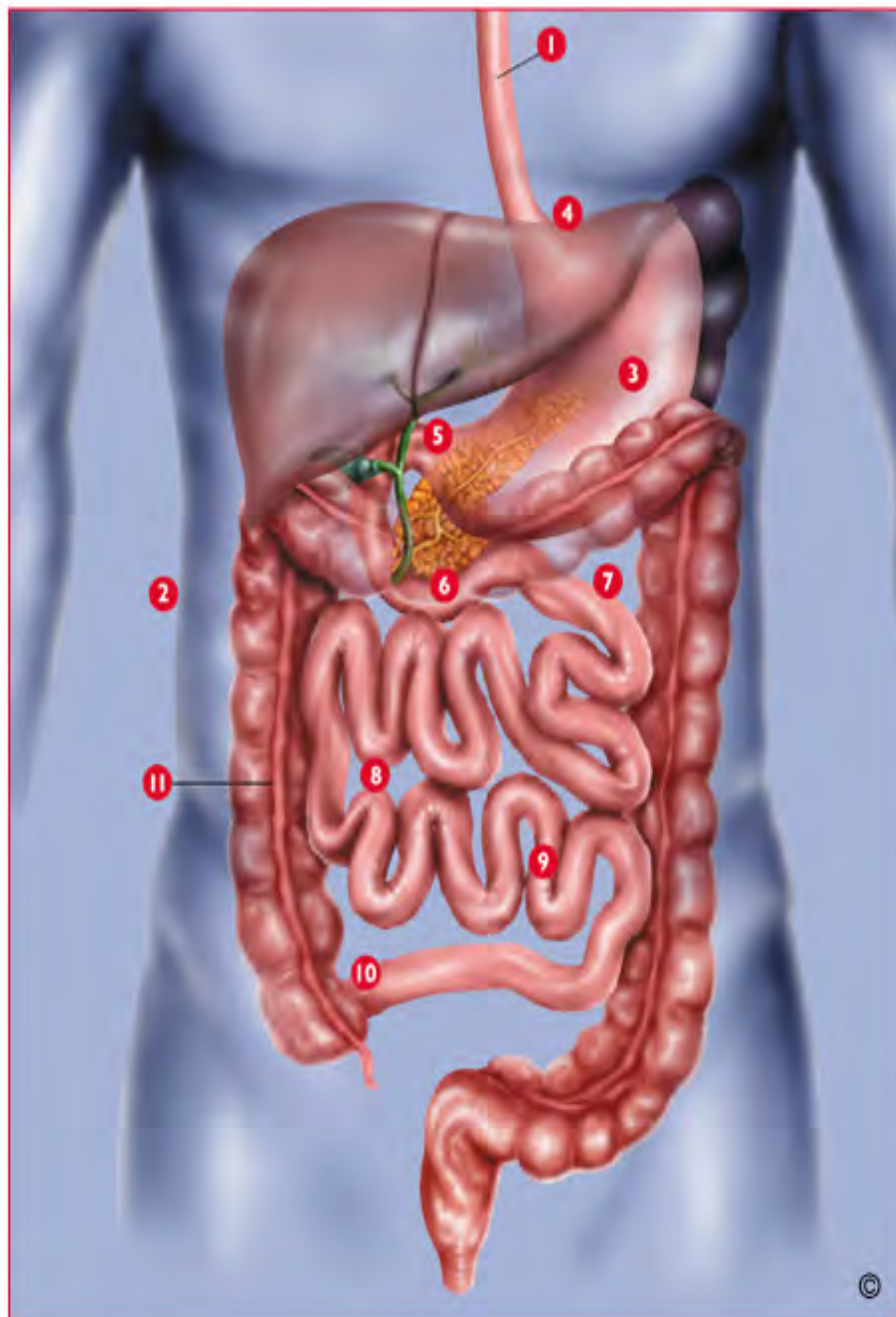
Adjustable Gastric Band Advantages

- Low mortality
- Low surgical risk
- No stapling, cutting, or intestinal re-routing
- Adjustable
- Reversible
- Low malnutrition risk
- No dumping syndrome

Adjustable Gastric Band Disadvantages

- Requires implanted medical device
- Restrictive Procedure (no malabsorption)
- Slower weight loss
- Frequent follow-up critical for optimal results
- Requires adjustments
- Long term limitation with larger pills and capsules
- Long term risk of gastric band slip (1 to 36%)
- Long term risk of gastric band erosion (1 to 2%)
- Eventually, all will have to be replaced or removed

The Human Digestive System



Laparoscopic Sleeve Gastrectomy

- Originated with the duodenal switch operation, a 2 part operation
- Surgeons found that weight loss was so good with the sleeve operation, that they did not need to do the 2nd operation (the switch)
- Now the most common bariatric operation in the US
- Greater than 90% of Dr. Suggs' patients are now getting this bariatric operation

Laparoscopic Sleeve Gastrectomy

Advantages

- Rapid initial weight loss
- Stomach with intact pylorus
- Eliminates a portion of the stomach that produces Ghrelin
- Minimizes ulcers, risk of intestinal obstruction (blockage), anemia, osteoporosis, protein deficiency and vitamin deficiency
- Can be converted to almost any other weight loss procedure
- Option for people with existing anemia, Crohn's disease and numerous other conditions that make them too high risk for other bariatric procedures

Laparoscopic Sleeve Gastrectomy

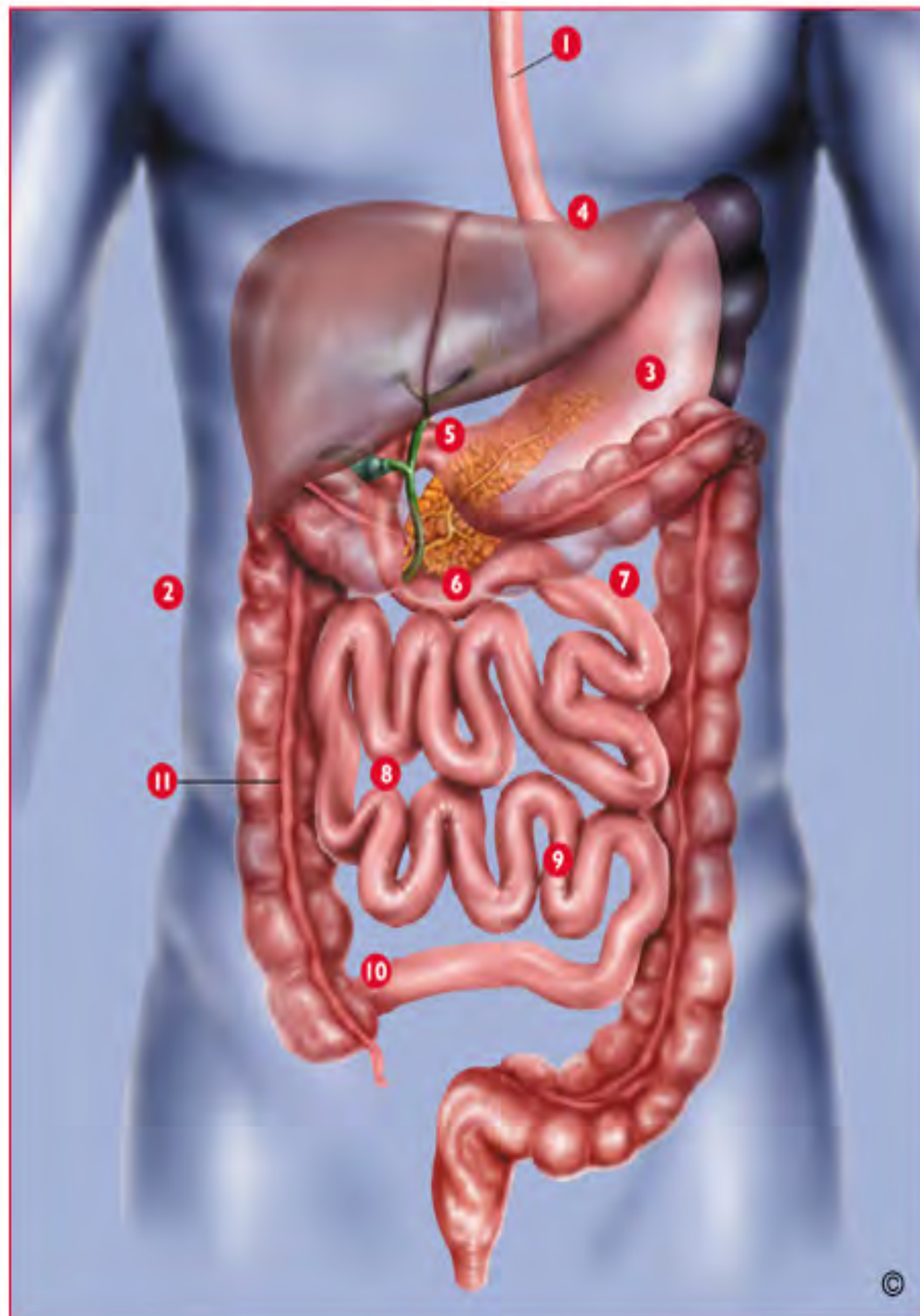
- Results are very similar to a gastric bypass
- Relatively safe
- 5 year weight loss better than the band, similar to gastric bypass
- Hard to tell the difference between a bypass and a sleeve patient!
- Quick recovery
- If you have no complications in the first 2-3 months, you're probably good for life

Laparoscopic Sleeve Gastrectomy

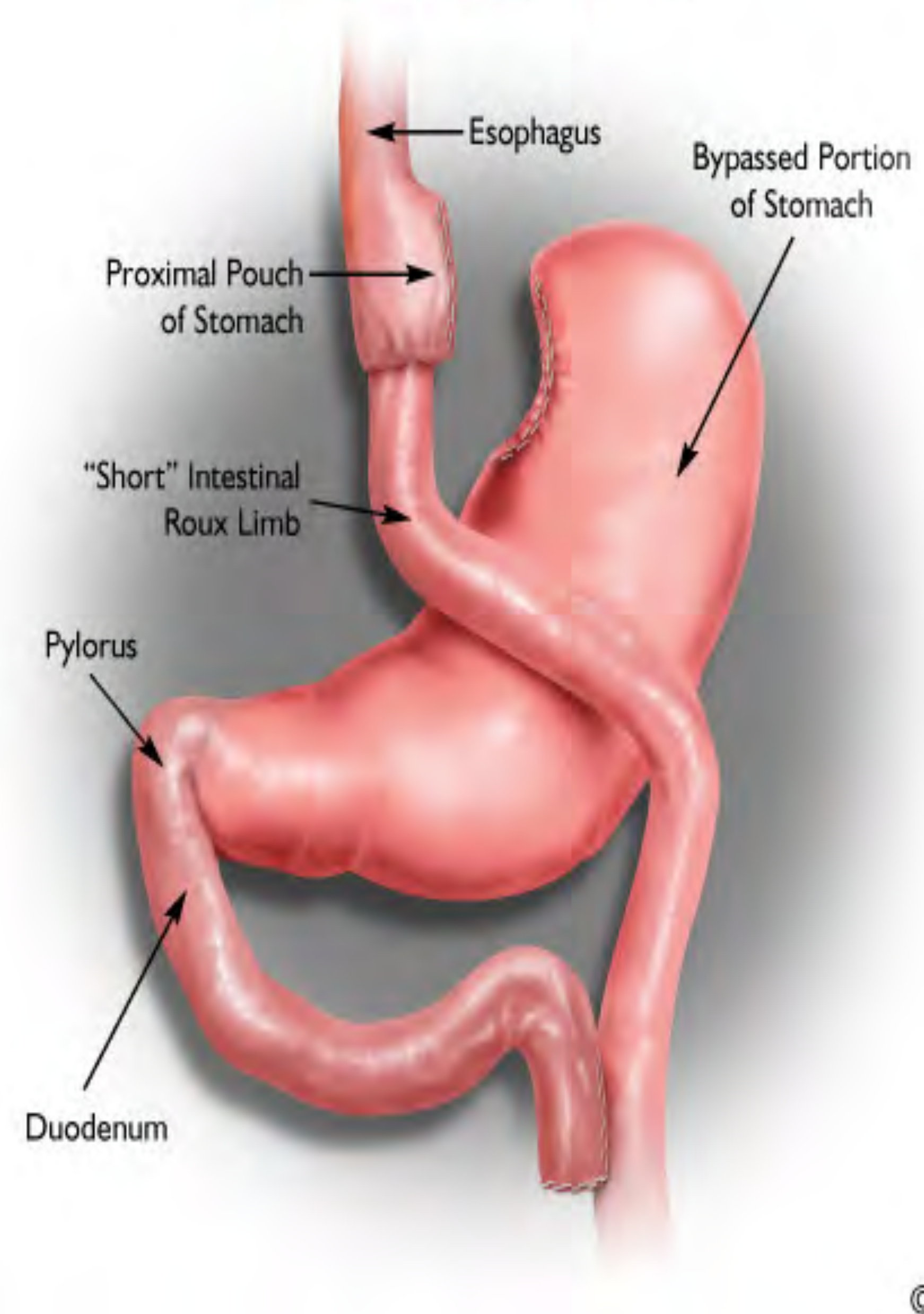
Disadvantages

- Restrictive Procedure (no malabsorption)
- Stomach stapling with low risk of leak or bleeding
- Low risk of dumping syndrome
- Not reversible
- Limited long term data (>12 yrs)

The Human Digestive System



Roux-en-Y Gastric Bypass



Laparoscopic Gastric Bypass Advantages

- Rapid initial weight loss
- Reduces Ghrelin levels
- Metabolic/endocrine effects
- “Dumping syndrome” can occur
- Proven reduction of comorbidities
- Longest experience in USA

Laparoscopic Gastric Bypass Disadvantages

- Stomach cutting, stapling and intestinal re-routing
- Stomach stapling with risk of leak or bleeding
- Risk of nutritional deficiencies requiring supplements
- “Dumping syndrome” can occur
- Long term risk of internal hernias (1%)
- Long term risk of anastomotic “marginal” ulcers
- Difficult to reverse

Bariatric Surgery Challenges

- Dehydration: must drink enough H₂O
- Vitamins and minerals
- Taking pills...usually not a problem by 1 month post-op
- Eventually, can eat almost anything you want, but small portions forever
- Vomiting and dumping
- You may (temporarily) lose hair

Sleeve and Bypass results

- Average of 70% excess weight loss
- >50% excess weight loss long term
- Fastest weight loss in 1st 6 months
- The more obese you are, the faster the loss
- The older you are, the slower the loss
- Weight loss stabilizes at 18 months with small regain
- You lose fat but not skin
- Generally, not hungry

Laparoscopic Bypass and Sleeve Risks

- Leak
- Bleeding
- Infection
- Sleeve too tight/vomiting or food intolerance
- Pulmonary embolism



GAIN THE **EDGE.** **LOSE** THE WEIGHT.

The ORBERA™ Managed Weight Loss System Is Here.
Comprehensive 2-Part Program | No drugs, no surgery, just results.



ORBERA™
Balloon



3x the Weight Loss
of Diet & Exercise Alone



Portion
Control

Orbera™ 
managed weight loss system

Talk to your doctor to see if ORBERA™ is right for you.



Orbera Intragastric Balloon

- A new nonsurgical weight loss device
- FDA approved summer 2015, but over 220,000 performed in Europe already
- Inserted in the stomach endoscopically, no scars
- Quick outpatient procedure
- Removed endoscopically after 6 months
- Continue on our weight loss program for total of 12 months
- Lose 3.1 times more weight than a diet alone
- Very safe



Orbera

- Orbera delays emptying of food out of your stomach, takes up space normally filled with food, reduces your hunger with less food, and stretches receptors in your stomach tricking your body into eating less. That's how patients can lose over over 25% of their excess weight with Orbera.
- Adults age 18-70 with a body mass index (BMI) between 30 and 40.
- No comorbidities necessary.
- No previous stomach surgery. Belly, or abdominal surgery, is okay, as long as the surgery was not on the stomach.
- Diet Choices: Paleo Diet, South Beach Diet, Atkins Diet, Weight Watchers, Dr. Suggs' *The Farmhouse Diet*
- One of the keys to success is having an *Orbera Coach*, someone who is well versed in managing the diet of Orbera patients to coach and encourage them, as well as hold them accountable.

Diet Progression

- Clear liquids
- Full liquids
- Puréed
- Soft diet
- Slow introduction of a variety of foods
- Don't forget the multivitamins and calcium
- Protein supplements

Recovery Time

- Discharged home the day after surgery (LapBand same day)
- Modifications in your medications
- Back to work in 1 to 2 weeks
- Walking and other aerobic activities encouraged
- No lifting more than 10 lbs for a month

Don't resume smoking!!!

- Resuming smoking after gastric bypass does more than just cause lung and heart disease
- Smoking can cause marginal ulcers
- They will not heal until you stop smoking
- They will come back if you resume smoking

NSAIDs

- Some pain medications can cause marginal ulcers after **gastric bypass**
- Non-steroidal medications such as ibuprofen, Motrin, and aspirin are contraindicated
- Cox-II inhibitors such as Vioxx, Celebrex, and Bextra are contraindicated after bypass
- Tylenol, Ultram, and opiates are okay
- Band patients and lap sleeve *can* take NSAIDs, Cox-II's

Plastic Surgery

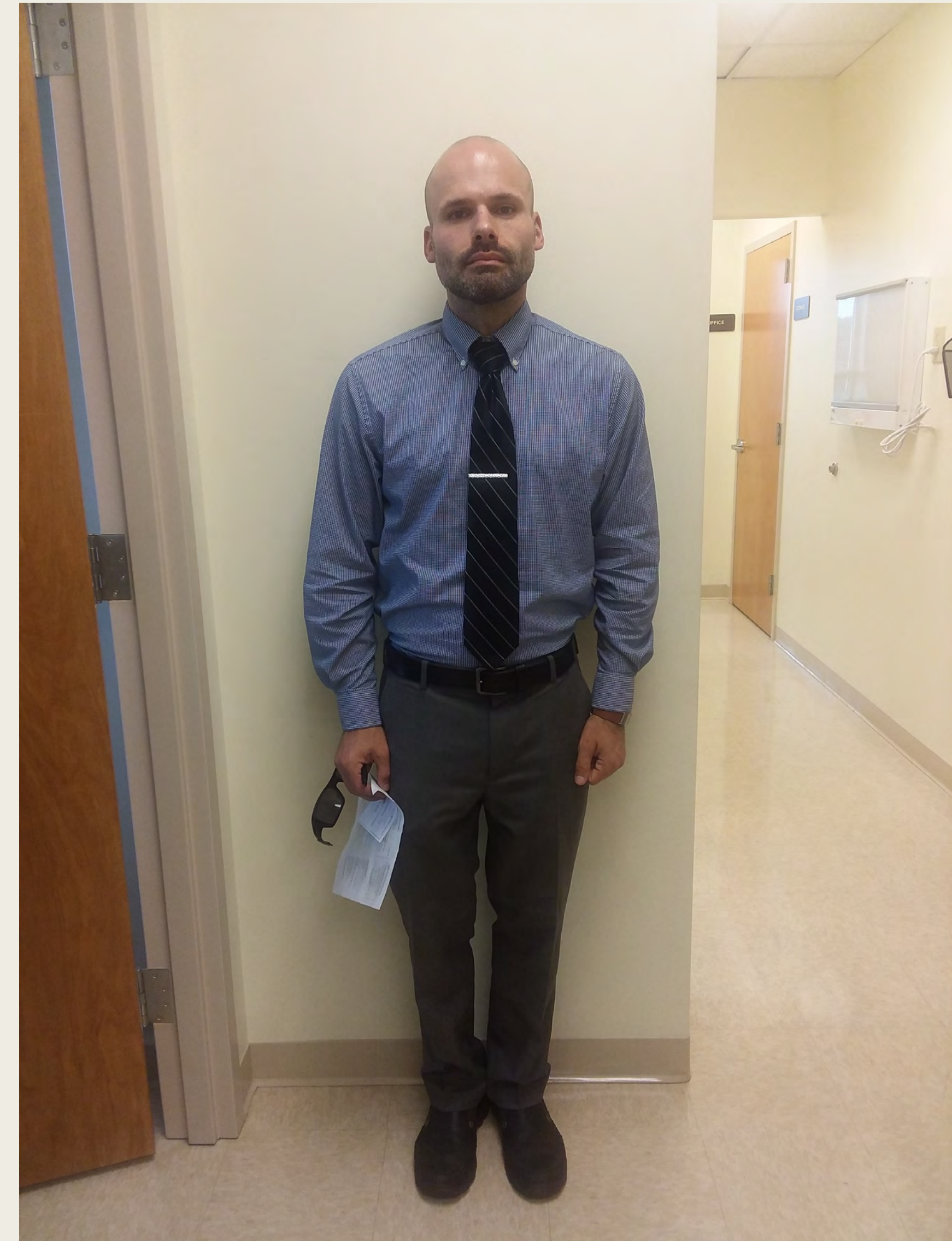
- Lose the fat, but not the skin
- No amount of exercise will cause the skin to go away
- Some elect to have panniculectomy, brachioplasty, lower body, lifts, etc
- Wait one year after bariatric surgery
- Insurance usually doesn't pay for it
- Form-fitting garments



Sleeve Results pre-op and 1 year



Sleeve Results pre-op and 1 year



Gastric bypass results at 2 years



I can live again!







Sleeve Results pre-op and 1 year



Sleeve Results pre-op and 1 year



Sleeve results 6 mos



Sleeve Results pre-op and 1 year



Sleeve Results pre-op and 1 year



Sleeve results at 1 year



Results at 6 months and 1 year



What is considered successful surgery?

- Improvement in comorbidities and a healthier lifestyle more than a reduction in weight

Keys to Success

- Surgery is a tool
- Lifelong adherence to the band, gastric bypass, or sleeve diet
- Exercise is critical. Start pre-op, continue post-op
- Long-term follow-up
- Attending support group
- Annual blood work

Insurance

- Laparoscopic gastric bypass, sleeve gastrectomy, revision surgery, and laparoscopic adjustable bands covered by *some* BC/BS of Alabama
- Obamacare plans do not cover bariatric surgery
- Many require 3-6 months of physician documented weight loss
- We accept Medicare
- Insurance may or may not cover Band adjustments
- Medicare sabotage of the LapBand
- Insurance does not cover the Orbera intragastric balloon

The Personal Cost of Obesity

*Change in the cost of living after
weight-loss surgery can be dramatic*

<i>ITEMS</i>	<i>Estimated <u>Annual</u> Costs</i>
Mean medical/drug costs (BMI \geq 35) ¹	\$ 7,337
Out-of-pocket healthcare expenses ²	\$ 2,684
Employment inactivity costs ³	\$ 1,017
Commercial weight loss program fees ⁴	\$ 678
Prescription co-pays (5 meds at \$10) ⁵	\$ 738
Grocery and dining costs ⁵	\$ 6,012
<i>TOTAL</i>	<i>\$18,466</i>

Financing

- Your insurance may exclude weight loss surgery, but it's still important for your health!
- Financing options available—Prosper Health Care Lending, home equity loan
- 5 year plans like financing a new car
- Total self-pay costs (all inclusive) as low as
 - \$ 14,950 for *laparoscopic gastric bypass*
 - \$ 7,995 for *adjustable gastric band*
 - **\$ 8,995** for *laparoscopic sleeve gastrectomy*
 - \$5,995 for the *Orbera intragastric balloon*

The Comprehensive Surgical Weight Loss Team

- **Bariatric Patient Advocate**
- **Offices in Decatur and Huntsville**
- **Bariatric Support Groups:** Huntsville, Decatur, Athens, Florence
- **Bariatric Coordinator...**Caris Cantrell
- **Registered, Licensed Dietitian at Alabama Bariatrics...**Jodi via telehealth
- **Crestwood Nutrition and Weight Loss Center...**Debbie
- **Psychologists**
- **Exercise Physiologist**
- **Bariatricians (3)**
- **Dedicated Anesthesia Providers**
- **Hospital Commitment to Bariatrics (MBSAQIP, etc)**

Conclusions

- Alarming rise in obesity in the USA
- The **laparoscopic sleeve gastrectomy** is the most common bariatric operation in the U.S.
- Adjustable Gastric Band is a good alternative
- Non-surgical Orbera intragastric balloons now available
- Major lifestyle changes occur
- Insurance challenges and financing...we can help
- Surgery is a tool...it's up to you to make it work

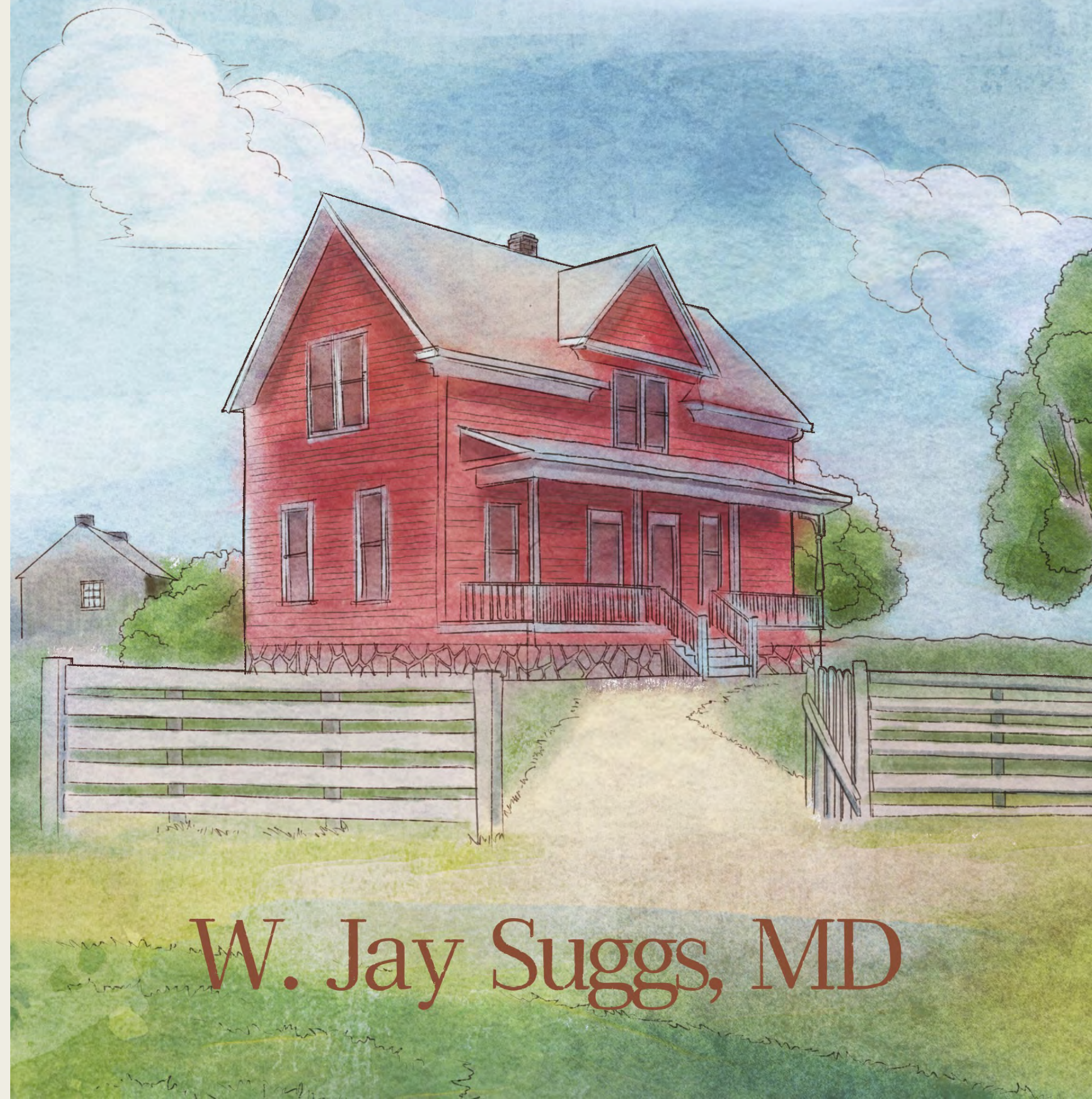
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Bariatric Surgery

The Farmhouse Diet

A commonsense, no-nonsense approach to eating healthy and healthy living. Eat the way our grandparents and great-grandparents ate. Sometimes the old ways are the best ways.



W. Jay Suggs, MD

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W. Jay Suggs, MD, FACS, FASMBS

Alabama Bariatrics

Decatur - Huntsville

256-274-4523

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