

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 Gastric Sleeve, 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. 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. On February 19, 2009, we received our certification as an Allergan Lap Band "Total Care Center of Distinction". 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

Dr. Donald Balder, FACS

Dr. Donald Balder was born in Evanston, Illinois. He graduated from the University of Illinois, College of Medicine, Champaign-Urbana with a B.S. degree in Chemistry. He matriculated and graduated from the College of Medicine at the University of Illinois in Chicago. Dr Balder stayed initially in Chicago where he did his internship at the University of Illinois Department of Surgery Hospitals. He completed his General Surgery Residency at the Brown University Department of Surgery, in Providence, Rhode Island (where he completed his Chief Resident year as well). Dr. Balder was initially recruited to start a new surgical practice to specialize in advanced laparoscopic and vascular surgery by Carolinas Hospital System in Florence (Carolina Surgical Associates) and quickly was honored by Dr C. Edward Floyd to join his longstanding and well respected Floyd Medical Associates, PA in Florence SC. In Florence, with Floyd Medical Associates while working at the McLeod Regional Medical Center and the Carolinas Hospital System he developed a highly respected minimally invasive surgery practice to include Laparoscopic anti-reflux (including hiatal hernia repair) and Laparoscopic Hernia (abdominal and inguinal) Surgery, Bariatric (weight loss surgery), Laparoscopic colon resection and Laparoscopic pancreatic surgery and Laparoscopic splenectomy. At Carolinas Hospital System in Florence, he preformed the first laparoscopic Bariatric surgery procedure – Laparoscopic Gastric Bypass in the state of South Carolina. He relocated his advanced and minimally invasive surgery practice after seven dedicated years of practice to Conway, SC. It was appropriately named Advanced Surgical Associates. **He specializes in Minimally Invasive Surgery.** He applies this techniques to **Bariatric (Lap Band & Lap Gastric Bypass Surgery, Gastric Sleeve Surgery)** and **Vascular Surgery.** In his everlasting desire to improve the care he renders his patients, Dr. Balder has now preformed the first "SILS" Lap Band Surgery in the state of South Carolina ("SILS" - **Single Incision Laparoscopic Surgery**). This was first reported on the local CBS affiliate WBTW Good Friday April 10, 2009. He continues to be the only surgeon in South Carolina performing this surgery to date.

In March 2009, Dr. Balder performed the first R.O.S.E. Procedure, a New "incisionless" minimally invasive surgery (for Previous Gastric Bypass patients who have had weight regain) in South Carolina. **Because of Dr. Balder's experience in performing the R.O.S.E. Procedure, he has been chosen as a proctor (teacher) for other surgeons by USGI Medical, Inc. to consult and educate the Bariatric Community in this NEW "incisionless" surgery.**

Dr. Balder is one of the most experienced Laparoscopic & Bariatric Surgeons in the state of South Carolina. He helped pioneer and promote a safer modality of gallbladder surgery – termed the “dome down” laparoscopic cholecystectomy in early 1999 and 2000. He served as a proctor to other South Carolina Surgeons for advanced laparoscopic surgical intervention (Ethicon) and all Laparoscopic Hernia Repair (Bard) procedures while in Florence, South Carolina. He has had specialty training all advanced laparoscopic surgical procedures – anti-reflux

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surgery, hernia repairs (all types), laparoscopic colon resection, laparoscopic adrenalectomy, and many others. He is a Board Certified member of the American College of Surgeons (and recently re-certified 12/2008).

Additionally, over the last eleven years while we've seen a national trend toward minimally invasive and endovascular surgical therapies he has become one of the most experienced vascular and specifically endovascular interventionalists-surgeons in our state. He helped pioneer many advanced endovascular procedures here in S.C. to include the VNUS Closure & **ClosureFAST** (radiofrequency endovenous ablation / destruction of symptomatic varicose veins with reflux) and infra-inguinal interventions such as the endovascular Fox Hollow Silverhawk plaque excision procedure for promotion of limb salvage.

Dr. Balder is currently on the staff with Conway Medical Center (CMC) and Rivertown Surgical Center (a freestanding outpatient surgical center). He serves as the **Director of Bariatric Surgery at Conway Medical Center** and **Director of Bariatric Surgery at the Rivertown Outpatient Surgery Center**; where he successfully started the first Out-Patient Lap Band(R) program in the state of South Carolina.

Dr. Balder is a Fellow of the American College of Surgery. He holds memberships in the **ASMBS** - American Society of Metabolic and Bariatric Surgery; OAC - Obesity Action Coalition; SAGES - Society of American Gastrointestinal & Endoscopic Surgeons; South Carolina Chapter of the American College of Surgeons; South Carolina Medical Association; and the Horry County Medical Society.

Laparoscopic Adjustable Gastric Banding (LAP-BAND)

Laparoscopic adjustable gastric banding (LAGB) is a restrictive weight loss procedure. The LAGB surgery was originally introduced in 1993. Today the surgery is widely known by the name LAP-BAND®. LAP-BAND® is a specific brand of adjustable gastric band used by many surgeons. LAP-BAND® was approved for use by the FDA in 2001 and according to the manufacturer has been placed into more than 190,000 patients.

General Procedure

In this procedure, a band is secured around the upper portion of the stomach separating it into a small section and a larger section. Weight loss is achieved by reducing the capacity of the stomach thereby allowing the patient to experience a sense of fullness more quickly, even while consuming less food. Digestion takes place naturally as the now smaller portions of food pass through the stomach. Unlike other restrictive weight loss surgeries LAGB does not require the removal of any part of the stomach or intestine.

Since the band is adjustable it can be loosened or tightened to change the rate of weight loss. By injecting the band system with a sterile saline solution, the lap band inner tubing will outwardly and circumferentially gently compress the upper stomach and thus functionally restrict the size of the stomach. A subcutaneous port is placed during surgery and accessed postoperatively to allow for inflating or deflating the saline filled band as needed. Here in our program at Advanced Surgical Associates, the first lap band adjustment or "fill" typically occurs at 4-6 weeks post-operatively and then again as needed every 6 weeks until the optimal restriction is reached. Dr. Balder performs this adjustment himself in the comfort of our office at Advanced Surgical Associates with the aid of an x-ray machine and limited gastrograffin or contrast study. This serves to optimize the "restriction" or tightening and promote better "satiety" (or the opposite of hunger) than previously done with blind adjustments. It has also served to be much less costly for our patients care than with previous hospital based adjustments. The amount and timing with regard to the saline instilled or added into the lap band system is customized for each patients individual care as requirements for optimizing the lap band are unique for each individual person who has the procedure.

Advantages of Laparoscopic Adjustable Gastric Banding or LAP-BAND®:

- Gastric banding is the least invasive weight loss procedure.
- No re-routing of the intestine.
- No opening of the stomach or intestine.
- Less pain than most weight loss surgeries.
- Shorter hospital stay.
- Reduced recovery time.
- Reduced chances of nutritional deficiencies.
- Mortality rate is greatly reduced when compared with other weight loss procedures.
- No dumping syndrome associated with this surgery.
- Band is adjustable.

Disadvantages of Laparoscopic Adjustable Gastric Banding or LAP-BAND®:

- Potential for injury to stomach during surgery.
- Major complications occur at a rate of 3 -10% requiring additional surgery.
- Slipping of the band can require further surgery.
- Should the band or port become infected - surgery could be needed to replace it.

Gastric Sleeve Procedure

What is a "Sleeve Gastrectomy"?

The sleeve gastrectomy is an operation in which the left side of the stomach is surgically removed. This results in a new stomach which is roughly the size and shape of a banana. Since this operation does not involve any "rerouting" or reconnecting the intestines, it is a simpler operation than the gastric bypass. Unlike the Lap-Band® procedure, the sleeve gastrectomy does not require the implantation of an artificial device inside the abdomen.

Patients who should consider this procedure include:

1. Those who are concerned about the potential long term side effects of an intestinal bypass such as intestinal obstruction, ulcers, anemia, osteoporosis, protein deficiency and vitamin deficiency.
2. Those who are considering a Lap-Band® but are concerned about a foreign body inside the abdomen.
3. Those who have medical problems that prevent them from having weight loss surgery such as anemia, crohn's disease, extensive prior surgery, and other complex medical conditions.
4. People who need to take anti-inflammatory medications may also want to consider this. Usually, these medications need to be avoided after a gastric bypass because the risk of ulcer is higher.

It might also be a good option if patients have a problem with their lap band requiring revision, have already lost a lot of weight and don't want a full bypass. The weight loss seems to be a little better and more rapid than the lap band (60 - 70% EWL) over two years. There is still no long-term data.

What advantages does it have?

1. It does not require disconnecting or reconnecting the intestines (no dumping syndrome).
2. There is no malabsorption of nutrients therefore avoiding anemia, osteoporosis, protein deficiency and vitamin deficiency.
3. Only surgery that substantially removes the "hunger hormone" Ghrelin.
4. It is a technically a much simpler operation than the gastric bypass or the duodenal switch.
5. There is no foreign body inside of you.
6. It does not need adjustments or fills (adjustable band patients must come back for fills).
7. Preserves the pylorus (most patients should not get dumping syndrome).
8. It may be a safer operation for patients with a body mass index (BMI) more than 60. It may be used as the first stage of a 2-stage operation.

Gastric Sleeve Procedure

Patients with Lap-Band® complications

If you are a patient with a previous Lap-Band® procedure and your experiencing problems such as reflux, esophagitis, band erosion, band slippage, port site infection you may be a candidate for "revision" surgery. This means removing the Lap-band® System and performing a VSG (Gastric Sleeve) procedure. Patients in this category are very concerned about regaining their already lost weight and they will greatly benefit with the gastric sleeve procedure. At this point the Gastric Sleeve will not only let them maintain their weight, but will let them continue losing more weight.

Revisions

The term "revision" is applied when one weight loss procedure is converted or transformed into another one. (For example; a Lap-Band® system to a Gastric Bypass or to a Gastric Sleeve.)

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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 is 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 'get 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 Tuesday of each Month beginning at 6 PM and on the Third Tuesday of each Month at 12 noon and the Third Saturday of the month at 10 AM in the Administration Auditorium of the Administration Building of Conway Medical Center.

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

Follow-up Care

Patient follows-up with the surgeon every few weeks for approximately 3 months; then they are seen about every 3 months until 1 year. The patients are required to return once a year for life. At six month intervals, blood work is completed to evaluate a patient's wellbeing and nutritional status. *Keep in mind this is lifetime commitment and partnership.

Support Groups

There is a live group meeting which meets the 3rd Tuesday of the month in Conway at 6:30 PM in the Administration Auditorium of the Administration Building. 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://www.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.

Other on-line support groups can be found at www.obesityhelp.com and www.Lapband.com as well as www.bariatriceating.com

Prospective Patient Information Packet

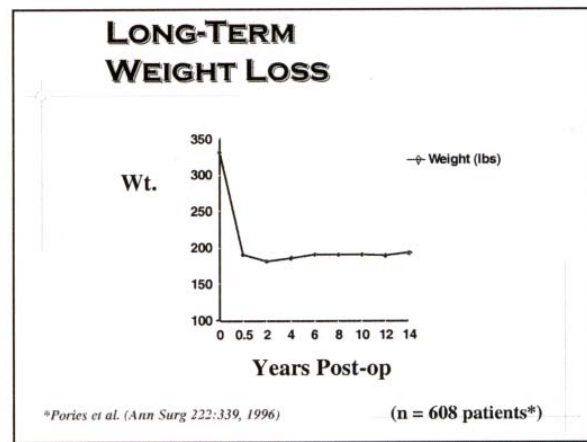
(Public Information on the Surgical Treatment of Obesity)

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

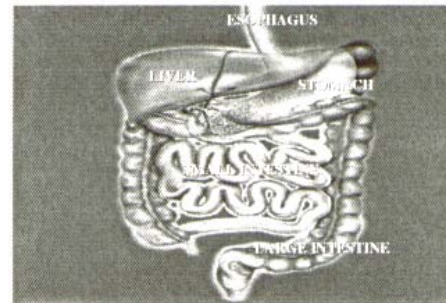


Figure 1

GASTRIC BYPASS GASTRIC RESTRICTION

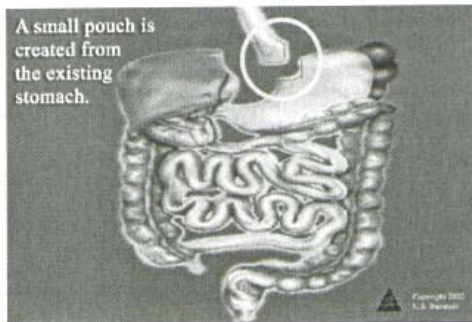


Figure 2

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

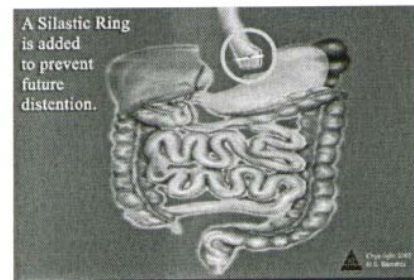


Figure 3

GASTRIC BYPASS MALABSORPTION

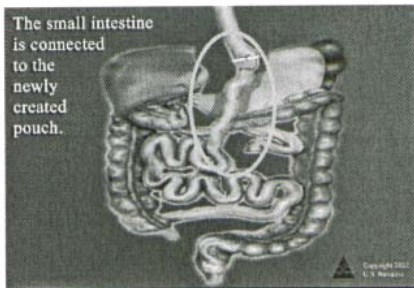


Figure 4

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

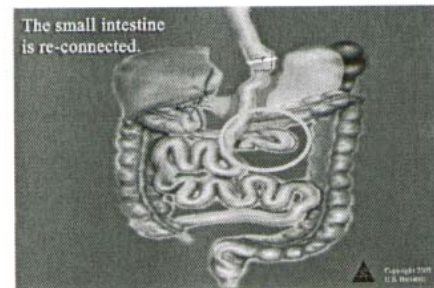


Figure 5

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 unless indicated on the website. Check the practice website for updates at www.advancedsurgicalassociates.com

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.

Letter of Medical Necessity

Sample - *(This is only a sample of what your physician or clinician may consider placing in a letter for you. It is only meant to assist as a suggestion and in no way suggests that they include any or all content provided. However, a letter **must** be provided and a note on a prescription pad **does not** suffice as a letter of medical necessity.)*

Date

To Whom It May Concern:

Please accept this letter as a formal request for approval for **<Roux-en-Y gastric bypass, Gastric Sleeve or lap adjustable gastric band placement>** surgery for my patient, **<enter patient's name here>**. **He/she** has been a patient of mine for more than **<enter years>** and has struggled in losing weight. **He/she** has personally tried many diets including the American Heart Association Diet, Dexatrim, the grapefruit diet, cabbage diet, Weight Watchers, Nutri-System and Optifast. **He/she** has been under Dr. Smith's care in Myrtle Beach undergoing his diet with the help of B12 and thyroid treatment. All have initially showed promise, but ended in failure.

<Patient's first name> has been diagnosed with morbid obesity bordering on super obesity (code 278.01). **His/her** BMI is at **<enter BMI>**. **He/she** has been diagnosed with sleep apnea and currently uses a CPAP machine for breathing assistance. **His/her** energy level has decreased steadily 8in the past 3-5 years and has difficulty breathing when doing any exercises. Just in the last few months, **his/her** blood pressure has increased. **His/her** health is being greatly affected by carrying this excess weight and I am highly recommending immediate action to eliminate this weight which impairs **his/her** life.

I am referring **him/her** to Dr. Donald Balder at Advanced Surgical Associates who specializes in Bariatric surgery. Should you have any questions regarding this referral, please call me at **<enter your phone number>**.

Revised 02/2010

Advanced Surgical Associates
2376 Cypress Circle, Suite 103
Conway, SC 29526
(843)347-3900/ (843)347-3930

Out of Pocket Expense - Please be aware we are Not currently taking new Medicare or Medicaid patients

Program Fee: \$380.00

This fee is non-refundable. This fee includes 3 nutrition office visits; the initial evaluation, a pre-op visit and then a post-op follow-up visit. The fee also covers post-operative programs, paperwork, etc. and must be paid in full at the time that the information packet is turned into the office before an appointment will be made. Insurance companies do not cover this program fee.

Psychological Evaluation:

A psychological consultation and assessment is required prior to surgery. The fee is paid directly to the psychologist/psychiatrist at the time of service/appointment and is arranged with their office. This fee may or may not be covered by your insurance.

Some suggested clinicians are who are familiar with assessing our patients for our program:

Dr. Dora Windsorova (843) 662-3330 – Florence
Dr. Bluent K. Aktug (843) 651-9996 – Garden City
Dr. Alex Staton (843) 448-2824 – Myrtle Beach
Michael M. Grant, PhD (843) 839-9028 – Myrtle Beach
Deborah C. Tyler, PhD (843) 390-5642 – Socastee

Dietary Evaluation:

The dietary evaluations will now be done by the office Dietitian. Your initial appointment will be attempted to be made at the time that you are scheduled to come to the office to see your physician. This will be a one-on-one evaluation to assess your specific needs before Bariatric Surgery and after. You will have two additional visits that are covered within the program fee; a pre-op visit and a post-op visit.

Dietary evaluations may or may not be covered by your insurance company depending on your policy. Please check with your individual carrier for coverage.

Lap Band Fills: You need to know

Self-pay: one (1) fill included if done within the 90 days of surgery. All fill charges thereafter are \$350.00 and payable at the time of the procedure.

Insurance:** Patient is responsible for all deductibles and co-insurance; payable at the time of the service.

Deductibles, Co-payments, and Non-covered Services: You are financially responsible for any deductibles. Co-payments and/or non-covered services are the patient's responsibility as required by your insurance provider.

These expenses need to be paid prior to services rendered.

Verification/Documentation of Insurance Coverage For Bariatric Surgery

The following is a guide for you to use in documenting your conversation with your insurance company when requesting information about your specific plan's coverage for weight loss surgery. Our office will also make this same phone call, but it is very important for the patient along with their medical provider to find out exactly what coverage is available to you for Bariatric surgery and any criteria that has to be met. Please document below the date, time, and insurance representative name along with the responses to the following questions:

Date: _____ Time: _____ Representative Name: _____

Does my plan have coverage for weight loss surgery - specifically for codes 43644(gastric bypass), 43775 (Gastric Sleeve), and/or 43770 (gastric banding)?

Are Dr. Donald A. Balder and Conway Medical Center/Rivertown Surgical Center all participating providers under my plan?

*What are the specific requirements or criteria that need to be met for surgery to be authorized under my plan?

*When does my current contract expire/renew? (This could mean a possible change in coverage). What is the effective date?
