

Patient Orientation

For Medical and Surgical Weight Loss



- Hello and welcome to the Brown University Health Patient Orientation for Medical and Surgical Weight Loss.

(Visual: logo for Brown University Health)

CONFIDENTIALITY

Because confidentiality is essential, we expect that each person will respect and maintain the confidentiality. Who attends the classes, groups appointments and meetings is confidential. What is said by individuals attending classes, support groups or other sessions is not to be repeated or discussed at any other time or place.



- Please be aware that we ask for confidentiality at all of our appointments.
- Because the majority of our appointments are either classes, group appointments, or support groups, you are more than welcome to share the information you learn at these appointments and groups, but we ask that you keep the identity of others who are there and their personal stories to yourself.

(Visual: logo for Brown University Health)

Agenda for Today's Session

- OVERVIEW OF THE DISEASE OF OBESITY
- TREATMENT OPTIONS
- CONTINUUM OF CARE
- PROGRAM OVERVIEW: ORIENTATION THROUGH MAINTENANCE
- NEXT STEPS



- Our agenda for today's session is to overview of the disease of obesity, what some of your treatment options are, the continuum of care throughout the journey and a program overview.
- And then we will also review the next steps after the orientation is completed.

(Visual: logo for Brown University Health)

MISSION STATEMENT

OUR CENTERS ARE DEDICATED TO PROVIDING INTERDISCIPLINARY, PATIENT-CENTERED CARE, FOCUSING ON THE MEDICAL AND SURGICAL TREATMENT OF OBESITY.



- Brown University Health Medical and surgical weight loss programs are dedicated to providing interdisciplinary and patient centered care. Our goal is focusing on medical and surgical treatment of the disease of obesity.

(Visual: logo for Brown University Health)

Why Choose Our Centers For Obesity Management Treatment?

Team with the Most Cumulative Bariatric Case Experience in the Region

24 x 7 bariatric provider coverage

Collaborations for life-long care

The Miriam Hospital is the only center which is MBSAQIP Accredited for Medical and Surgical Weight Loss in adults and adolescence in Rhode Island and is a 7x Magnet award for superior nursing care



BlueCross
BlueShield
Rhode Island

Designated
BlueDistinction.
Center+
Bariatric Surgery



BROWNHealth
UNIVERSITY

- The physicians and staff members at our centers have the most committed bariatric experience in the region. They are dedicated to providing care 24 hours a day, seven days a week.
- There is collaboration for lifelong care.
- Our facilities all have distinct awards and certifications specifically treating the disease of obesity.

(Visual: Logos for Brown University Health, Magnet, Optum, Blue Cross Blue Shield, ACS Quality Partners)

Interdisciplinary Treatment Team

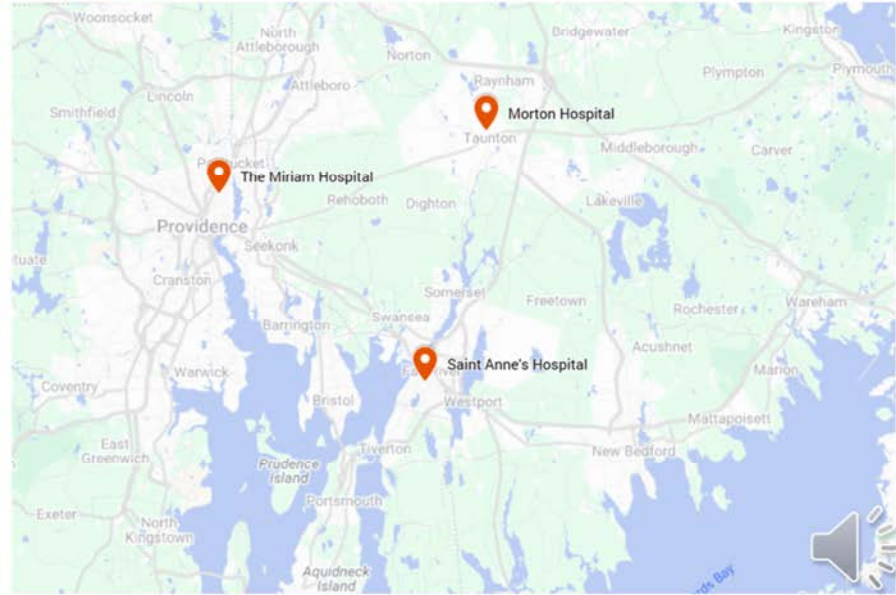
Surgeon/Physician
Nurse Practitioner/Physician Assistant
Registered Nurse
Psychologist/Clinical Social Worker
Nutritionist
Exercise Physiologist



- Our treatment team is interdisciplinary. That means that we have providers who are surgeons and physicians, nurse practitioners, physician assistants, registered nurses, clinical social workers and psychologists, nutritionists and exercise Physiologists that are available for the patients.

(Visual: Two women smiling and talking. Logo for Brown University Health.)

Locations



Brown University Health is proud to offer weight loss services with obesity medicine and metabolic and bariatric surgery throughout Southern Massachusetts and Rhode Island.

We have three locations, the Merriam Hospital in Providence, RI, Morton Hospital in Taunton, MA and St. Anne's Hospital in Fall River, MA.

(Visual: A map showing the locations of the three hospitals. The logo for Brown University Health.)

What is Obesity?

“...A DISEASE OF EXCESS FAT STORAGE WITH A NUMBER OF ASSOCIATED MEDICAL ILLNESSES”

IT IS...

INFLUENCED BY MANY FACTORS
LIFE-LONG/CHRONIC
PROGRESSIVE
POTENTIALLY LIFE-THREATENING
COSTLY
NO CURE



- So what is obesity? Obesity is a disease and it's a disease of excess fat storage with multiple comorbidities that are associated with it. It is influenced by multiple different factors.
- It is lifelong and chronic.
- It is also progressive.
- It can be potentially life threatening,
- it can be extremely costly and
- as of today there still is no cure for the disease of obesity.

(Visual: logo for Brown University Health)

Many Factors Influence Obesity



- What is it that we mean by when we say there are many factors that influence obesity?
- There is genetic factors, there are behavior and there are environmental genetics as we know that obesity is a disease that we see in families.
- We know that some of our behaviors affect the disease of obesity.
- We also know that our environment, what we eat, how we, when we move, medications that we're taking, other environmental aspects also affect the disease of obesity.

(Visual: logo for Brown University Health and the three words: genetic, behavioral, and environmental.)

What is Severe Obesity?

CLINICALLY SEVERE OBESITY IS THE POINT WHEN SERIOUS MEDICAL CONDITIONS OCCUR AS A DIRECT RESULT OF THE OBESITY.

DEFINED AS > 200 PERCENT OF IDEAL WEIGHT,
> 100 POUNDS OVERWEIGHT, OR A **BODY MASS INDEX OF ≥ 40**

BMI CALCULATION = $\frac{\text{WEIGHT}}{(\text{HEIGHT})^2}$



- You may have heard of the term severe obesity. What do we mean by that? Clinically severe obesity is the point where serious medical conditions occur directly related to the disease of obesity. It is defined as greater than 200% above your ideal body weight or about approximately 100 lbs overweight or have a body mass index equal to or greater than 40.
- You can calculate your BMI, which is your body mass index by taking your weight and dividing it by your height squared.
- Or you can just go on Google and type in body mass index calculator.

(Visual: logo for Brown University Health)

Co-Morbid Conditions

Serious illnesses that are associated with obesity:

Type-2 Diabetes
Hypertension
Hyperlipidemia
Respiratory disease
Sleep apnea
Asthma/pulmonary disorder
Depression

Menstrual irregularity
- Amenorrhea
- Dysmenorrhea
Urinary stress incontinence
Gastroesophageal reflux disease (GERD)
Degenerative joint disease (DJD)
Heart disease

Gallstones
Fatty liver disease
Coronary artery disease
Stroke
Cancer
Osteoarthritis
Infertility



- There are multiple comorbid conditions or what we call diseases that are associated with or caused or caused to be more severe by the disease of obesity.
- As you can see on the list on the slide in front of you, they can range from diabetes type 2, specifically sleep apnea, Gallstones, even cancers and strokes, even infertility, both in males and females.

(Visual: logo for Brown University Health)

Nutrition Throughout Your Weight Loss Journey

Medically Managed Weight Loss for Medication & Surgical Pathways

Number of visits based on your individual needs and insurance requirements

- Developing healthy eating behaviors
- Nutrition plan
- Vitamin and mineral supplements
- General nutrition guidelines
- Meal planning

For Surgical Pathway: During Your Hospital Stay

- Review stages of diet, vitamins and protein needs



Post-Operatively

- One on one and groups visits available
- Continued follow up helps to ensure your success
- Guidance to maximize your nutrition as you reach your weight loss goals



- Some of the appointments that you will do will also include nutrition education. You will be seen by our nutritionist in the pre-op time while you are preparing for surgery. You will see a nutritionist in the hospital while you are here and then post-operatively you will be scheduled for the nutrition appointments even before you leave the hospital. They are available to you at all times.
- I would also like to introduce Doctor Andrew Luhrs. He's one of our bariatric surgeons and the director of the center located at the Merriam Hospital. He is going to review with you some of the clinical aspects of both medication and metabolic bariatric surgery.

(Visual: logo for Brown University Health and healthy grains and vegetables on a table top.)

Obesity Treatment Options

Obesity Medication Management:

Oral Medication Examples

Orlistat (Xenical)
Phentermine-Topiramate (Qsymia)
Naltrexone-Bupropion (Contrave)

Injectable Medication Examples

Wegovy/Ozempic
Zepbound/Mounjaro

Metabolic Bariatric Surgery:

Sleeve Gastrectomy
Roux-en-Y Gastric Bypass
Duodenal Switch
SADI-s
Revisional Surgery

Combination Treatment: Medication and Surgery:

Discussion with physician to determine indicated use of medication with surgery



- Thank you for that introduction. Thankfully, there's a number of treatment options available to patients suffering from obesity, ranging from oral medications taken daily to injectable medications injected once a week to surgical options. We also can combine these various treatments.
- For more effective care, which route you choose depends on you, your medical conditions, and your conversation with a physician and weight loss expert.

(Visual: logo for Brown University Health)

Are You a Candidate for Obesity Management Medications?

FDA Guidelines for Use

BMI > 27 with **one or more** co-morbidities

BMI > 30 **without** co-morbidities

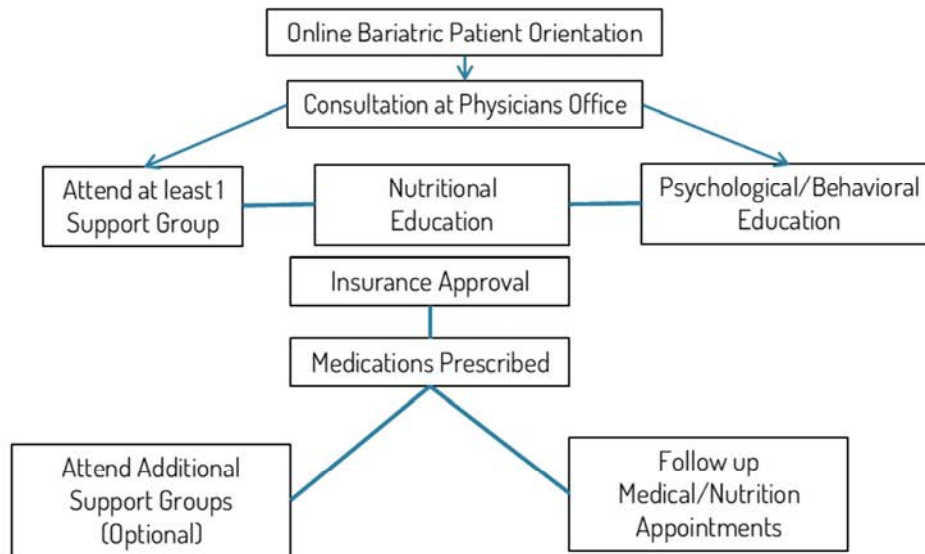
YOUR INSURANCE WILL HAVE DIFFERENT POLICIES ON COVERAGE FOR THESE MEDICATIONS. MANY REQUIRE BMI > 35 FOR COVERAGE.



- Many of these obesity management medications are the new kid on the block. You may have seen some ads on television about some of these new medications. We frequently are asked whether or not patients are considered candidates for obesity management medications. Generally speaking, if your BMI is greater than 27 with one or more comorbidity.
- Or you have a BMI greater than 30 without medical comorbidity. You are considered a candidate for obesity medications. Whether or not your insurance company will cover it is a different consideration. Many insurance companies require BMI greater than 35 for coverage.
- Whether or not your policy covers these medications is something that should be discussed with your insurance provider.

(Visual: logo for Brown University Health and a blood pressure cuff)

Obesity Medication Pathway



- Following is the pathway to be considered for obesity management medications.
- Step one. Congratulations, you're completing that as we speak is this online orientation.
- Once you've completed this video, you will be automatically entered to be contacted for consultation at the physician's office.
- After this consultation, there's a number of steps that are needed to make sure you're an appropriate candidate for medications.
- These include attendance of a support group, nutritional education, and psychiatric and behavioral education as well.
- Once you've completed these things, we will submit to your insurance company for approval for the medications.
- Once approval and pre-authorization is obtained, the medications are prescribed and then a number of visits follow to get you to in a maintenance dose and to ensure adequate weight loss.
- Additionally, during this time, if desired, you can attend additional support groups to help with additional weight loss efforts.

(Visual: logo for Brown University Health)

Obesity Medication Pathway Timeline

Depends on:

- Your type of insurance:
 - *Insurances vary on coverage for Obesity Medications*
 - **PRIOR AUTHORIZATION IS ALWAYS REQUIRED**
- Your ability to schedule and complete **ALL** evaluations, testing, classes and groups
 - **There is a requirement for attendance at least one support group**
- Treatment for new and existing conditions identified on workup
- Decision on when and what medication: multidisciplinary team and YOU
- **Not everyone will be prescribed medications**



- Unfortunately, this process takes time. Many patients who've made the decision to take obesity management medications are eager to get started.
- However, the time from consultation to prescription of medications depends on a number of factors.
- Prior authorization is always required, and various insurance companies take longer to offer prior authorization.
- Additionally, your ability to schedule and complete all of your evaluation and testing can add some time between your consult and prescription of these medications.
- Additionally, if you're found to have new or unknown conditions, these may need to be treated prior to medication being initiated.
- Additionally, the decision making on whether or not to proceed with medication or surgery or other weight loss efforts is between you and the team.
- Finally, not everyone will be prescribed medications when they start the process.
- There are patients who are not candidates.
- As well as insurance companies who do not cover these medications.

(Visual: logo for Brown University Health)

Long Term Results of Medication Management

<u>Medication</u>	<u>Total Body Weight Loss</u>
Oral Medications	5-10%
Injectable Medications	15-20%

Long term results of medication are with continued use of the medication



- What to expect with obesity management medications? The oral medications you can expect to lose 5 to 10% of your total body weight.
- So for example, if you weigh 200 lbs before starting the medications after hitting maintenance dosing, you would expect to lose somewhere between 10 and 20 lbs.
- With the injectable medications, you lose a greater degree of weight. You can expect to lose 15 to 20% of your total body weight once hitting maintenance dose.

(Visual: logo for Brown University Health)

Obesity Medication Side Effects

The side effects of oral medication vary and will be reviewed with your provider.

Common side effects of injectable medications include :

- ❖ Nausea
- ❖ Vomiting
- ❖ Diarrhea
- ❖ Constipation



- Side effects of each of these medications should be thoroughly reviewed with your prescribing provider.
- However, common side effects include nausea, vomiting, diarrhea and Constipation.

(Visual: logo for Brown University Health)

Are You a Candidate for Weight Loss Surgery?

- Why Surgery?
 - 95% long term failure rates in traditional weight loss methods
 - Surgery success lasts decades
- Who?
 - Tried other methods of weight loss
 - BMI ≥ 30 with other medical conditions eg; diabetes, high blood pressure, sleep apnea, cholesterol issues etc.
 - BMI ≥ 35 with or without medical conditions
- Absence of current drug and alcohol problems
- No uncontrolled psychological conditions
- Understands surgery and risks and dedicate to lifestyle modification!



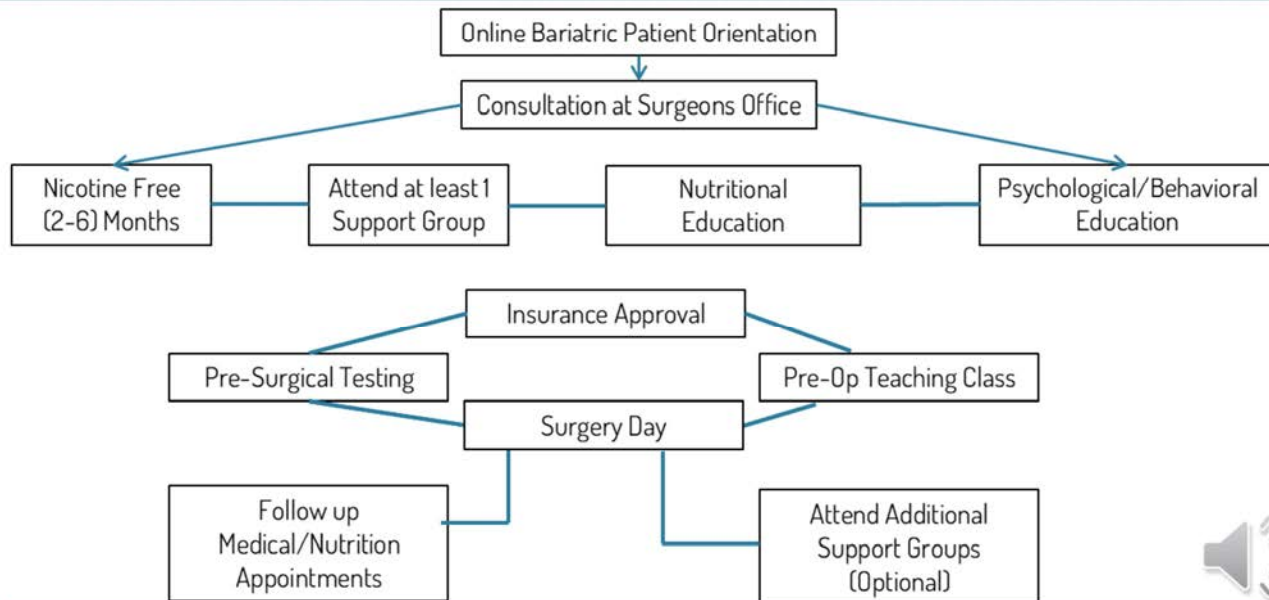
1. ASMBS-IFSO-guidelines-2022-PIIS1550728922006414.PDF. (n.d.). <https://asmbs.org/wp-content/uploads/2022/10/ASMBS-IFSO-Guidelines-2022-PIIS1550728922006414.pdf>



- Transitioning now from obesity management medications to surgical weight loss, the question arises, why would one consider surgery for weight loss?
- Well, the fact of the matter is that while 95% of patients who try traditional weight loss methods long term regain their weight, surgery and the weight loss that comes from it can last for decades.
- So who's a candidate for surgery? Patients who've tried weight loss via other methods, including medications, diet and exercise, exercise programs, and
- who have a BMI of 30 or greater with associated medical conditions such as diabetes, high blood pressure, sleep apnea, High cholesterol or
- Patients who have a BMI of 35 or greater without these conditions.
- It is important to note that patients must have no alcohol or drug problems, no uncontrolled psychological conditions,
- and be able to understand the risks and benefits of surgery.
- Surgery alone is a springboard and patients long term success is dependent on behavioral modifications and working closely with your bariatric surgery team.

(Visual: logo for Brown University Health)

Surgical Pathway



- The following is the pathway to be considered a candidate for bariatric surgery.
- After completion of this orientation, you'll be contacted for consultation at the surgeon's office.
- After your consultation, a number of tests and consults will be ordered to ensure that you are a safe candidate for bariatric surgery.
- Upon completion of these, you will we will submit for a prior authorization from your insurance.
- After insurance authorizes and pre-approves the surgery, you will then go for pre-operative teaching classes and be scheduled for a date for surgery. After surgery is performed, there's a number of follow-up appointments both in the surgeon's office and with Support group is to continue to make sure you have ongoing success.

(Visual: logo for Brown University Health)

Surgical Pathway Timeline

Depends on:

- Your type of insurance: *Some insurances require up to 6 months of requirements prior to approval for surgery. Generally, surgery occurs 2 month after insurance approval*
- Your ability to schedule and complete **ALL** evaluations, testing, classes and groups
 - **There is a requirement for attendance at least one support group prior to surgery**
- Treatment for new and existing conditions identified on workup
Including smoking cessation for at least 2 months & some insurance companies require longer
- Decision on when and what surgery: multidisciplinary team and YOU!
- **Not everyone will have surgery**
- **Pregnancy warning:** During rapid weight loss after surgery, there is a risk for fetal neurologic issues. Experts recommend avoiding pregnancy for 1-2 years after surgery.



- Again, the time from consultation to scheduling surgery varies widely. It depends on a number of factors, including your type of insurance,
- your ability to complete and schedule all evaluations, preoperative testing and classes.
- And whether or not you have other comorbidities or medical problems which would require treatment.
- So to some degree, the time from consultation to surgery depends on you.
- Not everyone who has consultation for bariatric surgery will ultimately be deemed A, candidate for bariatric surgery.
- It's also important to note that patients who expect to become pregnant in the next one to two years after surgery should delay pregnancy until they have fully recovered, as there is a risk for fetal neurological issues immediately after bariatric surgery.

(Visual: logo for Brown University Health)

Surgery and Hospital Stay

► Does insurance cover surgery?

Most insurance covers care related to metabolic bariatric surgery. You may be responsible for copays and deductibles.

Check with your carrier!



- **Laparoscopic Approach: Almost Always!**
 - General Anesthesia
- Close monitoring by the team with expertise in metabolic bariatric surgery
- **Usual length of hospital stay**
 - 1 Night
- **Usual discharge medications**
 - Acid reducer & pain medications
 - Vitamins and Minerals
 - Will adjust blood pressure or diabetes medication as needed



- As to whether bariatric surgery is covered by your insurance, it's best to contact your carrier and inquire as to whether bariatric surgery is a covered benefit. I would also inquire as to what your co-pays and deductibles may be.
- As to what to expect after bariatric surgery, bariatric surgery is almost always done via minimally invasive approach, either laparoscopic or robotically.
- This does require general anesthesia, and while under general anesthesia, you are closely monitored by the team.
- We have nurses, anesthesiologists and surgeons in the room, all with expertise in metabolic and bariatric surgery.
- After surgery, the usual length of stay is just one overnight. And you're typically discharged with a number of medications, including acid reducers, pain medications, muscle relaxers and vitamins.

(Visual: logo for Brown University Health, an illustration of a human torso, and a photo of doctors in an operating room.)

Sleeve Gastrectomy

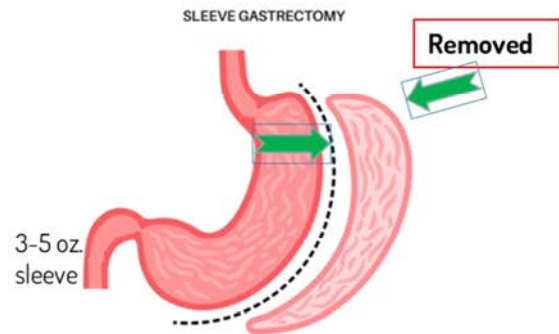
The Laparoscopic Sleeve Gastrectomy, often called the “sleeve”, is performed by removing approximately 80% of the stomach. The remaining stomach is the size and shape of a banana.

Advantages

- ❖ Technically simple and shorter surgery time
- ❖ Can be performed in certain patients with high-risk medical conditions
- ❖ May be performed as the first step for patients with severe obesity
- ❖ May be used as a bridge to gastric bypass or SADI-S procedures
- ❖ Effective weight loss and improvement of obesity related conditions

Disadvantages

- ❖ Non-reversible procedure
- ❖ May worsen or cause new onset reflux and heartburn
- ❖ Less impact on metabolism compared to bypass procedures



ASMBS.org



BROWNHealth
UNIVERSITY

- Moving on to procedure choice.
- As we discussed previously, there's a number of procedure options available. Which one is right for you is based mainly on your discussion with your bariatric surgeon.
- However, we will review them here.
- The 1st is the sleeve gastrectomy, often called the sleeve.
- It is performed by removing 80% of the stomach and the remaining stomach is about the size and shape of a banana.
- This works in three main ways.
- One, we decrease the volume of the stomach, therefore the food that you eat fills the stomach more rapidly and you feel full or faster.
- Additionally, the food eaten moves more rapidly into the small intestine and therefore is not absorbed quite as well. Additionally, by removing a portion of the stomach, there are alterations in the hormones which cause hunger and fullness.
- The benefits to the surgery is it's a technically simpler operation to perform and result in a shorter surgery time.
- Additionally, it can be performed in patients with significant medical risks and intraabdominal surgical history.
- Finally, it can be used as a bridging operation to operations which cause more weight loss, such as the duodenal switch.
- Disadvantages. It is not reversible.
- Additionally, it may cause worse acid reflux. Most of the time we're able to treat this with acid blocking medications. However, rarely it may require conversion to a gastric bypass or other procedure.

(Visual: logo for Brown University Health and diagram of sleeve gastrectomy)

Roux-en-Y Gastric Bypass

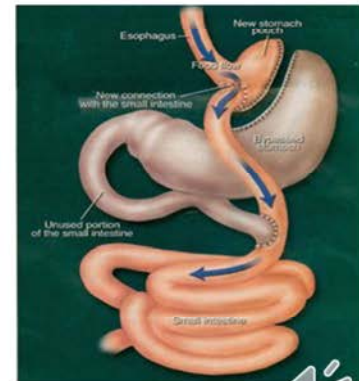
The Roux-en-Y Gastric Bypass involves creating a small stomach pouch and connecting it to the small intestine, bypassing the larger part of the stomach and the first 2-3 feet of small intestine.

Advantages

- ❖ Reliable and long-lasting weight loss
- ❖ Effective for remission of obesity-associated conditions
- ❖ Refined and standardized technique

Disadvantages

- ❖ Technically more complex when compared to sleeve gastrectomy
- ❖ More vitamin and mineral deficiencies than sleeve gastrectomy
- ❖ There is a risk for small bowel complications and obstruction
- ❖ There is a risk of developing ulcers, especially with NSAID or tobacco use
- ❖ May cause "dumping syndrome", a feeling of sickness after eating or drinking, especially sweets



ASMBS.org



- The next procedure choice is the Roux-en-y gastric bypass.
- This is considered by some to be the gold standard surgical option as it's been around the longest and the most is known about how patients do after this procedure.
- It is done by creating a small pouch which can be seen here at the top of the diagram and connecting it to the small intestine further downstream.
- By doing this we bypass the first 60 to 70 centimeters of small intestine.
- How this works is now is when you eat your food fills this pouch and not the remnant stomach or the bypass stomach you so you feel fuller quicker.
- This has a greater effect in the gastric bypass than it does in the sleeve gastrectomy.
- Also, the food you eat is bypassing that first segment of the small intestine, so it is not being absorbed quite as readily.
- Advantages of this procedure is, it's reliable and has long lasting weight loss.
- Additionally, it more aggressively treats obesity associated conditions than, say, the sleeve gastrectomy.
- Downsides. It is a technically more complex operation. It may take slightly longer to perform than the sleeve gastrectomy.
- There may also be more vitamin problems. However, these can be typically managed with a once-a-day vitamin.
- There is some risk of ulceration at the top connection point. This is called a marginal ulcer. Generally, these are more common in patients who are using NSAID medications such as ibuprofen, Mobic Or naproxen, patients who

smoke. So for those reasons, after gastric bypass, patients are not allowed to take NSAID medications or use tobacco products.

- Patients with the Roux-en-y gastric bypass may experience dumping syndrome where food and carbohydrates that are eaten rapidly transit into Small intestines and can cause a feeling of sickness after eating. Typically, with dietary modifications and some time passing after surgery, the dumping syndrome can be managed.

(Visual: logo for Brown University Health and diagram of a rouxu-en-y gastric bypass.)

Duodenal Switch

The Biliopancreatic Diversion with Duodenal Switch begins with creating a tube-shaped stomach pouch similar to the sleeve gastrectomy.

Advantages

- ❖ Among the best results for improving obesity
- ❖ Affects bowel hormones to cause less hunger and more fullness after eating
- ❖ It is the most effective procedure for treatment of type 2 diabetes

Disadvantages

- ❖ Has slightly higher complication rates than other procedures
- ❖ Highest malabsorption and greater possibility of vitamins and micro-nutrient deficiencies
- ❖ Reflux and heart burn can develop or get worse
- ❖ Risk of looser and more frequent bowel movements
- ❖ More complex surgery requiring more operative time



ASMBS.org



BROWNHealth
UNIVERSITY

- Next procedure to discuss is the duodenal switch, also known as the biliopancreatic diversion with duodenal switch. This procedure offers the greatest degree of weight loss from any of the procedures we have to offer.
- Simple way of thinking of this procedure is a combination of the sleeve gastrectomy with the Roux-en-y gastric bypass. The procedure begins by creating a larger sleeve gastrectomy stomach. As seen on the top right of the image.
- We then proceed by connecting the last portion of the small intestine, known as the ileum, to the first portion of the small intestine, known as the duodenum. What this accomplishes is that a greater length of small intestine is bypassed. And so less food is able to be absorbed.
- The advantages of this procedure is it has the greatest degree of weight loss of any option available to us.
- Additionally, patients with type 2 diabetes have greatest rates of remission and that they do not require medications for their type 2 diabetes after this procedure.
- Disadvantages of the procedure.
- It is the technically most complex operation we have and therefore complication rates may be slightly higher.
- Additionally, malabsorption can be an issue and so I tell every patient who has this operation that vitamins are a must and are non-negotiable.

- Finally, patients with this operation may have looser stools or pass gas more regularly, which can be disturbing to some patients.

(Visual: logo for Brown University Health and diagram of duodenal switch.)

SADI-S

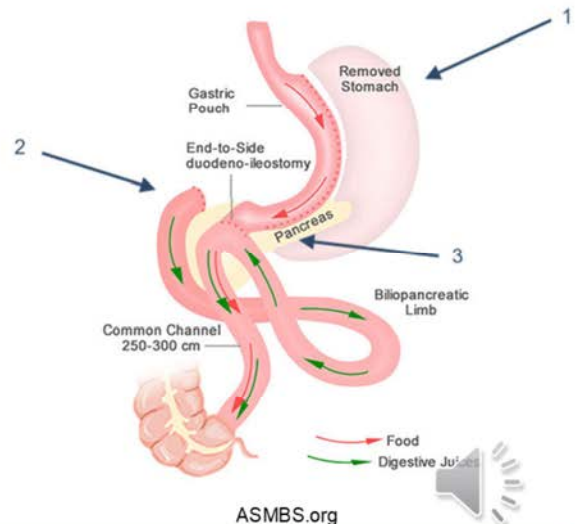
The Single Anastomosis Duodenal-Ileal Bypass with Sleeve Gastrectomy, referred to as the **SADI-S**, is similar to the **BPD-DS** but is simpler and takes less time to perform as there is only one surgical bowel connection.

Advantages

- ❖ Highly effective for long-term weight loss and remission of type 2 diabetes
- ❖ Simpler and faster to perform (one intestinal connection) than gastric bypass or BPD-DS
- ❖ Excellent option for a patient who already had a sleeve gastrectomy and is seeking further weight loss

Disadvantages

- ❖ Vitamins and minerals are not absorbed as well as in the sleeve gastrectomy
- ❖ Newer operation with only short-term outcome data
- ❖ Potential to worsen or develop new-onset reflux
- ❖ Risk of looser and more frequent bowel movements



- Last operation to discuss is a variant of the duodenal switch known as the SADIs or the single anastomosis duodenal ileal bypass with sleeve gastrectomy.
- This is very similar to the duodenal switch in that it's a combination of a bypass and a sleeve procedure.
- The procedure is begun by making a similarly sized sleeve stomach as with the duodenal switch.
- We then proceed by making a looped anastomosis of the last portion of the small intestine, also known as the ileum, to the first portion of the small intestine called the duodenum.
- The benefit of this looped anastomosis as a second connection point is not required and so some have suggested that this decreases complication rates.
- The benefits of this procedure is that it has nearly identical weight loss to the duodenal switch.
- With slightly reduced complication rates, it's also simpler and more technically easy to perform than the full duodenal switch and even the gastric bypass.
- It's an excellent option for patients who've already had a sleeve gastrectomy and require additional weight loss.
- Some of the downsides are very similar to the duodenal switch and that vitamins are a non-negotiable part of this operation.
- You will need lifelong vitamin supplementation.
- Additionally, it is a newer operation and has only recently been recognized by our national societies as safe and effective operation.

- For this reason, some insurance carriers are not recognizing it as a covered benefit.

(Visual: logo for Brown University Health and diagram of SADI-S procedure.)

Surgical Long-Term Results Results

Procedure	Excess Weight Loss
Sleeve Gastrectomy	50-60%
Gastric Bypass	60-80%
Duodenal Switch/SADI-S	70-90%

Around 90% of patients after bariatric surgery lose 50% of excess body weight and keep this extra weight off long-term.

ASMBS.org



- As you can see here, patients who've undergone bariatric surgery can expect to lose 50 to 90% of their excess weight.
- Additionally, over 90% of patients who have bariatric surgery lose more than half of their excess body weight and keep this extra body weight off long term.

(Visual: logo for Brown University Health)

Possible Bariatric Surgery Complications

• GI Leak	0.6%
• Stricture	0.6%
• Bleeding	0.6%
• DVT	0.2 %
• Wound Infection	0.1%
• Pulmonary Embolism	0.4%
• Death	0.13%

May need emergency reoperations/transfusions/longer hospital stay/cause disability or death

ASMBS.org



- The good news is bariatric surgery is some of the safest surgery we do.
- Reported here are national outcomes including all patients who've had bariatric surgery in the United States.
- We are very proud of our outcomes and our outcomes are below these rates.
- We're so proud of our outcomes that we post them on our website if you have any questions or concerns.
- About what our outcomes may look like, you can go to our website and they are updated annually.

(Visual: logo for Brown University Health)

Effectiveness in Resolving Medical Conditions

What is the impact of bariatric surgery?

In a US/Canadian study > 6700 patients with long term for other serious illnesses

• Diabetes	83 % Resolution
• Sleep apnea	80 % Resolution
• High Blood Pressure	67 % Resolution
• High cholesterol	90 % Resolution

ASMBS.org



- Bariatric surgery remains the best way to address and resolve medical comorbidities.
- Patients who underwent bariatric surgery who had type 2 diabetes, sleep apnea, high blood pressure and high cholesterol saw substantial improvements.
- And in fact, most patients had resolution of these comorbidities after surgery.
- Focusing on type 2 diabetes remission, patients who undergo bariatric surgery have the greatest rates of remission two years after surgery.
- What this means is that patients requiring daily medications to manage their type 2 diabetes after bariatric surgery do not require these medications.

(Visual: logo for Brown University Health)

Type 2 Diabetes Remission

Procedure	2-year Remission Rate
Medical Therapy	0-45%
Sleeve Gastrectomy	50-60%
Gastric Bypass	60-80%
Duodenal Switch/SADI-S	85-98%

ASMBS.org



- And in fact, most patients had resolution of these comorbidities after surgery.
- Focusing on type 2 diabetes remission, patients who undergo bariatric surgery have the greatest rates of remission two years after surgery.
- What this means is that patients requiring daily medications to manage their type 2 diabetes after bariatric surgery do not require these medications.

(Visual: logo for Brown University Health)

Bariatric Surgery Has Low Incidence of Death

- The benefits of weight loss surgery far outweigh the risks.
- Death related to diabetes is reduced by more than 90% and from heart disease by more than 50% for patients after weight loss surgery.
- Patients who have weight loss surgery have a reduction in their risk of death by 40%.
- Rates of death are considerably less than most other surgeries, including gallbladder and hip replacement surgery.

ASMBS.org



- Obviously, when considering surgery, the big fear is the fear of a substantial outcome such as death.
- The good news is that the benefits of weight loss surgery far outweigh the risks.
- Death related to type 2 diabetes is reduced more than 90%, and death from heart disease is reduced by more than 50% in patients who've had weight loss surgery.
- Additionally, patients who've had weight loss surgery have a reduction in their risk of death by any cause by 40%.
- The rates of death after bariatric less than 1/10th of a percentile point nationally, and this is considerably less than most other commonly performed surgeries, including.
gallbladder removal and hip replacement surgery.

(Visual: logo for Brown University Health)

Medical & Surgical Weight Loss Resources

Weight Loss Striders Support Groups @ The Miriam Hospital: (401) 793-3922

- The WLS meets on the 2nd Tuesday every month.
530pm to 630 pm at The Miriam Hospital.
There is valet parking available at the front entrance.
- WLS Meetings are considered a **“Medical Appointment.”**
- **Attendance of a support group meeting is required.**
Patients must attend at least ONE support group meeting.



- As you may have noted in this presentation, we have mentioned that we offer support groups for our medical and surgical patients.
- The Weight Loss Striders support group meets at the Miriam Hospital on the second Tuesday of each month. It goes from 5:30 PM to 6:30 PM.
- It is an in-person Meeting.
- There is valet parking available.
- The Miriam Hospital is located at 164 Summit Ave. in Providence, RI.
- The Weight Loss Striders meeting is considered a medical appointment.
- It is one of the appointments that is required.
- All of our patients must attend at least one support group meeting.

(Visual: logo for Brown University Health and two patients talk with a doctor.)

Now onto the Next Steps!

Step Two: Comprehensive education and completion of all scheduled appointments and tests.

Including but not limited to:

- Medical
- Lifestyle/Behavioral
- Nutrition
- Exercise
- Attend **at least one Weight Loss Striders Support Group** meeting
at The Miriam Hospital : Second Tuesday 530 pm to 630 pm every MONTH



Our team is ready to work together with you to help you safely achieve long-term, health and weight management!



- So what is the step to do now that you have completed the online orientation?
- You will be giving a notification that we have received the fact that you have completed the orientation.
- You'll be scheduled, as we said, for a consultation either for medications or for surgery.
- But we also have other appointments and tasks, and they are not limited to but will also include medical, lifestyle and behavior, nutrition and exercise as well as again as I previously mentioned the support group.
- Our team is here to work with you on your journey to make sure you have a safe and effective long-term health and weight management.

(Visual: logo for Brown University Health along with fruits and vegetables in a heart-shaped bowl, alongside exercise equipment.)

Thank You!

- Obesity is a chronic disease and requires long-term commitment and lifestyle changes.
- We look forward to helping improve your future using the integrated treatment options. These treatment options are tools, They are not a cure!
- Please bring any questions you may have to your consult .
- Visit us: www.Brownhealth.org/CBS



- We would like to thank you for taking the time to review this orientation.
- As we know, obesity is a chronic disease that requires long term commitment and lifestyle changes.
- We are happy to be able to help improve your future by using the integrated treatment options these treatments.
- These options are tools.
- They unfortunately are not a cure for the disease of obesity.
- Please bring any questions you may have to your consultation appointment.
- You can also see further information on our website www.brownhealth.org/CBS.
- Thank you

(Visual: logo for Brown University Health)