Allina Health
Introduction to Weight Loss Surgery Informational Seminar

Hi, my name is Deb Vanderhall and I'm the program manager for Allina Health Weight Management. Thank you for taking the time to learn more about weight loss surgery by viewing this informational seminar. When you watch this video, we will ask you to complete a post-test to validate your learning. That post-test is available on our website, and I would recommend that you print it out or review it before you watch this video so that you know what the answers are, and we'll ask you to submit that at the end of the video with your completed health history form.

So, let's get started. This is a YouTube video that features some of our patients that have had weight loss surgery. It runs 3 to 4 minutes, but it's a nice way to hear from others that have had weight loss surgery procedures themselves.

In January of 2000, I had weight loss surgery myself. My starting weight was 310 pounds, and I've maintained my weight loss, as you can tell, for many years. So there are success stories out there, and I'm happy to share with you the things you need to know as you consider having weight loss surgery. Allina Health Weight Management provides clinical services at four locations. We're at Abbott Northwestern Hospital, United Hospital Campus, we're across the street from Mercy Hospital in the Mercy Specialty Building, and we also provide services at the Shakopee Clinic location. Our weight loss surgeries are performed at Abbott Northwestern Hospital and United Hospital. We are accredited by the American College of Surgeons through a very complicated accrediting name. It's called MBSAQIP, and it's listed here for you, but that's the accrediting body. We also have Blue Distinction Center for Bariatric. We're part of the Optum bariatric network and we also are in the Health Partners network. This is important to know because for weight loss surgery, they often require that you have surgery at a center of excellence. And so for most of the insurance companies we are in-network.

Your weight loss surgery team is multidisciplinary and consists of many people, including surgeons, physicians, mid-level nurse practitioners and physician assistants, dietitians, nurses, psychologists, and the list goes on.

The purpose of this seminar is to give you an overview of the disease of obesity, talk about what the types of weight loss surgery are, talk about life after surgery and our Lifestyle Aftercare Program, what to do to prepare for surgery, and then to answer some typical questions that patients have as they're considering surgery.

I think the first thing to understand is that obesity is a disease. For so many years, we're shamed and blamed into thinking our weight is our fault. And more and more healthcare professionals are understanding that it is a disease process and that it's not our fault. Obesity is defined as having too much fat for your body weight, so your weight is higher than what it should be for your height. 68% of adults and 33% of children are overweight or obese, and this causes over 400,000 additional deaths every year.

The challenge with obesity is it can create other health conditions like diabetes, high blood pressure, etc., and it affects your overall health and wellness, which can shorten your life. And studies have shown it can actually shorten your life by 7 to 14 years.

The causes of obesity are complex and multifaceted. It can be related to your energy balance, your family history and genetics, hormones, medications that you take, sleep, but lifestyle and behavior are also important. So I think it's helpful to understand that activity, exercise and nutrition are cornerstone to the weight loss journey, but they're a part of the journey, they're not the entire journey.

This slide shows some of the other health problems that are associated with obesity, including stroke, arthritis, gallstones, lung disease. We see so many patients with sleep apnea, but the other ones down in the bottom left-hand corner that I think is underrepresented here are all of the types of cancer that are related to obesity.

So how do we categorize obesity? Well, it's based on your body mass index. And this is just one way to measure obesity. We use this measurement because it is internationally accepted. So BMI is based on your height and your weight. And there's information out on our website for how to calculate your BMI. So, this slide talks about the categories of weight. A healthy weight is a BMI between 18.5 and 24.9. Overweight is a BMI greater than 25. Obese is a BMI greater than 30. Severe obesity is a BMI greater than 35. And morbid obesity is a BMI greater than 40. One of the things this slide does not represent is a category called super morbid obesity. That would be a BMI greater than 50. Typically for weight loss surgery, you need to be in the severe or morbid obese categories to qualify for surgery.

So, for treatment of obesity, as I said before, nutrition and physical activity are still the cornerstone of treatment. But weight loss surgery is recognized as an option that provides durable, long-term weight loss that can be sustained over time in a way that's different than medication or lifestyle and behavior change can provide.

One of the things that affects our weight is called the metabolic set point, and the metabolic set point is our body's natural tendency to try and maintain a certain weight. It strives to get back to the weight that we were at before we started our diet or exercise program. So how many times have you lost weight and been successful, and then found that your body went right back up to that previous weight? That was your set point. And if your body goes above or below the set point, it will work to get back to where it was. And inactivity in a sedentary lifestyle over time can make your set point go up. What weight loss surgery does is it lowers your set point and resets it to a new set point. So before surgery, my set point was 310 pounds. So my set point today is about 160 pounds. So, my body is going to strive to stay at that weight.

So, there are many tools for weight loss, as I'm sure many of you know. And you've tried many of these. There is nutrition, physical activity, lifestyle and behavior, change, medications and surgery. The important thing to understand is surgery is just one tool in the tool kit. It is not the be all, end all. It's a tool in the tool kit to help you get sustainable weight loss over time.

So what are the weight loss procedures? The first thing to understand is that weight loss surgery is done robotically and laparoscopically. A lot of patients have questions about what does robotic laparoscopic surgery mean. I have diagrams that are going to show you these procedures in more detail, but what it means is there are 4 to 6 small incisions in your belly, and the benefits of laparoscopic surgery is that you have less pain rather than having an open procedure. You also have a faster recovery so you can return to your daily routine more quickly.
You have less visible scars, fewer complications and a shorter hospital stay. With robotic surgery, the difference there is: the surgeon has a better view of what they're doing and they actually have more ability to manipulate or maneuver during surgery than they would with older, just regular laparoscopic surgery. So the other thing, this is called is “minimally invasive surgery” and it's cutting edge technology. The surgeons are specially trained on the robot and most of our procedures are done robotically now.

So, there are different types of weight loss surgery at Allina Health. We do the sleeve gastrectomy, the Roux-en-Y gastric bypass, the duodenal switch, but we also do a lot of revision or conversion surgery, and this is for patients that have a history of previous weight loss surgery and they're having complications from that surgery or they're having weight regain after surgery. Allina Health is one of the few programs in the state that actually provides this service.

So for weight loss surgery, there are two types. The first is restrictive, and this simply works by limiting the amount of food you can eat at one time. This would be the sleeve gastrectomy. Restrictive and malabsorptive procedures work by limiting the amount of food you can eat at one time, but it also changes how your body absorbs the calories. So this would be your Roux-en-Y gastric bypass or your duodenal switch.

In these diagrams, it shows the normal anatomy on the left and the procedure anatomy on the right. So, this is your liver, this is your esophagus coming down here into your stomach. Your food releases through something called the pyloric valve right here and goes into your small intestine. These are your small intestines, and then the food goes through your large intestine. So, pay attention to that pyloric valve there, too, because that's going to be a consideration in these surgeries.

So this is the sleeve gastrectomy. And with the sleeve gastrectomy, your stomach is cut to the size and shape of a small thin tube. About 80% of your stomach is removed from your body and you can expect to lose about 55% of your excess weight within the first two years after surgery.

This animation shows the procedure and shows the normal anatomy to start. So, I like this one because it kind of helps you understand what's happening inside your body. So, laparoscopic surgery is done with 5 to 6 small incisions in your abdomen, and then the surgery is done through these ports and cameras that are inserted into your abdominal cavity. Your belly is inflated with a gas during this procedure so that the surgeon has more room to manipulate during the operation. So food comes down your esophagus and goes into your stomach, and then it releases through that pyloric valve at the bottom of your stomach into your small intestine. So that's your normal digestion.

With the sleeve gastrectomy, the surgeon uses a stapler and staples a small thin tube of stomach and removes 80 to 85% of your stomach. This allows for food to pass into your stomach and for you to feel fuller and satisfied on a smaller portion of food. So this one is just limiting how much food you can eat.

The advantages of the sleeve gastrectomy are that it's easier to take medications because we're not changing the opening at the bottom of your stomach, there's no rerouting of the intestines, there's less risk for vitamin and mineral deficiencies. So for some of our patients that take a lot of medications, sometimes this is a better option because you're able to take your regular daily medications with ease. The disadvantages with this operation is that the weight loss is slightly less than the gastric bypass, and there is a higher risk for acid reflux or heartburn after this surgery.

If you suffer from GERD, gastroesophageal reflux disease or frequent heartburn, you're going to want to talk to your surgeon about that when you're deciding on which operation you're going to have, because that would be a consideration. This may not be the operation for you. The other thing to remember with this surgery is that it's not reversible.

The Roux-en-Y gastric bypass: again, normal anatomy on the left, gastric bypass on the right. Your stomach is divided into two small sections, creating a new stomach pouch, we call it, and then the bypass stomach. So in this operation, your stomach's not actually removed from your body. We then divide and reattach the small intestine so the food flows from the new stomach into your small intestine, and that's where absorption starts. With this operation, you can expect to lose about 68% of your excess weight in the first two years. And again, I have a video on this procedure, but this one does not show the normal anatomy. It's going to go straight to the procedure itself.

So, again, laparoscopic 5 to 6 small incisions, belly's inflated with gas, the ports are put in so that the surgeon can do the operation…and then in this procedure, they actually divide the stomach. So they're creating a small stomach pouch that is about the size of your thumb. So it holds about an ounce. But you see there that the rest of your stomach stays in your body. The surgeon then goes down and cuts the small intestine, attaching one end up to the new stomach pouch and then reattaches the other end further down the small intestine. So the portion of the intestine from the bottom of the stomach down to the bottom of the screen there where it reattaches, that's the malabsorptive component. Your body is not absorbing the nutrients out of that food until the two meet down at the bottom.

The advantages of the gastric bypass is that it does have more rapid weight loss, there's a higher chance of improving or even eliminating some of your other health conditions. A big one for the gastric bypass is diabetes. This is like the gold standard operation for resolution of type two diabetes. So if you're diabetic, this may be a procedure you want to talk with your surgeon about. The other one that a gastric bypass is very good at treating is gastroesophageal reflux disease (GERD) or heartburn. So if you suffer from GERD or heartburn, you may want to consider this operation and talk with your surgeon about that. There is higher average weight loss with this than the sleeve gastrectomy. However, the disadvantages with this surgery is that

you do increase your risk of malnutrition where your body is not getting the nutrients that you need. There's also the possibility of Dumping Syndrome, and we'll talk about what that is later, but that is related to sugars and fats in the foods that you're eating.

Another operation we provide is called the duodenal switch. And this procedure is actually a combination of the sleeve gastrectomy and the gastric bypass. We typically offer this operation to patients with a higher BMI because it is a more complex procedure. So it often is recommended for consideration for patients with a BMI over 50. You can expect to lose 70 to 80% of your excess weight in the first two years after surgery.

So the advantages with the duodenal switch is that there is much more rapid and continuous weight loss. It has the highest chance of improving your other health conditions. The hospital stay is 1 to 2 days. There is a higher risk of malnutrition. So with this procedure, it's very important that you take the vitamin and mineral supplements that we prescribe religiously. It's very important with this one. The other thing with the duodenal switch is that you can have multiple bowel movements each day and you can have odiferous flatulence, which means when you pass gas, it can be a little smelly.

There are risks related to any abdominal surgery and they're listed here for you, including bleeding, pain, pneumonia, complications from anesthesia. But the next two are the biggest two that we're worried about, and that's blood clots and pulmonary embolism. People who suffer from obesity are at a higher risk for developing blood clots. So it's really important after surgery that our patients get up and get moving. So we encourage people to be up in a chair, up and walking. We have a protocol that we use with heparin. If you can take heparin to help reduce the risk of blood clots. We also use some sleeves around your calves that inflate with air to help keep the blood moving up and out of your legs. So that you don't develop blood clots in your lower extremities.

There are risks that are specific to weight loss surgery itself, including nausea and vomiting, dehydration, a gastric leak at the staple line. So, as you saw in these surgeries, all of the operations have staples and oftentimes patients will ask: “Do you go in and take the staples back out?” and we don't, they're made of titanium, and you can have regular radiology exams. It doesn't affect any of that. But sometimes one of those staples might not close off completely, and you develop what's called a leak. That is very rare in our program, and you can talk with your surgeon about what their rate of gastric leak is.

The most common reason our patients come back in the hospital is for nausea, vomiting and dehydration. It can be very difficult to get enough liquids in right after surgery. And so your nurses and dietitians are going to work with you on that so that you have a plan going into surgery on how you're going to be successful getting your fluids in afterward.

You can also develop the reflux, as we talked about earlier, with some of the procedures. You can get an obstruction or a stricture, and a stricture is a narrowing of an opening. So, like in that gastric sleeve, sometimes patients will scar down in a way that makes that too tight. That's called a stricture. Things have narrowed and the food isn't moving through as easily as it should.

The other one that patients are at risk for is developing an ulcer. Ulcers happen most often in our patients who resume smoking after weight loss surgery. One of the requirements before surgery is we're going to ask you to stop all tobacco and nicotine-based products. And we find often after surgery, if patients have restarted those products, they're at a higher risk for developing an ulcer. So, something to think about as you're looking at which operation to have.

Life after surgery. The first thing patients want to know is, is it going to hurt? And there will be some pain but it is short-term in nature, and again, with the robotic and laparoscopic surgery, it's so much better than it was many, many years ago. You will have some pain and the pain is controlled with IV medications to start, and then we'll switch you over to some oral medications and we give you a lot of other medications to use at home that help with spasms in your stomach, gas pains. So it's not just narcotic medications that you'll be taking. We actually kind of load you up to be well-prepared to manage your discomfort when you get home.

For those of our patients that have chronic long-term pain issues, you're going to want to partner with your pain management physician around a pain plan after surgery. We don't manage those medications after surgery, you would need to work with your pain specialist for pain medication. You'll talk with your provider about the use of nonsteroidal anti-inflammatory medications such as ibuprofen which is Aleve, Advil, Motrin. Those medications for some of the operations can increase your risk of getting an ulcer. So you want to make sure that you talk with your nurse and your surgery team about what medications you can take after surgery. Tylenol or acetaminophen is really the safest option after surgery for pain management.

For activities of daily living: We do recommend that you don't drive for the first week after surgery. We want to make sure that you're off your pain medications and that you're alert and comfortable enough to pay attention to your surroundings, slam the brakes on if you need to. So it's important to have someone that can run an errand for you or be home with you if you need assistance with life: children, family, meals, whatever it might be. Kind of make plans for that before you have your operation.

Most of our patients return to work within two weeks after surgery. Many patients feel like they're ready to go back sooner, but we encourage you to take the time to take care of yourself. Figure out your habits and routines, what fluids work best for you, what foods work best for you, how do you fit that in? Because once you go back to work, you're focused on the task at hand and you're not paying attention to how much you're drinking or necessarily meal time. So it's important that you take that time after surgery to create a plan and feel comfortable with what you're going to do once you go back to school, or childcare, or a full-time job. It can be challenging to figure all that out.

After surgery, we do progress the diet over the course of five weeks, so you will increase in consistency in your diet from clear liquids. to full liquids, to a pureed diet, to regular food, and your dietitian will help you with that diet advancement after surgery. It's very important to follow that advancement after surgery so that you give your body time to heal.

Very often we'll have patients that are calling in with belly pain, and it's because they tried a solid food that they should not have tried. And it can make you very uncomfortable because

things are swollen in there. You did surgery. You had surgery on your body. So that new little stomach, it's healing and it's swollen and it takes time for that swelling to go down! So make sure you're giving yourself that time for your body to heal.

After surgery, for nutrition, we want to make sure that you're eating up to three well-balanced meals each day, and it's very important to eat your protein first. And again, your dietitian is going to go over all of this with you. At Allina Health we follow a low-carbohydrate plan. So our goal after leading up to and after surgery is less than 100 grams of carbohydrate per day in the active weight loss phase, we actually encourage patients to go down to 50 grams of carbohydrate a day. And again, your dietitian will talk with you about that.

It's really important after surgery that you take small bites and chew each bite thoroughly and take your time. Sometimes patients find it helpful to put the utensils down between bites, use a smaller plate. Many patients will buy children's silverware so that they're using silverware that naturally creates a smaller bite. So again, your dietitian is going to work with you in developing a plan for after surgery so that you can be successful.

We also use what's called the 30/30 rule. So, we don't want you drinking fluids 30 minutes before a meal, while you're eating, or for 30 minutes after. And the reason for that is your stomach's now really small, right? So if you're drinking a lot of fluid right before a meal and then you try and put food down there, your stomach is going to be like: “There's no room in the inn here, I'm full!” So, nothing to drink right before a meal. You're going to eat your meal, and then nothing to drink right after a meal. Because if you're drinking right after a meal, you can actually move that food through faster, and then what can you do? You can eat more. And so you really want to honor those signals of satiety and satisfaction and fullness. And if you drink while you eat or right after you eat both, it can also create a sense of pressure and it can be very uncomfortable. So that's the 30/30 rule.

The last one is making sure that you're drinking at least 64 ounces of fluid a day. And as I said before, that is the hardest goal for our patients to meet is eight glasses of fluid a day. So you start with sips, you start with a timer, you're measuring everything, and it does get easier over time, but patients will say that's probably the hardest part right after surgery is getting enough fluids in. You want to make sure that you're eating quality foods. And again, your dietitian will go over that with you. Make sure you're reading your labels. And, sometimes we have patients that are throwing up after surgery and that's not normal. If you're throwing up, you either ate too much, you ate too fast, or you didn't chew things well enough.

For supplements with any of the operations, you do need to take vitamin and mineral supplements for the rest of your life. Everybody will take a multivitamin with iron and calcium. Some of the operations require vitamin B12 and vitamin D. Many people in the state of Minnesota are low on vitamin D, so we find often our patients have to take this as a supplement. And then with the duodenal switch, there are additional supplements that you would need to take for the rest of your life.

We don't recommend the use of alcohol after surgery. It's important to understand that alcohol absorbs differently after weight loss surgery. One study showed that alcohol is absorbed faster

and you spike a higher blood alcohol level faster, and it stays higher longer after you've consumed the alcohol. So it's very important that you don't drink and drive, because in this research study, patients reported they didn't feel any different. They did not feel like they were affected by the alcohol at all. And, I don't remember how much alcohol they drank, but they were legally drunk, they were at 0.088. So, it's very important that you don't drink and drive and that you don't drink alone because you don't know what the effects are going to be. So one of the requirements before surgery is that we do ask you to eliminate alcohol from your daily life just so that you're prepared for that change. We also consider alcohol to be empty calories and you had surgery to lose weight. So, we would recommend that you abstain.

I talked about Dumping Syndrome a little bit earlier. This is more specifically related to the Roux-en-Y gastric bypass. So this relates to how much fat and sugar is in a meal and it enters the stomach too quickly. So if you have something that's very rich and has a lot of fat or sugar in it, you can get what's called Dumping Syndrome. It's most common after the gastric bypass surgery, and it usually happens within about 30 minutes of eating that rich or high sugar meal. The symptoms can include nausea, vomiting, diarrhea, cramping. It's like clammy, shaky, sweaty…you just, you just feel it. It lasts about 30 minutes and then it's gone. But that is most common, again, in the gastric bypass patient.

For physical activity, we work very closely with the Courage Kenny Rehabilitation Institute. So, when you meet with the surgeon, they may put an order in for a consultation with physical therapy, we call it “prehab”, and what we're trying to do is help you develop an activity plan that can get you moving a little bit more than what you are right now. Now, if you're a member in a gym or health club, you have an activity plan that you already do, fabulous! But sometimes people need help figuring out where to start and what's safe for them to do.

Courage Kenny Physical therapists are great at doing that, and they have a lot of locations around the Twin Cities. So what we ask is that you try and get in 30 minutes of physical activity every day. For some of our patients, that can mean starting at 5 minutes and adding a minute each day until you're up to 30 minutes. The other thing I think people try to do is set a timer and do it all at once. I love doing 3 10-minute walks in a day. If I work from home a lot, and if I have time between meetings, a lap around my block is 15 minutes. So I'll just go outside and do a quick lap around the block. It doesn't have to all be done at the same time. It's about getting up and getting moving throughout the day. This can help increase your metabolism. It helps your body burn excess fat and not the muscle mass. And again, start out slowly and pick activities that you enjoy. I think that's the other thing too, is people think you need to be at a weight machine and doing these massive reps of weightlifting. Pick things you enjoy: taking your kids to the park, taking your dog for a walk.

I do a lot of stretching. I'm a child of the sixties. I watch a lot of TV. I do a lot of stretching activities in the evening in front of the TV just to try and keep my body moving and stay as healthy as I possibly can.

After surgery, another consideration is pregnancy. You have to stop using birth control pills one month before and one month after surgery, So you'll want to think about alternative methods for birth control, and we want you to wait at least two years after surgery before you try and get

pregnant. One of the recommended forms of birth control that we use is the Mirena IUD. And I think it's important for the women watching this video that have been struggling with fertility issues, we have so many patients that want weight loss surgery so they can get pregnant. You want to make sure that you're waiting after surgery until you've maximized your weight loss. You'll be able to get pregnant, but you will stall out your weight loss after surgery. So being mindful of that and having a plan for when you're going to try to get pregnant after surgery is really helpful.

The other thing is, oftentimes women don't understand female hormone is stored in your fat, and so when you lose weight, you're releasing all that hormone out of your fat, so you can literally become a baby-making factory and using reliable birth control will help prevent that.

Another consideration is having extra or loose skin. You can keep your skin healthy by not smoking or drinking, drink plenty of water, and eating a well-balanced diet. We had plastic surgeons present to one of our support groups and what they described to us was: the way our skin attaches to our body is like rubber bands, and when we gained our weight we basically broke those rubber bands. So you could do all the sit ups in the world. It's not going to pull that skin back up, but by doing weight training and regular activity, you're giving it a better hanger.

We do have relationships with several Allina Health plastic surgeons, and some of our patients do look at that as an option after surgery is to have that extra skin removed. They do ask that you wait at least two years after surgery before you pursue that, because we want to make sure that you've reached your goal weight, that you've maximized your weight loss. You don't want to have that skin surgery and then lose more weight, you'd kind of defeat the purpose.

Coping is another thing to think about after surgery. Relationships do change, so think about how you cope with stress now, who are your points of contact, and how is that going to change after surgery? One of the things many patients say is they wish they had taken more advantage of the preoperative mental health evaluation and really thought some of that through. Many patients will say, "I didn't realize how much I rely on food for my emotions". So really thinking about that and creating a plan with your mental health provider and what that's going to look like after surgery will serve you well. Sometimes patients try and get through that mental health evaluation and they see it more as a hoop they have to jump through. Don't jump through it. Really take the time to think about: how is this going to impact my family? How old are my children? Who does the cooking? What is that dynamic going to look like? How will grocery shopping change? How will my relationships with the rest of my family change? Really thinking that through before surgery can be helpful.

The other thing that can happen after surgery is you can develop other addictions. So if you went to food a lot to cope, you could potentially turn to shopping, gambling, or alcohol. So really thinking that through and working on it before surgery is helpful. We also have connections with Allina Health mental health providers. So if you need help with that, we can do a referral for you after surgery.

We do offer support groups and the benefits of support groups is that you can learn from other people. You can ask questions that you can't ask friends or family because they don't

understand what you're going through. So we offer two groups right now. One is our surgical group, that's for patients both before and after surgery, and that information is available at Allinahealth.org/wmsg, Weight Management Support Group, and the other ones are evening classes that we do. So: Allinahealth.org/mwlclasses. Those are actual presentations by our dietitians on a different topic every month. So it might be how to pick protein in the grocery store, or how to cook healthy vegetables, or how to build a support team, or how to get activity into my day. So we try and pick a different topic every month. So check out those websites because especially on the medical weight loss classes one, we save the PowerPoints out there. So you can see what some of the previous topics have been.

For follow-up care, it's very important after weight loss surgery that you follow up for the rest of your life. So, at one week you will have a follow-up post-op visit with one of the physician assistants. You'll also receive calls from our nursing staff to see how you're doing at home, and they will continue to follow up with you until you're getting your adequate fluids and you don't have any additional questions. The other thing that we're partnering with is our Allina Health Home Hospital program. So some of you may qualify to use our home hospital program. And we're really excited about this program because you will get visited by a community paramedic who will bring you kind of like an iPad device and you will get virtual visits with a home hospital provider, a physician every day while you're at home until you feel like you've got it, you feel like you're doing good.

The other thing, we're really about that is if you are suffering from nausea, vomiting or dehydration, they will be able to give you IV fluids at home so you won't even have to come into an emergency department or go to an urgent care, or your primary care office. You can just do it on an iPad and they'll have the EMT come out and run some fluids if you need it. So we're very excited about the home hospital program.

At five weeks, you're going to meet with the dietitian and your nurse again, because that's where that diet transitions to whole food. And then you follow up at three months, six months, one year, and every year after that. Your follow-up team, again, is multidisciplinary. So it's the same group of folks that you were working with before surgery, but at the six-month point, you're actually going to meet another care provider and that will be someone on our medical weight loss team as you transition over to our Lifestyle Aftercare Program.

So, in that program at the six-month point, you will meet with a new provider because you don't need the surgical team anymore, you've already had your operation, and they can look at more whole-person care: How are you sleeping? How are you coping? What does your stress level look like? What do your relationships look like? How are you doing with your nutrition? So you'll continue on with the same dietitian, but you will transition to a different mid-level provider. And that means it's a nurse practitioner or a physician assistant.

So, in our weight management program, know that everybody is not ready after they watch this video. I just applaud you for watching the video because I think knowledge is power and you now know a lot more than you did several minutes ago. So, kudos to you for watching the video.

If you want to take time and think about it, that's perfectly fine. You can do that. And the other thing that I think people struggle with is if you do decide you want to proceed, many people want it now. And the challenge is, this is an elective procedure. It is not urgent or emergent. I always say we didn't gain our weight overnight, we're not going to lose our weight overnight. So, patience with this one is necessary because it takes time. And part of the reason it takes time is because all of the insurance companies have different criteria that need to be met in order to get prior authorization for surgery.

So, some of the examples of the insurance criteria is that you have to have a BMI greater than 40 or if your BMI is between 35 and 39.9, you have to have another health condition. So often that's diabetes, high blood pressure, sleep apnea. It varies by insurance company. So you will want to call your insurance company and find ou what the criteria is for your plan, and you also want to find out if you have coverage for weight loss surgery because some insurance companies don't cover these operations. It needs to be a long-standing condition, your morbid obesity. You can't have any psychological problems or undiagnosed endocrine disorders such as diabetes or thyroid disease. And then almost all of them require nutrition counseling. If your insurance company does not have a requirement for dietitian visits or nutrition counseling, we do. You have to do at least three visits with our dietitian, and then we ask that you commit to follow-up care and following the guidelines for lifelong success.

So what does your insurance company require? You're going to want to call the member services number on the back of your insurance card. Out on our website, there is a form called Billing and Insurance Worksheet, we've created that for you. We don't need that form. I made that for you so you can call your insurance company and find out: when is my coverage year? What's my max out-of-pocket? What's my deductible, what's my copay? Do I have coverage for bariatric surgery? So, it walks you through all those questions so that you can kind of know what you can expect to pay.

I usually tell people in the year of your surgery expect that you're going to pay your max out of pocket because you're going to have all the doctor's visits and everything that you're going to have your copays on. So I would plan for that. And like I said, your insurance company may require the medically supervised dietitian visits, and if they don't, we require three.

So on our website is the health history form, and you can submit that in one of many ways. You can fill it out and email it to us. If you fill out the form online and email to us, email it before you save it. If you save it, you're actually going to send us a blank copy of the form.

Now, some people ask about Privacy and HIPAA, we do delete those forms. We scan them into your chart and then we delete them out of our system. But if you feel more comfortable, you can also fax the form to us. You can mail it to the address below or you can drop it off at the address below. So, many different ways, depending on what your comfort level is, to get that information to us. If you don't have the technology to do the form, you can give us a call and we will mail you the form and a return envelope so that you can mail it back to us. Just know that with the Postal Service level of service nowadays it does take a couple of weeks for that form to get to us because it stops in a hub in Coon Rapids before it gets to our site, and it can be delayed.

Clinic visits. It is a personal experience and journey, so the decision is up to you. I just ask if you decide you're going to start this journey, please make sure that you're keeping your appointments. The beauty in this day and age is that most of our care is provided virtually now, so 60 to 70% of our visits are done via MyChart Virtual visits.

If you're being seen in person in the clinic, please arrive at least 10 minutes early so that we can get you checked in so that you're ready for your visit on time. And if you need to cancel or reschedule, please give us at least 24 hours notice. We do have a no-show, late cancel policy. If you miss or cancel late more than three times in six months, we do restrict your ability to schedule because the program is in such high demand that we want to make sure that we keep access open to those patients that can keep their appointments.

As I said many times, you need three appointments with the dietitian. You want to make sure that those appointments are at least 30 days apart. So sometimes people will try and bunch them all together. That's not how this works. Your insurance company wants to see behavior change over time, so the dietitians are actually going to be writing goals and evaluating how you're progressing on those goals each month. So, the dietitian visits need to be spaced at least 30 days apart. But the other thing is you don't want to space them too far apart because some insurance companies will say like six months consecutive, and so if you're missing months in there, they may deny your prior authorization because you miss two months and they, they don't know why, they just see that you're not being consistent in keeping your appointments. So that one's important as well. If you have Medicare or a Medicare replacement plan, they do not cover dietitian visits. We have what we call a retail prompt pay service that we offer. It's about $50 for the initial consult and $25 for each follow-up visit, and those visits do need to be done in person for Medicare and Medicare replacement plans. We cannot do dietitian visits virtually. Unfortunately, Medicare does not cover that.

So, preparing for surgery, your first appointment with the surgeon, they're going to review your medical and surgical history and all your current medications. They will talk with you about whether or not weight loss surgery is right for you and what the different surgeries are that we offer, and also talk with you about which one you are thinking about, because ultimately this is your decision. We don't decide what surgery you're going to have done. You do that in collaboration with your surgeon. They may recommend additional tests, exams or procedures in preparation for surgery.

So, some of the insurance companies also require some baseline labs or baseline testing. And at the end of that visit, you're going to meet with your nurse clinician and he or she will go over that information with you on what your insurance company requires for some of that pre-op workup. So you're going to call your insurance company and find out what your benefits are. As you're doing that, we're also going to call your insurance company and find out what their criteria is so that we know if there's additional testing or procedures that we need to do in order to get you prior authorized for surgery.

The psychological evaluation. We talked about that a little bit before, but it is to educate you on how to be successful after surgery and reduce or manage any risk factors, help identify if you're

at risk for any psychological or social problems after surgery, and make sure that you have the right expectations going into this that this isn't going to solve relationship issues, issues with your kids, issues with your family. It's really designed to make sure you understand what you're getting into and raise flags if they think there's issues the team needs to be aware of, and we do work as a team. No one on our team gets the final say like, yes or no. I suppose the surgeon does, but we really work collaboratively. We want to make sure that you're included in the decision-making process and that we're being as thoughtful as we can in moving you forward to be successful with your weight loss.

Before surgery, you want to quit any nicotine or tobacco products, stop drinking alcohol. The other one we haven't mentioned before is limiting caffeinated beverages. So our program does not have a strict limit on caffeine before or after surgery. But I will tell you after surgery, as you're trying to get enough fluids in, that's not going to be coffee or Diet Pepsi or Diet Coke. Carbonated beverages right after surgery are not going to work. There's way too many bubbles in there and it's going to make you uncomfortable. But you want to think about the caffeine you're drinking before surgery because you're going to get one heck of a caffeine headache after surgery because you're not going to be able to get enough caffeine in. So, really reducing and eliminating caffeine before surgery can be very helpful for that reason alone. And then, if you've been prescribed to use a CPAP machine, you want to make sure that you're using that before surgery.

Once we start preparing you for surgery, you will do a 14-day pre-surgery diet. This helps reduce the risk of complications after surgery and reduces the amount of fat on your liver and in your belly. So what it does is it gives the surgeon a better view of what they're working on because they have more room in there. So it shortens the surgery time, which decreases your anesthesia time, which helps reduce the risk of complications after surgery and speeds your recovery.

So, once you've met all your requirements for surgery, we're going to submit your information to the company to get prior authorization. When we receive prior authorization, you'll receive a call from our staff to schedule you for a final clearance visit with the surgeon. It's at that point in time that they will answer any questions you have, validate what procedure you want, and just make sure we're ready to go for surgery. So when we do that, you will get a notification from the insurance company that you've been prior authorized, but we will call you to schedule with the surgeon. So you don't need to call us. Don't call us, we'll call you, and we'll get you scheduled to meet with the surgeon again. And then once you meet with the surgeon, they put an order in for surgery and that pushes to our surgery scheduler. And then typically, 3 to 5 days after that surgeon visit, you'll get a call from the surgery scheduler to schedule your operation.

At that time, they'll also schedule you for a mandatory preoperative class that's done via Microsoft Teams. So it's a virtual class, it lasts about an hour and a half long. And then you'll also be scheduled for post-op calls with the nurse, post-op visit with the physician assistant and that five-week post-op dietitian and nurse visit. So lots of scheduling happens once we get to the point of scheduling you for surgery.

So that's the information I have for you today regarding our program and what weight loss surgery is. Again, the health history form is on our website, so at the conclusion of this video, if you're interested in moving forward, you would submit the health history form and the post-test to our email or to one of mail or fax locations that's listed on our website, and again, that website is AllinaHealth.org/swm, Surgical Weight Management S, W, M.

I really appreciate your time and attention today and look forward to seeing you in one of our clinics. Thank you.