Androscoggin Valley Hospital: A Bariatric Satellite Site of Catholic Medical Center.

Surgical Weight Loss Options For a Healthier Tomorrow



© Connie Campbell MD

Are you where you want to be?



What is Obesity? Body Mass Index (BMI) = kg/m²

NORMAL BMI 18.5 - 24.9 **OVERWEIGHT**

BMI 25 - 29.9

OBESE

BMI 30 - 34.9









MORBIDLY OBESE BMI ≥ 40



Body Mass Index

BMI = (Weight in Pounds / (Height in inches x Height in inches)) x 703

WEIGHT IN POUNDS (lbs)

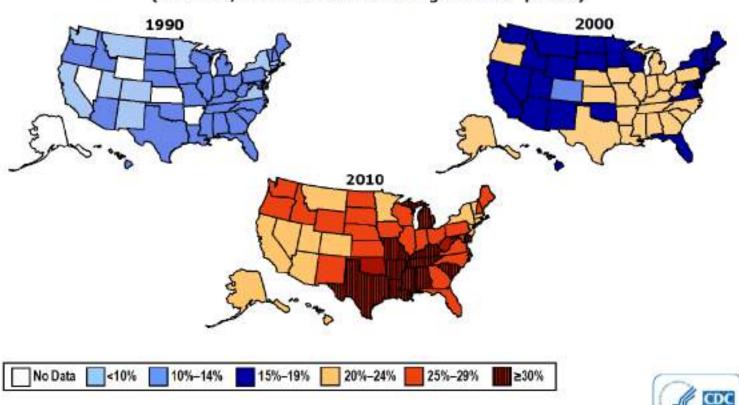
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	5'2"	22	24	25	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
	5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
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	5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
	5'8" 5'9"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
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Obesity Increasing in United States

Obesity Trends* Among U.S. Adults

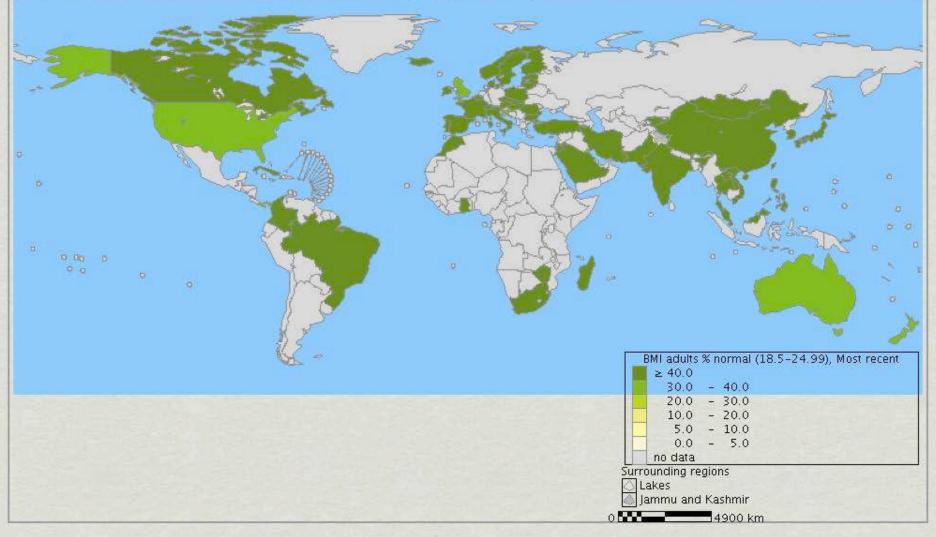
BRFSS, 1990, 2000, 2010

(*BMI ≥30, or about 30 lbs. overweight for 5'4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

World Health Organization BMI: "Globesity"



Obesity affects health in many ways

Pulmonary disease abnormal function obstructive sleep apnea hypoventilation syndrome

Nonalcoholic fatty liver

disease

steatosis steatohepatitis cirrhosis

Gall bladder disease

Gynecologic abnormalities abnormal menses infertility polycystic ovarian syndrome

Osteoarthritis

Skin

Gout

Idiopathic intracranial hypertension

Stroke

Cataracts

Coronary heart disease

← Diabetes

Dyslipidemia

Hypertension

Severe pancreatitis

Cancer

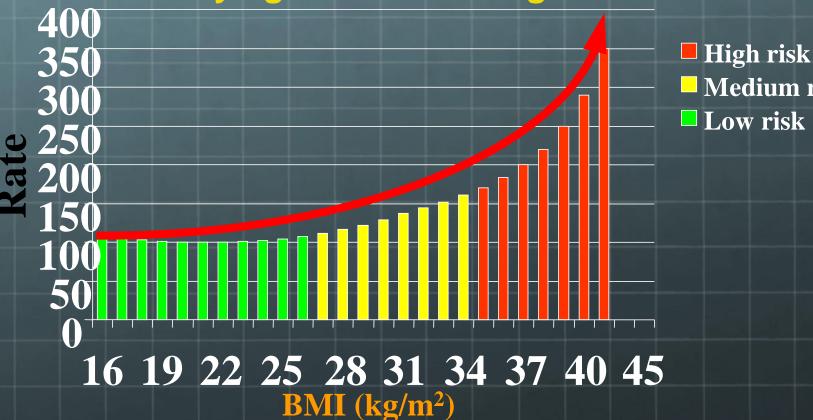
breast, uterus, cervix colon, esophagus, pancreas kidney, prostate

Phlebitis venous stasis

And this is why we worry!

Exponential Increase in Risk of **Dying with increasing BMI**

Medium risk



Source: NIH, NEJM, 1995.

Relative Mortalit

Causes of Obesity

- Genes
- Metabolism
- Culture
- Socioeconomic Status
- Behavior

- Lack of sleep
- Medications
- Gut flora
- Obesogens
- Environment

Treating Obesity

- Diet
- Exercise
- Weight-loss programs
- Medications
- Hypnosis
- Counseling
- Surgery



Best Practices to Transform Your Future: The Multidisciplinary Approach to Obesity at CMC

Evaluation

Health status OTC health care provider

Eating habits OTC nutritionist

Exercise habits OTC exercise physiologist

Psychological status Mental health provider

Applicability of surgery OTC health care providers

Education

Health status OTC health care provider

Individualized nutrition plan OTC nutritionist

Individualized exercise plan OTC exercise physiologist

Best behavioral habits Mental health provider

Details of weight loss surgery OTC staff and surgeons Support group members

Education: Lifestyle Changes

- Mindful eating
- Staples of change
- Food and emotions
- Dealing with 'high-risk' eating situations
- Bridging social support
- Development of a personal lifestyle change plan

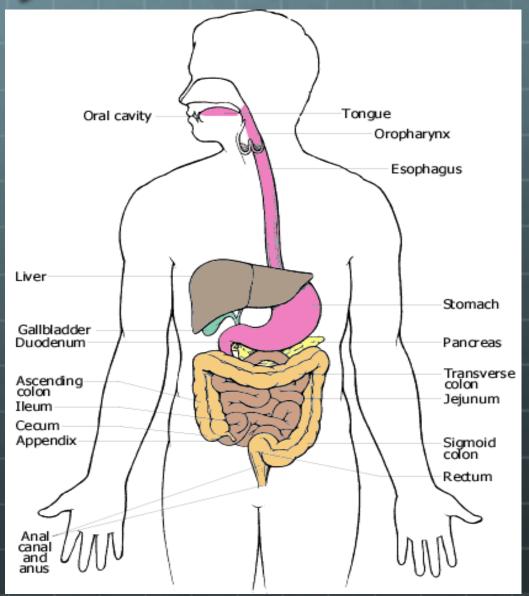
Requirements for Weight Loss Surgery

- BMI > 40 or BMI 35 - 39 with other co- morbidities
- Prior weight loss attempts
- Payor source
- Ability to meet payor qualifications

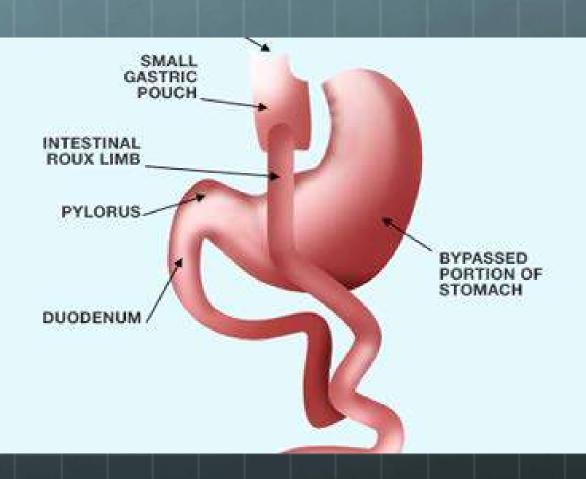
Weight Loss Surgeries at CMC

- Gastric Bypass
- Sleeve Gastrectomy
- Adjustable Gastric Banding

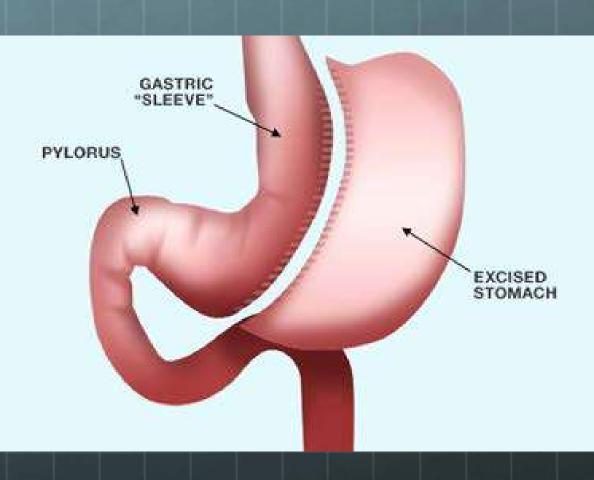
Anatomy of the Gastrointestinal Tract



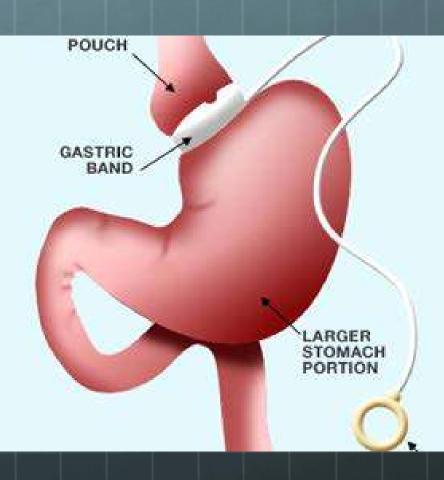
Gastric Bypass



Sleeve Gastrectomy



Adjustable Gastric Banding



Benefits of Minimally Invasive Surgery versus Open Surgery

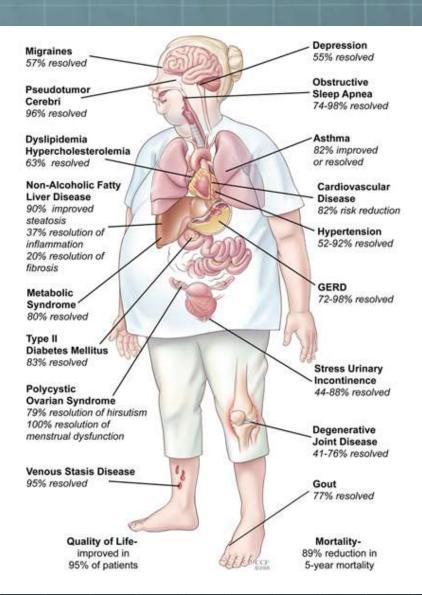
- Smaller incisions
- Less pain
- Quicker recovery
- Better wound healing
- Decreased risk of hernia

Initial post-surgery course

- General anesthesia
- Telemetry
- Usually no tubes
- Specific oral intake progression
- 2 night hospitalization
- Return to work in 2 weeks

Which procedure is BEST? It depends...

Health issues to improve



- Diabetes
- Obstructive sleep apnea
- Polycystic ovarian syndrome
- Heartburn/hiatal hernia

Health issues present

- Previous abdominal or intestinal surgery
- Reflux
- Hiatal hernia
- Inflammatory bowel disease
- Heart disease with stents

Potential Complications

- Death
- Bleeding
- Leakage
- Blood clots
- Infection
- Heart issues
- Nausea/vomiting
- Need for additional surgery

- Strictures
- Nutritional deficiencies
- Change in bowel habits
- Dehydration
- Ulcers
- Hair loss
- Hernias
- Unlisted complications



SURGERY

NO SURGERY

0.68%

6.17%

Ann Surg 2004; 240(3)416-23

Original Article

Perioperative Safety in the Longitudinal Assessment of Bariatric Surgery

The Longitudinal Assessment of Bariatric Surgery (LABS) Consortium

N Engl J Med Volume 361(5):445-454 July 30, 2009

Male History of DVT BMI > 50 Sleep apnea Unable to walk 61 meters



Modifiable risk factors

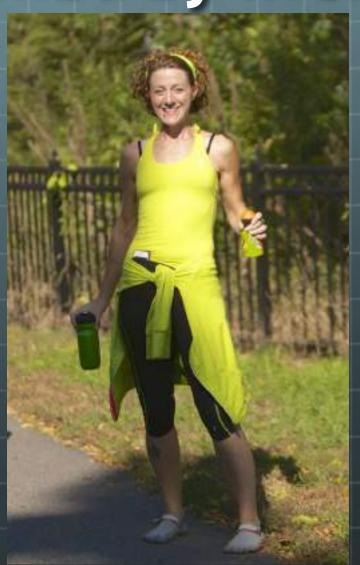
Pre-op Optimization

- Diagnosis and treatment of medical issues
 - Sleep apnea/CPAP
 - Diabetes/optimization of HA1c
 - Coronary artery disease
 - Thyroid disease
 - H.pylori
- Tobacco free/Drug free

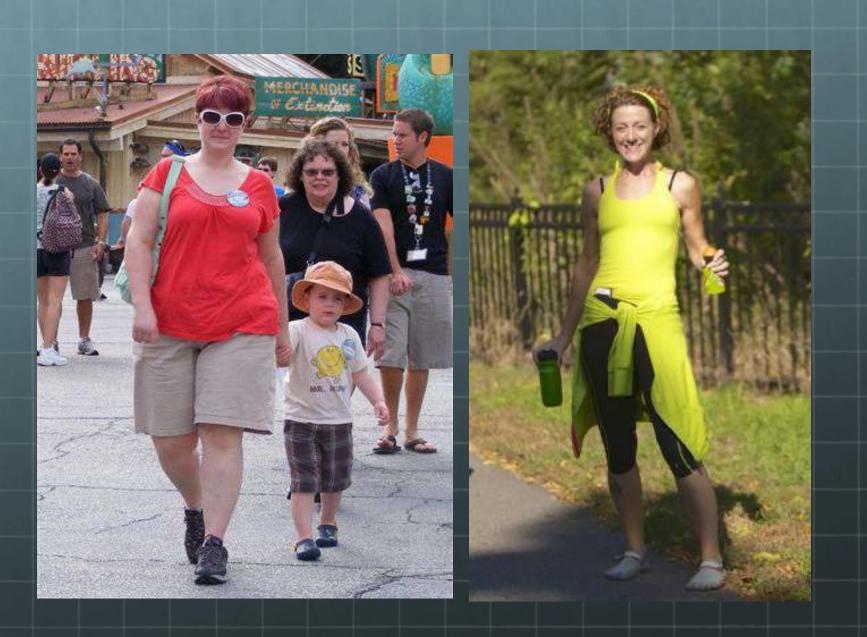
- Best nutrition practices
- Mindful eating
- Weight loss
- Prehabiltation/conditioning
- Liver shrinkage
- Support groups



Zumba by Melissa



Tuesdays 5 PM at the OTC



Post-Op Back on Track Shopping Tours

- •Struggling with losing excess weight?
- •Hit a weight loss plateau?
- •Looking for diet and meal planning inspiration?

Free Monthly Shopping Tours facilitated by an OTC

Registered Dietitian are available for you!



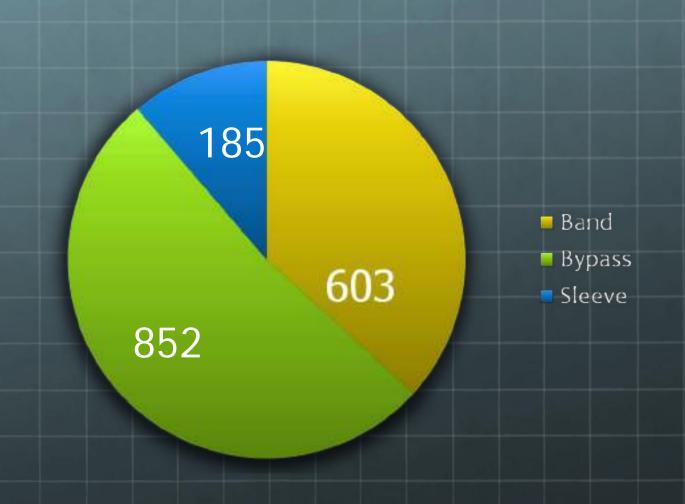




Total Bariatric Cases









METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

ACCREDITED CENTER

Surgeons



Dr. Campbell Dr. Catania Dr. Wood







Dr. Wu

Center of Excellence Status



METABOLIC AND BARIATRIC SURGERY

ACCREDITED CENTER







HEALTHCARE







Outcomes

- Excess weight loss
- Resolution of medical issues
- Complications



Post-Bariatric Diet Progression

Water



Phase 2: Full liquids and protein shakes

Phase 3: Pureed

Fluids Protein Vitamins

Phase 4: Ground

Phase 5: Regular



Pregnancy After Bariatric Surgery







Maternal and Neonatal Complications

N	lorbidly Obese	Post-Bariatric Surgery
Gestational diabetes	22.1-27%	o-8%
Preeclampsia	3.1%	o %
Premature delivery	7.1%	7.7%
Low birth weight	10.6%	7.7%
Macrosomia	14.6%	7.7%
Internal hernia		8.3%
C-section	28%	43%

Post-bariatric surgery complications were similar to non-obese controls JAMA. 2008 Nov 19;300(19):2286-96.

NEXT STEPS

- OTC form
- PCP referral
- Check insurance coverage/requirements



