Hi, my name is Deb Vanderhall and I'm the manager of Bariatric and Weight Loss Operations and Clinical Programs for Allina Health. You're watching the Introduction to Weight Loss Surgery Informational Seminar. A copy of this PowerPoint and the text for this presentation is also available online. If you're doing the online seminar, you will be asked to complete a posttest at the end of this video and the posttest is also available online. You may find it helpful to print the posttest before you complete watching the video, so that you're able to answer the questions at the end of the presentation.

Allina Health Weight Management offers services at five different locations that are listed here and we provide surgical services at Abbott Northwestern, United, Mercy, Unity and St. Frances Regional Medical Center. We are accredited by the American College of Surgeons and we also have MBSAQIP accreditation. What you need to know is that many insurance companies require that you have surgery at an accredited location and Allina Health has three sites that are accredited. We also have the Blue Distinction Center accreditation which means if you have Blue Cross Blue Shield insurance there's a better benefit rate having surgery at one of our locations.

The weight loss surgery team at Allina Health is multidisciplinary, including physicians, dieticians and nurses and nurse practitioners. This presentation will talk about the disease of obesity, what the weight loss surgery procedures are, life after surgery, weight loss management program, preparing for surgery, and then when this presentation is done live, we also do questions and answers.

So I think one of the first things that’s important to understand is that obesity is a disease and it’s defined as having too much body fat. It means that your weight is higher than what’s considered healthy for your height and online, there’s a BMI calculator so you could go online and get an initial idea of what your BMI is.

Currently, we have an epidemic of obesity in the United States. 68% of adults and 33% of children are overweight or obese, and the challenge with this epidemic is that it causes the development of other disease processes that result in a shorter lifespan or early death. And we know that there are a lot of causes for obesity. There are medications that can cause weight gain, hormone imbalances, but we also know diet and exercise play a part in our weight and our overall general health.

This slide shows the effects that obesity can have on the entire body, so one of the things that we like to stress with weight loss surgery is that this is just not about the number on a scale, it’s about your overall health and wellness and weight loss helps to improve or resolve some of these other health conditions, and you can see from this slide, you can suffer from strokes and heart disease. We see many patients that have gallstones or some type of lung disease. So when you have weight loss surgery, the excess weight loss actually helps resolve or improve some of these other health conditions.
So how do we measure weight? We use a calculation called body mass index or BMI, and it’s a mathematical computation based on your height and your weight. And as I said, you can calculate that online using the BMI calculator. The locations for that calculator are listed here for your information.

This diagram shows the categories of weight. So we use BMI not because it’s a perfect measure, but because it’s an internationally accepted measurement of weight. So you can see from this diagram, you’re considered to be a healthy weight if your BMI is between 18.5 and 24.9. You’re overweight if your BMI is greater than 25. Obese if your BMI is greater than 30. Severely obese if it’s greater than 35. And morbidly obese if your BMI is greater than 40.

One of the buckets on this list that’s not noted here is a category called supermorbid obesity, and that would be a patient that has a BMI greater than 50. One of the things you’ll notice here also is kind of a line here that separates weight categories. Typically for weight loss surgery, you need to have a BMI greater than 35 and some of our patients need to have a BMI greater than 40, depending on other health conditions and insurance requirements.

So we know that there’s a lot of treatments for obesity. Many people have tried lifestyle, nutrition, exercise programs to lose the weight, and those remain cornerstone with weight loss surgery, but we also know that weight loss surgery is a proven and effective method for sustained, durable weight loss over time, and it can be a lifesaving option for many patients.

One of the things that affects our weight is something called a metabolic set point. It’s the body’s desire to stay in its current state. So when people who suffer from obesity lose weight, sometimes the body is actually working metabolically to maintain that homeostasis or maintain that weight where it was, and that’s called the metabolic set point. Sedentary lifestyle or poor nutrition both can make set points go up over time.

So there’s a lot of tools in the weight loss toolkit, and many of the patients that access our programs have tried these interventions before. We have nutrition, physical activity, behavior change, medications, and surgery. So it’s important going into weight loss surgery that you understand this is just a tool in your toolkit. There’s many other things that we’re going to teach you to help empower you to sustain weight loss over time.

So what are the surgical procedures? In this portion of the presentation, the procedures go from the least complex to the most complex. But first it’s important to understand what laparoscopic surgery is. So most of the procedures are done laparoscopically, which mean there’s four to six small incisions in your belly. And the reason this approach is best for patients is it lowers the risk of postoperative complications but it also is much less painful than an open procedure, you can return to your daily activities faster, and there’s fewer complications. Most of our patients are in the hospital one to two days, depending on which procedure they have done.
We do four types of weight loss surgery at Allina Health. Not all of the procedures are offered at all of the locations and that information is also available online for you. There are two types of procedures. The first is restrictive, which simply limits how much your stomach can eat, and those are the adjustable gastric band and the sleeve gastrectomy surgeries. The second type of surgery is restrictive and malabsorptive, and that works by not only limiting the amount of food you can eat, changing the size of your stomach, but it also change the intestinal tract. So there’s some malabsorption that are associated with those two procedures.

The first procedure is the adjustable gastric band. And in all of these slides, you’ll see that the normal anatomy is on the left and then the surgical procedure is on the right. So with the adjustable gastric band, we’re actually inserting a band around the top of the stomach that connects to a port, and the port is actually surgically affixed to the muscle wall in your belly, and then the surgeon accesses this port and either adds or removes fluid from inside that band. There’s a balloon in there, and so they can either make it more restricted or less restricted depending on how you’re eating, what foods you’re tolerating, and what your weight loss is doing.

And so here’s a description of that procedure. One of the benefits of this procedure is that there’s no cutting or rerouting of the small intestine. And with this operation, you can expect to lose about 49% of your excess weight in the first two years after surgery. Some of the advantages of this procedure is that it has the lowest complication rate in the first 30 days after surgery and it has the lowest chance of malnutrition. You can also see there are some disadvantages listed here. It may not meet your weight loss expectations and there is more maintenance. With this procedure, you do need to come in and get the band adjusted. After surgery, you can expect almost monthly visits for that, and then longer-term, you would need to be coming in every six months to a year to be getting an assessment done on your band.

There is a chance that you may need to have the band repaired or replaced and there is a potential that long-term insurance may not cover some of those adjustments if you change employers or change insurance companies.

The long-term risks associated with the band is that’s the band can slip out of place. It can also break down into the stomach. The band can leak. So sometimes, the needle will pierce the tubing of the band and that can be an issue. And there can also be dilation or widening of the esophagus or stomach or something called GERD, gastroesophageal reflux disease. And so one of the things to note with this procedure is if you have severe GERD, this probably is not going to be the procedure for you and you’d want to talk with the surgeon about it. The adjustable gastric band operation is only offered up at our Mercy location.

The next operation is the sleeve gastrectomy. Again, you can see the normal anatomy on the left and the surgical anatomy on the right. With the sleeve gastrectomy, the surgeon is actually removing about 80% of the stomach, creating a narrow sleeve of stomach, and
you can expect to lose about 55% of your excess weight in the first two years. This animation is nice because it shows the normal anatomy and then it also shows the surgical procedure. So the video actually starts by showing our normal anatomy. This is what the laparoscopic incisions are going to look like. They’re very small and then surgery is done with long-handled instruments through the abdominal wall.

When we eat food, food comes down our esophagus and goes into our stomach, where it mixes with all the gastric juices and bile, and then the food moves out of the stomach into the small intestine through a little valve called the pyloric valve. So it’s important to pay attention to that area of the stomach as you’re looking at the different operations. So with the sleeve gastrectomy, the surgeon actually uses a stapler and creates this narrow sleeve of stomach, removing 80% to 85% of the stomach in the operation. So again, you’d want to note that this is not a reversible operation because that part of the stomach is taken out of your body. So what it does is it creates a much smaller container for the food. You can eat less, you feel satisfied sooner, and that’s the mechanism for weight loss with that procedure.

The advantages of this operation is that there are no foreign bodies, so it’s not device put in your body. It may be easier for some patients to take medications. It’s got a little bit larger stomach size, about an ounce and a half, and there’s no rerouting of the intestines. There’s also less risk for vitamin deficiencies. Some of the disadvantages with this operation is that the weight loss might be a little bit less than it is with the next procedure, the gastric bypass, and there is a risk of reflux with this one too because it can create kind of a high-pressured system. And so again, if you have reflux, you’d want to talk with the surgeon about whether or not this would be a good operation for you to choose.

The third procedure is the Roux-en-Y gastric bypass. Again, normal anatomy on the left, surgical anatomy on the right. With the gastric bypass, the stomach is divided into two sections, creating a new stomach, and then the small intestine is rerouted. And with this procedure, you can expect to lose about 68% of your excess weight in the first two years. This animation doesn’t show the normal anatomy. It’s just going to jump right to the surgical procedure. But again, it’s done laparoscopically. Both of these operations take about an hour and a half to two hours but the approach is the same. And again, in the hospital one to two days after surgery.

So with this operation, the surgeon actually divides the stomach into two sections, creating a small pouch right here that’s actually about the size of your thumb. So it holds, it’s a restrictive procedure. It doesn’t hold a lot of food after surgery. The surgeon then dissects the small intestine and they bring one end of the small intestine up to that new little pouch and then they’re going to reconnect the other end down here. So now the food will go down one limb, we call it, and the gastric juices are going to go out through the small intestine where they’ll rejoin here. So this is the malabsorptive piece because until the food and the gastric juices meet here, this is where you’d start absorbing the nutrients out of your food.
So with this operation, the advantage is that there is rapid weight loss, there’s better resolution of some of those other health conditions, and there’s higher total average weight loss than with the band or the sleeve. The disadvantage with this operation is you are at a higher risk for vitamin and mineral malnutrition, so taking supplements after surgery is really important, and there’s also the possibility of something called dumping syndrome that I’ll talk about in a few minutes.

The fourth and final procedure is the duodenal switch. And with the duodenal switch, they actually reroute more of the small intestine. This procedure is only being done by Dr. Dock down at Shakopee right now, so if you’re interested in that procedure, that would be the surgeon that you want to consult with. And for this procedure, we tend to reserve it for patients that have a BMI greater than 50 because it is a more - - it’s a higher malabsorptive procedure. So typically those with a lower BMI are not candidates for this operation, but if you’re interested in it, you certainly could talk with a surgeon about that.

With this operation, you can expect to lose 70% to 80% of your excess weight in the first two years. The advantages of this operation is that it also has rapid continuous weight loss, it has the highest chance for resolution of comorbid conditions, and again, no foreign object in your body. Length of stay for this one can be a little bit longer. Typically, patients are going home on day two but sometimes there’s a third day needed. There is an increased risk for vitamin and mineral deficiency with this operation. So again, supplements after surgery are really important. And then there is a chance that you may have more frequent bowel movements and you may have more odorous flatulence after this operation, but that’s very individualized by patient.

With weight loss surgery, there’s the same risk that would be associated with any abdominal operation. So if you were having an appendectomy or getting your gallbladder out, all of these potential complications listed here are complications that could happen with any operation. The ones that we worry about most are blood clots. The deep vein thrombosis and the pulmonary embolism because people that suffer from obesity to be at a higher risk for developing a blood clot. One of the things that we do after surgery is get you up and moving because that really helps keep the blood flowing through your body. We also give you some blood thinners if it’s appropriate, and we use some special leggings on your legs, and some air stockings that will help push the blood up and out of your legs when you’re resting in bed.

Risks that are particular to weight loss surgery are listed here for you. The most common reason we see patients in the first few weeks after surgery is for nausea, vomiting, and dehydration. It can be very hard to get enough fluids in after surgery and so your nurses and dieticians will work closely with you to make sure that you understand how to best care for yourself after surgery, but there’s also the potential that you can have a leak. Many of the operations use staples and some of the patients will ask if we ever take those staples out and we don’t. they’re made of titanium so you would be able to have radiology exams as normal and we don’t want to go back in and do an operation if there’s no problem. But sometimes in the first few weeks after surgery, there can be something
called a leak and so it’s really important that you follow the postop diet progression that will be laid out for you by the dietician.

With rapid weight loss, you can also develop gallstones and we talked about the gastroesophageal reflux disease with a couple of the operations. It can make that worse. There’s also risk for an obstruction of the bowel or a stricture or narrowing of the openings of the operations. So sometimes when people heal, things will heal and a stricture is where things tighten up and food or fluid can’t pass through. We tend to find that strictures and ulcers happen more often in patients that resume smoking after surgery or use medications called nonsteroidal anti-inflammatory drugs or NSAIDs. That’s your Motrin, ibuprofen, Aleve, Advil, those types of medications may increase your risk for developing a stricture or an ulcer after weight loss surgery.

So life after surgery. What can you expect? Well, the first thing people usually want to know about is will it hurt, and there is going to be some pain after surgery. Anesthesia likes to get you to wake up and breathe on your own after the operation, so patients tend to find that when they’re in the recovery room, they’re uncomfortable. You will have IV pain medication. And when you’re discharged from the hospital, we will give you a prescription for pain medication to use when you get home.

It’s also important if you have chronic pain that you communicate that to us so that we make sure we have a good pain plan in place for you because sometimes your tolerance for medications can be higher, and we want to make sure that we’re going to meet your comfort needs after surgery.

We talked about the nonsteroidal anti-inflammatory drugs and the fact that they can cause ulcers or bleeding. So one of the things you can use is acetaminophen or Tylenol. We usually ask patients to try that first to see if that won’t manage pain long-term. If you have other medications that you use for chronic pain, please make sure that you talk about that with the rooming staff when they do your medication list and also that you talk about it with your surgeon when you meet with them.

So daily activities. One of the things that we ask patients after surgery is to not drive within the first week after surgery. We want you to be able to slam on the brakes and watch your surroundings and not be worried about how that’s going to feel to your tummy. We also don’t want you driving when you’re using narcotic pain medications. So typically, we recommend you don’t drive for a week. And then returning to work, one of the things that’s important after surgery is to develop habits and patterns, to kind of figure out what you’re going to do after surgery and get comfortable with that. We get back to work and we tend to get focused on the task at hand or childcare or school, whatever it is that you do on a regular basis, take some time to take care of yourself before you return to those activities. And, also, think about what foods and fluids are going to work for you in the routine of your day. So start thinking about what some of those habits are going to be so that you’re taking care of yourself when you go back to your daily routine.
The diet progression after surgery is outlined in a patient education manual that we will give you. This provides a brief overview. But after surgery, everybody starts with just sips of a clear liquid. Typically, you’re starting with water. We just want to make sure that everything’s going down okay and that you’re not having any nausea or vomiting, and then when you discharge from the hospital, you’ll advance to a full liquid diet, and then a puree diet, and then a regular diet. And the thing that’s important to note after weight loss surgery is we want you eating a whole food diet. So by the time you get to this regular diet, you’re eating whole, nutritious food. Pieces of meat, fresh fruits and vegetables, etcetera, and the dieticians are excellent at teaching you how to do that and what food choices are going to help with the weight loss and then the maintenance of weight loss over time.

Some of the goals that we have for nutrition are listed here. We want you eating three well-balanced meals each day and one of the things that’s very important after weight loss surgery is that you make sure you’re getting enough protein in, and again, the dieticians will work with you on what good protein choices are and what your daily requirements are after surgery. It’s also important to limit the intake of unhealthful foods and make sure that you’re eating your food slowly and chewing your bites thoroughly. After weight loss surgery, with all of the operations, you have a much smaller stomach to receive that food and if you’re not chewing your food thoroughly, you could swallow a bite of food that just becomes very uncomfortable. So one of the things I’ll tell patients to work on before surgery is be much more mindful on what you’re eating and how you’re chewing your food.

Some of the things that can help with that are to put utensils down between bites and practice chewing your food well before surgery, even counting how many bites or how many chews you’re doing per bite so that you get in that habit of doing some of those things before surgery to help make you successful after surgery.

It’s also important after surgery to stop eating when you feel satisfied. Because your smaller stomach is here, you’re not going to feel full down in your belly. You’re just going to get a sense of that’s enough, you’re going to feel like you’ve had enough to eat, so be mindful of that sensation. Some patients don’t feel that find that it’s helpful to use measuring cups after surgery to really be aware of the portion size that they’re eating.

It’s also important to follow the 30/30 rule after surgery. The 30/30 rule means nothing to drink 30 minutes before a meal, while you’re eating, or for 30 minutes after. And the purpose of that is to really make sure that the stomach is prepared to receive the food you’re going to intake. So nothing to drink 30 minutes before your meal and then while you’re eating, you don’t want to be consuming fluids because it can actually take up space in that small little stomach, and then you’re not going to be able to get enough protein in. And after the meal, if you try and drink fluids right away, it can be uncomfortable because the new little stomach is full and there’s no space for that fluid, so I usually encourage patients maybe to go for a walk or do another activity for 30 minutes after a meal, and then you can resume getting your fluids in during the day.
The other thing that’s really important after weight loss surgery is to make sure you’re getting at least 64 ounces of fluid every day. That will make sure that we avoid dehydration and, again, the clinical staff will help you with strategies to make sure that that’s something that you can achieve after surgery.

It’s important after weight loss surgery to eat quality, nutritious foods and to read labels. And again, we have great dieticians in the Allina Health weight management program, so they will help you learn how to do this. You will not be on your own. The staff are going to make sure that you feel comfortable with what you need to do after surgery.

The other thing that’s important to remember is if you’re throwing up after surgery, that is not normal. It often is a sign that you either drank too much or ate too much, you ate too fast, or you didn’t chew your foods well enough. But long-term, if you’re finding that you’re having vomiting after surgery, you need to connect with us because that would not be normal. So even if you’re many years out and finding that your food tolerances have changed or you’re having new pain with meals or something like that, please make sure you reach out to us because we would want to evaluate that and make sure there’s not something that has changed with your operation.

As I mentioned in many of the operations slides, we talked about supplements, and it’s really important to take supplements for the rest of your life, and they’re listed here for you. The multivitamin and calcium, all of our surgical procedures we recommend that you take those supplements. And again, before surgery, we’ll actually have you practice taking them so that you can be successful after surgery and then the clinical staff will give you recommendations on other vitamins and minerals that you should be taking after surgery.

Another consideration with weight loss surgery is caffeine and thinking about how much caffeinated liquid you’re drinking right now. Caffeine can contribute to that dehydration that we’re trying to avoid after weight loss surgery. We do ask patients to limit how much caffeine you’re taking in before surgery. The other thing that can happen is you can get a really bad caffeine withdrawal headache surgery because you’re not able to get enough caffeine in, so tapering down and eliminating caffeine before surgery is something that we recommend that you do. Caffeine can also work as an appetite stimulant, so long-term consumption of caffeine could actually be stimulating the appetite and, perhaps, lead to some weight regain after weight loss surgery. Caffeine also can affect how iron is absorbed and it can cause stomach irritation, as well.

Alcohol use is an important consideration after weight loss surgery because the way that alcohol is consumed, especially after the gastric bypass, changes, and so it’s important to know that the rate that you absorb alcohol is faster and it takes longer for the alcohol to leave your system. This tends to affect gastric bypass patients more than other surgical patients, but it’s important to know that it is a consideration. They actually did a study on alcohol consumption in gastric bypass patients and found that it took almost twice as long for the alcohol to leave their system and they spiked a blood alcohol level that on average was over the legal limit. In this one research study, it came out as 0.088. So in the test group on average, they were legally impaired. So our recommendation is that alcohol is
empty calories and the purpose of weight loss surgery is to help you lose weight, and we don’t want you to drink and drive. We’re concerned about what the effects of the alcohol might be and want to make sure that you’re safe, so please don’t drink and drive, and don’t drive alone because you don’t know what the effects of the alcohol are going to be for you as an individual, so please consider that if you’re going to consume alcohol after surgery.

Dumping syndrome is an issue of sugar and fat in food. So it tends to happen if you eat something that’s very rich and has a lot of sugar or fat in it. It can happen if you eat too much at one time or if you eat or drink too fast. It is most common in the gastric bypass surgery, but what can happen is that you can develop the symptoms that are listed here. So you can kind of get clammy, shaky, sweaty, you’ll feel like your heart is racing, and you may feel like you need to go lay down. Sometimes with dumping syndrome, you can also get diarrhea from that. So if you find that that’s happening after surgery, journaling your food is really helpful to try and see if you can associate it with any particular food that you’ve eaten.

Physical activity after weight loss surgery is important. Physical activity is something that we recommend the day after surgery. We’d actually like you to start doing more movement before surgery, and again, the team will happy set goals around that. But after surgery, your target is 30 minutes of physical activity each day, and what we recommend that you do if you’re not very active to start is just start with five minutes of activity and add a minute on each day until you’re up to 30 minutes of activity a day. And what this does is help increase your metabolism and helps your body burn excess fat as you’re in that peak weight loss time after your weight loss surgery. It’s very important to start out slowly and you may need to find that you want to consult with your primary care provider to get clarity on what activity plan would be safe for you to do if you have questions around that.

Another thing to think about with weight loss surgery is pregnancy after surgery. For women, you will not be able to use birth control for one month before or one month after weight loss surgery, and you can begin trying to get pregnant once your weight is stable after surgery. So it’s important to understand with weight loss surgery, we do not want you trying to get pregnant in the first two years after weight loss surgery. So we recommend that you use two forms of birth control for two years after surgery. One of the program recommendations is a Mirena IUD and some of our patients are interested in that method, but anything that provides birth control protection for two years.

Women store a lot of female hormone in their fat and as you lose weight rapidly, you’re releasing this hormone into your system, so even if your fertility specialist has told you, you will not get pregnant, oftentimes that can be related to the disease of obesity, and as the obesity is resolving, there’s a shift in the hormones and patients can get pregnant after surgery unexpectedly.

Another issue to think about is extra skin or excess skin. Patients after weight loss surgery will have extra skin. How much and where depends on a multitude of factors.
How old you are, where you carried your weight before surgery, where you lose your weight from, but a plastic surgeon who did presentations at our support group explained that our skin kind of attaches to our body by cells that are like rubber bands, and when we gained our weight, we actually broke those rubber bands, and so we can do all the sit-ups in the world but it’s not going to pull that extra skin up. However, weight training and sit-ups and those types of exercises actually give the skin a better hanger, so physical activity and movement after surgery do help with the excess skin. However, some of our patients are interested in pursuing body contouring or plastic surgery, and we do have plastic surgery partners that do body contouring surgery, and we would give you that information somewhere between 18 and 24 months after surgery. Plastic surgeons would want you to be a stable weight before you pursue that. The other thing that’s important to know is, typically, plastic surgery is not covered by insurance.

Coping after weight loss surgery. One of the requirements that you’ll see in a minute is that you have to do a psychological evaluation. And in that evaluation, many patients have said, “I wish I had thought about my relationship with food before surgery. I didn’t realize how much I used food when I was happy or when I was lonely.” So in that preoperative evaluation, think about how you cope with stress and a busy workday or you know kids that need to be run here and there because you need to think about what your coping strategies are going to be after surgery because sometimes, those strategies will shift and there’s a list here of other new addictions that can happen. But I think it’s really important to understand that after weight loss surgery, you may find it helpful to reconnect with a mental health provider and that that’s okay. I think sometimes things come to light after surgery and patients are excited and interested in getting more insight into how they are managing life and stressors in life, so know that we strongly encourage patients to do that after surgery.

Another piece of support that’s very helpful is our support groups. We offer four support groups at Allina Health at various locations. They’re listed out on our website and you’re more than welcome to go to any group at any location. And often, preoperative patients find it very helpful to go to support group before they have weight loss surgery. We also do a mental health preparing for success group, and that’s actually led by psychologists with Allina Health, and it’s typically four session, so it’s a short program but it’s with other patients that are anticipating having weight loss surgery and just helps you get better prepared for life after surgery. So if you’d like more information on that offering, feel free to talk with your nurse clinician or one of the clinical staff, and we can give you a brochure on that offering.

Follow-up care after surgery. Weight loss surgery is a very unique operation and the providers are very specialized. So it’s important that you follow up in the clinic with us and the visit schedule is listed here for your reference, and when you come into the clinic, you’ll be seen by a member of our multidisciplinary team. Again, it could be a nurse practitioner, it could be the dietitian, but that follow-up is important to make sure that we’re answering your questions, that you’re not having any issues or concerns after surgery, and we always encourage you to schedule appointments as frequently as you
need them. Some patients will find they like to come in and meet with a dietitian more often and that we’re perfectly fine with that.

So the weight loss management program when you’re enrolling in our program, there’s some things to think about. The first is that this is a lot of information to take in. So if you feel like you need more time, that’s perfectly fine. This presentation attendance is good for a year. So watching this online, if you submit the paperwork to indicate that you’ve watched this seminar and you’ve done the post-test, this is good for a year. So you don’t need to make a decision right now if you want to proceed. I think that’s important to understand.

The next thing is to understand that this is an elective procedure, so this is not urgent or emergent surgery that needs to be done right away. There are criteria that need to be met with the insurance company, but we as a healthcare team also want to make sure that you’re ready for your operation. So we do something called multidisciplinary rounds where we discuss upcoming patient cases with the whole team and we want to make sure folks are ready. So if we think that someone needs more support or education on a particular piece to be successful after surgery, we may delay your operation to make sure that you’re ready to go.

The examples of the insurance criteria are listed here and the thing that you need to know with this is that every insurance company is different. So there is a form on the website that you can use to call your insurance company and ask them if you have coverage for weight loss surgery, what is the criteria, what do you need to do in preparation for the procedure? There’s also an insurance verification form on the intake packet you’re going to send in the health history form. So we’re going to verify your benefits with your insurance company, but you’re also going to verify what the criteria is that you need to meet. So on the webpage with the seminar is the insurance verification form that you’re going to use when you call. It’s called a billing and insurance information worksheet and you’re going to use that worksheet to call your insurance company and find out what criteria do they have. We have many listed here for you but often, insurance companies will have some other criteria that you need to meet as well.

So when you pull that billing and insurance information worksheet, you’re going to call the member services number on the back of your insurance card and you’re going to fill out the information on that worksheet, and then you’re going to ask if your insurance company, how many medically supervised weight loss visits do they require. Some insurance companies have no additional requirement, and if that’s the case, our program requirement is that you meet with the dietician twice. Other insurance companies may require that you do six months with the dietician before you can have your operation, so you’ll be calling your insurance company and asking that question.

The insurance verification form is the first page of the health history form that you’re going to be filling out online, so this presentation is also used at our live sessions, so it says to leave the form with staff as you leave, but you’re going to be sending that in online when you complete your information. You’re going to complete the billing and
insurance information worksheet and then you’re going to complete the online health history form. The other thing that’s important to note is you also have to complete a post-test if you’re doing this online. So there is a post-test online. You need to send in both the post-test and the health history form in order for us to be able to schedule an appointment for you.

Clinic visits are an essential component of the program. It’s really how we get you ready for surgery. So it’s important that you keep your appointments. So if now is not the right time to start, think about that. If you have a big work project coming up or a big trip planned, now may not be the right time for you to pursue weight loss surgery. The other thing we ask is that you have consideration for other patients. So if you’ve scheduled an appointment and you know you’re not going to be able to make it, if you could call and cancel that appointment, we would appreciate it, so that somebody that’s on the wait list could be moved up into that appointment slot.

With the dietician, as I said, you will need at least two visits with them, and the visits need to be at least 30 days apart. For Medicare, dietician visits are not covered by Medicare, and so you will be charged the fee for those visits and you can talk to the clinical staff about what the current amount is for a dietitian visit, but all Medicare patients are required to do two dietician visits in order to have weight loss surgery.

So preparing for surgery. When you meet with the surgeon for your first visit, they’re going to review your health history, they’re going to talk to you about what surgery or operation you’re interested in so that you can come to a decision about what procedure, you think would be best for you. They’ll review your current medications and do a pre-physical exam, and then they may recommend additional tests or procedures for you to complete prior to having weight loss surgery. It’s at this visit that you also meet your bariatric nurse clinician. So once the surgeon has completed their visit, the nurse clinician will come in, make sure that you don’t have any questions, and then that will be your point person to help move your forward to weight loss surgery. So if you’re ever running into any questions, concerns, or barriers getting any of the workup done, your nurse clinician is the person that’s going to help move you forward to surgery.

Another preoperative requirement, as I mentioned before, is the psychological evaluation. The purpose of this evaluation is to make sure that you understand weight loss surgery and what the procedures that you’re requesting, and what the lifestyle and behavior changes are that we’re asking you to do and that you can demonstrate the ability to do those and incorporate them into your life. We also want to make sure that your expectations are realistic and that you have the right support in place before surgery.

Before the operation, as I mentioned earlier, we talked about caffeine and limiting caffeine, but with the program, you also need to stop any tobacco or nicotine use. So this slide’s a little deceptive. I’ve actually had patients that continued to use nicotine gum or patches before surgery, and then those are contraindicated prior to weight loss surgery. So if you’re using nicotine of any type, you need to stop, and if you’re drinking alcohol prior to surgery, you also need to stop drinking alcohol. And the fourth bullet’s really
important. If you have a CPAP machine that you should be using before surgery, we’ll expect that you’re using that machine nightly before your weight loss operation.

Everybody in the program uses a 14-day pre-op diet, and once you have surgery date scheduled, we’ll go over what that is. The dietician will review the preoperative diet with you and make sure you understand what you can and cannot be eating when you’re on that diet. The pre-op diet’s important because what it does is help decrease the abdominal fat on your liver and in your belly, and so it makes it easier for the surgeon to see what they’re doing, it decreases the operative time, and therefore decreases your risk for surgical complications. So once you have your surgery date, you’ll get more information on the pre-op diet.

Follow-up appointments with the surgeon are important, and we’ll schedule that first follow-up visit for you in the clinic when you get your surgery scheduled, so you’ll actually know when that post-op visit’s going to be when you get your surgery date. What will happen is when you do your workup for surgery, your nurse clinician is gathering all that information and then once she has all of your tests and procedures and data collected, she will actually hand that off to an insurance specialist who will then work with your insurance company to obtain prior authorization for your procedure. So we will do that work on our end. You do not need to worry about getting authorization from your insurance company for your procedure, and then once you’re approved, we will schedule your surgery.

I want to thank you for your time and attention in watching the Introduction to Weight Surgery video. Again, there is a post-test online that you would need to complete if you have done the online seminar, as well as the health history form. Those two documents need to be emailed to the location listed on our website. Again, the billing and insurance information worksheet is online, as well, for you to call your insurance company and find out what the criteria is for your specific insurance plan. If you have any additional questions regarding our program, please feel free to call one of our clinic locations and I look forward to seeing you in one of our clinics in the future. Thank you.