

About Weight Loss Surgery

How do I qualify for weight loss surgery?

Your Body Mass Index (BMI) is the first measurement that we use to see if you qualify for weight loss surgery. You must meet a certain BMI for the surgery to be covered by insurance. Our program also has other criteria to see if surgery is the best option for you.

Below is a list of criteria our program looks for before approving a patient for surgery.

1. Body Mass Index (BMI):
 - BMI of 40 or higher.
 - BMI of 35 or greater and an illness related to obesity (including diabetes, high blood pressure, or sleep apnea).
2. You've tried to lose weight other ways and you haven't been successful.
3. You're ready to commit to life-long diet changes and follow-up.
4. You cannot be using any tobacco or nicotine products.
5. You agree to participate in appointments and assignments.
6. You have a support person in your life who is also willing to learn about the surgery.
7. Please tell your legal next of kin about your surgery. This person can also be your support person.

Deciding on weight loss surgery

Weight loss surgery options

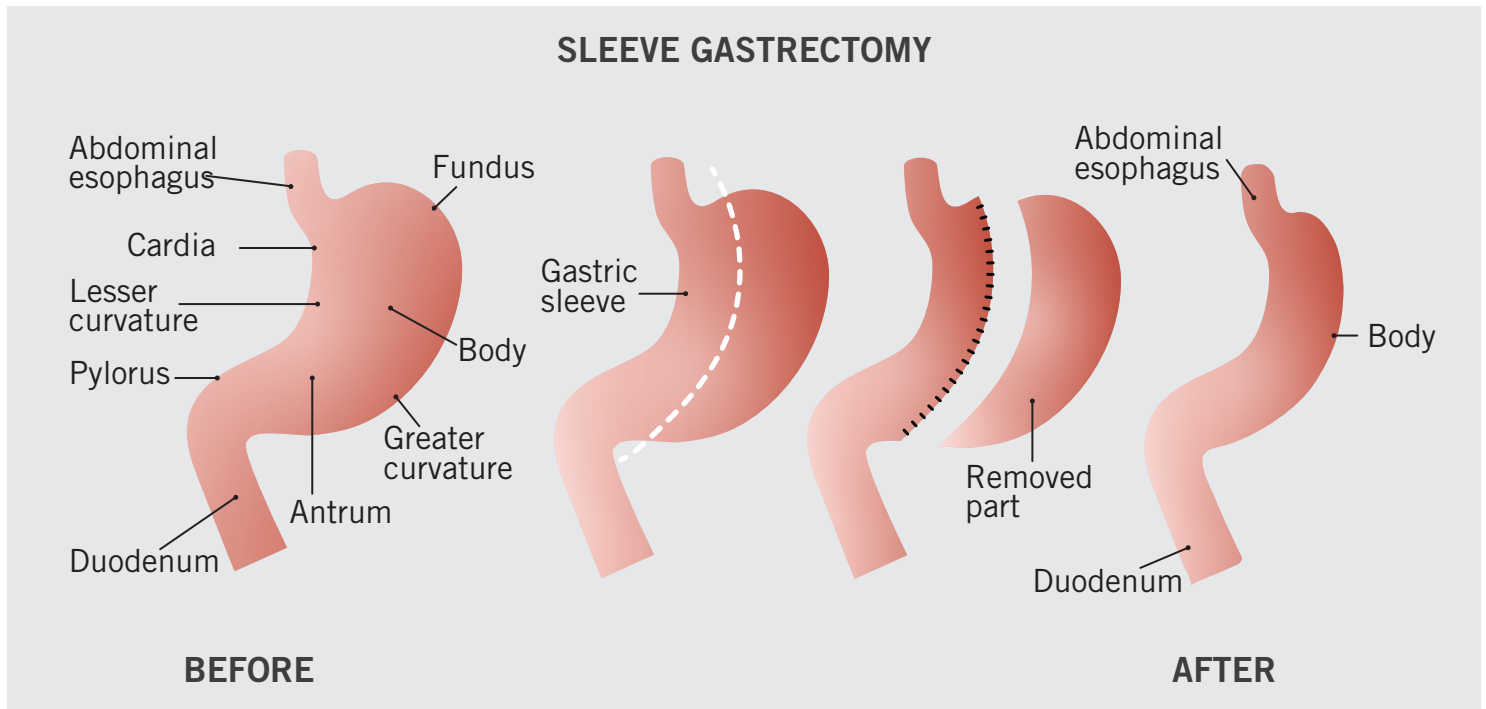
We offer 2 types of weight loss surgery. One is called a Vertical Sleeve Gastrectomy and the other is called a Roux-en-Y Gastric Bypass. Both surgeries are usually done using minimally invasive techniques and laparoscopically or with robotic assistance. Another name for weight loss surgery is bariatric surgery.

Minimally invasive technique: small incisions are made and a camera, long instruments and/or robotic technology are used to operate.

Vertical Sleeve Gastrectomy

What is a Vertical Sleeve Gastrectomy (VSG)?

This is also called a “sleeve” surgery. Your surgeon will remove about 80% of your stomach. A tube is placed down into your stomach to create a shape similar to a banana. The rest of your stomach is cut and stapled at the same time to secure it. The tube is removed and so is the rest of your stomach.

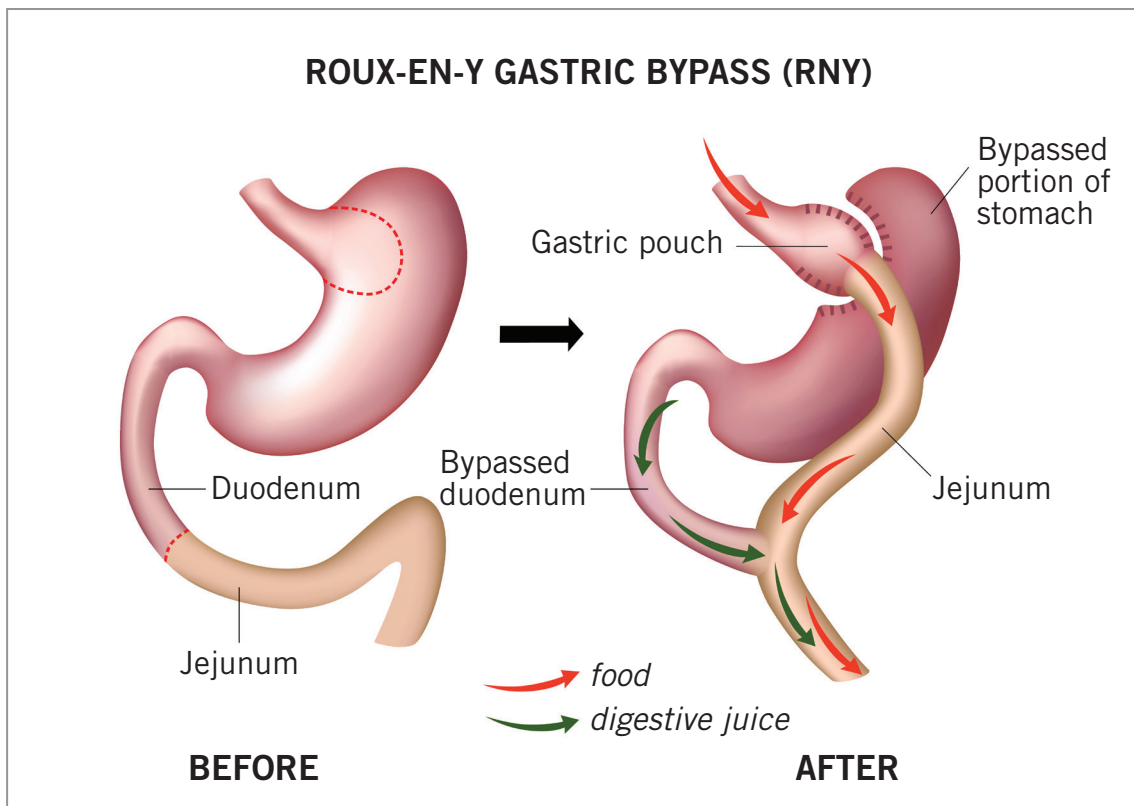


Gastric Bypass

What is a Roux-en-Y Gastric Bypass (RYGBP)?

This surgery is also called a gastric bypass. The surgeon will separate a small part of your upper stomach from the main part of it. This small part of the stomach is called the pouch. The larger bypassed portion of the stomach is called the remnant stomach. The surgeon will connect part of your intestine to the pouch so that the food is able to keep traveling through your digestive tract and bypass (go around) the remnant stomach.

The bypassed portion of the stomach stays in place and still makes digestive juices which help you break down food. The remnant stomach and remaining intestine that have been bypassed are connected to another part of the small intestine so that digestive juices can join the food stream. This is the second connection and it gives your bowel a “Y” shape. This is why the procedure is called a Roux-en-Y gastric bypass.



How do these surgeries help me lose weight?

There are actually many different reasons that these surgeries lead to weight loss. There are many processes happening in your body that lead to weight loss, rather than just one. Studies do show that both surgeries lead to similar amounts of weight loss.

Some patients think that the main reason for weight loss is because the stomach is much smaller and there are fewer calories being absorbed. There are many new studies that show that this is probably not the main cause of weight loss.

There have been studies that suggest that the main cause of weight loss is due to changes in:

1. Gut hormones
2. Stomach acid
3. The bacteria (microbiota) of your intestines

Metabolic surgery works

Bariatric surgery is the most effective and long lasting treatment for severe obesity. Studies show that:

- Patients lose 30 to 40% (30 to 40 out of every 100 pounds) of their initial starting weight on average.

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- Patients usually lose the most weight 1 to 2 years after surgery, and maintain most of this weight loss over time.
- Surgery helps to prevent and improve more than 40 obesity-related diseases or conditions. These conditions include type 2 diabetes, heart disease, obstructive sleep apnea, and certain cancers.
- Bariatric surgery can lower a person's risk of early death. It also lowers the risk of dying from these diseases:
 - » Cancer (mostly seen in breast and colon cancers).
 - » Coronary artery disease.
 - » Type 2 diabetes.

How safe is weight loss surgery?

The Agency for Healthcare Research and Quality (AHRQ) and recent studies show that weight loss surgery is very safe. The main reasons for improved safety are:

- Less invasive techniques.
- Better technology.
- Better accreditation program from the American College of Surgeons (ACS).
- More experienced and better trained surgeons.

What are the risks of weight loss surgery?

Short term risks

Short term risks are complications that may happen soon after your surgery.

Short term risks of both surgeries:

- Staple line leak: Food and digestive juices can leak out of your stomach before the staple line fully heals and can cause a serious infection.
- Bleeding: The bleeding usually stops on its own, but you may need a transfusion or another surgery if it does not.
- Blood clots (Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)): A blood clot can form in your deeper veins (DVT) in the legs and pelvis and travel to your lungs which causes a pulmonary embolism.
- Damage to other organs: Other organs that are near the surgery site are at risk for being injured, which can lead to a longer hospital stay, procedures or more surgery.

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- Collapsed lung and pneumonia: It can be uncomfortable to breathe and cough properly after surgery, which can lead to a collapsed lung and pneumonia.
- Infection: Your incision can become infected after surgery.
- Nausea and vomiting: You may feel nauseous for a few weeks after surgery, but this usually goes away on its own.
- Adhesions and small bowel obstruction: Scar tissue inside of your abdomen (adhesions) can form and cause a blockage in your intestines.
- Death can occur from complications of your surgery, such as pulmonary embolism or leak.

Evidence shows that the risks of dying from obesity are much higher than the risks of weight loss surgery. The chance of dying from these surgeries is 0.1% (that is 1 out of 1000 people). This chance is less than for gallbladder and hip replacement surgery.

Long term risks

Long term risks are complications that can happen for the rest of your life after your surgery.

Long term risks after both surgeries:

- Gallstones: Rapidly losing weight can cause stones to form in your gallbladder. This can be painful and may result in you needing to have surgery to help with this.
- Stricture: A stricture is when the stomach starts to close from scar tissue that forms as you heal. It can cause vomiting, but can usually be treated with a quick procedure.
- Vitamin & mineral deficiencies: a dietitian will recommend vitamins and minerals to you to prevent deficiencies that can lead to anemia and bone and nerve damage.

Long term risks after Gastric Bypass Surgery

- Ulcers: Ulcers can cause severe stomach pain and lead to life threatening conditions if they are not treated.
- Internal hernia: An internal hernia happens when part of your intestine slips into a new space that is created by the re-routing of the intestines during a gastric bypass. These spaces are closed with sutures (stitches) during surgery but can re-open when you lose weight. This can lead to severe pain and life threatening conditions which will usually require surgery for treatment.
- Dumping syndrome: You may have temporary cramps, diarrhea, and gas from eating foods that are high in fat or sugar.

What is the tobacco policy?

You will **NOT** be able to have surgery if you are using tobacco or nicotine products. Using tobacco can cause you to develop very dangerous stomach ulcers at any point after your surgery.

Patients who have recently used tobacco or nicotine products must test negative for nicotine before they proceed to surgery.

Quitting smoking can:

- Make it safer for you to have surgery.
- Improve wound healing.
- Lower your risk of having complications, serious illnesses and death.

I'm ready to quit. Now what? Make a plan, set a date and get ready.

- If you need help making a plan, call the Maine Tobacco HelpLine Quitlink at 800-207-1230.
- Talk about medicine options with your primary care doctor.

Your bariatric surgery team

You will meet many different people during your time at the Weight and Wellness Program.

- **Surgeons:** Your surgeon will be either Dr. Kirk Sahagian, DO, FACS, Dr. Lindsay Tse, DO, or Dr. Robert Doiron, MD. All of our surgeons are members of the American Society for Metabolic and Bariatric Surgery (ASMBS) and are board certified general & bariatric surgeons.
 - » You can read more about your surgeon by searching their name in the MaineHealth provider directory <https://mainehealth.org/provider-directory>
- **Medical Bariatricians:** Our Medical Bariatricians are doctors who specialize in obesity medicine. They will support you both before and after surgery by helping with many of the medical problems related to your weight. They may prescribe or change medications to help you lose weight before and after surgery.
- **Physician Assistants/Nurse Practitioners:** Our PAs and NPs will often see you for follow-up visits before and after surgery. They are trained in both obesity medicine and bariatric surgery.
- **Nurses:** The Program Nurses will make sure you meet the criteria to be in the program.
- **Dietitians:** Our dietitians will go over your nutrition and weight history with you, hold classes, and lead support groups. They're available for questions between appointments.

- **Behavioral Health Providers:** Our behavioral health providers help you deal with the emotional, social, and the behavior side of weight loss surgery and lead monthly support groups.
- **Administrative staff:** These staff will help set up your appointments, take care of your paperwork, and help you navigate our program.

What do I need to do before surgery?

These are the steps you'll need to do and appointments you'll need to attend before surgery.

Appointments:

- **Surgical consult:** You will have an appointment with your surgeon so that they can go over surgery options, do a short physical exam, and ask you about your health. Please bring your support person with you. The surgeon will NOT schedule you for bariatric surgery at this visit.
- **Nutrition evaluation:** You will have a nutrition assessment with a Registered Dietitian to talk about your eating habits and how to change your habits so that you have successful weight loss.
- **Behavioral health evaluation:** The behavioral health provider will talk with you about your mental health and whether you need more therapy before surgery.
- **Surgical Consent:** At this visit you will sign the consent for surgery with the surgeon and schedule your surgery. We do not schedule this visit until all of your providers at the Weight and Wellness Program have cleared you for surgery. There are many steps that you need to complete before this.
- **Review class:** During this class, we will go over what to expect before and after surgery, what to eat, and answer any questions. We do not schedule this class until you have been given your bariatric surgery date.

Other important steps

- **Find a support person:** We recommend that you have a support person who can help you through the emotional and physical changes of this surgery.
- **Exercise program:** We strongly encourage you to begin regular physical activity and we have a trainer in the office to help provide you with resources to get started.
- **Required weight loss:** Your surgeon may require weight loss before surgery. Weight loss can help release fat stores around the liver and inside the abdomen, allowing surgery to be performed more safely.
- **Sleep study:** You may need to have a sleep study to see if you have sleep apnea if you have not had this study done before.
- **Cancer screenings:** All cancer screenings (Pap Smears, Mammograms, and Colonoscopies) need to be up to date before your surgery.

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Other testing

- **Endoscopy:** The surgeon may need to use a small camera to look at parts of your digestive system. You will be asleep during this procedure.
- **Ultrasound:** You may need an ultrasound of your gallbladder to check for gallstones, which might need to be removed.
- **Labs:** You will be required to complete lab work prior to surgery.
- **Medicine changes:** Depending on the size of your medicines, these may need to be crushed or taken as a liquid temporarily after your surgery. Your primary care doctor can talk with you about your options.
- Your surgeon may require other tests or procedures. They will talk with you at your surgical consult about this.

Insurance

WE CANNOT get prior authorization for bariatric surgery until **after** you have completed all of the pre-operative requirements of our program and have a surgery date scheduled. We will do our best to help you understand your insurance requirements. If you have specific billing questions, you may call the MMC billing office directly at 207-887-5100.

- If you have MaineCare or Medicare, Maine Community Health Options, or MaineHealth Free Care: We do not need a copy of your bariatric medical insurance policy.
- If you have private insurance: We need a copy of your bariatric medical insurance policy. Please get a copy of your private insurance policy to find out what their requirements for weight loss surgery are. Here is some information about getting the copy of your plan:
 - » Make sure that Bariatric Surgery is a covered benefit under your insurance plan.
 - » Please fax or email a copy of your policy to Wendy Briggs, Program Coordinator:
 - Email: wendy.briggs@mainehealth.org
 - Fax: 207-253-6073
 - » Please make sure your name and date of birth are on the policy when you send the document.

Where can I find more information on bariatric surgery?

- Search for MMC Weight and Wellness on YouTube
- Visit the MMC Weight and Wellness website:
<https://www.mainehealth.org/maine-medical-center/services/weight-wellness-program>
- Visit American Society for Metabolic and Bariatric Surgery (ASMBS): asmbs.org/patients

