

NHRMC General Surgery Specialists

Minimally Invasive Gastrointestinal Surgery

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Thank you for choosing NHRMC General Surgery Specialists. We are dedicated to helping you achieve your goal of a healthier life through weight loss surgery. Bariatric surgery (weight loss surgery) can be an extremely effective tool in the treatment of obesity and its associated medical conditions (diabetes, high blood pressure, high cholesterol, osteoarthritis, etc). The surgery itself is only one step to the ultimate goal, and we incorporate a team philosophy involving nutritionists, psychologists, as well as your current primary care physician. The degree of success most patients obtain is a direct result of a good pre-operative understanding of what must be done before and after surgery. The best outcome we could obtain throughout the pre-operative period, is for our patients to lose weight without surgery and obtain a healthier lifestyle. However, we understand the difficulties with traditional dieting and know that short term success does not always translate into long term results.

We offer a number of minimally invasive surgical techniques for weight loss that can be performed at New Hanover Regional Medical Center. Deciding on what technique is best for you is important, and we are here to help you with that decision. Ultimately the decision is yours, and therefore we recommend you research all your options before coming to a decision. Below is a list of websites that have information on weight loss surgery. In addition, talk with people that have had the surgeries at our group meetings.

1. www.asmb.org (American Society of Metabolic and Bariatric Surgery)
2. www.obeseinfo.com
3. www.realize.com (Adjustable Band website)
4. www.yourbariatricsurgeryguide.com
5. www.bariatric-surgery.info
6. www.obesity.org (American Obesity Assc)

Thank you again for choosing us, and we look forward to helping you in any way we can.

Sincerely,

W. Borden Hooks III, MD

Nutrition Guidelines

Weight loss surgery (Gastric bypass, sleeve gastrectomy, and adjustable gastric band) is a tool for you to use to get control of your health. Eating properly will continue to be a vital part of your weight loss after surgery. Your eating habits will need to change for the rest of your life, and your gastrointestinal tract will be forever altered.

1. All weight loss procedures will reduce the amount of food your stomach can hold, which reduces the amount of food you can eat at a meal. The smaller pouch size also helps to curb hunger. If you over eat consistently, the pouch can stretch over time and become less effective in keeping your weight off.
2. Your body still needs plenty of fluid to avoid dehydration, drink a **minimum of 48-64 ounces per day of water** or a calorie free liquid.
3. **Chew your food well**, as the pouch size may inhibit the passage of larger bits of food.
4. To avoid nutrient deficiencies, **you will need to take vitamins and minerals daily**, especially after gastric bypass.
5. **Liquids should be consumed 30 minutes before or 30 minutes after a meal.**
6. After gastric bypass, **foods high in sugar may cause the “dumping syndrome,”** which is characterized by nausea, weakness, sweating, and sometimes diarrhea after eating. For many other reasons, these types of sugar based foods should be avoided if you are serious about losing weight.
7. Limit foods high in fat. Fat can delay emptying of the pouch and cause reflux/heartburn.
8. **Protein is important** for many reasons. It promotes healing after surgery, helps to maintain muscle mass during the weight loss period, and elevates your baseline metabolism to drive weight loss.

Weight Loss Surgery Checklist

Please have the following documentation mailed or faxed to NHRMC General Surgery Specialists prior to your second visit in order to expedite the insurance approval. This information should be available through your primary care physician. (Fax # 910-662-9303)

1. Three years of medical records documenting your weights and blood pressures. These should be in the context of yearly office visit.
2. Current Hgb A1C lab test if you are a diabetic (should be less than 6 months old)
3. Current thyroid stimulating hormone lab test (should be less than 12 months old)
4. Current H.pylori blood test (Gastric bypass only, should be less than 5 months old)

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Other requirements that must be documented:

Attend at least two nutrition classes with a nutritionist and receive pre and post-operative bariatric dietary instructions. (Chrysalis Center) _____

Attend a psychological consultation and evaluation which will be faxed back to our office. (Chrysalis Center) _____

Attend at least two bariatric support group meetings with Dr. Hooks (Third Monday of each month at the Betty Cameron's Women's and Children's Hospital). You will need to be added to an email list. _____

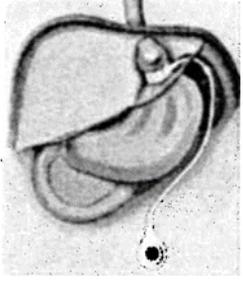
Individual insurance companies may require additional information, we will update you with any additional information that may be required but encourage you to speak with a patient advocate at your insurance company. _____

We require family members and/or close friends to be present during your pre-operative visit to show support and be present for the surgical risks discussion/consent. _____

Exercise Guidelines

1. In order to improve weight loss surgery outcomes, we recommend starting an exercise program focusing on 30-45 minutes of cardiovascular exercise, at least 3 times per week.
2. Establishing exercise instructions through a personal trainer is recommended to avoid injury and help develop a healthy exercise plan.

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Modality of Weight Loss	Restrictive and Malabsorptive (stomach and intestines)	Restrictive (Stomach only)	
Type of Operation	Roux-en-Y Gastric Bypass Surgery	Vertical Sleeve Gastrectomy	Adjustable Gastric Band
Anatomy	Small 1 ounce pouch (20-33cc) connected to the small intestine. Food and digestive juices are separated for 3-5 feet.	Long narrow vertical pouch measuring 2-3 oz (60-100cc). Identical to the duodenal switch pouch but smaller. No intestinal bypass performed	An adjustable silicone ring (band) is placed around the top part of the stomach creating a small 1-2 ounce (15-30cc) pouch.
			
Mechanism	<ul style="list-style-type: none"> • Significantly restricts the volume of food that can be consumed. • Mild malabsorption • “Dumping Syndrome” when sugar or fats are eaten 	<ul style="list-style-type: none"> • Significantly restricts the volume of food that can be consumed. • NO malabsorption • NO dumping 	<ul style="list-style-type: none"> • Moderately restricts the volume and type of foods able to be eaten. • Only procedure that is adjustable • Delays emptying of pouch • Creates sensation of fullness
Weight Loss United States Average statistical loss at 10 years	<ul style="list-style-type: none"> • 70% loss of excess weight • Less than 5% weight regain at 10 years 	<ul style="list-style-type: none"> • 60%-70% excess weight loss at 2 years • Long term results show a 5-10% weight regain at 10 years 	<ul style="list-style-type: none"> • 40% excess weight loss • Requires the most effort of all procedures to be successful

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<p>Long Term Dietary Modification (Excessive carbohydrate/high calorie intake will defeat all procedures)</p>	<ul style="list-style-type: none"> • Patients must consume less than 800 calories per day in the first 12-18 months; 1000-1200 thereafter, 3 small high protein meals per day • Must avoid sugar and fats to prevent “Dumping Syndrome” • Vitamin deficiency/protein deficiency usually preventable with supplements 	<ul style="list-style-type: none"> • Must consume less than 600-800 calories per day for the first 24 months, 1000-1200 thereafter • No dumping, no diarrhea • Weight regain may be more likely than in other procedures if dietary modifications not adopted for life 	<ul style="list-style-type: none"> • Must consume less than 800 calories per day for 18-36 months, 1000-1200 thereafter • Certain foods can get “stuck” if eaten (rice, bread, dense meats, nuts, popcorn) causing pain and vomiting. • No drinking with meals
<p>Nutritional Supplements Needed (Lifetime)</p>	<ul style="list-style-type: none"> • Multivitamin • Vitamin B12 • Calcium • Iron (menstruating women) 	<ul style="list-style-type: none"> • Multivitamin • Calcium 	<ul style="list-style-type: none"> • Multivitamin • Calcium
<p>Potential Problems</p>	<ul style="list-style-type: none"> • Dumping syndrome • Stricture • Bowel obstruction • Anemia • Vitamin/mineral deficiencies (Iron, Vitamin B12, folate) • Leak 	<ul style="list-style-type: none"> • Nausea and vomiting • Heartburn • Inadequate weight loss • Weight regain • Additional procedure may be needed to obtain adequate weight loss • Leak 	<ul style="list-style-type: none"> • Slow weight loss • Slippage • Erosion • Infection • Port problems • Device malfunction
<p>Hospital Stay</p>	<p style="text-align: center;">2-3 days</p>	<p style="text-align: center;">1-2 days</p>	<p style="text-align: center;">Overnight (< 1 day)</p>
<p>Time off Work</p>	<p style="text-align: center;">2-3 weeks</p>	<p style="text-align: center;">1-2 weeks</p>	<p style="text-align: center;">1 week</p>
<p>Operating Time</p>	<p style="text-align: center;">2 hours</p>	<p style="text-align: center;">1.5 hours</p>	<p style="text-align: center;">1 hour</p>
<p>Recommendation</p>	<p>Most effective for patients with a BMI of 35-55kg/m² and those patients with diabetes. Virtually all insurance companies will authorize this procedure in the appropriate patient.</p>	<p>Utilized for high risk or very heavy (BMI > 60 kg/m²) patients as a “first-stage” procedure or as a primary weight loss procedure. Low complication rate due to quicker OR time and no intestinal bypass performed but there is a longer staple line on the stomach.</p>	<p>Best for patients who enjoy participating in an exercise program and are more disciplined in following dietary restrictions.</p>