

Introduction to Advanced Surgical Associates

Congratulations on your decision to learn more about weight loss surgery. Dr. Balder, and the staff of Advanced Surgical Associates would like to extend a warm welcome to you and your family. We are delighted to have the opportunity to share with you some vital information regarding Gastric Bypass, Lap Band and our practice.

Morbid obesity is a debilitating disease that, by definition, threatens the well being of those suffering from it. Advanced Surgical Associates has developed a multi-disciplinary program that has been created to help alleviate this problem. If you take a close look at our program, you will find that it is unique in its design and scope.

In October, 2006, Advanced Surgical Associates and the Conway Medical Center were designated American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgery Center of Excellence. On February 19, 2009, we received our certification as an Allergan Lap Band "Total Care Center of Distinction". Most insurances are now requiring that patients have their weight loss surgery performed at a Center of Excellence and by a designated Center of Excellence surgeon. Our program is distinctive. We offer preoperative education as well as postoperative support. Not only will we guide you through the steps necessary to have surgery, but we also provide the necessary tools that are fundamental to your postoperative success for many years to come. Nutrition and exercise consultants, wellness workshops, support groups, and psychological consultations are among the resources offered to insure your success.

We feel our program is unique in that our surgeon and staff are a community. Although the staff is comprised of many individuals who perform a wide variety of services, we work diligently as a team in order to meet the specific needs of patients actively seeking to reclaim their lives.

Once again, we are delighted that you have given us the opportunity to share our program with you. We look forward to serving you well into the future.

Dr. Donald Balder, and the Staff of Advanced Surgical Associates

FREQUENTLY ASKED QUESTIONS

Question: Will my insurance pay for either/or the laparoscopic Gastric Band placement or Gastric Bypass?

Answer: As everybody's insurance policies are different, the best way to find out if your insurance will cover Bariatric surgery is to call the toll-free "customer or member service" number usually on the back of your insurance card and specifically ask "Is Lap Band (procedure code 43770) or Gastric Bypass (procedure code 43644) a covered benefit for me under my policy"? If yes, ask what your policy requirements are as some policies require 6-months medically supervised documented diet. Also, confirm that the procedure is a covered benefit and NOT listed under your policy exclusions. PLEASE, document date, time, name of the person you spoke with and a summarization of what you were told. These calls (most of the time) are recorded. (*You have been provided with an Insurance Verification form in your packet to assist you in the documentation of the information for this purpose.)

Question: How long does the Lap Band or the lap Gastric Bypass take?

Answer: The actual Lap Band placement takes approximately one hour. There is additional time needed for preparation before you are taken to the OR and recovery is approximately 2 – 4 hours. The actual Gastric Bypass operation takes less than two hours with additional time needed for the preparation and recovery before you are moved to a room.

Question: How long will I be in the hospital?

Answer: For laparoscopic Gastric Bypass, you will be in the hospital approximately 24-48 hours. Typically, the laparoscopic lap band patient will go home the same day (except Medicare requires over-night stay).

Question: How long will I be out of work?

Answer: We recommend that Lap Band patients make arrangements to take off a week from work, but depending on the nature of your job, you may return sooner. For Lap Gastric Bypass, we recommend you take approximately 2-3 weeks. If you required an open procedure, you may need 4-6 weeks healing/recovery time.

Question: Will I need to be on a diet after surgery?

Answer: Lap band and Gastric Bypass patients will be required to be on diet of clear, sugar-free liquids with high protein supplements for 5 days prior to their surgery date. This will prepare you for your major lifestyle change after your surgery. Following either procedure, you will be on all liquids initially, progress to pureed foods and then whole, solid foods, avoiding sugar, carbohydrates and focusing on proteins. *You will be advanced in your diet according to your procedure. These pre and post operative diets will be gone over with you in detail when you meet with the Dietitian before your procedure.

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Question: Will I need to take vitamins?

Answer: For lap band patients, it is recommended that you take a multi-vitamin w/minerals daily and Calcium. Gastric bypass patients will need 2 multi-vitamins w/minerals, B12 daily and Calcium citrate for the rest of your life. Many patients will also require an iron supplementation as well.

Question: Will I need to stop smoking?

Answer: You will be required to stop smoking at least 2 months prior to the scheduling of your surgery. It is imperative that you be completely smoke free for a minimum of 2 months and that you are committed to remaining smoke free post-operatively. Nicotine and Cotinine screening will be done once you are smoke free for 30 days and as necessary post-operatively.

Question: What about exercise?

Answer: In order to promote and maintain your weight loss with either the lap band or gastric bypass procedures, it is crucial that you begin an exercise program within the first few weeks after your procedure. Lifestyle changes are necessary in ALL areas including exercise.

Question: Do you offer Support Groups?

Answer: Support Groups meet monthly in four locations; Conway, Sumpter, Walterboro, and Florence. We strongly encourage you to attend a Support Group meeting each month. Our Support Group will be meeting at Conway Medical Center's Administration Building in the Administration Auditorium starting at 6:30 PM on the **3rd Tuesday** of each Month.

Question: How long will this process take before I can have surgery?

Answer: This can vary with each patient. After all required paperwork is turned in and your chart is complete, our office will call you with a consultation appointment date and time with the surgeon in our office. All documentation including the consultation note from that visit with the surgeon will be sent to your insurance asking for approval for your surgery. This process can take anywhere from 48 hours to 30 days.

Question: Why do I have to have a psychological evaluation?

Answer: As part of our multidisciplinary program, most patients are required to have a psychological evaluation. The psychologist can help you understand some of the major lifestyle changes that you will be required to make in order to make your surgery a success. He/she can also be a valuable resource post-operatively if those changes seem more difficult than you anticipated. He/she will also assess you for any depression or mental illness to assure that you are properly medicated. The majority of our morbidly obese patients have some level of depression. Also, most insurances require a psychological evaluation prior to the approval of your surgery.

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Nutrition = Protein

Good nutrition is a key component to successful weight loss following Bariatric surgery. Eating the correct foods, in the correct amount will not only help a patient lose weight, but it will also contribute to overall good health and well-being.

Protein is the only macronutrient that the body is unable to manufacture and produce from 'scratch', therefore it must be obtained from an outside source. To be more specific, the nine essential amino acids that are the building blocks to protein need to be obtained from food. With only a small amount of space in the new stomach, patients are advised only to put in what is most nutritious and will contribute to overall good health and well-being. Eating a minimum of 70 grams of protein will minimize or prevent muscle loss and muscle wasting. If a patient fills up the pouch with foods containing carbohydrates instead of protein, much of the initial weight loss will be muscle. It is important to remember that muscle equals metabolism. A substantial loss of muscle results in a significant decrease in metabolism and subsequently may prevent a patient from reaching his or her goal weight.

During the initial Dietary evaluation, we obtain a great deal of information to assist you in preparation for your surgery. The dietitian will provide you with a tremendous amount of information regarding what and how patients are supposed to eat from the first day after surgery all the way through the rest of their days. As time passes, it is difficult for most people to remember all of what was taught and therefore reinforcement of the concepts and ideas Advanced Surgical Associates promotes are vital for continued success.

Exercise

Setting a goal is one thing but achieving that goal requires the synthesis of all of the four components that make up a human life: lifestyle, physical state, mental state, and spirituality.

With routine exercise comes structure and discipline and this, in turn, strengthens all areas of our lives. Without self-discipline we end up with chaos and dysfunction that will eventually be manifested in one or more areas of our existence – whether it be in our spirituality, physical state, mental state or lifestyle in general.

To begin the endeavor of incorporating exercise into your lifestyle, it is important to evaluate the type of lifestyle you have. Many of us have hectic, fast-paced lifestyles that leave us with very little time for extra-curricular activities. Set

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realistic goals as you design your exercise program. Be sure to incorporate strength, flexibility as well as cardiovascular activities from the start. All three facets: strength, flexibility and cardiovascular are the keys to a well-rounded fitness program.

Begin your program only when you are able to commit to exercise on a regular basis. We all have obstacles that prevent us from committing. Working around those obstacles is just a matter of conviction and discipline. Put aside one hour to accomplish the activity. This may mean waking up one hour earlier, although it does not necessarily mean you will be exercising for that length of time initially. But it is important to give yourself enough time so you are not rushed.

As the days and weeks progress, the structure you have defined for your exercise will slowly evolve into other avenues of your lifestyle. Exercise is a great source of mental cleansing from the stresses of the day and a great way just to get out and enjoy the fresh air. As you move closer and closer to achieving your goal, you will begin to possess mental freedom and that feels really good! Your body will respond with physical strength and stamina you never thought possible. Spiritually you will experience a higher sense of being and a stronger sense of comfort with yourself and with others.

Psychology

Over the years, we have had the opportunity to hear a myriad of our patient's life stories. While no two have followed the same journey, there is a common thread that unites those who have been successful in managing their program: a demonstrated ability to accept that their surgery is not the 'magic pill' that changed their lives. At some point, each has realized that their surgeon only operated on their stomachs, and not their brains! Each came to realize that their continued success depended on how they changed their hearts and minds!

Each success story has been marked by a personal, ongoing journey of mastery and self-discovery. Not one tried to 'got it alone'. Each became more accepting that the journey would naturally be marked by a pattern of 'two steps forward – one step back'. What seems to differentiate these successes is that when challenges or setbacks were encountered, this group didn't fall victim to feeling overwhelmed or defeated. Instead, in the face of challenge, they demonstrated the courage to reach out for help and guidance, embracing the full range of support services available to them.

While most professionals concur that psychology is central to a successful Bariatric program, too many patients have not taken advantage of what this field has to offer. Most typically, patients are intimidated by the prospect of having to meet with psychologists. This is often attributable to the long history of shame

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and blame that many have faced in the past coping with obesity. This 'shame and blame syndrome' can pose a significant barrier for a person seeking the psychological support that has been proven to be so instrumental in achieving weight loss success. By way of example, at one meeting of the support group, a participant reflected on his initial view of psychology as nothing more than a potential barrier to surgery, and an unnecessary element of the post-surgery recovery program. However, from his one-year post-operative perspective, he shared with the group his realization that psychology has actually played a central role in his success. The validity of this insight is attested to by the growing and dynamic nature of our support group.

Wellness

Many of you decided to have your surgery with Advanced Surgical Associates because we have the "Whole Person Approach" to life-long weight management: treating the body, mind and spirit.

Once you returned home from the hospital, you realized that the surgeon(s) had done their job very well, but they didn't come home with you (yet I'm sure you would love for this to have been an option). Once you began adjusting to your new lifestyle, it probably didn't take long to figure out that your world had definitely changed..... a wonderful change, but one that was (and still is) very overwhelming.

Like anything that is new, there is an adjustment period. Right after surgery, you are getting used to a whole new way of life. You are dealing with the excitement of the scale going down and down. Hearing your friends and family tell you how great you look is very encouraging. Their kind words are a wonderful reminder of how far you have come on your personal journey and a gentle reminder of why you decided to have surgery in the first place.

Since we are all creatures of habit, getting used to your new daily routine takes some effort on your part. The first step is to stay focused on your goal to have that nice, slim, strong, healthy body. To achieve this goal, it is important that you follow your doctor's orders by eating three meals a day focused on protein, drinking 64 ounces of water and exercising.

'Balance' is the key for your new lifestyle, but how do you go about creating this balance? Well, you can begin by getting an appointment book and making a schedule for yourself before you do anything else. If you are going to prepare your meals at home, block out the amount of time you will need to get this done. Then, be sure to block out the 20-30 minutes you need to enjoy your meal as well as blocking out time for your exercise.

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It will not take long for this to become a habit. Once you remember to put balance back into your life – body, mind and spirit – everything else will be easy. Sometimes our most difficult task is remembering to put ourselves first. As one patient said, “Fail to plan, and plan on failing”.

Also remember Live, Laugh and Love.

Bariatric Information Seminar – Is held on the First, Second and Fourth Tuesday of each Month beginning at 6 PM in the Administration Auditorium of Conway Medical Center.

This information session is an educational opportunity where the surgeon discusses weight loss surgery, procedures, risk factors, as well as answer questions. The patients given an information packet with a checklist on how to proceed with their goal to obtain weight loss surgery.

Follow-up Care

Patient follow-ups with the surgeon every few weeks for approximately 3 months, then they are seen about every 3 months until 1 year. The patients are encouraged to return once a year for life. At six month intervals, blood work is completed to evaluate a patient’s wellbeing and nutritional status.

Support Groups

There is a live group which meets the 3rd Tuesday of the month in Conway at 6:30 PM. This group welcomes pre and post-op’s as well as anyone local who had the surgery elsewhere.

Advanced Surgical Associate Calendars can be found online at <http://advancedsurgicalassociates.com> for dates for the Bariatric Information Seminars as well as the Bariatric Support Group meetings. This Calendar can also be found at www.conwaymedicalcenter.com under the weight loss surgery tab.

Prospective Patient Information Packet

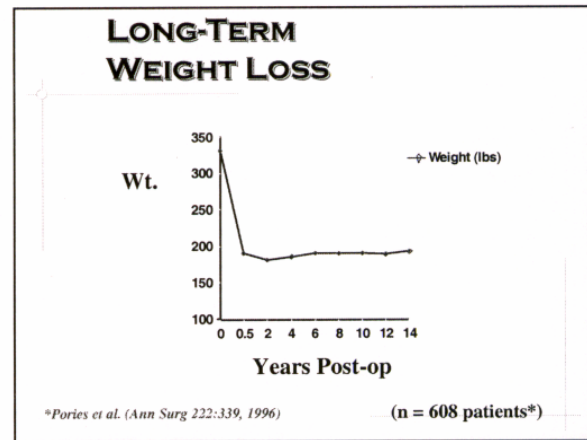
(Public Information on the Surgical Treatment of Obesity)

Surgery/Practice Overview

Obesity is the most common form of malnutrition in the western world. It is a chronic disease with multiple and complex causes, not just a problem of overeating. The control of overweight is a lifetime enterprise. It is very important to understand that medical interventions, including surgery, are not the cure for obesity, but a way of controlling this disease.

Clinically Severe Obesity

More than one-half of the adult population is overweight or obese. An estimated 29 million Americans are morbidly obese, having increased risk for serious diseases and likelihood of shorter life expectancy. This disease is called “morbid obesity” because it is associated with progressive, serious and



debilitating diseases. It is a major contributor to diabetes, high blood pressure, cardiovascular disease, stroke, osteoarthritis of weight bearing joints, respiratory problems, gall stones, urinary incontinence, swollen legs that may develop ulcers, and gastro-esophageal reflux. Also, the social, psychological and economic consequences of morbid obesity are devastating. Prejudice against the obese is common in American society.

Bariatric Medicine and Surgery

This is the branch of medicine, which deals with the treatment of obesity. Surgery for morbid obesity is the only method that has resulted in long-term maintenance of weight loss and reduction in the associated disease. Morbid obesity is usually defined as being 100 lbs. over “ideal weight”, as defined by the insurance industry. Morbid obesity is treated by surgery because of the serious risks related to this degree of obesity if left untreated. Surgery has a relatively low risk of complications and the alternatives of medical and dietary intervention are essentially ineffective.

Results of Surgery

Weight loss following surgery for morbid obesity varies. On average, 95% of patients lose about 30% or more of their excess weight in 3 months, and 85% of patients have lost at least 75% of their excess weight by 12 months. From this point forward, 20% of all patients will gradually achieve an ideal weight, usually by 18 months following surgery. The average of all patients show a mild fluctuation of weight, with a tendency to a slight weight regain of 5 to 15% of excess weight from 18 months to four years of follow-up. Individuals who have regained modest amounts of weight have the ability to reduce their weight by returning to the more precise pattern of eating, which was originally recommended.

Bariatric Surgery: Changing the Energy Balance

Operations for obesity are designed to change the energy balance.

Energy balance is related to the amount of food absorbed and the amount of energy used. Excess energy is stored as fat.

Surgery may control obesity by changing energy balance in two ways:

1. Decreasing the intake of food (restriction) and
2. Causing some of the food (i.e. sugars and fats) to be poorly digested and incompletely absorbed (malabsorption) and, therefore, eliminated in the stool.

Decreasing the intake of food is achieved through the surgical approach. This creates an upper stomach pouch with a 20cc (1 ½ oz.) capacity. The pouch connects to the small intestine through an outlet (stoma), which is about the width of your little finger. Using a Silastic ring reinforces the stoma. The small pouch and the narrow outlet produce early satiation (a feeling of fullness) that induces behavioral changes leading to less caloric intake and, therefore, weight loss.

Roux-en-Y Gastric Bypass Surgery

Roux-en-Y Gastric Bypass provides gastric restriction combined with some malabsorption.

ANATOMY 101 NORMAL GI TRACT

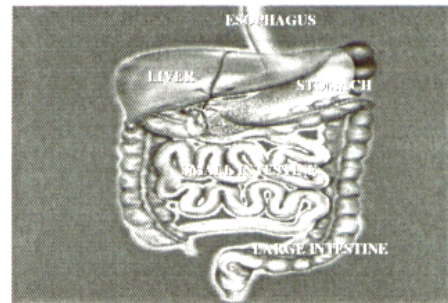


Figure 1

GASTRIC BYPASS GASTRIC RESTRICTION

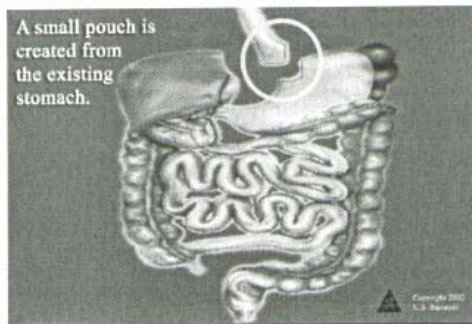


Figure 2

The stapling is done vertically, creating a 20cc pouch (Figure 2).

A Silastic ring, to promote restriction, encircles the lower portion of the pouch (Figure 3).

The stomach, however, is completely stapled shut and the outlet of the pouch opens into the small intestine. Dividing the small bowel just beyond the duodenum and bringing it up to the pouch to construct a connection to this (Figure 4).

GASTRIC BYPASS GASTRIC RESTRICTION

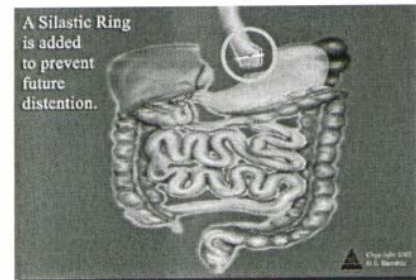


Figure 3

GASTRIC BYPASS MALABSORPTION

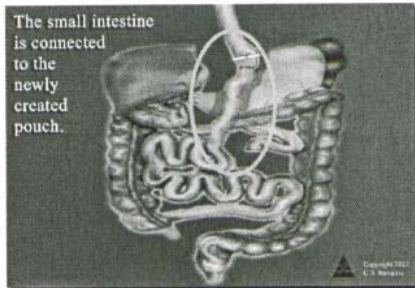


Figure 4

The other open end of the bowel is sewn attached to the Roux limb of intestine, completing a “Y” shape (Figure 5).

GASTRIC BYPASS COMPLETE

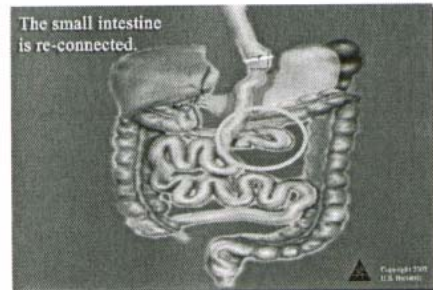


Figure 5

Common Side Effects

Although the average weight loss is higher than pure restrictive operations (i.e., stomach stapling or adjustable gastric banding), poor absorption of protein, iron and calcium can result, because the duodenum is bypassed. Protein, iron, and calcium should be replaced through diet and oral supplements.

A steady reduction in vitamin B12 will also occur. This problem can usually be managed with either oral supplements or vitamin B12 injections.

Another side effect that gastric bypass may cause is known as the 'Dumping Syndrome'. This arises from eating sweets or spicy foods. The syndrome may include nausea, weakness, sweating, faintness and sometimes diarrhea after eating. This can be a great incentive to stay away from sweets.

Postoperative Patter of Eating

The newly developed stomach "pouch" is about the size of your thumb. Filling of the pouch produces nerve responses that tell the brain you are full. For this to be effective, the pouch must fill slowly. This is accomplished by eating slowly, chewing food thoroughly to make sure that there are no large clumps, and by taking no liquids during the meal or for sixty minutes after the meal. The diet is composed entirely of protein for the period of time required to lose 75% of the excess weight. Other food types are then gradually introduced to give a complete choice of food after this point of progress. All patients are required to take a daily multivitamin supplement, B12 supplementation by injection or oral intake and calcium in the form of citrate, continuing for their lifetime.

Laparoscopic Operations

A laparoscopic operation is performed with the aid of a long lens and light source connected to a small video camera, which allows the visualization of the abdominal organs on a television monitor. This is less invasive and reduces pain, as well as the risk of wound complications. Recovery is usually more rapid, shortening the length of hospitalization. Laparoscopic procedures for morbid obesity employ the same surgical principles as in an “open” gastric bypass.

Risks and Complications of Surgery for Morbid Obesity

Potentially Serious Complications

Surgical

- ❖ Perforation of stomach/intestine or leakage, causing peritonitis or abscess
- ❖ Internal bleeding requiring transfusion
- ❖ Severe wound infection-opening of the wound-incision hernia
- ❖ Spleen injury requiring removal/other organ injury
- ❖ Gastric outlet (pouch) or bowel obstruction

Pulmonary

- ❖ Pneumonia – atelectasis (collapse of lung tissue) – fluid in chest
- ❖ Respiratory insufficiency – pulmonary edema (fluid in lungs)
- ❖ Blood clots in legs and/or lungs (embolism)

Cardiovascular

- ❖ Myocardial infarction (heart attack) – congestive heart failure
- ❖ Arrhythmias (irregular heart beats)
- ❖ Stroke (cerebrovascular accident, CVA)

Kidney and Liver

- ❖ Acute kidney failure

- ❖ Liver failure – hepatitis (may progress to cirrhosis)

Psychosocial

- ❖ Anorexia nervosa – bulimia
- ❖ Postoperative depression – dysfunctional social problems
- ❖ Psychosis

Other Complications (may become serious)

- ❖ Minor wound or skin infection/scarring, deformity, loose skin.
- ❖ Urinary tract infection
- ❖ Allergic reactions to drugs or medications
- ❖ Vomiting or nausea/inability to eat certain foods/improper eating
- ❖ Inflammation of the esophagus (esophagitis) – acid reflux (heart burn)
- ❖ Low sodium, potassium, or blood sugar – low blood pressure
- ❖ Problems with the outlet of the stomach (narrowing or stretching)
- ❖ Anemia – metabolic deficiency (iron, vitamins, minerals) – temporary hair loss.
- ❖ Constipation – diarrhea – bloating – cramping – malodorous stool or flatus.
- ❖ Development of gallstones or gallbladder disease.
- ❖ Stomach or outlet ulcers (peptic ulcer)
- ❖ Staple-line disruption – weight gain – failure to lose satisfactory weight
- ❖ Penetration of foreign material (e.g., band, ring) inside the stomach
- ❖ Intolerance to refined sugars (dumping), with nausea, sweating, and weakness.
- ❖ Death: National Rate 1% - Advanced Surgical Associates .8%

There are No Guarantees in Medicine and Surgery

Although the more complicated operations may produce more weight loss in a greater number of patients, any of the procedures previously described may occasionally fail to maintain weight loss in the long-term.

What have been described regarding the risks of this operation are the most common complications. There can be unexpected outcomes or complications. The outcome depends upon the patient's response in terms of healing and complications, and motivation to follow instructions after surgery.

Compliance with postoperative behavior modifications, eating patterns, regular exercise, sleep and stress management are important components of a successful outcome. To this end, a comprehensive program has been developed, which provides guidance and follow-up from the first contact with our program.

A thorough preoperative health assessment is provided by a physical examination, appropriate laboratory investigations and consultations, where appropriate.

A comprehensive education program is directed at improving your understanding of the surgery, as to its potential risks and benefits, and the ways in which you and the nursing staff will cooperate to ensure optimal postoperative success.

- ❖ You will be informed about the hospital experience and what to expect.
- ❖ A dietician will guide and educate you concerning a proper, healthy eating pattern and the best choice of foods.
- ❖ You will be advised about proper choices for exercise at various stages of your recovery
- ❖ You will be assessed by one of the psychologists who have a special interest and experience in working with persons who are obese. The psychologists involved in your care may recommend psychiatric support to prepare you and your family for the changes, which accompany the weight loss.

Because obesity is a chronic disease, frequent and long-term contact with your surgeon and regular follow-up visits are very important for a successful outcome. If it becomes necessary, this procedure can be reversed, although this usually requires another operation of equal or greater risks than the initial surgery.

Benefits after Obesity Surgery

Deciding to undergo bariatric surgery could be one of the most life-changing decisions you make. Surgery for morbid obesity is medically necessary surgery, not cosmetic surgery.

Many studies have shown that most patients lose a satisfactory amount of weight, although some weight regain is common. Even in such cases, keep in mind that surgery also prevents the weight gain that most of the population, especially women, experience with increasing age. More importantly, the operation can cure or control many of the serious diseases that accompany morbid obesity. Most diabetic patients improve dramatically, many of them (90%) not needing medication after the surgery. High blood pressure is also resolved in more than half of the patients. Sleep apnea and other sleep disturbances improve or disappear, sometimes even before a great amount of weight is lost. The same may happen with urinary incontinence, acid reflux or menstrual problems. Swelling of the legs and joint pain also diminish, preventing later problems. Many infertile women become pregnant and have a safer pregnancy and delivery. The changes in cholesterol and other blood lipids reduce the risk of heart attacks and strokes, hopefully prolonging life.

One of the most important benefits is feeling good about you. Improved self-image and confidence help in fighting the depression that so often accompanies obesity. Losing weight increases social acceptance and opens doors for better work opportunities, friendships and sexual relations. **Obesity surgery changes patient's lives!**

Choices must be made. No operation will automatically succeed without the patient's cooperation, nor will it provide benefits without risks.

Hospital

Advanced Surgical Associates provides surgical care at Conway Medical Center. They have made a major commitment by providing equipment, special facilities and nursing training to be in harmony with the patient's needs.

Bariatric Resources, Inc.

The classes and groups presently offered through Advanced Surgical Associates are:

- ❖ Bariatric Information Seminar
- ❖ Support Groups
 - Conway 3rd Tuesday

These classes are offered in conjunction with an on-line group and a quarterly newsletter. Support groups are held monthly, in multiple locations for all patients, as well as their support person(s). We also provide education and follow-up care for our patients on a regular basis on the 3rd Tuesday of each month in the Conway Medical Center's Administrative Building in the Administration Auditorium.

Nutritional Services

Our program is designed to allow you to learn new behaviors in relationship to food and provide you with a solid foundation for a new and healthy eating pattern and lifestyle. We will initially provide you with a nutritional consultation. This appointment will last approximately one half hour and is done by a licensed, registered dietician. You will also have a pre-op visit and another visit post-operatively a 6 weeks. After surgery, follow-up sessions are available upon request and for an additional cost.

Thinking about weight loss surgery? How to choose a Bariatric Program.

With 1200 people each week having some form of Bariatric surgery, commonly know as weight loss surgery, it is crucial that you are well informed about the procedures, the follow up, your after care and your surgeon. Weight loss surgery has become common place with movie stars like Roseann, Sharon Osbourne, Al Roker, Ann Wilson and Carnie Wilson all having some form of Bariatric surgery. As the media highlights these personalities and their success, we are lured into believing it is a 'quick fix'. It is important to know the facts, risks, and to be well informed about your surgeon and what his practice has to offer.

If you are considering Bariatric surgery as a possible solution to your morbid obesity, you should consider a surgeon who offers a multi-disciplinary approach with long term follow-up. According to the American Society of Metabolic and Bariatric Surgery and the National Institute of Health, individuals with a Body Mass Index of 40 or higher along with co-morbidities such as diabetes, hypertension, and sleep apnea among others are eligible for surgical intervention.

After locating a surgeon who performs weight loss surgery such as the Roux-en-Y Gastric Bypass or Lap-Band Surgery, it is crucial to your long-term health and successful outcome that a full multi-disciplinary program is available through the surgeon's practice. Not only do you need a skilled surgeon, you need nutritional counseling, education, exercise counseling, psychological evaluation, and wellness education including supplementation and support in the form of groups and mentoring. As previously stated, weight loss surgery is not a 'quick fix' although it can be life saving in curing co-morbidities and regaining health and mobility in one's life.

At Advanced Surgical Associates we not only provide Patient Information Seminars to explain procedures we perform, we also will have you consult with a psychologist and a dietician. Our Coordinator of Bariatric Surgery will provide Patient Education prior to surgery, which will further explain the procedure, the risks, and the nutritional plan following surgery as well as the necessary supplementation to prevent malnutrition. The importance of exercise and making wise food choices for your own wellness is discussed. We also offer support groups with educators and speakers covering issues like exercise, plastic surgery following weight loss, and cooking classes. An on-line support group is also available to our patients both pre-op and post-op. Follow up care is provided for a **lifetime**. Our surgeons and nurses will provide care following your surgery and several times annually forever. It is crucial that blood work be performed to check for nutritional deficiencies following malabsorptive and restrictive surgical procedures. You are our patient for life.

If you have considered weight loss surgery or read about some of the stars who have had Gastric Bypass or Lap-Band please consider a multi-disciplinary program that will look out for your well being before, during and especially after surgery. Through Surgery, Nutrition, Exercise, Education, Wellness and Support we can offer a full program to help you succeed. For more information about weight loss surgery, Advanced Surgical Associates, Dr. Balder, please call 843-347-3900.