Feel good about your decision
If you’ve been trying to lose and maintain weight but you haven’t had any luck, you may need to alter the complex relationship your body has with food and its metabolism. Bariatric surgery helps reset your body’s ability to effectively manage weight. New research indicates that some types of bariatric surgery (gastric bypass, sleeve gastrectomy and duodenal switch) have metabolic impacts that enable a new lower body weight. By altering the anatomy of the stomach and/or intestine, these surgeries affect hormonal signals, resulting in decreased appetite, increased feelings of fullness, increased metabolism and healthier food preferences.

Obesity puts your health at risk
Living with excess weight has been shown to put your health at risk, which increases as your obesity becomes more severe. Obesity dramatically increases the risk of type 2 diabetes, high blood pressure, high levels of triglycerides, heart disease and stroke, arthritis, and obstructive sleep apnea. Higher body weights are also associated with cancer and early death. Without the medical intervention that bariatric surgery provides, many patients with severe obesity are not successful in managing their weight and related health conditions.

Understand your surgery
Bariatric surgery is an operation that creates a smaller stomach, which will reduce the amount of food you can take in and/or reduce the absorption of calories. Metabolic surgery often causes hormonal changes resulting in reduction of appetite. Surgery is performed using minimally invasive (laparoscopic) techniques, which may decrease surgery-related discomfort, reduce time and cost with the hospital stay, and allow you to return earlier to a full, productive lifestyle. Bariatric surgery is the most effective treatment for obesity to date, resulting in sustainable and significant weight loss along with resolution of weight-related health conditions in up to 80% of people.

Shared decision-making
The best way to reach an informed decision is to engage in an open and frank discussion with your doctor in which you can express your concerns, explore all your options and have your questions answered. No single procedure is right for everyone. Discuss the surgical options during your surgeon consultation so you can come to an informed agreement about which is the best choice for you. You should feel confident that you understand everything fully and that together, you and your doctor are making the decision that is best for you.
Know the potential complications

As with any surgical procedure, bariatric and metabolic surgery may present risks such as adverse reactions to medication, infection, problems with anesthesia, excessive bleeding, breathing problems, or blood clots in legs or lungs. All bariatric surgeries carry risk for leak at the staple lines, gallstones from weight loss, and stricture/stenosis, and/or death. Gastric bypass patients are more at risk for ulcer at the connection between stomach and intestine, and are at long term risk of a hernia and small bowel obstruction. Sleeve gastrectomy patients are at risk of severe reflux (GERD), especially if they have reflux prior to surgery.

The risk for serious complications depends on the type of surgery, your medical condition and your age, as well as the surgeon’s and anesthesiologist’s experience.

Weigh your options

In addition to weight loss, bariatric and metabolic procedures have also been shown to potentially improve several medical conditions, and reduce risk of premature death. Your doctor will help you place the surgical risks in perspective based on your own health and medical status and weigh them against what you stand to gain.

Are you a candidate for bariatric surgery?

Criteria for qualifying for weight loss surgery typically center around calculating how much excess weight you are carrying or your current Body Mass Index (BMI)

- You are more than 100 pounds over your ideal body weight
- You have a BMI of over 40 kg/m2
- You have a BMI of over 35 kg/m2 and are experiencing severe negative health effects, such as high blood pressure or diabetes, related to being severely overweight
- You are unable to achieve a healthy body weight for a sustained period of time, even though you have tried other methods to lose weight

MUSC has an Adolescent Bariatric Surgery Program for patients over 13 years old who meet program requirements and work with an adolescent weight management program to prepare for surgery.
### Types of Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedure Image</th>
<th>Mechanism of Weight Loss</th>
</tr>
</thead>
</table>
| **Sleeve Gastrectomy** | ![Image]        | - Removes ~80% of the stomach without bypassing intestines  
- Creates a small narrow ‘sleeve’ shaped stomach and keeps pylorus intact  
- Restricts how much you can eat at one time  
- Reduces your appetite through favorable changes in gut hormones |
| **Gastric Bypass**     | ![Image]        | - Creates a small pouch which is about 85% smaller than the size of your current stomach  
- Restricts how much you can eat at one time  
- Bypasses part of small intestine and limits how much is absorbed  
- Reduces your appetite through favorable changes in gut hormones |
| **Duodenal Switch**    | ![Image]        | - Creates a ‘sleeve’ shaped stomach first  
- Restricts how much you can eat at one time  
- Creates malabsorption by bypassing large part of small intestine after pylorus  
- Reduces your appetite through favorable changes in gut hormones |
## Types of Procedures

### Unique Issues to Procedure

<table>
<thead>
<tr>
<th>Hospital &amp; Recovery</th>
<th>Unique Issues to Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Procedure takes about 1 hour</td>
<td>- Preexisting reflux (GERD) might be made worse</td>
</tr>
<tr>
<td>- Inpatient stay 1-2 nights</td>
<td>- Less effective at diabetes resolution than Bypass or Switch</td>
</tr>
<tr>
<td>- Out of work 2-4 weeks (depending on job)</td>
<td>- Choice procedure for adolescents, or more complex patients due to no manipulation of small intestine</td>
</tr>
<tr>
<td>- Return to clinic at 1 month postop to transition to regular texture diet</td>
<td>- Option for 2nd stage in the future (Duodenal Switch)</td>
</tr>
<tr>
<td>- 50-70% Excess weight loss</td>
<td></td>
</tr>
</tbody>
</table>

| Procedure takes about 1-2 hours | More effective at diabetes resolution than sleeve |
| Inpatient stay 2 nights | Considered anti-reflux procedure due to ability to resolve GERD |
| Out of work 2-4 weeks (depending on job) | May experience dumping syndrome or reactive hypoglycemia with concentrated sweets |
| Return to clinic at 1 month postop to transition to regular texture diet | Connection between stomach & intestine puts more at risk for ulcer |
| | 60-75% Excess weight loss |

| Procedure takes about 2-3 hours | Requires additional attention to fat soluble vitamins (ADEK) |
| Inpatient stay 2-3 nights | Complex surgical procedure – experienced surgeons only |
| Out of work 2-4 weeks (depending on job) | Protein and fat malabsorption occurs by nature of procedure |
| Return to clinic in 1-2 weeks for drain removal | Diarrhea, malodorous bowel movements/gas normal |
| Return to clinic at 1 month postop to transition to regular texture diet | 70-80% Excess weight loss |
**Steps to Weight Loss Surgery**

**STEP 01: Watch our New Patient Welcome Video**
- Before you embark on your journey to bariatric surgery, you will want to determine if you meet the criteria to begin evaluation for surgery.
- If you meet criteria having a Body Mass Index (BMI) over 40 kg/m², or over 35 kg/m² with health conditions associated with excess weight, then you should find out if surgical options are covered under your insurance plan, or if paying out of pocket is an option for you.

**STEP 02: Call your Insurance Company to verify benefits for bariatric surgery**
- Verify that weight loss surgery is a ‘covered benefit’ and is not a plan exclusion.
- Ask your insurance company if the following procedures are covered at MUSC Health by your insurance plan:
  - Roux-en-Y Gastric Bypass (CPT 43644)
  - Sleeve Gastrectomy (CPT 43775)
  - Biliopancreatic Diversion with Duodenal Switch (CPT 43845)
  - Lap Band Removal (CPT 43774)
- Ask about criteria that may be required by insurance company for surgery approval:
  - ‘Medically supervised’ weight loss attempts are often required by insurance companies
  - Ask how many months are required (3 to 6 months are typical)
  - We have a sample form your primary care provider will need to complete
  - Letters of medical necessity from your health care team
  - Find out if any additional surgical clearances (such has pulmonary or cardiac) are required, or if any specific labwork or testing is required (such as TSH or H Pylori)

**STEP 03: Review our Patient Education Guide**
- This patient education guide is a quick overview for you to learn more about surgical weight loss options, shared decision-making, risks and benefits of surgery, and unique features of each procedure.

**STEP 04: Complete & Return Patient Information Forms**
- When you are ready to proceed, please complete and return the patient information forms which includes a medical and nutritional history questionnaire, and include a copy of your insurance card (front and back).

**STEP 05: You will be contacted to schedule your Initial Consultation**
- When we receive your completed patient information forms, you will be contacted by our New Patient Coordinator to schedule your initial consultation to meet with the surgeon and team.

**STEP 06: Attend Consultation with the Bariatric Team**
- Your initial consultation to discuss your options and candidacy for surgery will be with the bariatric surgeon, registered dietitian, and nurse coordinator at the GI Surgery Clinic at the Ashley River Tower.
- Parking is available in the Courtney Street Garage, or you can valet for $10.
- You will have labwork drawn after you meet with the clinicians, and recommendations will be communicated to you using MyChart, MUSC Health’s electronic medical record.

**STEP 07: Attend Consultation with Behavioral Medicine Psychologist**
- Your initial consultation with the behavioral medicine psychologist will be at the Behavioral Medicine Clinic at 67 president Street and is a 3-4 hour evaluation to discuss readiness for surgery, past history, identify a caregiving plan, and identify any areas that may need to be optimized prior to surgery.
- Once we receive your packet and enter a referrals, you must call to schedule 843-792-9162 to schedule this appointment
**STEP 08: Attend Preoperative Education Class**
- All patients are required to attend our Preoperative Education class to learn about your new post-op lifestyle, medical and nutritional guidelines after bariatric surgery.
- Class is offered twice each month at the Ashley River Tower Auditorium - the first and third Tuesday from 12:30 p.m. to 3 p.m. You do not need to register; we will document attendance when you arrive.
- Parking is available in the Courtney Street Garage, or you can valet for $10.

**STEP 09: Complete insurance requirements & We submit your clinical info to insurance company**
- If you are working on a ‘Medically Supervised Weight Loss Attempt’, be sure your health care providers are sending us the records, or obtain a copy to send to us.
- Fax records to: 843-876-4201
- Monthly visit should be once per month, about 30 days apart, and consecutive (3-6 months in a row, without any breaks)
- You can have your providers send us monthly progress notes, or use a sample form we have created to help streamline their process
- Our program requires that you are smoke-free or nicotine-free for at least 90 days prior to surgery.
- Once all your requirements have been met, and records received, we will submit your clinical information to your insurance company for prior authorization.

**STEP 10: Receive Approval and Schedule Surgery Date**
- Once we receive approval, you will get a call from our office to schedule your surgery date.

**STEP 11: Attend preoperative visit with bariatric team**
- You will be contacted to schedule your surgery date, as well as your pre-operative clinic visit with the Nurse Practitioner and Registered Dietitian, about 1 to 2 weeks prior to surgery date.
- You will also see the anesthesia team at Rutledge Tower; you may have additional lab work and EKG at this visit.

**STEP 12: Come to Ashley River Tower for your surgery**
- You will be admitted to the Ashley River Tower hospital the morning of your surgery through central registration the morning of surgery. You will be in the hospital approximately 1-2 days, and must have prior arrangements for transportation home from the hospital and an adequate care-giving plan for your first days at home.
- You will receive extensive education about your hospital stay during the mandatory Pre-Surgery Education class.

**STEP 13: Engage with our program for lifelong aftercare**
- Surgical weight loss is a program, not just a procedure, and expect to have a lifelong relationship with you! We look forward to working with you and watching your progress on your weight loss and maintenance journey.
- Routine clinic visits will be scheduled when you leave clinic at: one month, three months, six months, 12 months, 18 months, two years, three years, and annually for life.
- If you leave without making an appointment, be sure to call the GI Surgery Scheduling Line at 843-792-7929
Contact Information

T Karl Byrne, MD  Medical Director, Bariatric Surgeon
Rana Pullatt, MD  Director of Robotic Surgery, Bariatric Surgeon
Aaron Lesher, MD  Adolescent Bariatric Surgeon
Nina Crowley, PhD, RDN, LD  Program Coordinator
Sharon Thomas  New Patient Coordinator

METABOLIC & BARIATRIC SURGERY

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843-792-3046  |  MUSCHEALTH.ORG/WEIGHT-LOSS-SURGERY

OUR TEAM!

Changing What’s Possible