Introduction to Utah Surgical Associates

The surgeons at Utah Surgical Associates are committed to the care of patients who are struggling with their weight. Since January of 2004 we have provided surgical care and follow-up for patients undergoing weight loss surgery. We have successfully partnered with Dixie Regional Medical Center to provide an integrated multidisciplinary team approach to patient care.

Laparoscopic gastric bypass has been performed since the onset of this program. As different surgical approaches have been developed, we have incorporated those procedures that we feel have shown significant success in the treatment of this illness. With this in mind, sleeve gastrectomy and Lap Band surgery have been added to our program.

With a team approach and careful post-operative care our patients have been able to achieve remarkable success. We hope this manual will help you to understand the issues involved in this important and life changing event. We are committed to helping you achieve your goals.
Introduction to Obesity Surgery

Basic definitions used for obesity surgery

Surgery for weight loss is becoming a common method for treatment of severe obesity and its associated illnesses. This document is to educate the patient considering surgical weight loss about different types of surgery available, the risks of the procedure, the benefits of surgical weight loss and the requirements for a successful outcome.

Certain words are commonly used in discussing these surgical procedures. For better understanding the following definitions are provided:

- **BMI (body mass index)** - a measure of an adult's weight in relation to their height. Used to compare the obesity of patients with different heights. If a patient's height were 6'3" and they weighed 200lbs then that would be a normal weight, but if the same patient were 5'0" then they would be severely obese (BMI of 25 compared to 39 respectively). The BMI is calculated as weight in kilograms divided by height in meters squared (kg/m^2). This number can be obtained using BMI calculators that are available on the internet or using the tables we have provided.

- **Obesity** - defined as having a high amount of body fat in comparison to lean body mass. Specifically, a BMI of 30 or greater.

- **Bariatrics** - the branch of medicine dealing all aspects of obesity.

- **Comorbidities** - diseases caused by specific underlying conditions. In this particular case, the illnesses and problems caused by obesity.

The obesity Epidemic

Surgical weight loss has been around in various forms for more than thirty years. Recently a lot of attention has been focused on these procedures because of an explosion in obesity rates around the country and indeed around the world. In certain states in this country more than 25% of the population are obese having BMI’s greater than 30. Three in five Americans are either overweight or obese. In the past 20 years, adult obesity has doubled. It is estimated that more than 300,000 premature deaths occur annually because of obesity. The death rate from obesity is rapidly approaching that of smoking.

Causes of the obesity epidemic

- **Genetic predisposition**: Obesity tends to run in families. Studies of children from “overweight” parents adopted into “thin” families show that the children’s weight mirrors their biologic parents. The search is on for the “obesity gene”.

- **Physiologic**: Complex hormonal interactions exist that are not completely understood, but are an important area of active research and possible future therapy. These interactions have developed over many generations of human history and have been important for human survival throughout our history. Unfortunately, food is plentiful today and these factors are contributing to the explosion of obesity.

- **Behavioral**: Food is intimately intertwined into our behaviors and family traditions. Many of the pleasurable moments in our lives are associated with eating. Food addictions are common. Food is a comfort and pleasure that is difficult to replace.

- **Gender**: Women have a higher incidence of obesity.

- **Socioeconomic**: High fat/calorie food is inexpensive and readily available. It costs more to eat healthy. Exercise can also be an expensive hobby.

- **Psychosocial**: Food can be a mechanism for coping with stress and abuse.

- **Societal**: Modern society is filled with labor saving devices. Exercise and activity have become optional. Technology has contributed greatly to our high quality of living, but also has been a major contributor to our high obesity rates.
Energy Imbalance

The basic cause of obesity is an energy imbalance. If you think about it, less than 100 years ago people lived very different lives. Most people worked hard to make a living and episodes of famine were common. The human race has lived for many thousands of years in this fashion. Those people who could absorb and store energy efficiently survived the famines and were able to pass along their genes.

We now live in a completely different society, but our genes haven’t changed. We are basically living in a modern society with Stone Age genes. There is a huge supply of food that is low in cost, always available, attractive, tasty, and hygienic. In addition, labor-saving technologies have virtually eliminated the need for physical activity in everyday life. Activity is now optional. This is a very simple equation:

**Increased Caloric Intake+ Decreased Energy Expenditure= Energy Storage/Fat Deposition**

We are literally eating so much and storing so much fat that our bodies and organs are unable to handle the consequences. This problem is not just a cosmetic issue. The weight is not just unsightly, its dangerous. The body is impacted on almost every level and the most important organ systems in our body are compromised. We call these consequences of obesity *comorbidities*. Below is a list of the most common illnesses associated with obesity.

**Obesity related illness (Comorbidities)**

Obesity increases the incidence of these specific diseases:

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>GERD/Heartburn</th>
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<tbody>
<tr>
<td>Hypertension (high blood pressure)</td>
<td>Depression</td>
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<tr>
<td>High triglycerides/cholesterol</td>
<td>Liver failure/Cirrhosis</td>
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<td>Heart disease/Stroke</td>
<td>Gallstones</td>
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<td>Obstructive Sleep Apnea</td>
<td>Infertility</td>
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<td>Pulmonary Hypertension</td>
<td>Urinary incontinence</td>
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<td>Heart Failure</td>
<td>Blood clots/DVT’s</td>
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<td>Degenerative Joint Disease</td>
<td>Gout</td>
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<td>Cancer (endometrial, breast, prostate, colorectal)</td>
<td>and others....</td>
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Psychological Impact of Obesity

In addition to the adverse impact obesity has on the body, there is an impact on the mind and psyche. People with obesity are frequently depressed and feelings of social isolation are common. Social phobias are also very common. Even without the phobias patients find it difficult to cope with the consequences of their size. Fitting through turnstiles, sitting in theaters, finding a seat on an airplane, finding stylish clothes, etc., can be challenging and embarrassing.

Society has not come to terms with this epidemic and the obese are frequently the target of discrimination. Discrimination in the workplace is rampant. Comedians and movies frequently use overweight people as the butt of their jokes. Obesity is the last bastion of discrimination.
Criteria for Weight Loss Surgery

National Institutes of Health Consensus Statement

In 1991 the National Institutes of Health convened a panel of experts to evaluate the available treatments for obesity. All the research on the medical and surgical options for weight loss were evaluated. The panel then generated a statement explaining their findings.

The panel found no evidence to support the effectiveness of medical weight loss. Specifically, it stated that the available diets, exercise, and medications were ineffective at long term weight loss for the “morbidly obese”. They found the weight loss with dieting to be small and the weight was regained in almost every patient.

The panel also found clear evidence of the effectiveness of surgical weight loss in the treatment of these same patients. A majority of the excess weight was lost with surgery and the weight loss was maintained when following patients out 10 years.

The consensus panel also made recommendations regarding who would benefit from surgery. These guidelines are followed by most weight loss programs. These criteria are based on a patients BMI and the illnesses they have developed as a consequence of their excess weight.

Criteria for Weight Loss Surgery

The NIH Consensus Panel recommends that a patient is a candidate for surgery if:

1. Patients have a Body Mass Index > 40 kg/m².
2. Patients have a Body Mass Index between 35 and 40 kg/m² with obesity related illnesses.


<table>
<thead>
<tr>
<th>BMI</th>
<th>Normal</th>
<th>Overweight</th>
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The gastric bypass is considered by many the gold standard obesity operation. We compare other weight loss surgery outcomes to this surgery to compare effectiveness. It has been studied for many years and long term outcomes are well known.

A small pouch, approximately 1 ounce in size, is created at the top of the stomach.

The small bowel is divided. The biliopancreatic limb is reattached to the small bowel.

The other end is connected to the pouch, creating the Roux limb.

The small pouch releases food slowly, causing a sensation of fullness with very little food.

The biliopancreatic limb preserves the action of the digestive tract by allowing bile and pancreatic fluids to mix with the food from the pouch. These substances are necessary for normal absorption of nutrients.

Risks of gastric bypass

All surgical procedures are associated with risk. With appropriate patient selection and preparation these risks are relatively low. We want all patients considering surgical weight loss to understand the risks prior to surgery. Below is a list of some common risks associated with gastric bypass surgery.

Bleeding, infection, spleen or liver injury, blood clots (DVT’s), pulmonary embolus (blood clots traveling to the heart/lungs), pneumonia, heart attack/arrhythmia, anastamotic leak (leak at the bowel connections), conversion from a laparoscopic approach (small incisions) to an open approach, and death (approximately 1/200 or 0.5%)

Late Complications: Hernias (more common with open surgery), ulcers, intestinal obstruction, outlet stenosis (narrowing of the connection between stomach and bowel), anemia/nutritional deficiencies (all patients are required to take vitamin/mineral supplements), osteoporosis (all patients should take calcium citrate supplements, and dumping (usually only occurs when wrong food choices are made, therefore is helpful for weight loss).

Advantages/Disadvantages of Gastric Bypass

**Advantages:**
- Rapid initial weight loss
- Minimally invasive approach is possible
- Longer experience in USA with longer follow-up
- Less follow-up and monitoring than a band
- No foreign body
- <1% need for repeat surgery

**Disadvantages:**
- Cutting, stapling and rerouting of the bowel is required
- More operative complications than band
- Duodenum (first part of small intestine) is bypassed (this is where much of the iron and calcium is absorbed)
- Not adjustable
- Higher death rate than band
- Technically more complex to perform
- Difficult to reverse (reversal will invariably reverse weight loss)
LAP-BAND®

We have been offering LAP-BAND® as an alternative weight loss procedure since October of 2006. The Food and Drug Administration (FDA) established U.S.-based clinical trials in 1995 (The FDA regulations require clinical trials in approved centers before an implantable device, such as the LAP-BAND® System, can be used widely in the U.S. in a surgical procedure). The LAP-BAND® System was approved for general use in June 2001.

A silicone band is placed around the upper part of the stomach. This creates a pouch which holds less food and induces a sense of fullness.

This is a simpler operation to perform that takes less time in the OR and is usually an outpatient procedure. Most patients can return to work within a week.

Close follow up is essential for success as the weight loss progress must be monitored and the band adjusted as needed.

The silicone band around the stomach is hollow and is filled with a saline solution. By adding or removing fluid the band can be adjusted based on individual needs.

Risks of LAP-BAND®

All surgical procedures are associated with risk. With appropriate patient selection and preparation these risks are relatively low. We want all patients considering surgical weight loss to understand the risks prior to surgery. Below is a list of some common risks associated with LAP-BAND® surgery.

Bleeding, infection (infection of the band usually requires removal of the band to clear the infection), liver/spleen injury, stomach or esophagus injury, blood clots, heart attack/arrhythmia, pulmonary embolus (blood clots that travel to the lung or heart), death (approximately 1/2,000 or 0.05%), band slip/prolapse 5-15% (requires re-operation in most cases), band erosion 1-3% (rarely life-threatening, but requires band removal), esophageal dilation, band dysfunction (approximately 10% of bands require re-operation for repair of the band system), worsening GERD/acid reflux/heartburn (if placed appropriately and adjusted correctly, the band is usually actually a good anti-reflux operation).

Advantages/Disadvantages of the LAP-BAND®

Advantages:

- 10x safer than a gastric bypass
- Adjustable
- Least invasive option
- No stomach stapling, cutting or intestinal rerouting
- Reversible (weight loss would also be reversed)
- Lowest operative complication rates - no leaks
- Less OR time
- Same day surgery in most cases
- Least expensive operation for self pay patients

Disadvantages:

- Slower weight loss compared to bypass
- Frequent/regular follow-up essential for success
- 10% risk of band dysfunction requiring surgical repair
- Band complication (slips, erosions, infections, etc.)
Sleeve Gastrectomy

Sleeve gastrectomy is a relatively new procedure. It has been used for many years in conjunction with a malabsorptive procedure such as a duodenal switch/biliopancreatic diversion. It is currently being used as a stand alone procedure that combines some of the benefits of the gastric bypass and the gastric band procedures.

The procedure is performed laparoscopically. It usually entails an overnight stay in the hospital. A tube is placed down the esophagus into the stomach and used to guide a stapler that cuts and seals the stomach. All the stomach, except that which is around the tube, is removed creating a narrow tube of the stomach. The procedure effectively restricts calorie intake. It has the advantages of letting food enter the digestive tract normally like a gastric band, but the problems associated with the foreign body/band are solved.

Risks of sleeve gastrectomy

All surgical procedures are associated with risk. With appropriate patient selection and preparation these risks are relatively low. We want all patients considering surgical weight loss to understand the risks prior to surgery. Below is a list of some common risks associated with a sleeve gastrectomy.

- Bleeding, infection, spleen injury, liver injury, blood clots, pulmonary embolus (clots that travel to the lungs), heart attack/arrhythmia, bowel injury, conversion to open surgery from laparoscopy, staple line leak, stomach obstruction, weight regain (can happen with all weight loss operations), and death (0.02%).

Advantages/Disadvantages of Sleeve Gastrectomy

**Advantages:**
- No intestinal rerouting
- No bypass of the duodenum (where much of the calcium and iron is absorbed)
- No foreign body
- No dumping syndrome
- Less risk of ulcer
- Little risk of internal hernias and bowel obstructions
- Long term outcome data for 5 years after surgery is now available, comparable weight loss to other operations such as gastric bypass

**Disadvantages:**
- Not adjustable
- Considered investigational by some insurance companies (therefore, not covered)
- Staple line complications
- No dumping syndrome (this can help motivate patients to avoid “sweets”)
Before Surgery Checklist

Pre-operative requirements

- **Community Seminar:** All prospective patients must attend this educational meeting. Information about the risks and benefits of surgery is discussed. A bariatric surgeon is usually in attendance, providing an opportunity for questions and answers. There are also usually several patients that discuss their experiences and answer questions.

- **Register:** You must register online prior to your physician evaluation at: ssa.remedyehr.com.

- **Support Group:** Everyone is strongly encouraged to attend at least one support group meeting. Studies have shown that patients who attend support groups have better outcomes than those that don’t. It’s also known that if a support group is attended prior to surgery, there is a higher likelihood of attendance after surgery.

- **Primary Care Evaluation:** Most patients who need this surgery have multiple other medical conditions. We need your primary care physician’s help managing these problems before and after surgery. This is also a requirement of most insurance companies prior to authorization.

- **Psychiatric Evaluation:** This is required by most weight loss surgery programs and is also required by most insurance companies. The intent is to make sure there is no illness that might present a danger to the patient. Weight loss surgery is also a stressful event that can cause worsening of underlying psychiatric disease, therefore having the expertise available to help with these situations is valuable.

- **Dietary Consult:** Again, this is usually an insurance requirement. We require it for all patients and think it is very important to help educate patients about the eating changes that are necessary for successful weight loss.

- **BMI Requirements:** We follow the National Institutes of Health guidelines strictly. Please refer to the Criteria for Weight loss Surgery page and a BMI calculator for details on these guidelines.

- **Insurance Requirements:** Please contact your insurance company to verify that this is a covered benefit of your policy. Each insurance company has different requirements for approval including evidence of medically supervised weight loss attempts. Utah Surgical Associates can help you understand these requirements and send the information to your insurance company. The patient will be responsible for obtaining the records and evaluations necessary for approval.

- **Self Pay Options:** There are options for those who do not have insurance coverage for this procedure. Self pay pricing is available upon request.

- **Surgeon Evaluation:** A surgeon evaluation is also required prior to surgery. If any health problems that require further work-up are found during this evaluation, then appropriate referrals will be made prior to surgery.

- **Pre-op Diet:** A low calorie liquid diet is required for two weeks prior to surgery. The purpose of this diet is to reduce the fatty content of the liver. The liver sits directly over the upper stomach and needs to be lifted off the stomach. A fatty liver can be fragile and hard to lift. It can also fracture easily and bleed. Just two weeks of a low calorie liquid diet can make this part of the procedure much easier and, most importantly, much safer.

- **Pre-op Class:** About two weeks before your scheduled weight loss surgery, you are required to attend a three hour class where you will receive education on what to expect before, during, and after surgery.
Frequently Asked Questions

After completing the educational seminar, what is my first step.

It is your responsibility to contact your insurance company and inquire as to whether your specific health plan has the benefit available for weight loss surgery and the requirements needed to be approved. Please keep in mind that our staff (both Utah Surgical Associates and DRMC) will be calling your insurance to receive your benefit information (deductibles, out of pocket, etc) and asking if the benefit is available to you. You also need to complete your online registration by going to ssa.remedymd.com. You can also find instructions on the registration process in your seminar packet and on our website utahsurgical.com. You will not be scheduled for any appointments with our office until you have completed your registration.

What do I ask the insurance customer service representative?

Ask if the following procedures and CPT codes are covered under your plan. Laparoscopic Roux-En-Y Gastric Bypass (CPT 43644), and Laparoscopic Placement of an Adjustable Gastric Band (CPT 43770), and Sleeve Gastrectomy (CPT 43775). They may tell you that only one or both procedures are covered, they may also state that it is based on medical necessity. Once you receive your response, you then want to ask them if you need to have certain requirements met in order to be approved. You may need to insist that the representative thoroughly explain your benefits. If you are not able to receive correct or thorough information, please ask to speak to a supervisor. It is very important that you receive the right information.

What requirements do most insurance need me to complete?

There are several requirements such a medically supervised diet, weight history, nutritional evaluation, etc. Please read on to find out more about these specific requirements.

My insurance requires a 3, 5, 12 month diet, what does this mean and how do I complete this requirement?

What your insurance company wants to see is that you have been on a current diet supervised by a doctor; they also want to see the progress notes (records) from these visits. If you have not been on a medically supervised diet, make an appointment to see your family doctor (preferable one who is supports weight loss surgery), or make an appointment with Utah Surgical Associates Bariatric Clinic. The doctor needs to indicate that he/she is starting you on a diet (they have to indicate the diet), they counseled you on exercising and would like you to return in a month. The following month, the progress report should again indicate date, weight, height, the type of diet you are on and exercise you’re completing, the doctor needs to state that you are to continue the diet and exercise regimen and return in a month. These visits will need to occur consecutively for the exact number of months specified by your insurance. Please note that the diet needs to be consecutive, so please DO NOT miss a month or you’ll need to start over. If you have to complete the dietary requirements, please wait until you’re almost done to begin your preoperative testing.

What if my insurance requires a weight history?

The most common weight history is a two - year history. If you’ve received any care from a doctor, urgent care, or emergency room and you were weighed, then you will need to request your medical records from any of those physicians you have seen in the last two years. Please make sure the documents are in chronological order with the date of service and weight documented.

I have two insurances; can I use both of them?

Yes you may as long as the benefit is covered by that insurance. If one or both of your insurances have requirements that need to be met, you must complete the requirements in order to have both the insurance companies pick up as much of the costs as possible.
Frequently Asked Questions

My insurance doesn’t cover the surgery, can I pay cash?

Yes. Sadly, there are many insurance companies that refuse to offer a surgical weight loss benefit, and many patients have no other option but to pay cash. You can receive the complete cash breakdown from one of our staff members. Financing options are available through independent banks and financing companies. Information about the cost of the procedures are available upon request. Call us at Utah Surgical Associates (435-628-1641).

If I’m paying cash, how soon can I have surgery?

Getting through the system is different for every patient and their personal schedules. Some patients have their pre-operative testing done within a few days, while others work around their work schedule and may take longer. It will usually take about 6-8 weeks from the date you attended your Surgical Weight Loss Seminar to the date of surgery if all goes well. Remember this is a life style change and everything that is required is done to guide you forward a successful healthier future.

Why is it my responsibility to contact my insurance company and get my own benefit information and requirements?

The reason we ask patients to call their own insurance company is so patients themselves are aware of exactly what they need to complete in order to have surgery. We try to make the process as easy and painless as possible, but we at times receive incorrect or conflicting information from your insurance carrier. It’s best that both parties call, be informed, and compare information.

What is the status with Medicare patients?

Medicare required that the surgery be done at a hospital that was designated a “Center of Excellence” in the past. Recently that requirement was changed. We are now able to provide surgery to Medicare patients according to the most recent information provided by that organization.

Once I submit all of my pre-operative testing to your office, what’s next?

Please allow up to ten (10) business days for our office to review your paperwork. Contact our office to schedule a consultation with the one of our Bariatric Surgeons.

How long does it take my insurance company to authorize me for surgery?

Your insurance company has anywhere from 6-8 weeks to issue an authorization. In most cases, patients will receive a notification in the mail before our office does.
Weight Loss Surgery Pre-operative High Protein Liquid Diet

Options for liquid diet:

<table>
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<tr>
<th>Beverage</th>
<th>Amount</th>
<th>Calories</th>
<th>Grams of protein</th>
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<tbody>
<tr>
<td>Slim-Fast High Protein Shake*</td>
<td>6 cans/day</td>
<td>~1200/day (190-200/can)</td>
<td>15 grams/can, 90 grams/6 cans</td>
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<tr>
<td>Ensure High Protein*</td>
<td>5 cans/day</td>
<td>1140/day (~228 calories/can)</td>
<td>12 grams/can, 60 grams/5 cans</td>
</tr>
<tr>
<td>Equate brand Weight Loss Shakes*</td>
<td>6 cans/day</td>
<td>1350/day (220/can)</td>
<td>10 grams/can, 60 grams/day</td>
</tr>
<tr>
<td>Boost High Protein*</td>
<td>5 cans/day</td>
<td>1200/day (240/can)</td>
<td>15 grams/can, 75 grams/day</td>
</tr>
<tr>
<td>Atkins Advantage*</td>
<td>7 cans/day</td>
<td>1160/day (160/can)</td>
<td>15 grams/can, 105 grams/day</td>
</tr>
</tbody>
</table>

*Items are lactose free.

Tips:
- The goals for the pre-op diet are 900-1200 calories/day and 60 grams of protein/day for women and 100 grams of protein/day for men.
- You may want to try more than one brand and/or flavor to increase the variety in your pre-operative diet.
- Non-fat Dry Milk Powder can be added to increase protein: 2 Tbsp has ~45 calories and provides 4.5 grams of protein.

If you have any questions feel free to call a Dixie Regional Medical Center dietitian at 251-1641.

Patients need to be on a high protein liquid diet for two (2) weeks prior to surgery.
Golden Rules of Successful Weight Loss

Golden Rules

If you are seriously considering weight loss surgery, you need to carefully examine this list of rules. These rules, if followed, will allow you to meet your goals of weight loss and better health. All of the operations, described previously, are tools. To be effective a tool has to be used appropriately. A list of instructions typically accompanies a tool that is purchased. These acquaint the new owner with the appropriate use of the equipment to achieve the desired goal. Without these instructions the completion of the task is much more difficult and in some cases more dangerous.

The following is a list of instructions for weight loss surgery. If you look at this list and feel you would be unable or unwilling to follow all of the instructions, then it would be best to reconsider your decision. You should wait to have surgery until you have made the commitment to follow all these guidelines.

- **Two to three small meals per day.** Patients who fail to lose the expected weight after surgery, or regain weight later on, tend to do so because they are eating many small meals or snacking. With snacking it is easy to get enough calories into your digestive system to fail to achieve your weight loss goals.

- **High protein meals.** Patients are instructed to eat a diet that consists of about 70% protein and the rest vegetables. The protein fills the stomach pouch and produces a sensation of satisfaction and fullness that lasts for hours. In addition, the body needs a certain amount of protein to be healthy and thereby avoid protein malnutrition.

- **No snacking.** As mentioned above, this is a frequent cause of weight gain.

- **Avoid liquids with calories.** Liquids empty quickly from the stomach pouch allowing a lot of calories to be consumed and producing no long lasting fullness. We encourage our patients to stay well hydrated with liquids that contain no calories, but to avoid liquids with calories after the early post-op period. This includes soups, soda drinks, ice cream and shakes, protein shakes, alcohol, etc.

- **Stop eating when satisfied.** The operation will help you understand this concept. Usually, if one bite to much is taken, pain and vomiting can result. If a patient persists at overeating, it is possible to stretch the pouch and eventually sabotage their operation.

- **Exercise daily.** Exercise impacts the energy output portion of the energy equation. Surgery decreases energy intake. Exercise burns energy and strengthens muscles that burn energy all day long.

- **Be active.** A sedentary lifestyle causes obesity. Find ways to be active in addition to exercise.

- **Follow-up with physicians.** Regular follow-up is also critical for success. This allows your surgeon to monitor your progress and regularly check for signs of problems. A weight loss clinic has been set up that has all the components to help you achieve your goals.

- **Daily multivitamin and calcium citrate.** Because the post op diet lacks certain food groups and because some operations cause malabsorption of certain nutrients, it is important to supplement the diet with a multivitamin high in iron and B vitamins. Calcium supplementation is also important.

- **Support Group.** A great support group experience is available to all patients. Studies have shown that those patients who regularly attend support group have much better weight loss
Resources

• Nutritionist or Registered Dietician
  Christie Benton, RD,CD- St. George  435-251-3789
  Mary Brown, RD-Cedar City  435-868-5335
  Kris Bybee, 1st Wed of every month @ Kane Co., Kanab 435-251-1640

• Psychology/Psychiatry
  Martin M. Shinedling, Ph.D, LP  435-652-3775
  Richard Y. Moody, Ph.D.    435-652-1202
  Tim Kockler, Ph.D, LP.  435-632-1445
  Cindy Duke Ph.D. 435-251-3950
  David Tate, Ph.D. 435-656-0506

  *You may choose any licensed psychologist or psychiatrist to perform your pre-op evaluation.
  *You may want to check with your insurance company for preferred providers.

• DRMC Bariatric Care Coordinator
  Andi Lathim, RN 435-251-1632
  andi.lathim@imail.org

• Bariatric Coordinator @ Utah Surgical
  Lorraine Hiner  435-628-1641
    lhiner@utahsurgical.com

• Website:
  utahsurgical.com