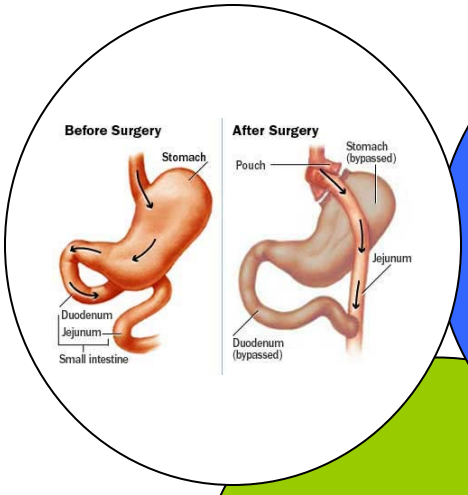
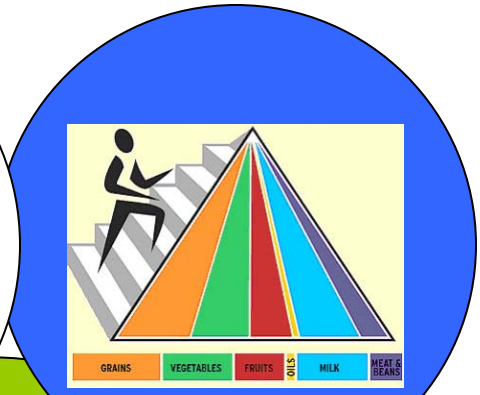
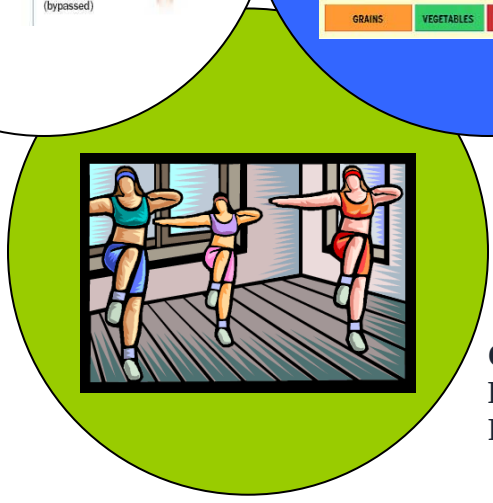
Shands at the University of Florida

Weight Loss Surgery Center

“Combining Surgery, Diet, and Exercise to change lives”







Contact info:
Phone: (352) 265-0535
Fax: (352) 265-0190

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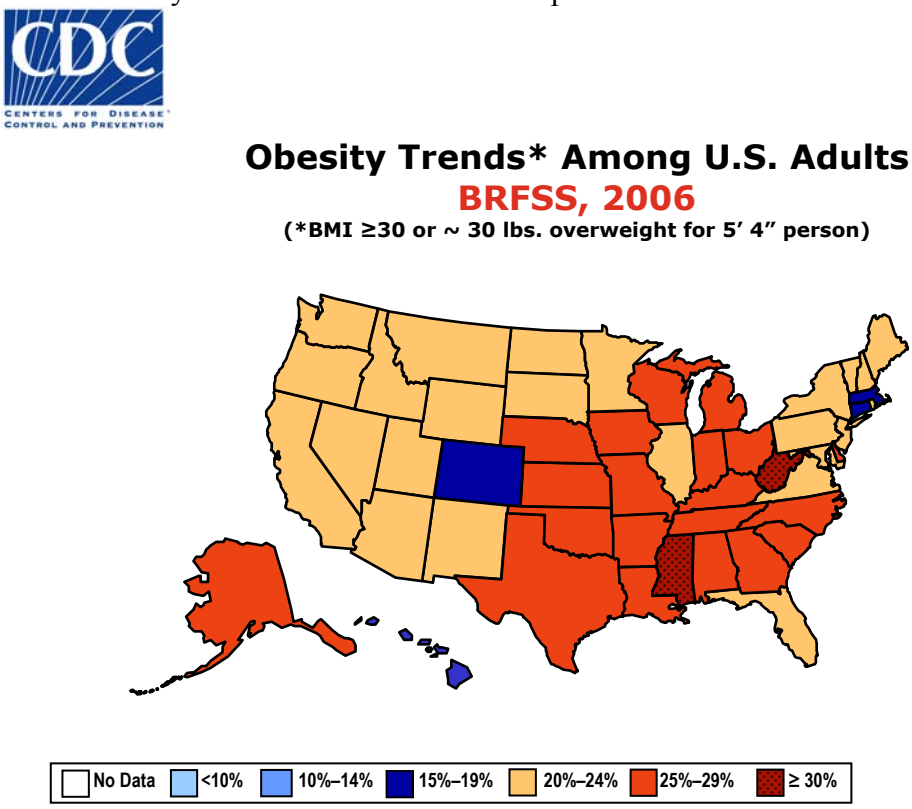
Introduction

Thank you for your interest in the Shands at the University of Florida Weight Loss Surgery Center. Let us begin by stating that morbid obesity is a serious disease. Morbid obesity is an epidemic affecting over 15 million Americans. Obesity impacts both the quantity and quality of life. Being obese can cause many life threatening problems, and too commonly it interferes with social and personal activities.



Source: Behavioral Risk Factor Surveillance System, CDC

Recent medical research has showed that obesity is a genetic abnormality that is expressed in variable degrees, even between individuals within the same family. When a person's weight increases in excess of 100 pounds above one's ideal body weight or a Body Mass Index (BMI) greater than 40, medical implications become very important as there exists an increased risk for cardiac and pulmonary disease, diabetes mellitus, and most importantly, a 20-fold increased risk of early death. For these types of patients, structured dietary programs have universally been unsuccessful. For many individuals, dieting, hypnosis, self help groups, and behavior modifications are met with minimal or only temporary success. Drug therapies, such as Meridia and others in the developmental stage have offered hope to obese patients. However, the data suggests that the only long term solution for many morbidly obese patients is surgical intervention.

Patients often report that whatever weight loss is accomplished is ultimately followed by weight regain and all efforts are associated with feelings of guilt and depression. Life for people with morbid obesity can be difficult. Weight spirals up and plummets down, resulting in feelings of failure, frustration, and hopelessness. It is this population of seriously obese patients that weight loss surgery also known as Bariatric surgery is intended to help.

Bariatric surgery is the field of surgery devoted to weight loss. Bariatric surgery offers a surgical option for the treatment of morbid obesity when other measures have been unsuccessful. The currently applied surgical procedures of Roux-en-Y gastric bypass and Lap-Band have consistently resulted in 80 to 140 pounds of weight loss in properly selected patients. As you might expect, such significant weight reduction has a tremendous impact on all aspects of life, and as you lose your excess weight, the way you feel about yourself, your family, and friends will change.

This information guide is an introduction to the surgical treatment for obesity offered at Shands Hospital at the University of Florida. Questions that are not answered in this patient guide should be directed to members of the Bariatric surgery team. These team members include surgeons, psychiatrists/psychologists, dietitian, physical therapist, nurses, physician assistants, and the program coordinator.

Weight loss surgery cannot accomplish or maintain the necessary weight loss without your cooperation.

To accomplish and maintain weight loss after surgery, you must eat less food, change the types of food you eat, and increase your exercise. We currently offer two surgical approaches for the management of morbid obesity: the laparoscopic Roux-en-Y gastric bypass procedure and the laparoscopic Lap-Band procedure.

The Roux-en-Y gastric bypass is recognized as the “gold standard” surgical procedure, and is the only procedure to have demonstrated long-term maintenance of weight loss. The Lap-Band procedure results in less weight loss, requires more frequent office visits for adjustment, but is a less invasive surgical procedure and is associated with fewer major complications. Therefore, it is very important for you to carefully consider the two surgical options, and for us to conduct a complete evaluation before surgery to make sure which surgery is right for you.

Weight Loss Surgery Center Team

Surgery:

- Kfir Ben-David, M.D., Director
- Juan C. Cendan, M.D.
- Tamara Lux, PA
- Rachel Allen, RN

Plastic Surgeon:

- Matthew H. Steele, MD

Anestesia & Critical Care

- Joseph Layon, M.D.
- Andrea Gabrielli, M.D.
- Lawrence Caruso, M.D.

Psychiatry

- Richard Holbert, M.D.
- Lisa J. Merlo, Ph.D.

Internal Medicine

- Eric Rosenberg, M.D.

Nutritional Services

- Sherri Findley, R.D.
- Lee Marlowe, R.D., L.D.

Administrative Staff

- Amelia Redic

Patient Selection

There are no absolute guidelines that determine which patients are accepted and which patients are rejected for surgery. Each case is reviewed and evaluated on an individual basis. Some of the factors considered in patient selection are given support by the National Institute of Health and include:

1. Being approximately 100 pounds or more above ideal body weight as described in the standard life insurance weight/height tables. Generally, this corresponds with a BMI greater than or equal to 40.
2. Failure of previous attempts to produce lasting weight loss.
3. Evidence of physical problems or disease associated with obesity. These include but are not limited to diabetes, high blood pressure, elevated blood fats, heart problems, breathing problems, chronic back pain, or degenerative arthritis. In the face of such potentially life threatening problems, a patient may be deemed a candidate for surgery at a BMI of 35 to 40.
4. Ability and willingness to cooperate in follow-up after surgery, including clinic visits, blood work, diet modifications, and exercising.

Questions to Ask Your Insurance Company

1. Is Morbid Obesity a covered benefit in your policy? Give them the ICD9 Code of **278.01**. If it is a covered benefit, check that the operative procedure you are considering is also covered. For the Roux-en-Y procedure give them the CPT Code of **43846** or **43644** and for the Lap-Band procedure give them the CPT Code of: **43659** (many insurance companies do not approve the Lap-Band procedure so check thoroughly with your insurance company). Finally ask if Shands at the University of Florida is an approved facility under your insurance provider. Shands hospital uses the tax I.D. of 591943502, giving this number to your insurance company may facilitate a faster response in your query.

2. If your policy does not cover the diagnosis of morbid obesity or the operative procedure itself, you still have a few options:

* You could obtain another insurance carrier, but you need to make sure that the new policy covers morbid obesity and the surgical procedure before making this decision.

* You can continue to participate in alternate medical programs designed to lose and maintain weight loss.

* In selected cases we will consider performing the surgery if you elect to self-pay. There is a considerable deposit required by the Hospital and you must fully understand all risks of the financial burden. We will review this major decision with you extensively and will help in any way we can.

Path to Surgery

Even if surgery for obesity is a covered benefit, to qualify you must:

- Have a body mass index of 40 or more, or a body mass index greater than 35, if you also have significant medical problems.
- Be 18-65 years old.
- Weigh less than 450 pounds.
- No previous Bariatric Surgery

Body Mass Index (BMI)

HEIGHT (ft/in) \ WEIGHT (lb)	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350
4′ 5″	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83	85	88
4′ 6″	29	31	34	36	39	41	43	46	48	51	53	55	58	60	63	65	68	70	72	75	77	80	82	84
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4′ 10″	25	27	29	31	33	36	38	40	42	44	46	48	50	52	54	56	59	61	63	65	67	69	71	73
4′ 11″	24	26	28	30	32	34	36	38	40	42	44	46	48	50	53	55	57	59	61	63	65	67	69	71
5′ 0″	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	62	64	66	68
5′ 1″	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55	57	59	60	62	64	66
5′ 2″	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60	62	64
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6′ 0″	16	18	19	20	22	23	24	26	27	28	30	31	33	34	35	37	38	39	41	42	43	45	46	47
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6′ 9″	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35	36	38
6′ 10″	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	35	36	37
							Less risk																	More risk

Underweight Low Risk Overweight High Risk with the medical diagnosis of obesity

The path to surgery typically spans a 2 to 4 month period **AFTER** your first clinic visit. Each individual is carefully evaluated for any and every related medical condition. This often requires special studies and occasionally consultations from accredited medical specialists. Only after we are completely satisfied that weight loss surgery is right for you and that both you and the Bariatric team are fully aware of associated risks will we proceed with the scheduling of surgery.

Clinic Visit

Please obtain the following items to bring with you at your first clinic appointment:

- Documentation of your weight for the last 12 months from your primary care physician.
- Documentation of non-surgical weight loss attempts.
- A supporting letter from your primary care physician recommending surgery.

Psychological Interview:

As part of the evaluation for weight loss surgery, you will need to be evaluated by our Psychiatry Department (352-265-7041). They often times will discuss behavioral and life-style issues that can have an impact on your adjustment to life before and after the surgery. At the conclusion of their assessment, you will be provided feedback and given specific suggestions that may assist you both before and after bariatric surgery.

Nutritional Evaluation:

You will be required to meet with our registered dietician, Sherri Findley R.D. to assess your current eating and exercise habits. She will discuss and recommended dietary changes to prepare you for surgery, while you are in the hospital, and once you are discharged.

Laboratory Studies:

As part of the medical evaluation, you will need to complete several studies.

The necessary studies include:

- A Barium Swallow to evaluate your esophagus/swallowing
- Arterial Blood Gas measurement, to evaluate your oxygen levels
- EKG to diagnose the presence of any heart disease
- Blood work - to be drawn while fasting :

1. Comprehensive Chemistry Panel (to include an albumin level and liver function tests)
2. HbA1c
3. CBC with differential
4. Ferritin level
5. Thyroid Stimulating Hormone level
6. Fasting Lipid Panel

In addition, if you have had any of the following studies or procedures, please bring copies or the original reports to your initial appointment:

- Sleep Study
- Cardiac Studies – stress test, echocardiogram, cardiac catheterization
- Operations
    1. Stomach or intestinal surgery
    2. Hernia repair (hiatal hernia or abdominal wall hernia)
    3. Cancer surgery

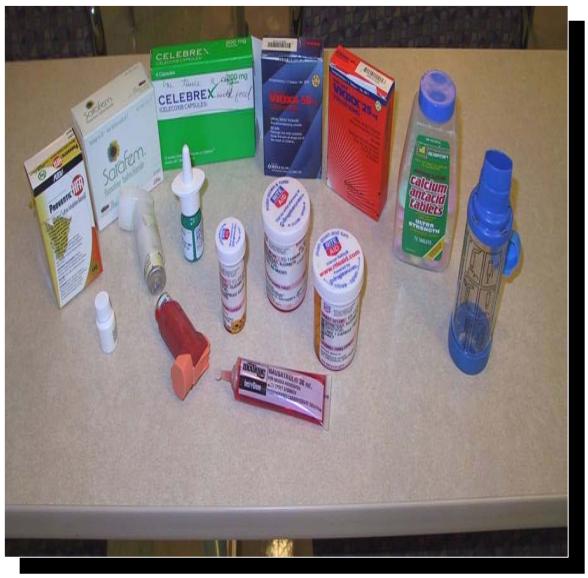
After we review the above studies or procedure notes, we will determine if any special consultations are necessary, such as a cardiac or pulmonary consultation or sleep apnea test. If so, arrangements will be made for them to be conducted.

What's Next:

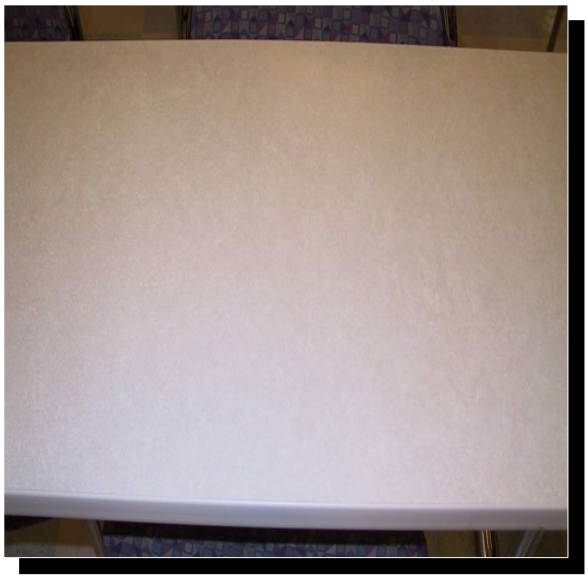
After all the above tests and examinations are performed, and if they are satisfactory, your chart will be given a final review by our bariatric surgeons. If they approve your application, our office will submit the accumulated medical information to your insurance company for their review and final authorization for surgery.

Why Surgery?

Pre-operative Medications



Post-operative Medications



1991 NIH Consensus Conference on Surgery for Obesity

- Surgical intervention is the only method proven to have a significant long-term impact on the disease.
- Medical interventions have failed.

Obesity Research 1998; 6 (suppl 2):51S–209S

Risk of Surgery versus No Surgery

- McGill University compared five-year survival of their 5,746 morbidly obese patients managed medically with 1,035 patients who underwent surgery, matched by sex, age, and duration of being obese
- Five-year mortality **6.17%** in the no surgery group
- Five-year mortality **0.68%** in the surgical group

Christou NV, et al.: Ann. Surg., 240: 416-422, 2004

Risk of Surgery

National Data – 136 scientific reports totalling surgical results of 22,094 patients

- Average operative mortality 0.5%= 1 in 200 patients
- Diabetes Mellitus: Complete resolution 76.8%
  Resolved or improved 86%
- Hyperlipidemia Improved 70%
- Hypertension: Resolved 61.7%
  Resolved or improved 78.5%
- Sleep Apnea: Resolved 85.7%

Buchwald H, et al: Bariatric Surgery: A systematic review and meta-analysis. JAMA 292:1724-1737, 2004

History of Surgical Therapy for Obesity

Shands at the University of Florida is a private, not-for-profit hospital that specializes in tertiary care for critically ill patients. Shands at UF is one of the most comprehensive hospitals and one of the leading referral medical centers in the Southeast. It continually receives recognition as one of the best hospitals in the nation by U.S. News and World Report because of its dedication to patient care, education and research.

Shands at UF is the primary teaching hospital for the UF College of Medicine. More than 500 physicians representing 110 medical specialties work with a team of healthcare professionals to provide quality care for patients. The faculty from the UF College of Medicine includes nationally and internationally recognized physicians whose expertise is supported by intensive research activities. Shands' affiliation with the UF Health Science Center allows patients to benefit from the latest medical knowledge and technology.

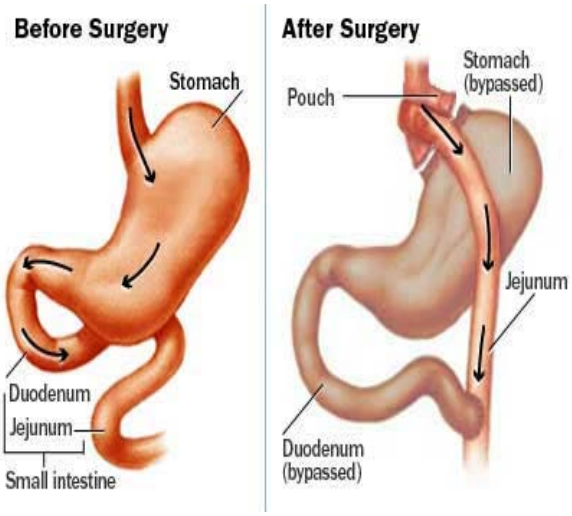
The University of Florida and Shands Teaching Hospital have been pioneers in the surgical treatment of obesity. Our first Chairman of Surgery, Dr. Edward R. Woodward, began performing obesity surgery in the late 1960's. Since then the University of Florida Bariatric program has performed close to 3,000 operations for weight loss.

The Surgical Procedures

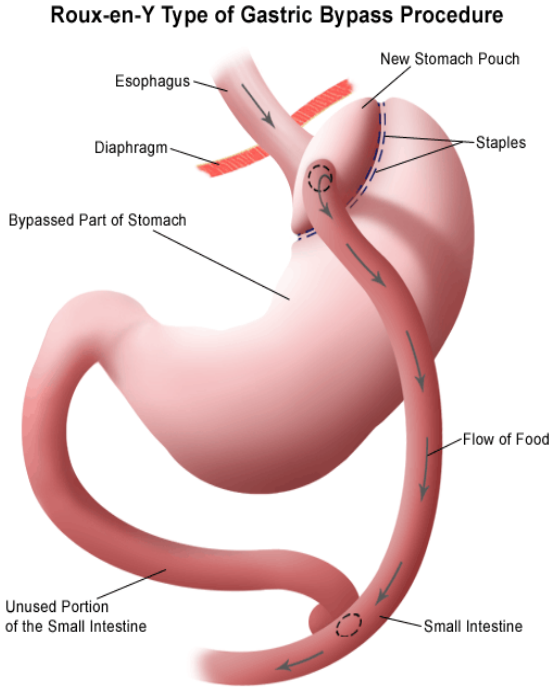
Roux-en-Y Gastric Bypass

The most common operative procedure we perform for weight loss is the Roux-en-Y Gastric Bypass. This is currently considered the "Gold Standard" of weight loss surgical procedures. It results in weight loss by significantly reducing the size of your stomach, so you cannot eat as much, and by bypassing your small intestines so you absorb less fat from the foods you eat. This operation has been accepted by obesity surgeons' throughout the country and major medical societies as being the most effective in weight reduction and maintenance of weight loss. We perform this surgery using laparoscopic techniques, avoiding a large incision in your abdomen; however an abdominal incision is sometimes necessary based on your weight, body shape, and previous surgical history. See the picture below for an idea of the placement of incisions.

Laparoscopic Roux en Y Gastric Bypass Procedure



A small stomach pouch is created with a stapling device. The small intestines are also divided and one end is brought up and connected to the small stomach pouch using a stapler.



Expected Weight Loss

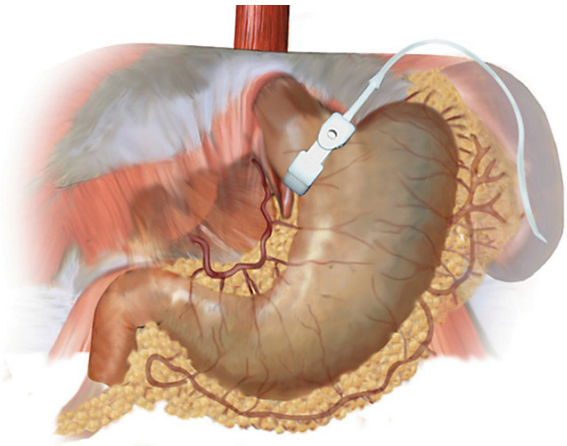
Weight loss is greatest during the early months following surgery. During this time, it is very important that you take in enough protein so that you can recover form your surgery. The rate of weight loss slows during each succeeding month, and usually stabilizes between 12 and 18 months after surgery. The amount of weight loss cannot be precisely predicated as weight loss depends on many factors, including your age, preoperative weight, and the amount of physical activity that you do.

A word of caution: your surgery limits the amount of solid food that you can tolerate, but has less of an effect on the consumption of liquids. Drinking high calories liquids will slow your weight loss. After the sixth week, you will be encouraged to eat a regular diet so **be sure to eat solid foods and drink low calorie fluids.**

If food consumption or calorie intake increases after weight stabilization, some weight may be regained. **Patients who desire to loose additional pounds must restrict caloric intake and/or increase their amount of daily exercise. Discuss the method and plan for additional weight loss with the dietician, physical therapist, and other members of the bariatric surgery team.** This is an extremely important point, the procedure will give you the "kick start" to lose weight, but you must help by exercising and using caution/judgment with your food intake.

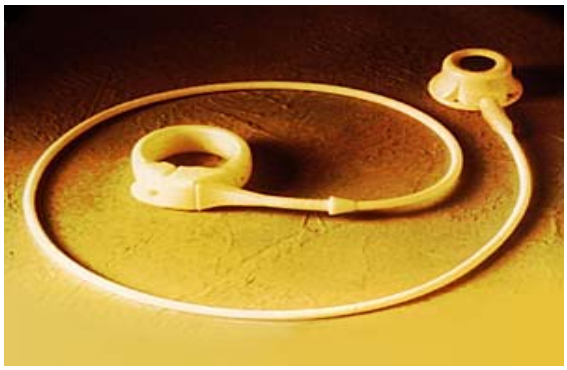
Lap-Band Procedure

Australia and Europe have provided considerable experience with the placement of an inflatable adjustable gastric band which also creates a small gastric pouch, without the need for any bowel anastomoses. This procedure is performed laparoscopically and is called the Lap-Band Procedure.



The device consists of a band, connection tubing, and a plastic access port. The band has a plastic ring lining the inside that can be filled with water to narrow the stomach

opening, thus limiting the amount of food that can pass over time. The access port is used to add or remove water from the band, here shown with a needle and syringe placed for an adjustment. The amount of water in the access port is adjusted by placing a needle into it and adding or withdrawing fluid from the band.



Expected Weight Loss

Results of the Lap-Band procedure have been encouraging; however weight loss is less than for patients electing the Roux-en-Y gastric bypass. The Lap-Band procedure requires more stringent management and more frequent clinic visits to adjust how the band narrows the stomach. Most patients will lose between 80 and 100 pounds. The exact amount of weight you lose will depend on your compliance with the dietary instructions and your tolerance to adjustments made in respect to the tightness of the band. Weight loss is slower with this procedure with most of the weight loss occurring after the first 3-6 months.

What You Can Expect

Most patients do very well after surgery and have a minimum of adjustment problems or complications. There is a special diet after surgery that is necessary for the healing of your stomach, its readjustment to solid food, and its new stapled condition. Most patients make the transition back to a regular diet without much difficulty. The dietician will instruct you in what to do and provide you with any additional information you desire. He/She and other members of the bariatric surgery team will be available to answer your questions or handle any problems that occur. You will not be on your own after surgery. Our team will be available to help you for as long as you need any advice, encouragement, information, or help in adjusting to your “new stomach”.

Follow-up Care:

You will return to the clinic in **one** month, **three** months, **six** months, **nine** months, **twelve** months, and **every year** after surgery. You will see the team dietician, as well as other members of the team, to ensure that your dietary intake is adequate for your health needs. They will also counsel you regarding exercise, as well as your emotional and physical adjustments to your weight loss.

Medications You May Not Take:

There are several non-prescription and prescription medications that you should not take unless you receive permission and instruction from us in how to take them. Among the medications in this category are all arthritis medications, aspirin, and aspirin- containing products, including many cold medications. Alka Seltzer®, BC powders®, Goody powders®, Bufferin®, Ascriptin®, and many other medications that contain aspirin or salicylate compounds are prohibited. These can greatly irritate you stomach pouch and cause a number of serious problems. You should also avoid taking Nuprin®, Advil®, Aleve®, ibuprofen, or other over-the-counter arthritis pain or menstrual cramp medications. If you have any questions about whether a prescription medication or a non prescription medication contains aspirin or other stomach-irritating compounds, check with your doctor or pharmacist. Do not take any of these medications unless you have first spoken with your surgeon or someone from the bariatric surgery team for permission and instructions on how an exception might be made in your case.

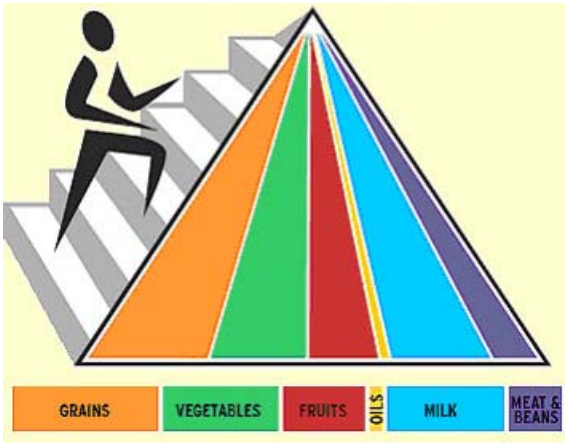
Diet Overview

Bariatric surgery is an excellent way to limit the amount of food you eat and assist in weight reduction, but significant adaptation of your diet and lifestyle are required to achieve maximum success. After your bariatric surgery, you will be losing weight very rapidly. Hence, proper nutrition is essential to maintain lean body mass (muscle), hydration, skin elasticity, and to minimize hair loss.

The primary nutrition goals after surgery are as follows:

- Learn proper eating habits that will promote continued weight loss
- Consume adequate amounts of protein to minimize loss of lean body mass, and facilitate wound healing
- Take adequate amounts of fluid to maintain hydration
- Take in nutrients for optimal health via healthy food choices
- Replenish vitamin and mineral supplementations
- The post bariatric surgery meal plan requires a significant change in meal planning for most people. We recommend that you begin adapting your current meal plan to prepare for this change

- Avoid fried or high fat foods at all costs



Nutrition Plan In order to loose weight effectively and permanently, you must be an active participant in your weight loss program. The stomach stapling surgery will help you to lose weight, but it is not "magic". A well balanced nutrition plan is necessary to help you reach and maintain your goal weight. Making changes in your eating habits will also leads to a lifetime of good health and weight control. The following describes the plan's progression from liquids to solid foods, following your discharge from the hospital.

Weeks 1 & 2 (high protein, low calorie liquids)

Protein is essential for every function of your body. After surgery, protein is needed for healing and infection prevention. It is necessary for you to continue on liquids for **two** weeks after your discharge from the hospital to avoid putting stress on your staple line. Hence, your dietician will prescribe a number of high protein liquid supplements. In addition to these supplements, you will be allowed to have coffee, tea, broth, Gatorade, clear, and cream soups (strained), cooked cereals (soupy), low fat yogurt (no sugar added and blended), diet soft drinks (gone flat), fruit juices (small amounts), sugar free drinks, diet Jell-O, popsicles, and water. You need a good fluid intake during this time, so that you do not get dehydrated.

Weeks 3 & 4 (Pureed Stage)

During the pureed stage of the plan it will be necessary for you to belnderize most of your food, or you may want to use baby food. It will also be important for you to develop an eating schedule for yourself that fits your lifestyle. The following are a number of guidelines that you will find helpful in making the necessary changes from liquids to semi-solid to solid foods.

1. Relax and enjoy mealtimes. If you are under stress or feeling anxious before a meal, you may want to avoid eating until you are more relaxed. Highly stressful situations often cause food intolerance.
2. Eat six times a day, three meals and three snacks. Eating often is necessary to help you meet your nutritional needs and continue with your weight loss goals.
3. Limit the size of each meal to approximately four tablespoons of food. You will discover that you can drink more liquid, so be sure to select low calories beverages. The more solid a food, the less of it you will be able to eat, so you will be getting fewer calories and losing more weight. Learning your capacity of certain foods is essential so weight management.
4. Take small bites, chew well, and put your fork or spoon down between bites. Taking small bites will help you in chewing your food better. Chew each bite at least 20 times before swallowing the food.
5. Take at least 20-30 minutes to eat or drink each small meal or snack. Be sure to make time in your daily schedule for meals. Eating slowly will help you to avoid problems with intolerance.
6. Drink liquids between meals only. You may take small sips of liquid with your food, but drinking liquids with meals will cause your pouch to reject the food. Drink liquids one hour before or one hour after a meal.
7. Include high protein foods at each meal. The dietician will discuss with you protein food selections and how to include these foods in your menus. Also include foods from all food groups in your meal plan on a daily basis.

It is not necessary for you to eat completely different meals from anyone else in your household during this stage of the nutrition plan. You are encouraged to select low calorie, high protein, and low fat foods.

Week 6 (Soft Stage)

This stage of the nutrition plan could be called the soft-semi-solid stage because you will be consuming solid foods that are well cooked. You can continue to consume soft foods you have already been eating in addition to the following foods that should be included in your meal plan at this time:

Baked fish, chicken, and turkey
Dried beans, peas, and lentils
Lean Ground beef and veal
Creamy peanut butter
Steamed or boiled vegetables
Canned fruit, packed in its own juices or soft fresh fruit
Cooked or dry cereals, crackers
Toasted breads, baked potato (no skin), Melba toast

Remember to continue eating slowly and chewing well. Avoid drinking liquids with your meals, and continue to follow the guidelines previously outlined.

Week 7 (regular stage)

Continue to advance the consistency of the foods you eat by including raw fruits and vegetables into your meal plans. Continue to select low calorie, high protein foods, and low fat foods. Always ask yourself, “Is there a lower calorie, more nutritious choice?”

Foods to avoid

You are encouraged to avoid the following foods:

Nuts, seeds, skins (includes potato skins, onion skins, fruit peelings, and the membrane between orange and grapefruit sections), the stringy portion of celery, asparagus, string beans, un toasted bread, high caloric, high fat foods, and high caloric beverages. Steak and pork may or may not be tolerated depending on the individual.

You may discover individual intolerances with certain foods; this is very common. You should concentrate on the positive behaviors and good eating habits you are developing.

Dieticians Role

Prior to your discharge from the hospital, the dietician will instruct you on the bariatric surgery nutrition plan. You will be provided written and verbal information on how to advance from liquids to solid foods. She will discuss with you how to meet your nutritional needs as well as how to avoid possible intolerances. In your return visits you will meet with the dietician on a regularly.

They will evaluate your overall nutritional intake and make recommendations on how to improve if necessary. The dietician will also help you identify problems and make suggestions on how to correct them, as well as answering any questions you may have regarding your nutritional plan.

Remember that surgery is not the magical answer to losing weight. The more involved you are in your nutritional plan, the better your results will be. Be an active participant.

Vitamin and Mineral Supplementation

The first few months after your surgery you will consume a very low calorie diet, and due to the volume restriction of your new stomach it will be difficult to eat enough of a variety of different foods each day to consume adequate amounts of various nutrients. Hence, **vitamin and mineral supplements** are required.

Daily Multivitamin

- Chewable
- Must contain at least
  - 400mg Folate
  - 18mg Iron
  - 15mg Zinc

Calcium Citrate

- Calcium must be in a citrate form.
- You must take a total of 1200 mg of calcium per day.
- If you are on Iron supplements you must separate your iron supplement from your calcium by at least 2 hours

Iron

- Women who are menstruating or who have a history of anemia will need to take supplemental iron.
- Supplemental iron
- Take your iron with your multi-vitamin or a vitamin C for enhanced absorption.

You may also wish to take an over the counter stool softener when starting iron supplements as they may cause constipation

B-12

- You will need to receive an injection of B-12 by your 6-month post-op visit and every 6 months thereafter.

Possible Complications

Vomiting: Gastric bypass produces a small stomach with a narrow opening. Vomiting is often a result of overfilling the small stomach pouch, drinking liquids too soon after a meal, or not chewing food well. Eat slowly, chew your food well, and stop at the first indication that you are full. Excessive nausea or vomiting should be reported to the team to be evaluated.

Wound Problems: Wound separation, or splitting open of the surgical wound, can occur following bariatric surgery. The wound separation that you may experience is usually not very deep, and is not a serious problem. In this case, the wound will heal from the inside out. Although it may gape open originally, as it heals toward the top of the skin, the wound naturally pulls together. The scar is usually just slightly wider than it would have been had it healed without separation.

It is common to have drainage of clear to reddish fluid from your wound in the first week or two after surgery. This fluid is liquefied fat along with a small amount of blood. You will notice the drainage of warm fluid from your wound, which may occur during or following straining. The quantity may seem alarming, but it is not anything to worry

about. You must remember that only a small amount of blood can make the fluid appear bright red. Therefore, a reddish appearance is no cause of alarm. You should contact our office with any concerns.

Stricture or Obstruction: The opening from the created small stomach pouch may narrow or close in a small number of gastric bypass patients. This may result from swelling in the area of the connection to the intestine. This will manifest 3-6 weeks after surgery with vomiting as you try to eat more and more solid foods. Usually, the obstruction can be opened up by performing an endoscopic examination and using a balloon catheter to stretch the opening. You will be given medication to make you sleepy, as well as local anesthetic of the throat prior to the endoscopy; this is an outpatient procedure.

Staple Disruption: Your diet will be slowly advanced after surgery to allow time for the staple line to heal. It is very important that the staple line not be stressed by a large intake or excessive vomiting during the period while it is healing.

If the staple line is stressed the staples may come loose. Food would then pass more freely out of the small pouch. Without the full sensation provided by the pouch, the tendency is to eat more. This will result in inadequate weight loss and could also result in an ulcer.

Perforation or Leaks: A small hole or leak can occur through the stomach wall early after the operation. Although rare, this leakage of stomach juices will cause an infection, which may progress to an abscess or even peritonitis. You will be watched closely for this serious complication and may need to be taken back to the operating room to fix the leak or perforation.

Blood Clots: Blood can clot in the veins of your legs during and after surgery, a condition known as thrombosis. These clots can break loose and travel to the lungs, a condition known as a pulmonary embolism. You will be given blood thinner before, during, and after surgery to help prevent this from happening. Special stockings will be placed at the time of surgery, which help to keep your blood circulating in your legs. This complication can occur even once you are at home following surgery. Therefore, it remains important for you to continue physical activity such as walking, even short distances several times per day.

Hair Loss: A few patients find that their hair thins out between three and six months after surgery. The anesthetic and the operation will sometimes cause hair follicles to stop producing new hair temporarily. In about one year your hair will grow back completely. There is no good treatment and the condition is entirely harmless.

Ulcer: Because your intestine is hooked directly up to your stomach pouch, your chances of developing an ulcer, although very small, are increased as compared to prior to surgery. Food, especially protein, neutralizes stomach acid created in your new stomach pouch. However, at night when you are sleeping, there is no food in the pouch to

neutralize the small amount of acid made by the stomach lining your pouch. Therefore, we recommend that all patients take an antacid pill such as Pepcid® or Zantac® at night, before going to sleep.

Dumping: Because the pouch is directly connected to your intestine, food and particularly highly concentrated sweets may cause what is referred to as the dumping syndrome. When concentrated fluids enter the small intestine, they signal the body to release hormones. These hormones spill into your circulation and cause the blood vessels in your legs to dilate. This will cause you to feel like you are going to pass out, as the blood rushes to your feet. In addition, you may develop cramping, diarrhea, and nausea or vomiting. Some patients are highly sensitive and frequently develop this syndrome, while others may not develop these symptoms at all. Most patients will find that they develop these symptoms with certain foods and learn to avoid these foods. Most patients also find that the symptoms lessen with time.

Nutritional Deficiencies: Because of the bypass of the bottom part of your stomach and the first part of your small intestine, you will have a marked reduction in food intake. This can result in deficiencies of proteins and vitamins. In addition, you will not absorb vitamin B-12, iron, and calcium normally. The dietician will meet with you in the hospital prior to your discharge to arrange a supply of liquid protein supplements. At your one month visit after surgery, he/she will review your protein intake and help you to meet your goals.

It is essential that vitamin supplements be taken on a daily basis. In addition, you also will need calcium supplements after surgery.

Gallbladder: Studies have shown that people who experience significant weight loss can develop gallstones. On the other hand, people who have, or who subsequently develop gallstones, often do not suffer any consequences or even know they have them. Due to the required location of the trocar sites to perform the weight reduction surgery, removal of the gallbladder at the time of a roux-en-Y gastric bypass is somewhat difficult. In many cases the risk of taking the gallbladder out at the same time may well exceed any potential benefit. For this reason, unless you currently have gallstones that are causing trouble, we do not routinely remove the gallbladder at the time of your weight loss surgery operation. If you are known to have gallstones, we will discuss the possible risks for removing it with you and use our best judgment with respect to its removal at the time of surgery.

Emotional Changes: Be prepared for emotional ups and downs after you go home from the hospital. Some patients feel like they are on an emotional roller coaster. These feelings are completely normal and usually go away after several weeks. If these feelings continue or get worse, we will arrange for you to get help from our eating disorder psychologist.

The following table shows the incidence of complications we monitor following surgery.

Postoperative Complications	
Complication	**Published Percentage**
Conversion to Open from Laparoscopic	5-15
Postoperative Heart Attack	1-2
Postoperative Pneumonia	1
Postoperative Bleeding Requiring Blood Transfusions	2-5
Wound Infection	N/A
Return to Operating Room Positive Findings Negative Findings	3-5
Anastomotic Leak - Requiring Emergent Re-Operation	4.6
Readmissions	5-20
Anastomotic Strictures Requiring Dilatation After 2 Months	5.0
Marginal Ulcers at Gastrojejunostomy	1- 15
Blood Clots in Legs	1
Pulmonary Embolism	1
Need to Remove Gallbladder Later	10-20
Inadequate Weight Loss	5
Death - Immediately Following Surgery	5
Death - Total 5 Years After Surgery	0.68

Nutrition Questionnaire

Please bring the form with you on your initial clinic visit.

Date_____ Name_____

1. How long have you been considering weight loss surgery?
_____

Weight History

2. What is your current weight?_____LBS
3. What is your desired goal weight at 12-18 months after surgery?_____LBS
4. How many pounds do you need to lose to achieve your weight goal?_____LBS

5. When did your weight problem begin? _____childhood _____adolescent
_____teenager _____10 years ago _____20 years ago _____30 years ago
_____ throughout life other _____

6. What do you think is reason for your weight gain?
_____injury _____pregnancy _____overeating _____poor eating habits _____heredity
_____lack of exercise _____marriage _____smoking cessation _____stress
_____divorce other_____

7. What has been your highest adult weight? _____ LBS
8. When you lost weight in the past, how many pounds did you lose on average with each attempt?
Weight loss_____ small (<15 lbs) ____moderate (15-49 lbs) _____ large (>50lbs)
9. What has been you most successful diet?_____
Why_____

Exercise History
(for staff use only MIP_____ MEP_____ HGS_____)
10. Do you currently exercise? _____ yes _____no
If yes, what do you do for exercise,

Exercise	Days/week	Time spent
_____	_____	_____
_____	_____	_____

If No,
Why_____
_____

Diet Assessment
11. How many meals per day do you eat? _____one meal _____two meals _____three meals _____one to two meals _____two to three meals _____ three or more meals

If you skip meals what meal(s) do you usually skip:
____ breakfast ____ lunch ____ dinner
How many days a week do you skip this meal _____

12. I eat out for Breakfast _____rarely _____sometimes _____often _____daily
Lunch _____rarely _____sometimes _____often _____daily
Dinner _____rarely _____sometimes _____often _____daily
13. Are your meals?
_____large portion _____extra large portions _____high fat _____high carbohydrate
_____high sugar

14. How often do you snack?
_____ a.m. snack _____p.m. snack _____evening snack _____snack between all meals
_____grazing on food throughout the day

15. What beverages do you drink (please mark how many ounces you drink of each daily)

_____water	_____whole milk
_____diet soda	_____2% milk
_____regular soda	_____1% milk
_____regular coffee	_____skim milk
_____decaf coffee	_____juice
_____regular tea	_____sweet tea
_____decaf tea	_____unsweetened tea

16. Do you drink alcohol? _____yes _____no If yes what type how much and how often. _____
17. Do you take a Multivitamin? _____yes _____no
18. Do you smoke? _____yes _____no if quit, when _____

From the list below what triggers you to eat:

_____availability of food	_____depression
_____loneliness	_____boredom
_____habit	_____hunger
_____lack of appetite awareness	_____self reward
_____external cues	_____comfort
_____stress	_____PMS
_____social situations	_____anxiety
_____sadness	other _____
_____anger	

How would you describe your eating habits?

□Skip one meal per day	□feeling disgusted or guilty after overeating
□Reported often eating (i.e. grazing)	□Eating large amounts of food throughout the day
□Rapid eating	□Middle of the night eating
□Eating until uncomfortably full	
□Eating alone out or embarrassment	

Physician Questionnaire

Personal Data	
Today's Date:	
Full Name:	
Birth Date:	
Soc Security #:	
Address:	
City, State, ZIP:	
Work Phone:	
Home Phone:	
E-mail Address:	
Occupation:	
Marital Status:	

Insurance Information	
Insurance Company:	
Policy Holder's Name:	
SS# of Policy Holder:	
Policy Number:	
Address:	
City, State, ZIP:	

Person Contacted:	
Telephone:	
Fax Number:	
Family Physician Information	
Family Physician:	
Address:	
City, State, ZIP:	
Office Phone	
FAX number:	

Section II

Body Size and Weight Information- List Maximum for Each Year				
Weight 1992:			Weight 1997:	
Weight 1993:			Weight 1998:	
Weight 1994:			Weight 1999:	
Weight 1995:			Weight 2000:	
Weight 1996:			Weight 2001:	
Current Weight:				
Height:			Waist Measurement:	

Previous Attempts at Weight Loss					
Program:	Year:	Months:	Physician Supervised?	Lbs. Lost:	Weight Regained?

List any other Attempts:	
List Medications Used to Lose Weight and Results:	
Describe any Family History of Obesity:	

Section III

Do you have a Psychiatrist:	**Yes_____ No_____**
If Yes:	
Psychiatrists Name:	
Address:	
City, State, ZIP:	
Office Phone:	
Date Last Seen:	

Please List all Allergies:	
Please List all Medications Currently Taking and Dosages:	
List Prior operations (indicate if done with laparoscope):	
Describe in your words how your obesity is affecting your life:	

Section IV
Obesity and Selected Organ Function

Check all that apply

Cardiovascular

__ Heart problems *(requiring medication)*
__ Chest Pains
__ Racing Heart/skipping
__ High blood pressure *(requiring medication)*
__ Chest tightness
__ Shortness of breath (SOB)
__ High Cholesterol *(requiring medication)*
__ High Triglycerides *(requiring medication)*
__ Feel tired all the time

Diabetes

__ Diabetes – Type I or II *(requiring medication)*
__ Pre-Diabetic (abnormal glucose tolerance test)
__ Gestational Diabetes __ Age of Diagnosis
__ Hypoglycemia (low blood sugar)

Thyroid Problems

__ Thyroid Problems *(requiring medication)*

Gastrointestinal

__ Gallbladder Problems____ Removed?
__ Stomach Ulcers (requiring medication)
__ Heartburn__ Daily?___ Nocturnal?
__ Regurgitation? ___ Requiring Medication?
__ Diarrhea or constipation

Respiratory

__ Asthma Last attack?
__ ? Bronchitis # of times in past 2 years___ Is it recurring? Yes__ No__
__ Pneumonia
__ Blood clots in lungs
__ Smoker Starting age__ When did you stop?
__ Smokeless Tobacco
__ Sleep Apnea
__ Snore
__ Wake up gasping ___ with a smothered feeling?
__ Using CPAP or BI-PAP

Check all that apply

Musculoskeletal			
	Mild	Moderate	Severe
Hip Pain			
Knee Pain			
Ankle Pain			
Feet Pain			
Back Pain			
Neck Pain			
Arthritis			

Check all that apply

Degenerative Joint Disease	
Using anti-inflammatory or pain medicine	
Swelling in the legs	
Swelling in the feet	
Swelling in the hands	
Varicose veins	
Ulcers of the legs	
Problems with leg veins	_Pain __ Inflamed __ Red

For Females

__ Problems Conceiving
__ Are you regular?
__ Any pain with period?
__ Loss of urine

Nero- Psychiatric

__ Depression __ because of obesity? __ requiring medication?
__ Seizures __requiring medication?
__ Severe Headaches __ requiring medication?
__ Visual Problems
__ Been in counseling
__ History of alcohol abuse. How long have you been dry __
__ History of drug abuse. How long have you been clean __
__ Eating disorder. __ Bulimia __ Anorexia-Nervosa

Family History (parents, grandparents, brothers, sisters)

	Parents	Grandparents	Brothers	Sisters	Other
Obesity					
Diabetes					
Heart Disease					
High Blood Pressure					
Cancer & Type					
Arthritis					
Early Death & Cause					

Sleep Apnea Self Test

(You do not need to complete if you know you have sleep apnea)

	YES	NO
Do you Snore?		
Have you been told that you hold your breath or stop breathing during sleep?		
Do you wake up Gasping for Breath? Do you awaken with headaches		
Do you fall asleep frequently while reading?		
Have you fallen asleep while driving or stopped at a light?		
Do you have jerking movements while sleeping?		
Do you still feel exhausted after 8 hours of sleep?		

Total # of YES answers: _____

If you answered **YES to more than four of the above questions**, you may have sleep apnea and you should talk to your doctor about a sleep study.

Impact of weight on Physical Functions

Please check the answer in the right column according to how well it describes you in the past week:

Physical Function	Always true	Usually true	Sometimes true	Rarely True	Never true
Because of my weight I have trouble picking up objects					
Because of my weight I have trouble tying my shoes					
Because of my weight I have trouble using stairs					
Because of my weight I have trouble putting on or taking off my clothes					
Because of my weight I have trouble with morbidity					
Because of my weight I have trouble crossing my legs					
I feel short of breath only with mild exertion					
I am troubled by painful or stiff joints					
My ankles and lower legs are swollen at the end of the day					
I am worried about my health					
Self Esteem					
Because of my weight I am self conscious					
Because of my weight my self esteem is not what it could be					
Because of my weight I feel unsure of myself					
Because of my weight I don't like myself					
Because of my weight I am afraid of being rejected					
Because of my weight I avoid looking in mirrors or seeing myself in photos.					
Sexual Life					

Because of my weight I do not enjoy sexual activity					
Because of my weight I have little or no sexual desire					
Because of my weight I have difficulty with sexual performance					
Because of my weight I avoid sexual encounters whenever possible					
Public Distress					
Because of my weight I experience ridicule, teasing, or unwanted attention					
Because of my weight I worry about fitting into seats in public places					
Because of my weight I worry about fitting through aisles or turnstiles					
Because of my weight I worry about finding chairs that are strong enough to hold my weight					
Because of my weight I experience discrimination by others					
Work: (if you are a homemaker or retired, answer this questions with respect to your daily activities)					
Because of my weight I have trouble getting things accomplished or meeting my responsibilities					
Because of my weight I am less productive than I should be					
Because of my weight I don't receive appropriate raises, promotions, or recognition at work					
Because of my weight I am afraid to go to job interviews					

Written Agreement to Comply with Therapy

I have reviewed all the information provided to be by the Shands at the University of Florida Weight Loss Surgery Center about my obesity, the Roux-en-Y Gastric Bypass/Lap-Band, the strict postoperative dietary program, lifestyle modifications including and not limited to increased exercise. I also understand that follow-up clinic visit is an important aspect of care to avoid potential complications; and for optimal weight loss.

I have been given an opportunity to ask questions about management of my obesity, alternative forms of treatment, risk of non-treatment, the procedures to be used, and the risks and hazards involved. I believe that I have sufficient information concerning the Roux-en-Y Gastric Bypass/Lap-Band surgery.

I agree to comply, to the best of my ability with all therapy and recommendations made by my physicians and healthcare providers including:

☐ I will take vitamins and supplements as directed for the rest of my life.

☐ I will follow the guidelines of the postoperative diet.

☐ I will exercise on a regular basis after surgery.

☐ I will come in for follow-up appointments at 4 weeks, 3months, 6 months, and 12 months and at least every year after.

☐ I will not get pregnant for at least 1 year after my surgery.

_____ _____

(Signature of Patient) (Date)

Please sign legibly

_____ _____

(Signature of Provider) (Date)