PrimeCare Surgical Weight Loss Program
“A comprehensive program integrating body, mind & spirit”

**MID DAKOTA CLINIC**
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*Affiliated with:*
Mission Statement

To provide support to those committed to a healthier lifestyle and improved quality of life through medical and surgical treatment of obesity.
What Our Program Offers:

• Education on surgical weight loss options
• Evaluation by a laparoscopic bariatric surgeon
• Psychological evaluation
• Pre-operative nutrition class
• Consult with the Bariatric Clinical Coordinator
• Financial counsel
• Pre-authorization with your insurance provider
• Post-op visits with surgeon to check progress
• Consult with a physical therapist
• Support group monthly meetings
• Telephone Support Group
• Online pre and post-op education with programs to track your progress

AND THERE’S MORE
What Our Program Offers:

Our Bariatric Nutrition Program offers:

- **Lap Band:** 1 month post-op visit with dietitian, 2 month post-op visit with dietitian, 3 month post-op visit with dietitian
- **Gastric Bypass:** 2 weeks & 6 weeks post-op visit with dietitian, 3 month post-op visit with dietitian
- **Sleeve Gastrectomy:** 2 weeks & 6 weeks post-op visit with dietitian, 3 month post-op visit with dietitian

These post op visits and classes include:

- Behavior modification instructions and information
- Exercises to stress all muscle groups for better calorie burning
- Handouts, information packets
DEFINITION OF OBESITY

“A life-long, progressive, life threatening, genetically-related, costly, multi-factorial disease of excess fat storage with multiple co-morbidities (obesity related health conditions).”
Obesity Related Effects on Lifestyle

• Health – Mortality is increased 50-100% in obese individuals
• Economic – Spend 77% more on medications
• Physical – Mobility and pain - for every 2 lbs gained, risk for arthritis increases 9-13%
• Psychological – Depression increases with obesity
• Social – Isolation and stigma
• It is becoming realized as a disability.
Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults Aged 18 Years or Older

Obesity (BMI \(\geq 30\ km/m^2\))

1994

2000

2010

Degrees of Obesity

- **NORMAL**
  - BMI 18.5 — 24.9

- **OVERWEIGHT**
  - BMI 25 — 29.9

- **OBESE**
  - BMI 30 — 34.9

- **SEVERE OBESE**
  - BMI 35 — 39.9

- **MORBIDLY OBESE**
  - BMI ≥ 40
Medical Complications of Obesity

Pulmonary disease
- abnormal function
- obstructive sleep apnea
- hypoventilation syndrome

Nonalcoholic fatty liver disease
- steatosis
- steatohepatitis
- cirrhosis

Coronary heart disease

Diabetes

Dyslipidemia

Hypertension

Gynecologic abnormalities
- abnormal menses
- infertility
- polycystic ovarian syndrome

Osteoarthritis

Gall bladder disease

Gout

Cancer
- breast, uterus, cervix
- colon, esophagus, pancreas
- kidney, prostate

Phlebitis
- venous
- stasis

Source: www.obesityonline.org
NORMAL DIGESTIVE SYSTEM
Surgical Weight Loss

At present surgery is our most effective option in achieving SUSTAINED weight loss in the morbidly obese patient.

“Not a Miracle”
PrimeCare Weight Loss Program

Surgical Options

• Restrictive only:
  • Adjustable Gastric Banding
  • Sleeve Gastrectomy

• Restrictive and Malabsorptive:
  - Roux-en-Y Gastric Bypass
Laparoscopic Adjustable Gastric Banding

- A silicone band is placed around the upper part of the stomach
  - The band is attached to a port
  - A small pouch is created
  - Stomach holds less food
  - Induces feeling of satiety
- OR time = 30-45 minutes
- Generally outpatient procedure
- Return to work in 3-5 days
- Frequent evaluations and adjustments needed to meet individual needs
The “Green Zone”

Get into the LAP-BAND® Green Zone

ADD FLUID

- Hungry
- Big meals
- Looking for food

OPTIMAL ZONE

- Early and prolonged satiety
- Small meals satisfy
- Satisfactory weight loss or maintenance

REDUCE FLUID

- Difficulty swallowing
- Reflux-heartburn
- Night cough
- Regurgitation
- Poor eating behavior

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Australian Centre for Obesity
Research and Education
Monash University, Melbourne, Australia
Possible Complications of Lap Banding

- Erosion
- Prolapse
- Slippage
- Infection
- Stomach Perforation
- Device Malfunction
- Esophageal Dilation
- Obstruction
# The LAP-BAND System

## Advantages
- Adjustable – customized per patient
- No stomach stapling, cutting or intestinal rerouting
- Removable and reversible
- Low malnutrition risk
- OR time = 1 hour or less
- Generally outpatient procedure

## Disadvantages
- Slower initial weight loss than gastric bypass
- Soft calories such as ice cream, milk shakes, etc can be absorbed and may slow weight loss.
- Regular follow-up is critical for optimal results
- Only trained practitioners can do adjustments
- Foreign body
Roux-en-Y Gastric Bypass

• Combination restrictive and minor malabsorptive procedure
• First done in 1967, done laparoscopically since 1993
• Gastric pouch is approximately size of your thumb
SUCCESS OF GASTRIC BYPASS SURGICAL TREATMENT

In a 5 Year Study of 500 Roux En Y Surgical Weight Loss Patients:

• 77% Of Excess Body Weight Was Lost in 1 Year & Maintained For 60 Months

• 96% Of Severe Co-Morbidities Were Eliminated Within 1 Year

• 98% Of Type II Diabetes Was Clinically Reversed

Dr.’s Wittgrove & Clark, 1993 - 1999
Gastric Bypass

**Advantages**
- Rapid initial weight loss
- More effective, rapid co-morbidity improvements
- Food restriction with the added weight loss benefit of minor food malabsorption
- Better long term weight loss results than restrictive only procedures
- Assists those who consume too many calories by making them ill – “dumping”

**Disadvantages**
- Cutting and stapling of stomach and bowel is required
- More operative & post-op complications
- Portion of digestive tract is bypassed, reducing absorption of essential nutrients
- Nonadjustable, difficult to reverse
Sleeve Gastrectomy

- Restrictive procedure
- 85% of the stomach is removed
- Stomach that remains is shaped like a banana and measures 2-5 ounces
**Sleeve Gastrectomy**

**Advantages**
- Stomach is reduced in volume but tends to function normally. Most food items can be consumed in small amounts.
- Eliminates the portion of the stomach that produces the hormones that stimulate hunger (Ghrelin).
- No dumping syndrome because the pylorus is preserved.
- By avoiding the intestinal bypass, protein deficiency and vitamin deficiency are almost eliminated.
- Appealing option for people with existing anemia, Crohn's disease and numerous other conditions that make them too high risk for intestinal bypass procedures.
- It can be converted to almost any other weight loss procedure.

**Disadvantages**
- Soft calories such as ice cream, milk shakes, etc can be absorbed and may slow weight loss.
- Potential for leaks related to long staple line on the stomach.
- Because part of the stomach is removed, it is not reversible.
POSSIBLE SURGICAL COMPLICATIONS OF ABDOMINAL SURGERY

- Abscess
- Deep Vein Thrombosis
- Pulmonary Emboli
- Gastric Leaks
- Bleeding
- Development of a Fistula
- Obstruction
- Pulmonary Complications
- Infection
- Hernias
- Strictures
- Stomal Ulcers
- Ventral Hernia
- Anemia
- Vitamin & Mineral Deficiencies
- Perforation
Frequently Asked Questions About Bariatric Surgery....

Q: *Is Weight Loss Surgery Reversible?*
   A: Lap Band- Yes
      Gastric Bypass- No
      Sleeve Gastrectomy- No

Q: *Is There Guaranteed Success?*
   A: No. These surgeries can be defeated if healthy lifestyle changes are not maintained.
More Frequently Asked Questions

Q: **Will you take my gallbladder out when you do my surgery?**
   A: No. We do not remove healthy gallbladders. If you have evidence of stones or disease it may be removed.

Q: **What are the age limits for these surgery?**
   A: 18 is the youngest. Patients up to age 65 have had these surgeries, however, all patients are individually considered.
More Frequently Asked Questions

Q: *When can I go back to work?*
   A: Depends- based on the procedure done and the type of work you do.

Q: *When can I drive?*
   A: When off of narcotic pain medication.

Q: *When can I exercise?*
   A: Walking is recommended in moderation immediately after surgery. 6 weeks for more intense exercise.
More Frequently Asked Questions

Q: Can I drink alcohol?
   A: No beer because of carbonation. Wine and other alcoholic beverages are fine but contain many empty calories.

Q: Am I going to have loose skin after I lose weight?
   A: Probably. Reconstructive surgery to correct this is usually covered by insurance if you lose 100 pounds or more.
More Frequently Asked Questions

Q: Am I going to have hair loss?
A: Due to the possibility of protein deficiency and rapid weight loss, initially there is usually loss of hair. The hair follicle is not damaged and hair growth usually re-occurs.
Mission Statement

To provide support to those committed to a healthier lifestyle and improved quality of life through medical and surgical treatment of obesity.
Nutrition

Jenny Schmidt, RD, LRD, Diabetes & Nutrition Center
Mid Dakota Clinic
Pre-Operative Expectations

• Goals of optimum weight loss during the pre-op period:
  ➢ Reduce liver size
  ➢ Increase the odds that surgery can be completed laparoscopically
  ➢ Demonstrate commitment to the nutritional program that has been prescribed for you
  ➢ Demonstrate your commitment to making lifestyle changes.
Preparing for Surgery
(Roux-en-Y Bypass, Sleeve Gastrectomy and Lap Band)

2 weeks before surgery

• Protein shake 2x/day
• 1 meal with meat & vegetables each day
• Multivitamin 2x/day
• Discontinue herbal supplements.
• 24 hours before surgery, clear liquids only.
Required Daily Supplements

Roux-en-Y Gastric Bypass

Two weeks post-op (Gastric Bypass only):

- Multivitamin/mineral
- Calcium citrate
- Iron
- Foltx

These need to be continued for the rest of your life.
Required Daily Supplements for Lap Band and Sleeve Gastrectomy

Third Post-op Day:

Lap Band
• Chewable Multiple Vitamin / Mineral tablet

Sleeve Gastrectomy
• 1000mcg B12 daily
• Chewable Multiple Vitamin / Mineral tablet
Lifetime Rules for Eating

• Eat slowly and chew well
• Avoid overeating
• Moisture rich foods
• Limit sugar and high fat foods
• Total of 64 oz. fluid daily, taken between meals
• Avoid carbonated beverages- includes beer
• Take your prescribed supplements
Paula Lubale, RN  
MDC Bariatric Nurse Navigator  
Surgical Weight Loss Program  

(701)530-6330  
1-800-472-2113, ext. 6330  
Fax: (701)530-6387
Jessica Miller, RN
CHI St. Alexius Bariatric Coordinator

Surgical Weight Loss
Support Group Facilitator

(701)530-5189
Eligibility

• Height
• Weight
• Health issues
• Insurance company
Insurance Requirements for Pre-Authorization

- Surgical Evaluation
- Psychological Evaluation
- Pre and Post-Op Nutrition with LRD
- Documented weight loss attempts
- Documented health issues and previous weight history
Set the Date!

Usual time line:

• 5-6 weeks for BCBS and most commercial insurance

• 2-3 months for Medicaid
Financial Responsibility

• Insurance
  *Deductible
  *Out of pocket maximum
    (co-insurance)
  *Call the customer service number
  *Adjustments/Lap Band

• Self Pay
  *Care Credit
  *Lap-Band $15,675
  *Sleeve Gastrectomy $15,750
Comprehensive Program is a must for SUCCESS!