

Lets learn about:

Obesity

Bariatric Surgery

Our Program



Facts

Obesity is Common

Approximately **1/3 of adults** in Michigan are obese.

Obesity is Unhealthy

Obesity is related to many illnesses such as:

diabetes heart disease high cholesterol sleep apnea arthritis fatty liver disease infertility certain cancers

Losing weight helps:

Weight loss can:

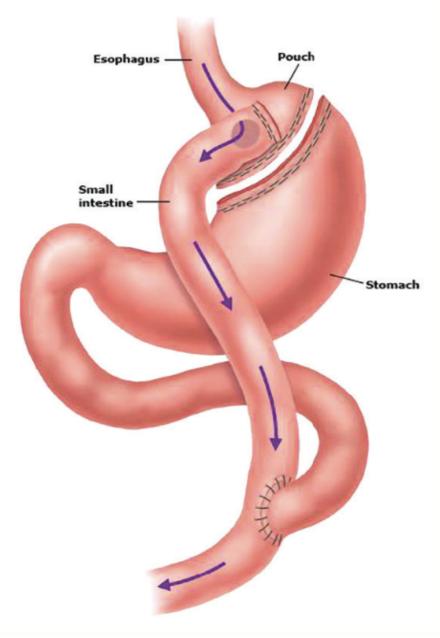
Improve your health
Reduce you need for prescription medication
Extend your life

Bariatric Surgery Works

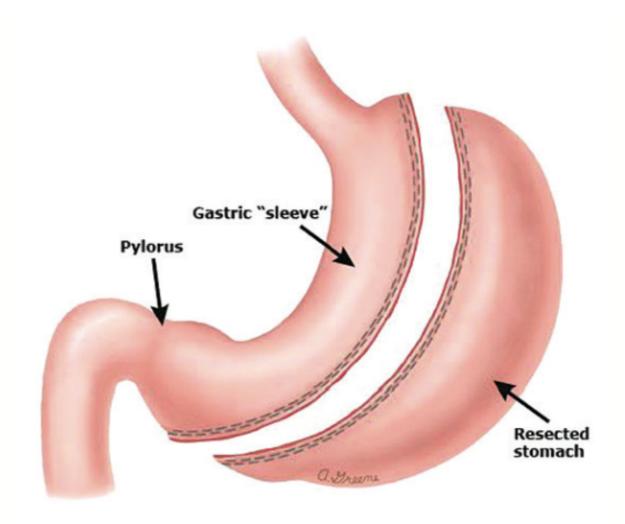


National Institutes of Health (NIH) recognizes bariatric surgery as the only effective treatment to combat severe obesity and maintain weight loss in the long term.

Bariatric Surgery:

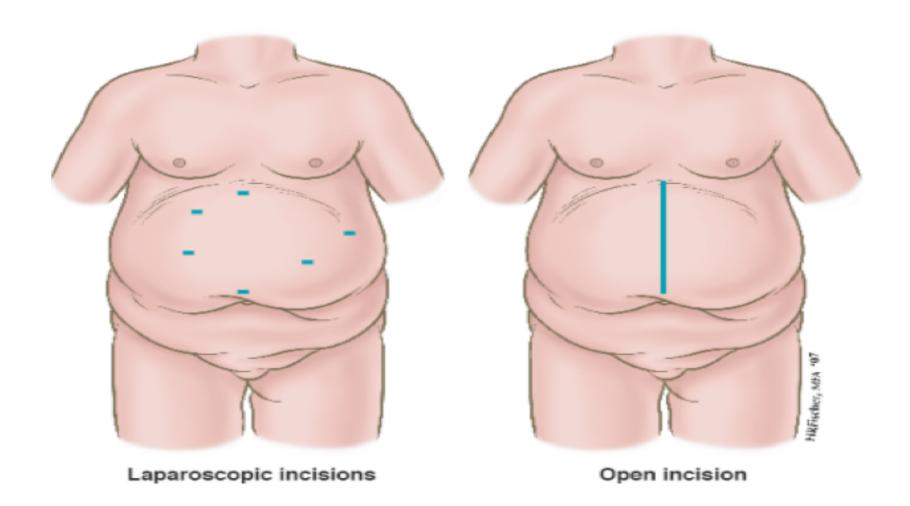


Gastric Bypass



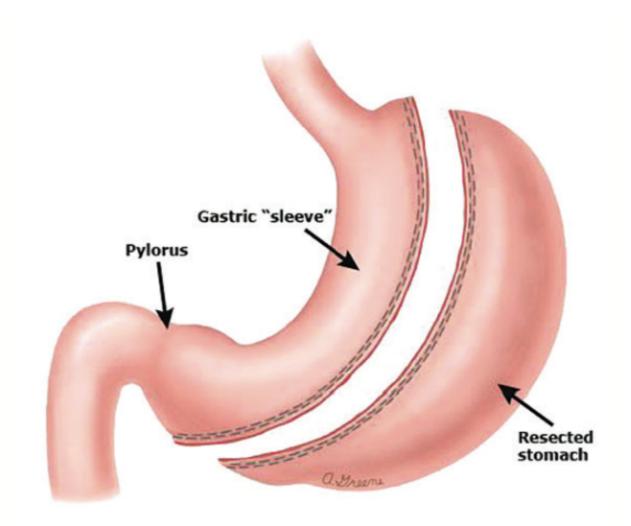
Sleeve Gastrectomy

Laparoscopic Surgery

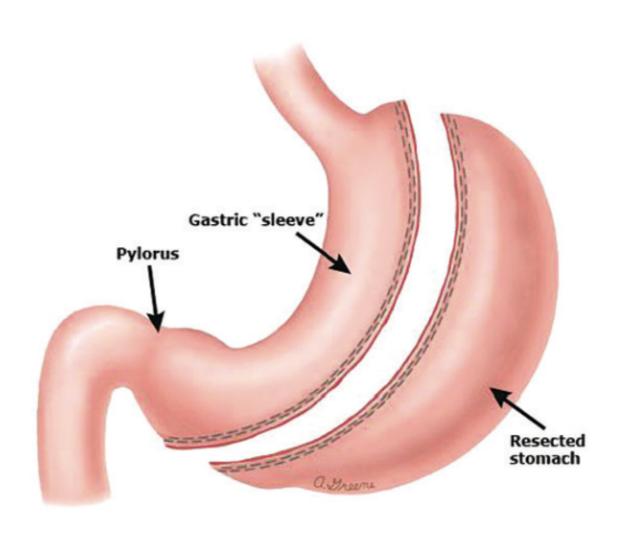


Shorter hospitalizations
Quicker return to activity
Less complications

Procedures:



- General anesthesia
- 1-2 hour procedure
- 2-3 days in the hospital
- 55% 65% excess body weight loss
- 60-100 lbs weight loss
- Maximal weight loss occurs at 1 year.



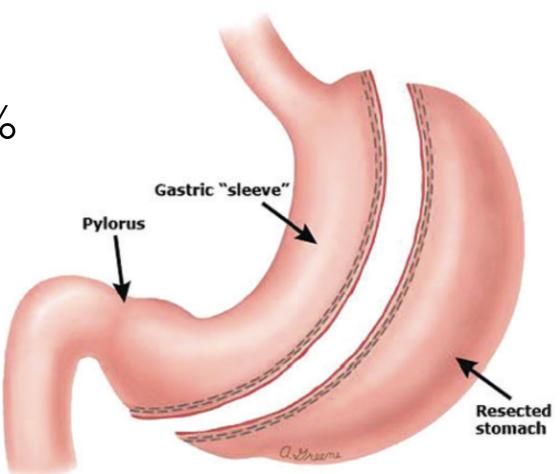
Risks and Complications

• Overall complications < 10%

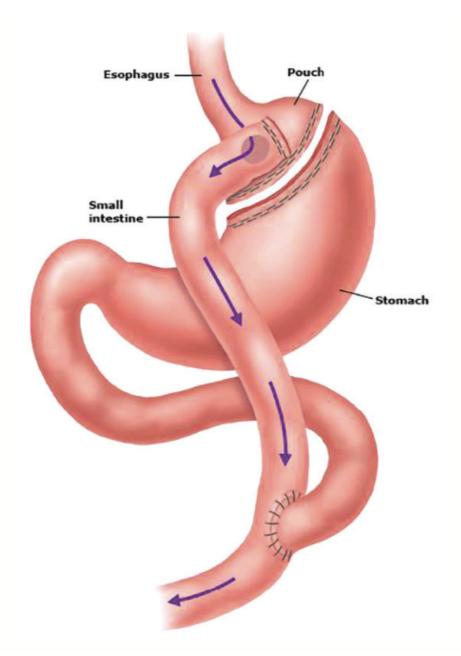
Major complications < 2%

Not reversible

Heartburn

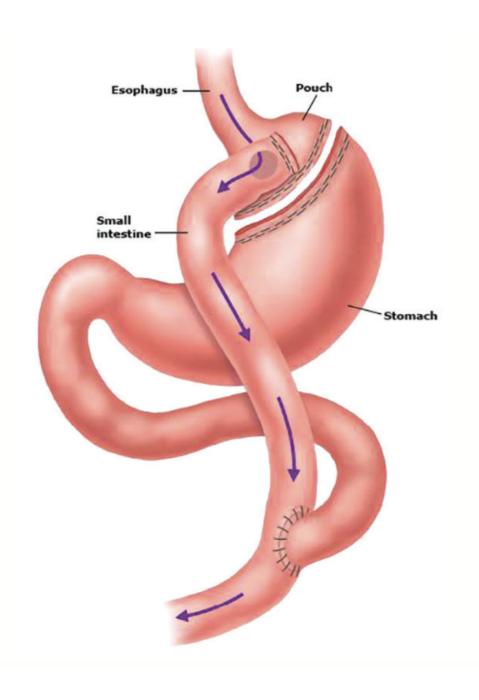


Procedures:



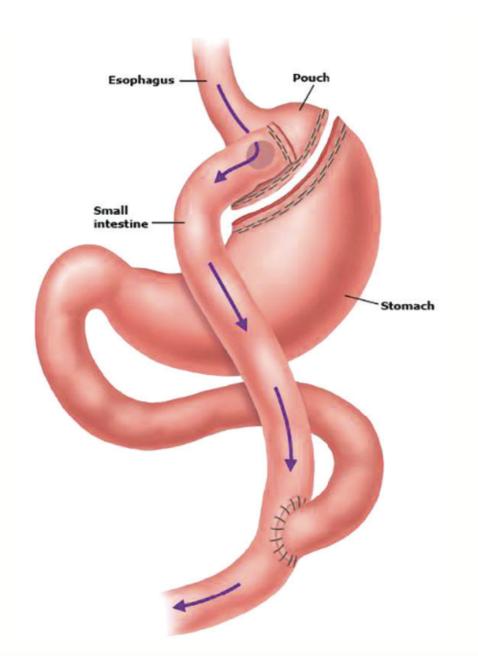
Gastric Bypass

Gastric Bypass



- General anesthesia
- 2-3 hour procedure
- 2-3 days in the hospital
- 65% 75% excess body weight loss
- 100-150 lbs weight loss
- Maximal weight loss occurs at 1 year.

Risks and Complications

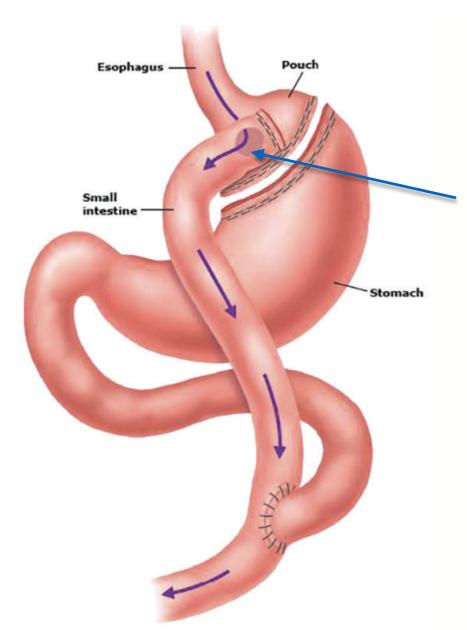


Gastric Bypass

- Overall complications <15%
- Major complications < 3%
- Ulcers
 - Highest risk with smokers and use of NSAIDs
- Dumping syndrome
- Internal hernia
- Longer operation = higher risk of blood clots and wound complications

Risks and Complications





Major complications < 3%

Ulcers

Highest risk with smokers and use of NSAIDs

Dumping syndrome

Internal hernia

Gastric Bypass

 Longer operation = higher risk of blood clots and wound complications

Why does surgery work?

Not clear but there are lots of theories:

- Limits portion size
- Decreases absorption of nutrients
- Changes body's regulation system for gaining and losing weight

When does it fail?

- Eating habits and food choices
- Physical activity
- Genetics
- Gender
- Illness
- Age
- Medications

What happens after surgery?

- 2-3 days in the hospital
- · 2 weeks follow up in surgery clinic
- · 2 months follow up in surgery clinic
- 6 months and yearly follow up in the Metabolic and Endocrine Clinic

What happens after surgery?



70 grams of protein/day 64 fluid ounces/day

Small portions

No concentrated sweets

No carbonated drinks

MOUTH Salivary -**ESOPHAGUS** amylase STOMACH Gastric juice pepsin alcohol HCI DUODENUM Pancreatic juice CI-, SO,= bicarbonate enzymes calcium magnesium Bile_ zinc **JEJUNUM** glucose, galactose, fructose Intestinal brush vitamin C border enzymes water soluble thiamin vitamins riboflavin pyridoxine folic acid ILEUM protein vitamins A, D, E, K fat cholesterol bile salts and vitamin B₁₂ Na⁺K⁺ COLON vitamin K formed by bacterial action H₂O

Vitamin Supplementation

Weight loss surgery reduces vitamin absorption.

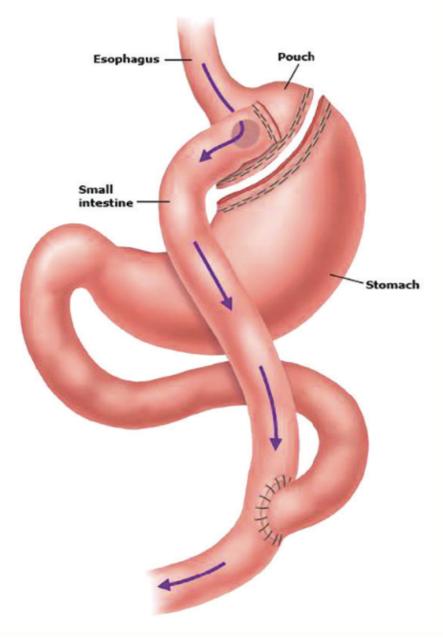
Taking supplemental vitamins is IMPORTANT!

Breakfast	1 Multivitamin 1 Sublingual Vitamin B12 (500mcg)	
AM Snack		
Lunch	Calcium Citrate (2 Tablets)	
PM Snack		
Dinner	Calcium Citrate (2 Tablets)	

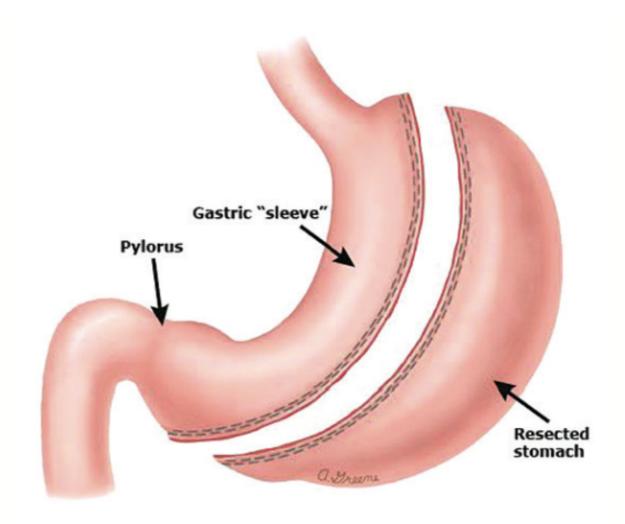
Gastric Bypass

Breakfast	1 Multivitamin 1 Sublingual Vitamin B12 (500mcg)	
AM Snack	Calcium Citrate (2 Tablets= 500mg)	
Lunch	Calcium Citrate (2 Tablets)	
PM Snack	Calcium Citrate (2 Tablets)	
Dinner	1 Multivitamin	

What's the best procedure for me?

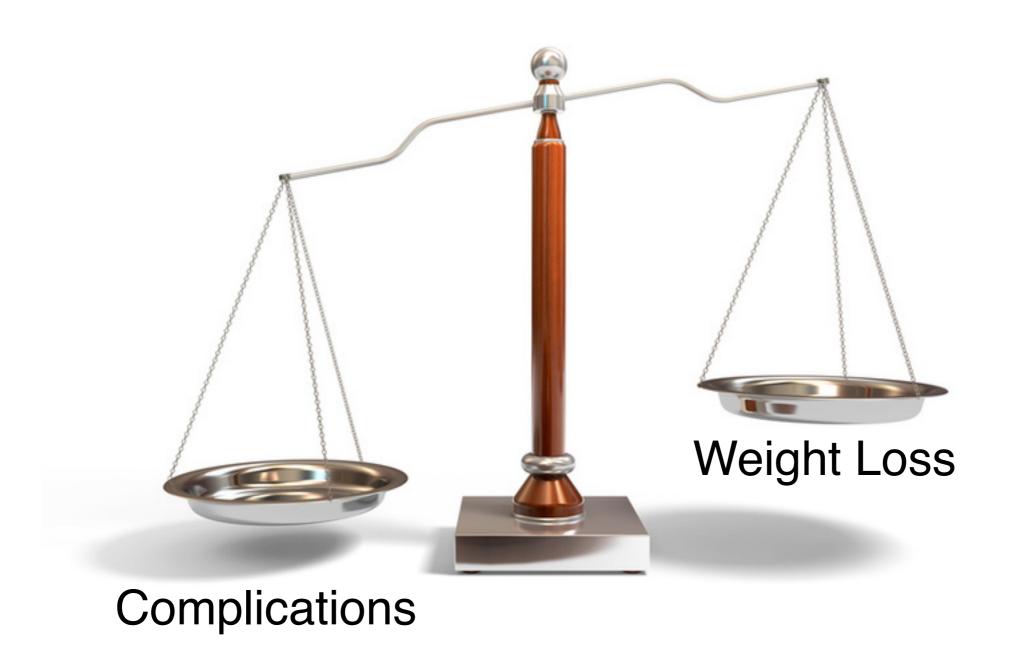


Gastric Bypass

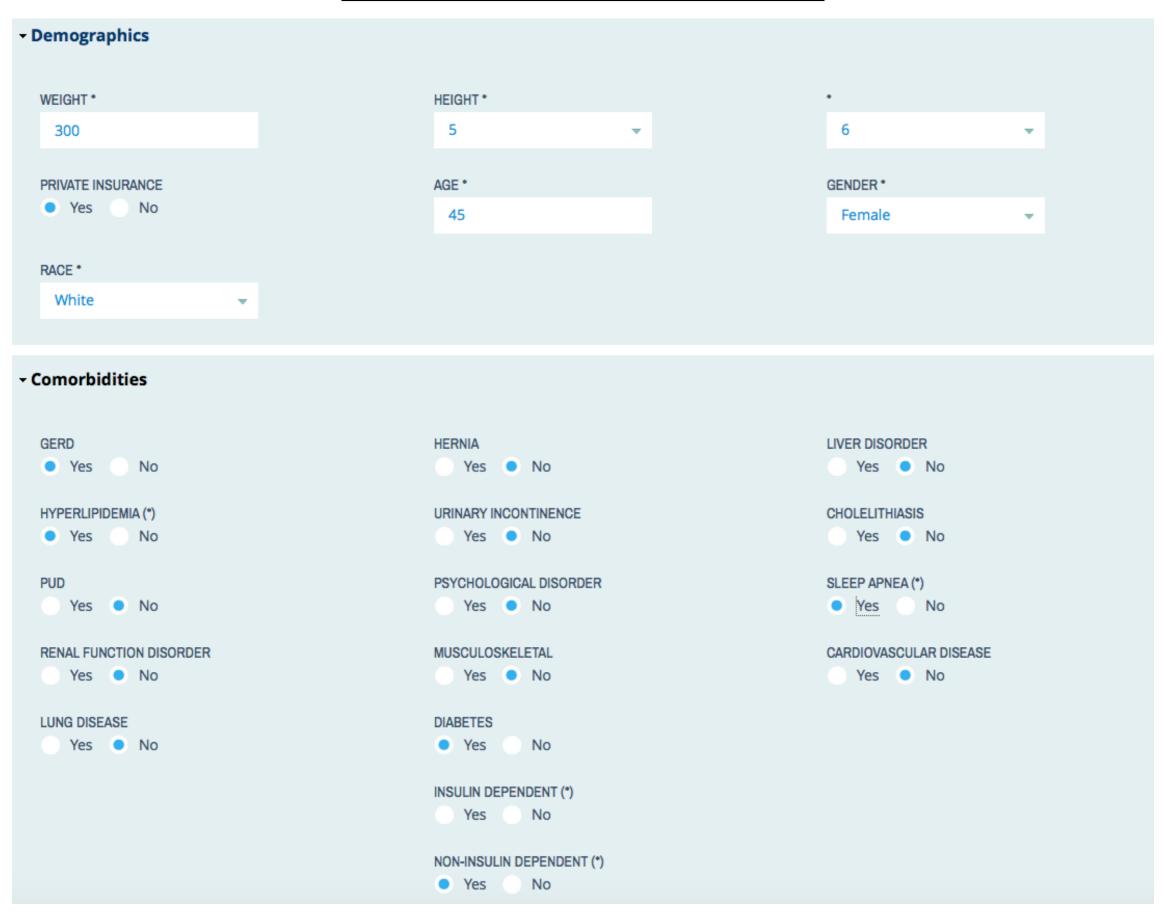


Sleeve Gastrectomy

Balancing the risks and benefits



Outcomes Calculator



Outcomes Calculator

	WEIGHT LOSS	
	SLEEVE GASTRECTOMY	RYGB
WEIGHT (LOST) AT YEAR 1	217 (83)	203 (97)
	COMORBIDITY RESOLUTION	
	SLEEVE GASTRECTOMY	RYGB
NON-INSULIN DEPENDENT	81 %	86 %
HYPERCHOLESTEROLEMIA	59 %	77 %
SLEEP APNEA	70 %	76 %

Outcomes Calculator

	COMPLICATIONS		
	SLEEVE GASTRECTOMY	RYGB	
ANY	4.1 %	7.06 %	
SEVERE	1.33 %	2.06 %	

Weight Loss = Change



Weight loss is more than just a number

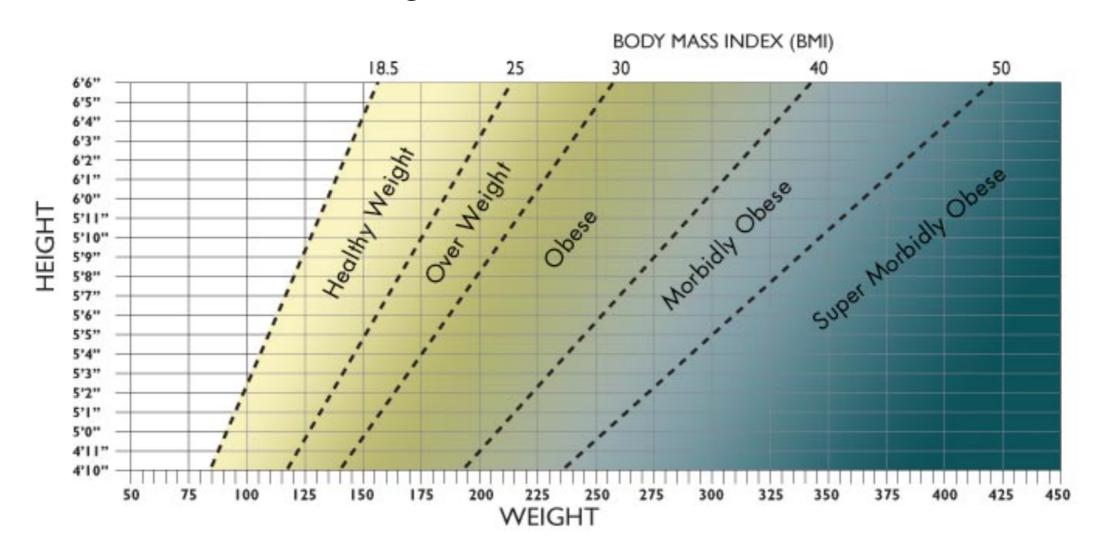
- It's important to match your expectations with realistic goals:
 - Reduction of comorbid conditions
 - Reduction of prescription medications
 - Life-long lifestyle changes
 - Possible complications

Am I a candidate?

Body mass index (BMI)

BMI > 40 or BMI > 35 +

Weight related illnesses



Am I a candidate?

Can tolerate general anesthesia.

Able to make dietary and lifestyle changes

Able to exercise

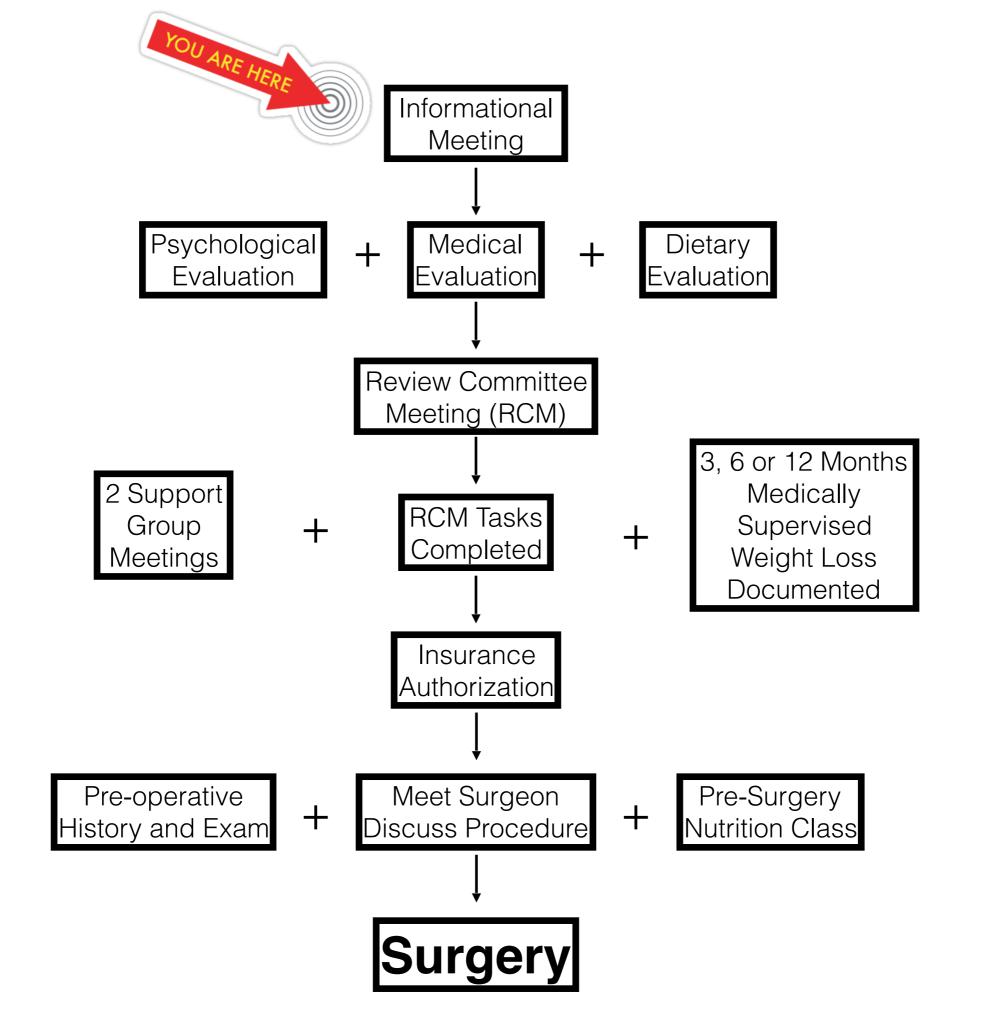
Not smoking

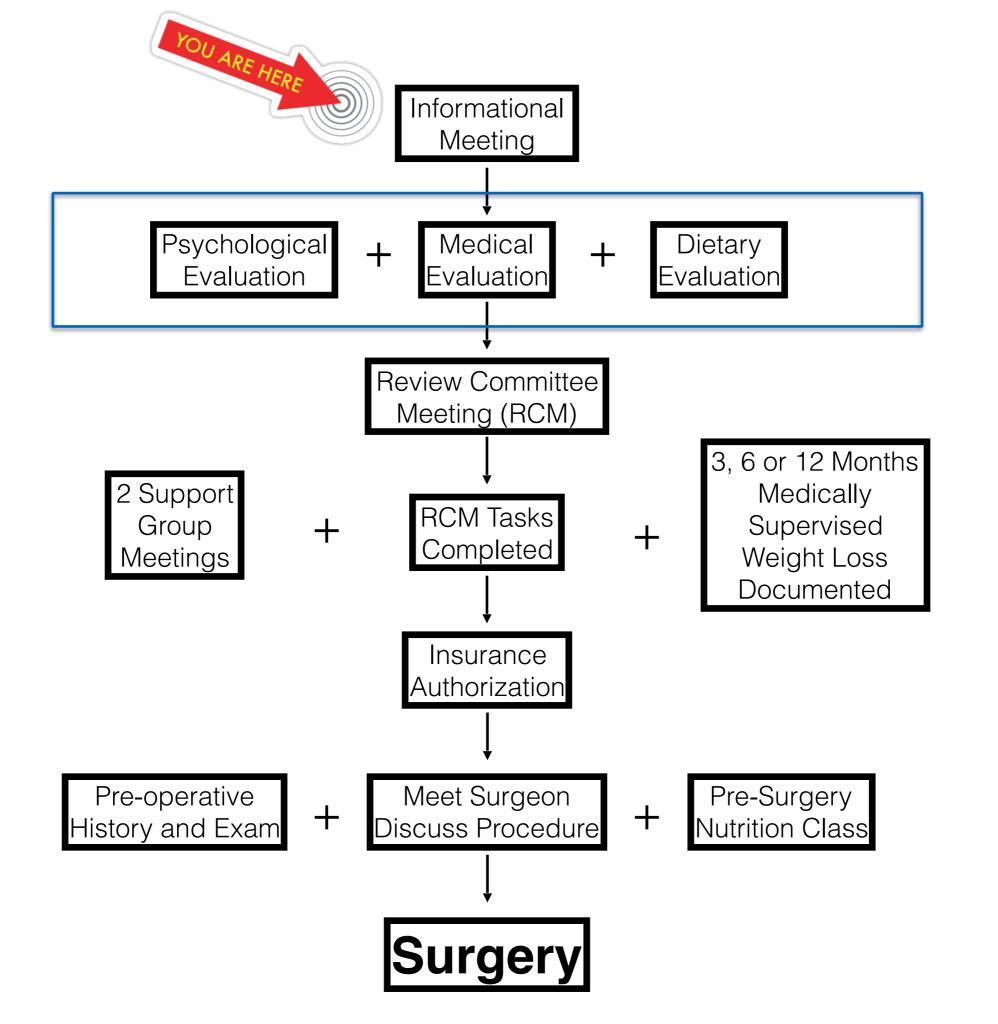
Psychological illnesses are well controlled

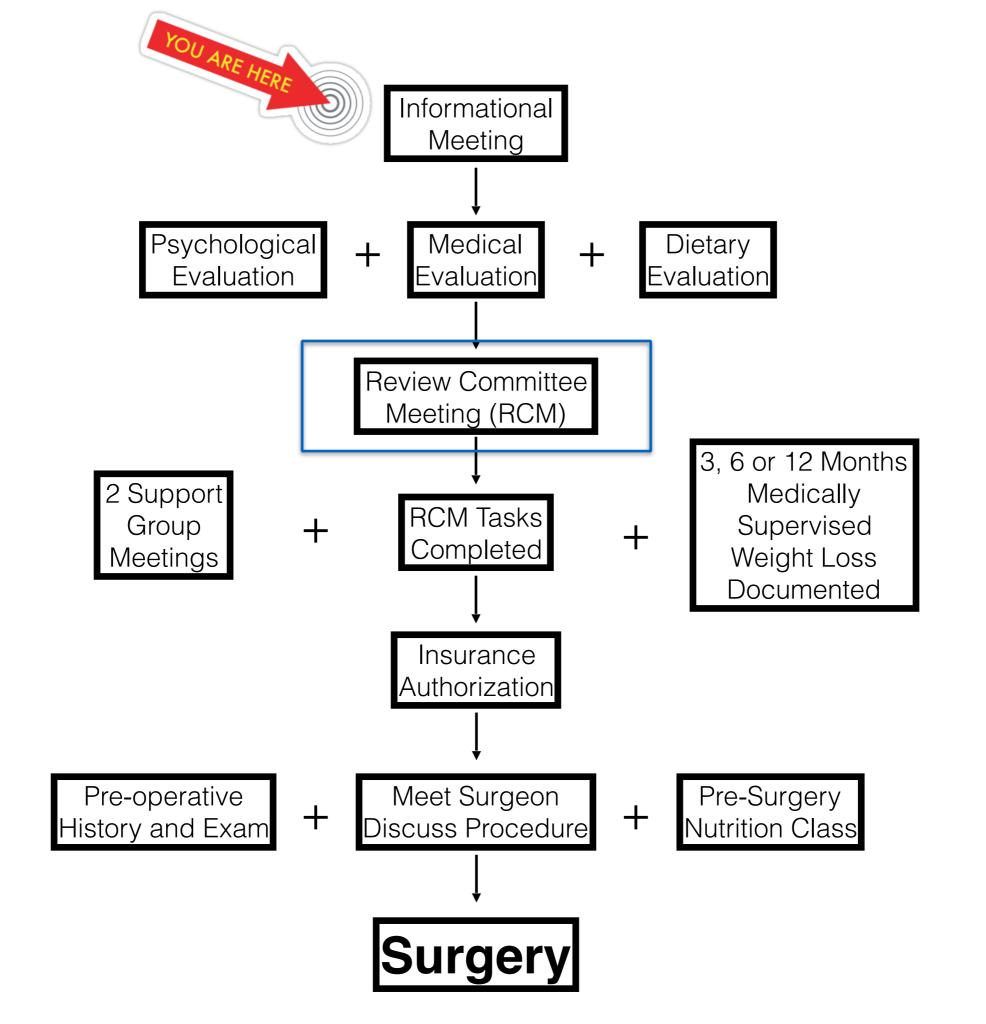
No active cancer

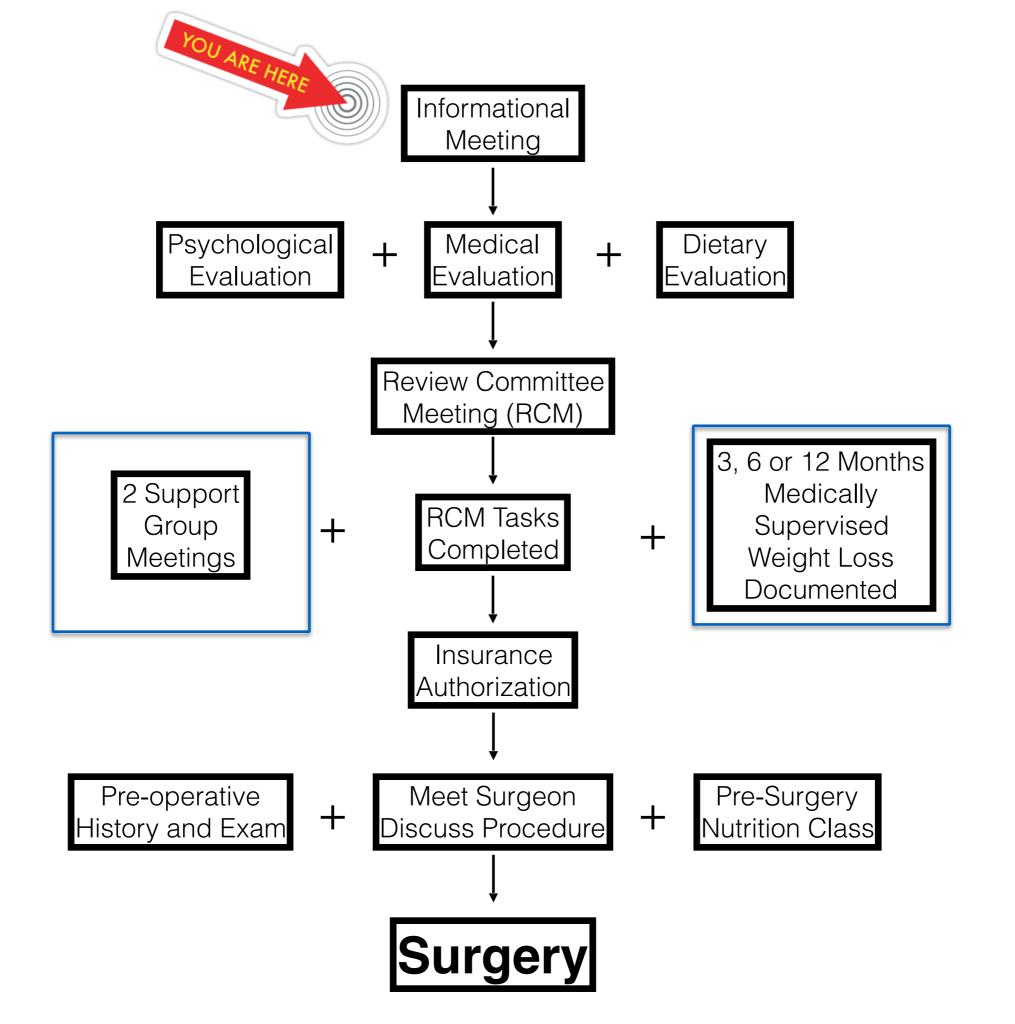
The Road to Surgery







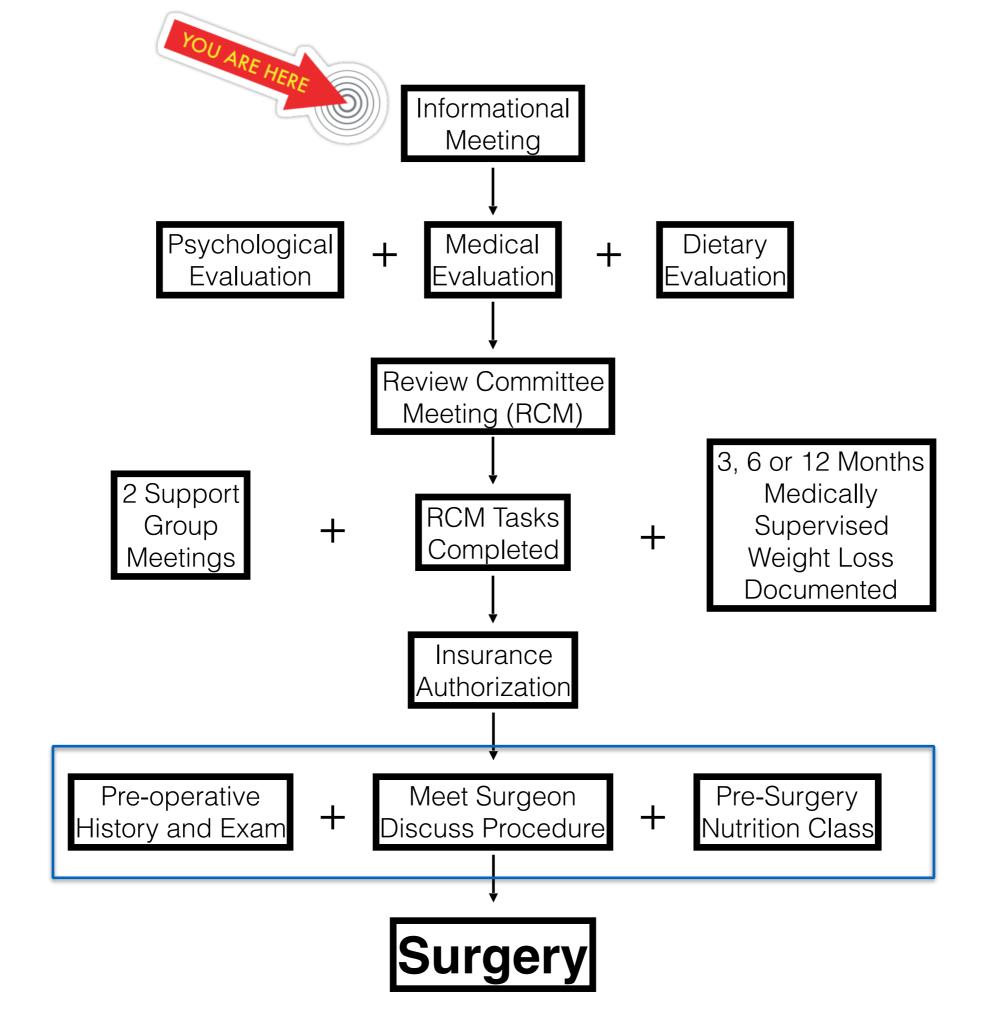




Review Committee Letter

- Risk/Benefit Profile
 - Estimated weight at 1 year
 - Estimated complication rate
- Requirements
- Recommendations





<u>Insurance</u>

- Coverage Varies:
 - Private Insurance
 - Veterans
 - Medicare
- You need to contact your provider for specific details
- Use our insurance questionnaire as a guide

Important questions for your insurance carrier:

1.	REPRESENTATIVE AT INSURANCE COMPANY (NAME):					
2.	DO I HAVE BENEFIT COVERAGE FOR MEDICALLY NECESSARY <u>WEIGHT LOSS SURGERY</u> FOR MORBID OBESITY FROM MY INSURANCE COMPANY? YES NO					
3.	ARE ABOVE PROCEDURES (CODES LISTED ABOVE) COVERED IF I HAVE SURGERY AT THE UNIVERSITY OF MICHIGAN? YES NO					
4.	WHAT IS MY INSURANCE BENEFIT OR EXCLUSION?					
5.	DOES MY WEIGHT LOSS SURGERY BENEFIT REQUIRE A MEDICALLY SUPERVISED WEIGHT LOSS TRIAL PROGRAM? NO SKIP TO NEXT QUESTION					
6.	IS A PRIMARY CARE PHYSICIAN REQUIRED TO COMPLETE THE WEIGHT LOSS DOCUMENTATION OR CAN A SPECIALTY DOCTOR RECOMMEND AND FOLLOW THE WEIGHT LOSS TRIAL PROGRAM?					
7.	WHAT IS MY CO-PAY FOR A PRIMARY CARE OFFICE VISIT? \$					
8.	What is my co-pay for a specialist care office visit (example: Lap band adjustment)? (Adjustments for the Lap Band: CPT CODE: HCPCS \$2083)					
9.	HOW MANY NUTRITION APPOINTMENTS WILL BE COVERED WITH THE DIAGNOSIS OF MORBID OBESITY? INDIVIDUAL GROUP					
10.	WHEN IS THE EFFECTIVE DATE OF THE POLICY? (MM/DD/YYYY)					
11.	WHEN IS THE RENEWAL DATE? (MM/YYYY)					
12	DO LHAVE A PRE-EXISTING CLAUSE? Types In No. If No. skip to outestion # 14					

Medically Supervised Weight Loss Documentation

Medically Supervised Weight Loss Documentation

Assessment and Treatment Plan for Obesity

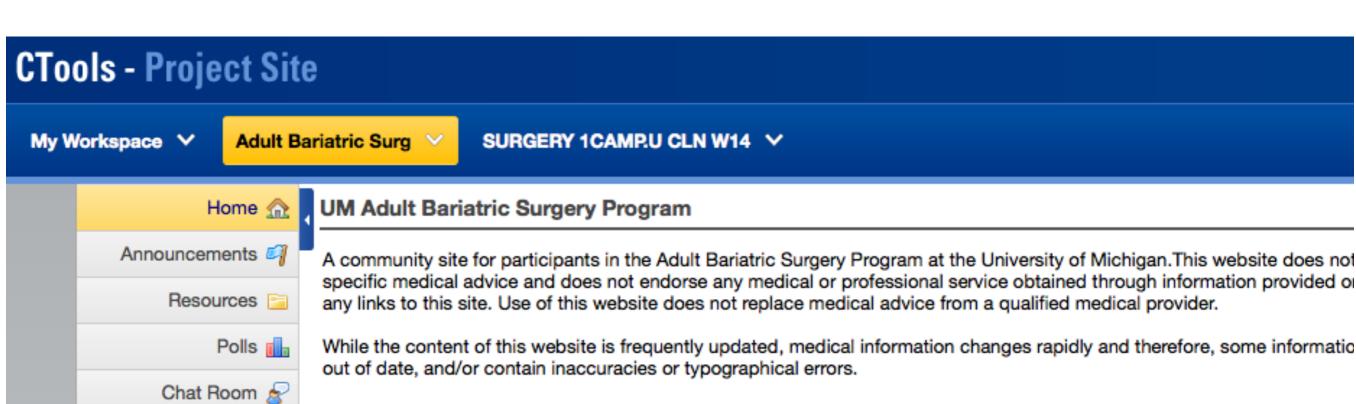
This form must be completed at each office visit for the duration specified by your insurance company.

Patient Name:			Date of Visit:		
Registration Number: _					
Date of Birth:					
Weight:	lbs. Heigh	nt (first visit):	in. BMI:		
Blood Pressure:		Pulse:			
Diet (Prescribed caloric			d recommendations).		
Recommended Dietary	Goal(s):				
			age and physical condition		
achievable goals.)					
Notes:					
Recommended Exercis	e Goal(s):				
Behavioral Intervention	on (Specific strate	egies and tools for ove	rcoming barriers and impro	oving dietary	
compliance, for examp	le log books, sup	port groups, stress mai	nagement, social support).		
Notes:					
Pharmacotherapy (Th	is must be addres	ssed and documented	d. List FDA approved weigh	nt loss drugs and	
strength or indicate that Notes:	t patient is unable	e to tolerate or refuses	s pharmacotherapy).		

Multidisciplinary Team

Surgeons Endocrinologists Physician Assistants Psychologists Dietitians Certified Bariatric Nurse Patient Service Associates

On-line Resources



Bariatric Surgery

Online Status

Update (a)

Site Info 4

Help @

Site (a)

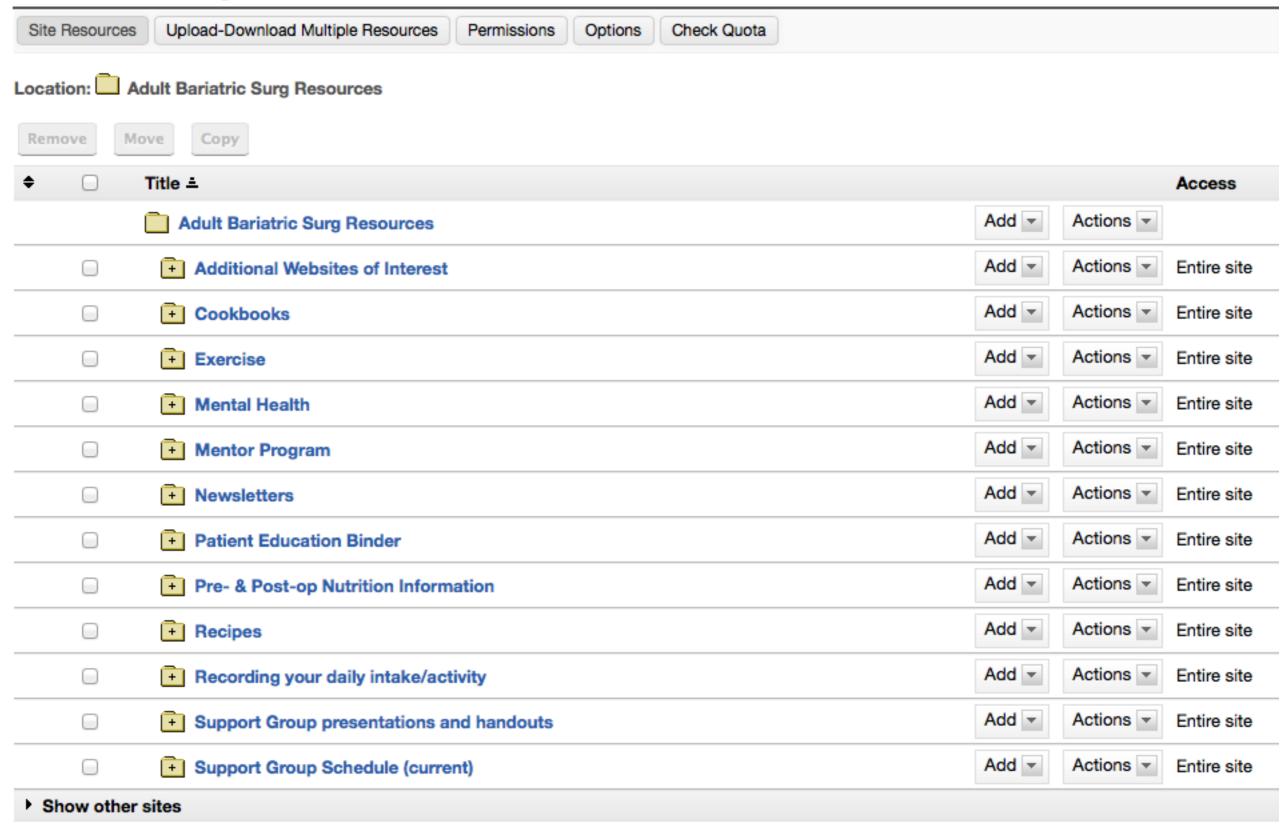
Please click the "resources" tab on the left side of the screen to access all the folders containing patient education documents, recipes and support group schedules! Support groups are only open to those patients in the University Michigan Bariatric Program.

If you have questions for the staff, please contact our office during normal business hours (Monday through Friday, 4:30pm) at 734-647-6685. We will not respond to inquiries left in the chat room!

The purpose of the chat room is to seek and provide support throughout your weight loss journey. Inappropriate or comments towards patients, staff and/or the program will be removed from the chat room.

C-Tools

Adult Bariatric Surg: Resources



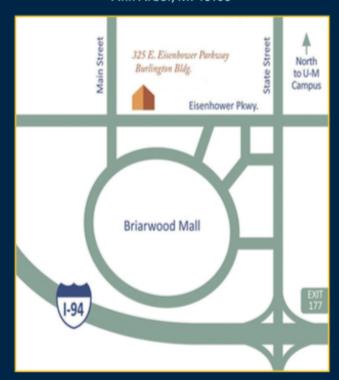
Weight-Loss Conditioning Program



Weight Management Bariatric (WMB) Conditioning Program

Transitions Training Studio

325 East Eisenhower Parkway Garden Level, Suite 12 Ann Arbor, MI 48108



Refunds and Credit Policy

In the case of severe injury or emergency, full or partial refunds may be issued. A doctor's note must accompany a written request for refund. Credit may be given for all participants who wish to return to the program at a later date due to these circumstances.

Prices are subject to change at any time without notice.



Transitions Training Studio

325 East Eisenhower Parkway Garden Level, Suite 12 Ann Arbor, MI 48108

734-232-1262

PMR-Transitions@med.umich.edu pmr.med.umich.edu/transition

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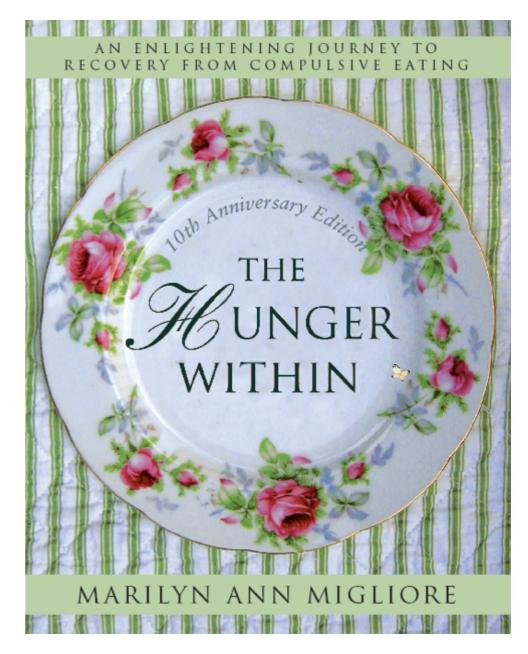
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Hunger Within

- Nationally recognized treatment for weight management
- 12 week program
- Explores core reasons for overeating (triggers for emotional eating)



Clinic

Domino's Farms

Lobby A, Suite 1200 4008 Ave Maria Dr. Ann Arbor, MI 48105



Surgery

University of Michigan Health System

1500 E. Medical Center Dr Ann Arbor, MI 48109



Next Steps

1. Provide your name and contact information.

2. Contact your insurance carrier about details of your policy