

Guidelines & Criteria for the New Surgical Bariatric Patient:

Welcome to the AGH Bariatric Surgical Program. Please review the summary below explaining what is included in our new patient information packet.

1. Requirements prior to surgical consultation.
2. Insurance sheet- Use the guidelines on this sheet as a prompt to discuss bariatric coverage with your insurance company. Follow the step- by- step approach to learn what benefits you have, & what criteria you must meet to be entitled to those benefits. This is NOT a homework assignment or meant to take too much time, but it is helpful to know where you stand.
3. Pre-surgical program expectations- This sheet will list each category of requirements you must attend to before bariatric surgery. Each patient must undergo dietary counseling, psychiatric evaluation, & may need to meet other individual requirements as determined by the surgeon. Weight loss may be required depending on insurance coverage prior to surgery, & we recommend attending support groups if able. We require patients to sign & date this sheet to attest to understanding. Your surgeon will also sign to attest that you have agreed to these expectations. A signed copy will go in your medical record.
4. Post-surgical program expectations- This sheet will describe the things our team recommends you do after having bariatric surgery. We require patients to sign & date this sheet as well. Your surgeon will also sign to attest that you have agreed to these expectations. A signed copy will go in your medical record.
5. Psychological Assessment- Each patient must undergo a mental health evaluation to identify any risk factors or potential postsurgical challenges that may contribute to a poor surgical outcome. This sheet offers guidance on how to find local providers to perform this exam, as well as considerations for the provider to include in his or her assessment note.
6. Personal Trainers & Gym Information- This handout provides information on local physical trainers & gyms for those interested in seeking help with physical activity.
7. Nutrition Assessment Form- Fill out this form in order to give our dietician an idea of what your personal eating habits are like. Please be honest. Let us know if you skip meals, only eat once a day, eat large portions, drink soda, junk food....etc. Accurate information allows us to give you meaningful feedback & critiques.
8. Bariatric Program Completion Check List- Use this sheet to organize all of your visits & tasks.
9. FAQs about the sleeve gastrectomy or gastric bypass are included for your information.
10. Information & statistics from the American Society for Metabolic & Bariatric Surgery.
11. AGH Bariatric support group information.
12. Information & statistics from Atlantic General Bariatric & Surgical Practice for 2024.

We will offer you a hard copy of our bariatric information binder, or a link to this at your initial surgical consultation visit. Please be familiar with it. The dietitians will refer to this when you meet.

Please use the contact information for our bariatric coordinator, Angela Simmons, CRNP if you have any questions or concerns. Welcome to your journey to better health!



Please be aware that the Bariatric office requires that you read the following information & that you fill out the requested information prior to your consult with the surgeon. We reserve the right to reschedule your appointment if we do not receive the necessary information.

- Last office note from your PCP within the past 6 months.
- Recent bloodwork results or ECG performed within the past 3-6 months.
- Recent imaging tests (i.e. UGI, EGD, Ultrasounds, or Sleep Studies) performed within the past 6 months.
- Regarding testing performed at institutions other than AGH please bring the images with you on the day of your consult.
- Office notes or documentation from other Bariatric Programs or Dietitians.
- Office notes from any specialists that have treated you (i.e. cardiologist, endocrinologist, nephrologist, etc.)
- Operative report & clinical information regarding prior bariatric surgery (where, when, what type and who performed your procedure.)
- If your insurance requires a referral, please have it faxed to us. Your PCP can help with this. Without the proper referrals, you may be responsible for payment of visits.

Fax information to our office at 410-641-1006. Contact our office by calling 410-641-9568 between 8:00 am- 4:00 pm prior to your consult to ensure that we have all necessary information. Any questions regarding billing and/or surgery cost can be answered by contacting physician billing department at 410-641-9450 or patient financial services at 410-641-9606.



Coverage for weight loss surgery and preparation for surgery vary greatly depending on the insurance. We advise that you make yourself familiar with your individual coverage by first calling the number on the back of your insurance card. Ask to speak with a “benefits” representative about whether you have coverage for bariatric surgery & if so, what criteria do you need to meet in order to have surgery.

Insurance Representative’s Name: _____

Policy Number: _____

Ask the representative the following:

- Does my policy cover:
 - Laparoscopic Roux-en-Y (CPT code 43846/43644) Yes / No
 - Laparoscopic Sleeve Gastrectomy (CPT code 43775) Yes / No
 - If the answer is No, ask if your policy covers nutrition services or weight loss medications.

- What are the requirements to be authorized for surgery?
 - Do I need to weigh a certain amount or have a specific BMI to qualify? Yes/ No
 - Do I need medically supervised weight loss visits? Yes/ No
 - If Yes, do they need to be consecutive, & how many? Yes/ No _____
 - Do I need a Mental Health evaluation? Yes/ No
 - Do I need specific testing before surgery (i.e. UGI, Labs)? Yes/ No
 - Do I need to journal food/exercise? Yes/ No
 - Does my surgery need to take place at a specific type of hospital (i.e. A Center of Distinction)? Yes/ No

- Do they cover Nutritionists/Dietitian visits? Yes/ No

- Does insurance cover medical supervision of treatment programs? Yes/ No

- Do I need a referral for initial consultation with the surgeon, nutritionist, or psychologist/mental health professional? Yes/ No



Pre-Surgical Bariatric Program Expectations

- Meet bariatric surgery criteria. Individual insurance carriers have different stipulations. Generally- speaking, patients need to have a BMI of 40 or greater or BMI of 35 or greater plus a specific comorbidity to qualify for bariatric surgery. Contact your insurance provider to obtain specific & individualized bariatric coverage & to find out what is required of you to qualify for bariatric surgery.
 - Attend an initial appointment with the surgeon for evaluation. The surgeon will review your medical history & any records from previous bariatric surgery.
 - **Complete required education & implement personalized plan regarding the following:** Dietary Counseling, Psychiatric Evaluation, Physical Activity/Weight loss prior to surgery, Support Group Attendance, & “Other” requirements. Read below for more details:
 1. **Dietary Counseling-** Attend three- six visits with the dietitian, depending on insurance. Most insurance companies require six visits. Medicare requires only three visits.
 2. **Psychiatric Evaluation-** Participate in a psychiatric evaluation to ensure there are no contraindications for bariatric surgery (i.e. history of eating disorder, untreated emotional traumas). If you have established report with a mental health provider who is willing to clear you for surgery, that is ok, but we will provide a list of local providers and a list of considerations to address in the evaluation.
 3. **Weight loss prior to surgery-** It is highly recommended that you keep a food & exercise journal. You should make effort to avoid weight gain during your program & should focus efforts on weight loss to reduce visceral fat (fat around your internal organs) for better outcomes during & after surgery.
 4. **Support Group Attendance-** Each patient is encouraged to attend support group meetings to augment their formal dietary counseling. Research shows this is helpful.
 5. **Other possible individual requirements-** Complete Sleep Study, & Pulmonary & /or Cardiac Clearance (if deemed necessary by Dr. Zarif or Dr. Zhong). EKG is frequently required (is required for Priority Partners). EGD, Bravo testing, & Manometry may be required for revision or conversion surgery.
 - Patients must also be under the care of a primary care provider for management of all routine medications & conditions. Our surgeons advise that patients be up to date on ALL preventative care prior to surgery (i.e. colonoscopy, breast & GYN exams).
 - Note: all patients must be smoke free for 90-days prior to bariatric surgery. We will order nicotine testing to confirm this.
 - Attend final pre-surgical appointments with the surgeon, dietitian, & for pre-op education.
- *Surgeons may add additional studies and requests on an individual patient basis per surgeon discretion.**

Provider Signature

Date

Patient Printed Name/ DOB

Patient Signature



Post-op Bariatric Program Expectations

Please understand that it is important to continue your visits in the bariatric office following surgery to ensure you have minimal complications & weight loss success. Your nutritional & overall physical & emotional health during the perioperative period is a major concern to us. We want your experience to be free of complications and make sure to address any questions or complications in a timely manner.

For this reason, we recommend you follow up according to best practice after your bariatric surgery at the following intervals:

1 week, 3 weeks- Visits will be with the surgeon, nurse practitioner, or physician's assistant.

6 weeks, 3 month, 6 month, & yearly post-op- Visit with surgeon, nurse practitioner, or physician's assistant & dietitian.

We will schedule the first three postop visits for your convenience.

Contact our office at 410-641-9568 (Monday through Friday from 8:00AM to 4:30PM EST) to schedule the rest of these appointments at your convenience or make them when you are in office.

Provider Signature

Patient Name

DOB

Date

Psychological Assessment Considerations Handout for Bariatric Surgery

- Comprehensive psychiatric interview (initial requirement: in person or face to face evaluation, for the purpose of identifying risk factors or potential post-operative challenges that may contribute to a poor post-operative outcome).
- Complete Mental Status Exam (MSE)
- Documentation of all current & previous psychiatric diagnoses, & either: 1. No behavioral health disorder by history, supported by 18 months claims & pharmacy activity, OR 2. If behavioral health disorder by history & claims & pharmacy activity, documentation must indicate all of the following: No active psychosis, & if binge eating disorder diagnosis or symptoms, these have been fully evaluated, treated, & monitored.
- Completion of drug & alcohol screen, which documents all of the following: 1. No drug or alcohol abuse by history supported by an eighteen (18) month claims & pharmacy look back, OR 2. Alcohol & drug free period of a minimum of 1 year
- History of weight loss or gain & maintenance or regain
- Developmental history (family stability or instability, neglect, etc.)
- Traumatic abuse
- Current life stressors
- Psychological/emotional resources & coping styles (internal/external, self-advocating/ path of least resistance)

The purpose of the psychological assessment is to identify risk factors that can allow for the meaningful prediction of complicated or compromised post-bariatric surgery outcomes. The assessment should address whether or not a person is a good candidate for bariatric surgery.

There is no current consistency across evaluators with regard to the breadth, depth or quality of the pre-surgery evaluation or the recommendations &/or requirements for bariatric surgery candidates.

- [Mental Health Providers](#): 1. Lisa Barnes, MSW, LCSW-C (443-366-5606) (Telehealth ONLY), 2. Evolve Mental Wellness (410-642-4011), 3. Worcester Youth & Family Center- (410-641-4598), 4. Angela Brainard Burke LCPC- Ocean City (410-723-1800)
- [For Spanish speaking patients ONLY](#): The Worcester County Health Department will make accommodations in the office. Please call 410-629-0164
- [Patients may also utilize their own mental health provider for evaluations if that provider agrees to perform the evaluation.](#)



Personal Trainers & Gym Information

- Whitewater Crossfit: Trainers- Liz Fitzgibbon, & Kasey Bubel. Manager/ Owner=Liz- liz@whitewatercf.com, 410-401-1890
- Planet Fitness: Trainer-John Sharkey. Manager= Stavros- 410-664-3999
- Pure Fitness: 410-213-7697
- Titan Fitness: 410-629-0066

Name _____ DOB _____ DATE _____

Nutrition Assessment Form (Fill out & bring in for initial Dietitian visit.)

Current Height: _____ Present Weight: _____ Preferred weight? _____

What is your motivation to lose weight (health related, mobility related, task related, etc)? _____

What was your highest adult weight & how old were you at that age? _____

What was your lowest adult weight & how old were you at that age? _____

With whom do you live? ☐Spouse ☐Family ☐Friend ☐Alone

What is your employment status? ☐Full-Time ☐Part-Time ☐Retired ☐Student ☐Other _____

If you work, what is your occupation? _____ How many hours do you work? _____

Have you had previous weight loss surgery? Yes/No If yes, what surgery & when? _____

List any past diets/weight loss plans: _____

What age do you feel weight became a concern for you & why? _____

Briefly describe your past struggles with weight & what you believe contributed to weight gain or inability to lose weight: _____

Have you seen a dietitian before? Yes/No When? _____ Where? _____ Why? _____

Do you take any supplements or vitamins? If so, please list them. _____

Food Allergies/ Intolerances/ Preferences (i.e. Peanut allergy, Vegan, Vegetarian, etc) _____

Do you have a history of an eating disorder? Yes/No Explain _____

Readiness Assessment

If I could change three things about my health & nutritional habits, they would be: _____

The biggest challenge(s) to reaching my nutrition/weight loss goals are: _____

Please check (✓) everything below that describes your personal eating pattern and/or lifestyle behaviors:

I eat large portions, get seconds or overfill my plate.	I do not take time to plan healthy meals.
I skip meals or go for longer than 5 hours between meals.	Family & friends tempt me to eat unhealthy foods.
I dine out more than 3 times a week.	I lack the knowledge to cook healthy meals.
I frequently eat fried foods, fast foods, & high fat foods.	I never feel “full” or satisfied after eating.
I frequently eat sweets & desserts (i.e. cookies, candy, cakes).	When dieting, I go to extremes.
I graze or snack on food all day long, & especially when doing other things like reading, watching TV, or while on the computer.	I drink less than 64 oz. or 8 cups of fluid daily.
I eat too quickly.	I usually drink two or more alcoholic drinks daily.
I am an emotional eater. (I eat when I am stressed, bored, sad, angry, anxious, etc.)	My work schedule hinders my weight loss efforts.
I am so busy, I forget to eat	I would have a difficult time reducing or giving up:
I am a “picky” eater.	Other:

Who buys groceries in your home? _____

Who prepares meals in your home? _____

How many times per day do you eat Fruit? _____ Vegetables? _____ Grains? _____ Protein? _____

How much water or non-caffeinated beverages do you drink per day in oz.? _____

How many times per day do you eat on average? _____ Do you snack in between meals? _____

Do you engage in physical activity? Yes/No If so, what do you do? _____

How often do you exercise? _____ How long do you exercise? _____

Diet Recall for a “typical day”:

Breakfast- _____

Lunch- _____

Dinner- _____

Snacks- _____

Motivation level to make changes: (1= not motivated at all & 10= very motivated)

Goals:

Increase water intake	Increase fruit & vegetable intake	Stop smoking
Increase overall fluid intake	Increase protein intake & eat protein with each meal	Start exercising
Decrease sugary beverage intake	Choose more whole grains & whole foods	Attend support group meetings
Decrease or stop alcohol intake	Measure portions	Gather information about surgery
Stop soda intake	Plan meals & prepare more meals at home	Engage support system in lifestyle changes

PATIENT NAME: _____ DATE OF BIRTH: _____

INITIAL VISITS	DATE COMPLETED	PROVIDER SIGNATURE
SEMINAR/WEBINAR		
SURGEON CONSULT		

NUTRITION VISITS	DATE COMPLETED	PROVIDER SIGNATURE
INITIAL NUTRITION VISIT (1 ON 1)		
GROUP OR INDIVIDUAL VISIT # 1		
GROUP OR INDIVIDUAL VISIT # 2		
GROUP OR INDIVIDUAL VISIT # 3		
GROUP OR INDIVIDUAL VISIT # 4		
GROUP OR INDIVIDUAL VISIT # 5		

*(**These are optional**) THREE BARIATRIC SUPPORT GROUPS ARE RECOMMENDED PRIOR TO SURGERY, BUT NOT MANDATORY.

BARIATRIC SUPPORT GROUP	DATE COMPLETED	PROVIDER SIGNATURE
SUPPORT GROUP 1		
SUPPORT GROUP 2		
SUPPORT GROUP 3		

TESTING TO BE DONE IN MONTHS 1-5 IN THE PROGRAM	DATE COMPLETED	PROVIDER SIGNATURE
BLOODWORK PANEL		
EGD		
HEMOGLOBIN A1C (DIABETES PATIENTS)		
H. PYLORI BREATH TEST		
PSYCHOLOGIST VISIT		
SLEEP STUDY		
UGI		
ULTRASOUND		
TESTING TO BE DONE WITHIN 30 DAYS OF SURGERY	DATE COMPLETED	PROVIDER SIGNATURE
CARDIAC CLEARANCE		
EKG		
PREOPERATIVE BLOODWORK		
PULMONARY CLEARANCE		

***SOME TESTING MAY OR MAY NOT BE REQUIRED DEPENDING UPON YOUR HEALTH HISTORY (I.E. COPD, CARDIAC HISTORY, SMOKING).**

***COMPLETE ALL TESTING BY MONTH 5 IN ORDER TO SCHEDULE A PREOPERATIVE VISIT DURING MONTH 6 WITH THE SURGEON & BARIATRIC COORDINATOR. ANY TESTING NOT COMPLETED, WILL DELAY THE SCHEDULING FOR YOUR PREOPERATIVE VISIT & SURGICAL DATE ASSIGNMENT.**

PREOPERATIVE VISIT	DATE COMPLETED	PROVIDER SIGNATURE
WITH DIETITIAN		
WITH SURGEON		
WITH ANGELA SIMMONS, CRNP		

LOGS/JOURNALS	DATE COMPLETED	PROVIDER SIGNATURE
NUTRITION ASSESSMENT		
FOOD JOURNALS		
EXERCISE LOG		

ADDITIONAL COMPLIANCE	DATE COMPLETED	PROVIDER SIGNATURE
SMOKING CESSATION		
PCP EVALUATION		

I attest that the patient **has been** compliant with our program requirements. They have met the required weight loss and have completed all testing and/or requirements to be able to move forward with bariatric surgery.

Provider Signature

Date

I attest that the patient **has not** been compliant with our program. We are **unable** to move forward with bariatric surgery at this time. Please see notes below.

Provider Signature

Date

Notes: _____

Frequently Asked Questions: Laparoscopic Sleeve Gastrectomy Program

- **What happens during surgery & how does my anatomy change?**

Bypass- During the surgery, the surgeon cuts across the top of your stomach, sealing it off from the rest of your stomach. The resulting pouch is about the size of a walnut & can hold only about an ounce of food. (A normal stomach holds 3 ounces of food.) After gastric bypass, patients eat much less food & feel satiated or “fuller” longer.

Sleeve- During the surgery, the surgeon removes approximately 85% of the stomach. The procedure causes restriction & satiety. By removing most of the stomach, the person will be able to eat less food (restrictive). Typically, patients can only consume ½-1 cup of food per meal after surgery. Removal of stomach tissue leaves less cells to produce “hunger hormones” so the person experiences less hunger (satiety inducing).

- **Do you have to stay overnight after the surgery?** The procedure typically requires an overnight stay. Our surgeons like to monitor their patients overnight for any potential nausea or pain related issues. Your surgeon may order an UGI study the morning after surgery to evaluate for any possible leaks if he or she has not checked for leaking during the operation.
- **What is the recovery time like?** Recovery is different for everyone, but we ask patients to take off at least 2 weeks. We can evaluate the need for more time off at the 2- week post-op appointment. Most of the time we approve people to drive & do light, non-strenuous activity at that time & encourage no lifting or straining > or = 20 lbs for up to 4-6 weeks post-op.
- **What happens to the “extra skin” after surgery?** Excess skin after surgery is expected. If you experience skin rashes, difficulty with movement or chafing of clothing due to the excess skin, you should document these findings with photos, & have your PCP or another provider document them as well. Removal of excess skin qualifies as a cosmetic procedure unless you can prove one of the above circumstances. For insurance approval, we must submit clinical documentation of reason for skin removal. We would advise you to see a plastic surgeon if insurance does not approve removal of skin.
- **Does the program require any special foods or products?**
The program is not dependent on pre-purchased or pre-prepared foods. Our dietitians work with you to learn about better food choices & meal preparation skills during your program. We strongly encourage using real, whole grocery foods. We also work with patients who like to use occasional meal replacements such as protein shakes &/or bars for convenience & as opposed to skipping meals.
- **What will I eat after the surgery?**
Initially after surgery & for up to 6-8 weeks, while the reduced stomach is healing, we recommended following the post op diet, which slowly advances from liquids to more solid foods. Patients who undergo bariatric surgery should expect to be able to eat a variety of foods, in small, modest portions. Tastes may change, & senses may become heightened, but overall, you should expect to eat less in terms of portions. You should structure your meals to focus on protein first, then vegetables & fruits. Small, frequent meals will allow for ample nutrition & digestion.
- **Will I ever be able to “cheat again”?**
The bariatric program encourages patients to focus on making lifestyle changes. We recognize that “life happens” & there will be moments of indiscretions. What we advise is living by the rule of “80/20.” Eighty percent of the time, we want our patients to live within the structure & confines of a routine... counting calories, mindful eating, routine exercise, etc. Twenty percent of the time, we want you to “live a little”... enjoy an ice cream, sleep late, not count calories for a day, miss a work out, etc. Life is about balance, & so is healthy living.
- **How much do I have to share during the group meetings?**

Sharing in the program is up to you. We certainly respect that patients may want to maintain their privacy. What we encourage is for patients to glean what they can from other's perspectives who may be in a similar situation. The intention of support group meetings is to augment what learning takes place in the office & offers a chance to ask questions in an unstructured setting.

- **How long does the process take to prepare for surgery?**

This is dependent upon insurance requirements. Medicare patients must complete three months of program visits. Prior authorization is not required. Patients choose a surgical date once program visits are completed, & surgery usually occurs within 4-5 months of starting program work. Medicaid or commercial insurance patients must complete three to six months of program visits. Surgery can then tentatively happen within 7-8 months, provided all requirements are met, authorization is granted, & OR availability/scheduling can accommodate.

What do I do to get started?

For more information, we recommend viewing our online information seminar. Then call the bariatric office to schedule an appointment at 410-641-9568.

- **Is anything required after surgery?**

After surgery, we simply ask that patients come to their post-op visits. We like to see patients at 1 week, 3 weeks, 6 weeks, 3 months, 6 months, & then yearly after surgery. We want to give each patient optimal opportunity to succeed. Frequent postoperative visits allow our team to attempt to solve any potential problems or address concerns that may exist as well as to provide support, resources, & encouragement to our patients.



METABOLIC & BARIATRIC SURGERY

THE AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY

Overview

- Metabolic/bariatric surgery is the most effective and long-lasting treatment for severe obesity resulting in significant weight loss and the improvement, prevention or resolution of many related diseases including type 2 diabetes, heart disease, hypertension, sleep apnea and certain cancers.^{1,2}
 - Studies show bariatric surgery may reduce a patient's risk of premature death by 30-50%.^{3,4}
- Bariatric surgery is as safe or safer than some of the most commonly performed surgeries in America including gallbladder surgery, appendectomy and knee replacement.⁵

Effectiveness

- Studies show patients typically lose the most weight 1-2 years after bariatric surgery and see substantial weight improvements in obesity-related conditions.^{6,7}
 - Patients may lose as much as 60% of excess weight six months after surgery, and 77% of excess weight as early as 12 months after surgery.⁸
 - On average, five years after surgery, patients maintain 50% of their excess weight loss.⁹
- Majority of bariatric surgery patients with diabetes, dyslipidemia, hypertension, and obstructive sleep apnea experience remission of these obesity-related diseases.¹⁰

Condition/Disease	Remission Rate
Type 2 Diabetes	92%
Hypertension	75%
Obstructive Sleep Apnea	96%
Dyslipidemia	76%
Cardiovascular Disease	58%

Safety & Risks

- The risks of severe obesity outweigh the risks of metabolic/bariatric surgery for many patients.^{11,12}
 - The risk of death associated with bariatric surgery is about 0.1% and the overall likelihood of major complications is about 4%.¹⁴

Economics of Bariatric Surgery

- The average cost of bariatric surgery ranges between \$17,000 and \$26,000.¹⁵
- Because of the reduction or elimination of obesity-related conditions and associated treatment-costs:
 - Estimates suggest third-party payers will recover bariatric surgery costs within 2 to 4 years.¹⁶
 - Healthcare costs are reduced by 29% within five years of bariatric surgery.¹⁷

Estimate of Bariatric Surgery Numbers, 2011-2019

	2011	2012	2013	2014	2015	2016	2017	2018	2019*
Total	158,000	173,000	179,000	193,000	196,000	216,000	228,000	252,000	256,000
Sleeve	17.8%	33.0%	42.1%	51.7%	53.6%	58.1%	59.4%	61.4%	59.4%
RYGB	36.7%	37.5%	34.2%	26.8%	23.0%	18.7%	17.8%	17.0%	17.8%
Band	35.4%	20.2%	14.0%	9.5%	5.7%	3.4%	2.7%	1.1%	0.9%
BPD-DS	0.9%	1.0%	1.0%	0.4%	0.6%	0.6%	0.7%	0.8%	0.9%
Revision	6.0%	6.0%	6.0%	11.5%	13.6%	14.0%	14.1%	15.4%	16.7%
Other	3.2%	2.3%	2.7%	0.1%	3.2%	2.6%	2.5%	2.3%	2.4%
Balloons	—	—	—	—	0.3%	2.6%	2.8%	2.0%	1.8%

The ASMBS total bariatric procedure numbers are based on the best estimation from available data (BOLD, ACS/MBSAQIP, National Inpatient Sample Data and outpatient estimates)

**New methodology for estimating outpatient procedures done at non-accredited centers.*



METABOLIC & BARIATRIC SURGERY

THE AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY

ASMBS Endorsed Procedures

Roux-en-Y Gastric Bypass

- Stomach reduced to size of walnut and then attached to middle of small intestine, bypassing a section of the small intestine (duodenum and jejunum) and limiting absorption of calories
- Risks include allergic reactions to medicines, blood clots in the legs, blood loss, breathing problems, heart attack or stroke during or after surgery and infection¹⁸

Sleeve Gastrectomy

- Stomach divided and stapled vertically, removing more than 85%, creating tube or banana-shaped pouch restricting amount of food that can be consumed and absorbed by the body
- Risks include gastritis, heartburn, stomach ulcers; injury to the stomach; intestines, or other organs during surgery; leakage from the line where parts of the stomach have been stapled together; poor nutrition, scarring inside the belly that could lead to a future blockage in the bowel; and vomiting¹⁹

Gastric Banding

- Adjustable silicone band filled with saline wrapped around upper part of stomach, creating small pouch that restricts food intake
- Risks include the gastric band eroding through the stomach, the gastric band slipping partly out of place, gastritis, heartburn, stomach ulcers, infection in the port, injury to the stomach, intestines, or other organs during surgery, poor nutrition, and scarring inside the belly²⁰

Duodenal Switch

- The majority of the most stretchable portion of the stomach is permanently removed and roughly two-thirds to three-fourths of the upper small intestines are bypassed.

Intragastric Balloon

- Saline-filled silicone balloons temporarily placed in the stomach, limiting amount of food one can eat.

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Support Groups

Support group is an important part of your weight-loss journey.

We encourage participation for all of our patients however there is NO penalty for not attending.

There are two support group classes for non-surgical patients & two support group classes for surgical patients each month.

Unless otherwise announced (i.e for weeks with holidays in them), meetings will take place either on-line or in the office conference room on the following days and times:

WEDNESDAYS

1st Wednesday: No planned support group, but special support group meetings to be announced on case by case basis.

2nd Wednesday via Zoom from 5:00-5:30 pm * Topic to be announced the week prior to group.

3rd Wednesday: No planned support group, but special support group meetings to be announced on case by case basis.

4th Wednesday: No planned support group, but special support group meetings to be announced on case by case basis.

There will not be a meeting if there is a 5th Wednesday in the month.

We may offer the in-person option depending on the provider and requests for this.

No one will be penalized in any way for not participating in these. Simply attend when you are able to with your respective group. **Both surgical and non-surgical patients may attend both types of groups if they wish to do so.** Contact the office if you have questions please.

<https://atlanticgeneral.zoom.us/j/93872121574>

Meeting ID: 938 7212 1574

One tap mobile

+19294362866,,93872121574# US (New York)

+16699006833,,93872121574# US (San Jose)

Dial by your location

+1 929 436 2866 US (New York)

+1 669 900 6833 US (San Jose)

Please do not hesitate to call or contact our office for any questions or concerns at 410-641-9568.

Thank you

Atlantic General Bariatric Program Statistics 2024:

Case volume

Total: 49 patients had bariatric surgery at AGH in 2024.

Procedure mix

- Sleeve Gastrectomy: 19 cases (45.2% of 42 cases per outcomes report)
- Conversion to Sleeve Gastrectomy: 4 cases (9.5% of 42 cases per outcomes report)
- Gastric Bypass: 6 cases (14.2% of 42 cases per outcomes report)
- Conversion to Gastric Bypass: 5 case (11.9% of 42 cases per outcomes report)
- Gastric Bypass Revision: 3 cases (7.1% of 42 cases per outcomes report)
- Other: 5 cases (11.9% of 42 cases per outcomes report)

Outcomes data

Patient Demographics & General Information For Cases Recorded from 1/1/24-12/31/24

Total Cases: 36 Total (100% of patient data was recorded). ***Actual cases recorded was 49, but report doesn't reflect that.

- Highest BMI Average Prior to Surgery: 42.73 {National Average: 44.43}
- BMI Average 6 months After Surgery: 35.13 (7.6 point reduction) {National Average: 35.08} (9.35 point reduction)
- Mean age in years: 43.4
- Males: 6 patients or 16.7% of total patients
- Females: 30 patients or 83.3% of total patients
- 30 Day Follow Up Rate: 97.2% (Improved from 94% in June)
- Mean Length of Stay in Days: 1.4 (Stable)
- Mean Duration of Procedure in Minutes: 101.1 (Improved from 119.4)
- Post-op Occurrence Rate: 11.1% (Increased from 8% in 2023)

Payor Sources

- Medicare: 4 cases or 11.1%,
- Medicaid: 18 cases or 50%
- Private Insurance: 13 cases or 36.1%

Reduction in Comorbidities:

- Sleep Apnea: Rate went from 25.0% to 21.1% {National Average: Rate went from 35.5% to 30.4% & improved 14%}
Dropped 3.9 points compared to 21.1 points in 2023 & improved 16%
- GERD: Rate went from 41.7% to 47.4% {National Average: Rate went from 39.2% to 36.6% & improved 7%}
Increased 5.7 points & worsened compared to improvement shown in 2023.
- Hyperlipidemia: Rate went from 22.2% to 10.5% {National Average: Rate went from 25.2% to 21.9% & improved 13%}
Dropped 11.7 points compared to 7.4 points in 2023 & improved 53%
- Hypertension: Rate went from 47.2% to 47.4% {National Average: Rate went from 44.1% to 34.8% & improved 21%}
Increased 0.2 points & worsened overall in comparison to the improvement shown in 2023, BUT... improved since June 2024 when increase was 25 points & 45%.
- IDDM Diabetes: Rate went from 2.8% to 0% {National Average: Rate went from 5.4% to 3.5% & improved 35%}
Dropped 2.8 points compared to 4.1 points in 2023 & improved 100%
- NIDM Diabetes: Rate went from 11.1% to 8% {National Average: Rate went from 16.7% to 8.3% & improved 50%}
Dropped 3.1 points compared to increasing 7 points in 2023 & improved 28%