



# Bariatric Surgery

## Guide to Good Health

### *Healthy Living Guide*

- ▶ Asthma
- ▶ Chronic Fatigue Syndrome (CFS)
- ▶ Chronic Obstructive Pulmonary Disease (COPD)
- ▶ Coronary Artery Disease (CAD)
- ▶ Depression
- ▶ Hyperlipidemia
- ▶ Hypertension
- ▶ Osteoarthritis (OA)
- ▶ Osteoporosis
- ▶ Type 2 Diabetes
- ▶ Back Pain
- ▶ Chronic Pain
- ▶ Healthy Eating
- ▶ Healthy Pregnancy
- ▶ Rheumatoid Arthritis (RA)
- ▶ Sleep
- ▶ Smoking Cessation
- ▶ Stress Management
- ▶ Weight Management
- ▶ Bariatric Surgery

## What is Morbid Obesity?

Morbid Obesity is defined as being 50% - 100% over your ideal weight. Body Mass Index (BMI) greater than 40 is another definition of morbid obesity.

### Overview & Facts

#### Overview

- Common health problems associated with morbid obesity include diabetes, high blood pressure, heart disease, stroke, depression, osteoarthritis, breathing problems, gallstones, breast cancer, colon cancer, and sleep apnea.
- Bariatric surgery either makes your stomach smaller so it cannot hold a lot of food or keeps some of the food from being digested.
- Candidates for surgery should be well informed, motivated, and able to participate in their treatment and be willing to commit to long term follow up with their bariatric team.
  - You cannot use alcohol or drug abuse or have a mental illness that is not controlled for at least 6 months.
  - Smokers must be smoke free for a period of time before surgery. Your surgeon will let you know how long this time period is. Not smoking helps with good wound healing and reduces the formation of ulcers in the pouch.
- Successful surgery depends on making a **lifetime** commitment to healthy eating and regular exercise.



Bariatric surgery will help you better manage your reactions to both hunger and fullness (satiety).

#### Types of Surgeries

- Two most common surgical procedures
  - Laparoscopic Adjustable gastric band (LAGB) - small bracelet-like band is placed around top of stomach producing small thumb sized pouch. The outlet size is controlled by a circular balloon inside the band that can be inflated or deflated with saline solution to meet a patient's needs.
  - Roux-en-Y gastric bypass (RYGB) - Restricts food intake (using small pouch similar in size to adjustable gastric band) and slows down digestion (routing food directly from pouch into small intestine, bypassing stomach and duodenum).
- Other surgical procedures that have high complication rates
  - Biliopancreatic diversion with a duodenal switch (BPD-DS)
  - Vertical sleeve gastrectomy (VSG)



Your physician will decide which procedure is best for you.

#### Centers of Excellence

- Members are referred to a designated Center of Excellence for their surgery as these centers follow evidence-based guidelines.
- Centers of Excellence are reviewed by an independent, nonprofit organization dedicated to ensuring that you get the best care.
- Both the center and surgeon are reviewed.
- The center must have a commitment to long term patient success.
- Review of the center is extensive, research based and verified through inspection.
- Outcome data is shared.

## *Signs & Symptoms*

- Health care provider will perform a medical exam including obtaining height and weight, lab work, asking about eating habits, exercise, alcohol intake
- BMI greater than or equal to 40

## *Possible Complications after Surgeries*

- Nausea and vomiting, “dumping syndrome”
- Potential for gall stones, not getting enough nutrition, repeat surgery, and ulcers
- Need to temporarily avoid pregnancy
- Long term complications include regaining weight if you overeat or don't exercise, nutritional deficiencies, you may be unable to eat certain foods, changes in how medicines are absorbed, constipation or loose stools (depending on type of surgery), and gas.



## *Causes of Obesity*

- Usually a result of eating or drinking too much, not exercising or thyroid disorders
- Genetics and psychiatric illness may contribute to obesity



## *Questions to Ask Your Provider*

1. What are the different types of surgery?
2. Which procedure is best for me?
3. What is the difference in restrictive surgery vs. malabsorptive?
4. What are the advantages/disadvantages of having the surgery?
5. What are the risks of surgery?
6. What kind of follow up plan can I expect after surgery?
7. What changes in eating can I expect (diet and supplements) before and after surgery?
8. What exercise plan will be recommended before and after surgery?
9. What are the long term changes that I can expect after surgery?
10. How much weight should I expect to lose?
11. Can I gain weight after surgery?
12. If I have joint problems, how will surgery affect them?
13. Can I expect any medication changes before or after surgery?
14. Who will I need to see after the surgery and how often will I need to see them?

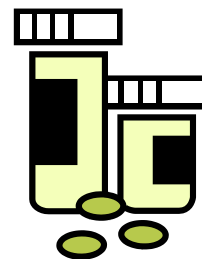
## *Diagnostic Workup*

- Medical - Six months of physician supervised weight loss program, evaluation of alcohol, drug and smoking habits
- Psychological - evaluation
- Nutritional - evaluation of current eating habits and introduction of post surgery diet



## *Treatment and Care - Prior to Surgery*

- Medical - Six months of physician supervised dieting
- Medications
  - Bring a list of all prescription medications, over the counter drugs, vitamins, minerals and herbal supplements to your first physician visit.
  - Request a list of instructions for before the surgery and after the surgery. Fill any prescriptions before your surgery.
- Emotional/Psychological
  - A psychological evaluation will be done before surgery.
  - The psychological evaluation looks at anything that might keep your surgery from being successful, such as emotional or stress eating.
- Nutrition
  - Most surgeons require that you lose weight before surgery. This shows you are able to change, improves your health and makes it easier to move your liver out of the way during surgery. It also decreases the tightness in your belly.
  - Try nutritional supplements (protein shakes, protein supplements, vitamins and minerals) before surgery to find ones you like.
- Activity - Ask your physician for recommendations as to the best exercise, including how long and how often you should do them.

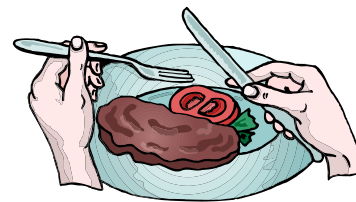


## *Treatment and Care - After Surgery*

- Medical - Keep doctor appointments.
- Stop medications as directed by physician.
- Exercise - Resume light exercise when cleared by doctor.
- Pregnancy - Consider delaying pregnancy for at least one year following bariatric surgery.
- Nutrition - Your physician or Dietitian will provide you with specific information. You will move from clear liquids to full liquids, to pureed foods and eventually to solid food slowly and over several weeks.

## *Making the Decision*

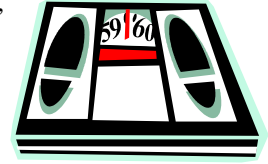
- Making the decision to have bariatric surgery is not an easy one. It should only be made after you have a full understanding of your medical condition and other treatment choices available. Many people are able to lose weight through diet and exercise. One of the following methods might be right for you. A visit to a Registered Dietitian might help you find a diet that could work with your lifestyle. You can also call one of TML IEBP's professional health coaches, at 888-818-2821, to assist you with your weight loss goal.
  - Calorie counting - can help people who want flexibility in what they eat and who have time to record foods.
  - Plate method - is easy to learn, and no record keeping is needed.
  - Exchange diets - are structured plans that help one get a balanced diet, but do take time to plan.
  - Meal replacement diets - may help those who have no time to cook or to plan.
  - See the resource list for detailed information on any of the above.
- An informed decision should be made after consulting your physician, weighing the pros and cons of procedure, and the side effects.
- You should also discuss with your family how the surgery will affect all of you, and decide if bariatric surgery helps you meet your life goals.
- One should be **committed** to making major lifestyle changes in regards to eating and exercise.
- Member should find out about their health benefit coverage, requirements, if they need to get the surgery approved by their health plan before the surgery and have a good idea of out of pocket expenses.



## Healthy Lifestyle Management After Surgery

### A. Medical

1. Following surgery, improvements are generally seen in: diabetes, hypertension, high cholesterol, metabolic syndrome, nonalcoholic fatty liver disease, polycystic ovarian syndrome, venous stasis disease, obstructive sleep apnea, gastroesophageal reflux disease and degenerative joint disease.
2. Weigh on a regular, basis such as once per week.



### B. Medications

1. Pain medication - your physician may prescribe medication to help you with pain after surgery.
2. Before surgery, you should discuss all your medications and over the counter drugs/supplements/vitamins with your doctor.
3. It is important to find out which pills you may swallow whole, which must be crushed or come in a liquid form. Some extended release medications may need to be changed. Some of your medications may need to be discontinued.

### C. Emotional/Psychological

1. Coping with a new image is not easy. Effective strategies will lead to a healthy self esteem and self confidence.
  - Before surgery, practice how you will answer questions about your weight loss and how you will respond to compliments.
  - Relationships may change with your significant other as well as friends. Socializing often revolves around food. Your self confidence will increase and relationships may change as a result.
  - Speaking with someone who has experienced large weight loss may provide you with insights to help you recognize sabotage efforts.
  - Often you will carry an image in your mind that you are still fat (phantom fat).
  - Watch out for a tendency to swap food addiction for alcohol or drug use or gambling.
  - Weight loss may affect positive change in body image but it does not always mean you will feel better about your body.
2. Develop coping strategies
  - You may have used food to help you cope in the past; you will need to develop new coping skills in response to your triggers.
  - Try on a new pair of jeans and notice how you look.
  - Find activities that you love; both long term (playing tennis or golf) and short term (taking a hot bath, walking, reading a fun magazine).
  - Seek professional help if you find that you are holding on to a body image that keeps you unhappy or if you are experiencing significant distress, sadness or depression.
  - Support groups that meet in person or online may be quite beneficial.
    - Help you develop a new relationship with food
    - Beneficial if you attend before your surgery and afterwards
    - May help your significant other or support person understand what you are going through and help you

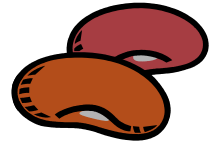


D. Topics range from nutritional and physical health to emotional, mental, psychological and spiritual well being.

E. Physical - daily exercise must become a habit. Ask your physician when to begin light exercise such as walking for 10-15 minutes, a few times a week.

F. Nutrition after surgery

1. Introduction of solid foods - small portions adequately chewed. Drink liquids 30 minutes before or after eating.
2. Adequate protein intake - to reduce hunger and prevent malnutrition
3. Prevention of dumping syndrome - Avoid high sugar foods and eating/drinking at the same time. Dumping syndrome (lightheadedness, palpitations, flushing, and diarrhea) occurs initially in 70% of patients with gastric bypass. In some, it resolves itself over time.
4. Vitamins and minerals - take daily multivitamin containing iron and additional supplementation of calcium and B vitamins.
5. It is important that one eat at the same time each day, three small meals and three small snacks.
6. Alcohol should be avoided for at least one year after surgery.
7. Begin new habits of where you eat your meals/snacks by designating certain areas of your house and work. It is best to avoid eating in front of the TV, at the computer, desk at work, in the care, etc.



G. Bowel Habit Changes

1. Laparoscopic Adjustable gastric bands (LAGB) are likely to experience constipation.
2. Roux-en-Y gastric bypass (RYGB) are likely to experience loose stools or diarrhea, malodorous flatus.

### *Role of Professional Health Coach*

A. Working with a professional health coach will help you achieve the best possible results by providing you with knowledge and professional expertise.

B. Your coach will:

1. assess what you know and what you need to know;
2. help you develop short-term goals to reach your long-term goal of weight loss;
3. address and barrier that is in the way of reaching your goals;
4. support your efforts by listening to your concerns and providing encouragement and resources; and
5. help you find the best solutions for you.



### *Resources*

- ❖ Weight Control Information Network – National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)-Bariatric Surgery for Severe Obesity: <http://win.niddk.nih.gov/publications/gastric.htm>
- ❖ Pub Med Health – Obesity: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004552/>
- ❖ Apple, Robin F., Peebles, Rebecka, Lock, James, (2006). Preparing for Weight Loss Surgery. New York: Oxford University Press, Inc.
- ❖ Websites to help with weight loss:
  - <http://www.choosemyplate.gov>
  - <http://www.fitday.com>
  - <http://www.sparkpeople.com>
  - <http://www.calorieking.com>
  - <http://www.weightwatchers.com>
  - <http://www.southbeachdiet.com>
  - <http://www.optifast.com>
  - <http://www.medifast1.com>
  - <http://www.jennycraig.com>
  - <http://www.Nutrisystem.com>
  - <http://www.myfitfoods.com>
  - <http://dietgourmet.com>