Utah Surgical
Weight Loss Center

AMERICAN COLLEGE OF SURGEONS
MBSAQIP
ACCREDITED CENTER
QUALITY PROGRAM
AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY

(435) 628-1641

UTAHSURGICAL.COM

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 has 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 adults 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/m2). This is 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:

Diabetes	GERD/Heartburn
Hypertension (high blood pressure)	Depression
High triglycerides/cholesterol	Liver failure/Cirrhosis
Heart disease/Stroke	Gallstones
Obstructive Sleep Apnea	Infertility
Pulmonary Hypertension	Urinary incontinence
Heart Failure	Blood clots/DVT's
Degenerative Joint Disease	Gout
Cancer (endometrial, breast,prostate, colorectal)	and others....

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 an 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/m^2.
2. Patients have a Body Mass Index between 35 and 40 kg/m^2 with obesity related illnesses.

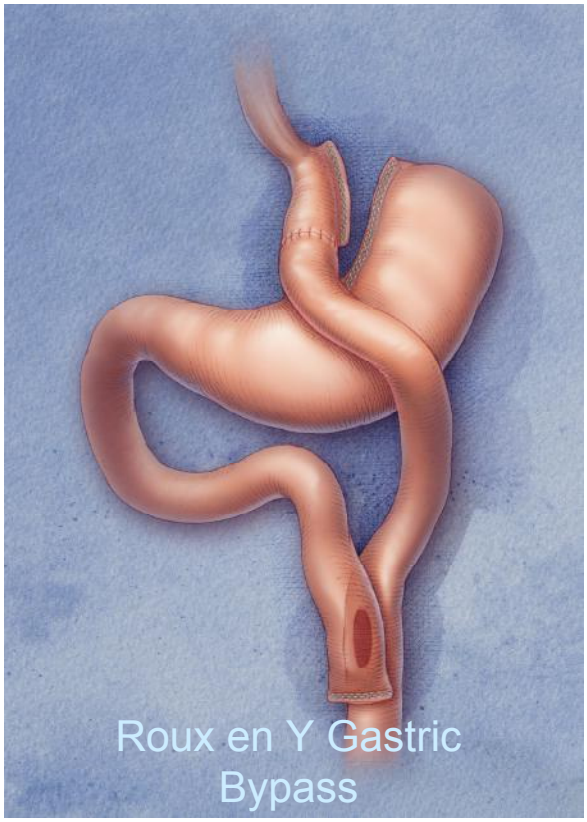
http://consensus.nih.gov/1991/1991GISurgeryObesity084html.htm

Body Mass Index Table

	Normal						Overweight					Obese										Extreme Obesity																
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	**Body Weight (pounds)**																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Weight loss surgery options

Roux-en-Y Gastric Bypass



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 intial 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:

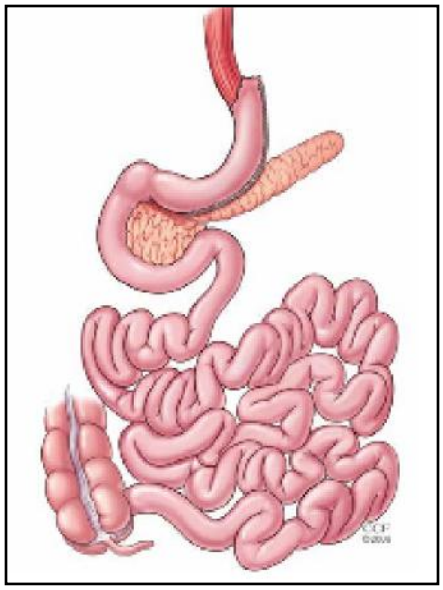
- Cutting, stapling and rerouting of the bowel is required
- More operative complications than band
- Duodenum (first part of small intestine) is bypassed (this is where much of the iron and calcium is absorbed)
- Not adjustable
- Higher death rate than band
- Technically more complex to perform
- Difficult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

Weight loss surgery options

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.

☐ 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.

☐ An EKG: Is required for patients 50 and older.

☐ Clearance Letter: If you have a history of heart disease, a clearance letter from your cardiologist is required.

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.

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 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:

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

****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.

Utah Surgical Weight Loss Center

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Saint George, UT

(435) 628-1641

utahsurgical.com

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

Live Well Center	**435-251-3793**
for all appointments:	
Dixie Regional Medical Center	
Cedar City Hospital	
Garfield Memorial Hospital	
Kane County Hospital	
Sanpete Valley Hospital	**435-462-4631**
Sevier Valley Hospital	**435-893-0569**

- Psychology/Psychiatry

Amy Brotherson MSW, LCSW	**435-669-7109**
Justin Gordon LMFT	**435-215-3184**
Dylan Matsumori Ph. D	**435-414-3009**
Tim Kockler Ph. D	**435-632-1445**
Therapy Associates	**435-862-8273**

***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

Jenny Thompson, RN BSN **435-251-1632**
jenny.thompson@imail.org

- Bariatric Coordinator @ Utah Surgical

Lorraine Hiner	**435-628-1641**
Fax:	**435-628-1660**
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- Website:
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