Metabolic & Bariatric Surgery PATIENT GUIDE



Jennifer Hudson, Post-Bariatric Procedure



Changing What's Possible

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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.

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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 weightrelated 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.

Procedure	Procedure Image	Mechanism of Weight Loss
Sleeve Gastrectomy		 Removes ~80% of the stomach without operating on your intestines Restricts how much you can eat at one time and reduces appetite by changing gut hormones Expected weight loss: 50-70% of excess weight Preexisting reflux (GERD) may get worse Preferred operation for adolescents seeking surgery
Gastric Bypass		 Creates a small pouch which is about 85% smaller than the size of your current stomach and bypasses part of your small intestine Restricts how much you can eat at one time and reduces appetite by changing gut hormones Expected weight loss: 60-75% of excess weight Considered as an anti-reflux procedure due to likelihood of resolving GERD
Duodenal Switch		 Creates a sleeve gastrectomy first then creates intestinal malabsorption by bypassing large portion of your small intestines Restricts how much you can eat at one time and reduces appetite by changing gut hormones Dietary fat not absorbed fully so requires additional fat-soluble vitamin supplements Expected weight loss: 70-80% of excess weight Complex surgical procedure to be done only by experienced bariatric surgeons

 Preferred procedure for those with a BMI>50 and diabetes

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