Understanding Weight Loss Surgery
Congratulations on taking the next step toward better health!

Weight loss surgery can help you reach a healthier weight and allow you to live a more fulfilled life. There is no one procedure that works best for everyone, so it’s important to learn all you can and work with your physician to make the best decision for you.

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Digestion and Excess Weight

During digestion, your digestive tract breaks down and absorbs the food you eat. The body turns this food into energy, and the energy that your body doesn’t use is stored as fat. As fat builds up, it can cause serious health problems. Bariatric surgery is a tool to help the body lose its excess fat and stay at a healthier weight.

The Digestive System

Roles of Your Digestive Organs

After you chew food, muscle action brings it from your mouth down your esophagus. Then food passes through these organs:

- **Stomach**
  This organ stores food and sends it slowly to the small intestine. Food is partially digested in the stomach. The stomach also produces chemicals that help you absorb certain vitamins.

- **Small intestine (small bowel)**
  Food is mostly digested and absorbed in the small intestine. Enzymes and chemicals help break food down. Some fluids are also absorbed. The small intestine has three sections: the duodenum, the jejunum and the ileum.

- **Large intestine (large bowel)**
  Most fluids are absorbed in the large intestine. Waste products are concentrated and passed through the rectum as stool.

- **Liver, gallbladder and pancreas**
  The liver, gallbladder and pancreas provide enzymes and chemicals. These substances aid in digestion.

When Too Much Food Becomes Excess Weight

Your body turns calories from food into the energy it needs. Obesity is a disease that can occur if you take in more food energy than your body needs. The excess energy is stored as fat. When fat builds up, it’s harder to be active. With less activity, less energy is burned and more fat builds up. This creates a cycle of weight gain that can lead to serious health problems.

How Surgery Helps Reduce Weight

Surgery changes how much you can eat and how you absorb food. It can also change your metabolism. During surgery, the stomach’s size is reduced allowing you to eat only small meals. Some procedures may also reduce how much of the “hunger hormone,” or ghrelin, is produced, which leads to decreased appetite. Part of the small intestine may also be bypassed, which makes you absorb less of the food you eat. These changes let your body use excess fat for energy and you lose weight as a result.

* Small intestine is made up of the duodenum, jejunum and ileum.
When Weight Becomes a Problem

Is excess weight affecting your life and your health?
Bariatric surgery (also called weight loss surgery) may help you reach and sustain a healthier weight. This surgery alters your digestive system. For effective and sustained weight loss, you must change your diet and lifestyle. In most cases, the surgery is not reversible so if you’re considering it, learn all you can about it before you decide.

Health Risks of Obesity
Obesity is measured by a formula called body mass index (BMI). A healthy BMI is 18 to 25. A BMI of 30 or more signals obesity. A BMI of 40 or more reflects severe (morbid) obesity.* Extra weight may lead to:

- Diseases such as type 2 diabetes or certain cancers
- Heart and circulation problems, including heart disease, high blood pressure and stroke
- Sleep apnea and other breathing problems
- Back or joint problems
- Problems with skin, urination or menstruation
- Depression or other mental health problems

What Is Your BMI Range?
Find your height on the vertical scale and your weight on the horizontal scale. Your BMI range is where these lines cross. To find your exact BMI, use the resources listed on the back cover.

Treatment Can Help
If you’re obese, surgery may help you lose weight and keep it off, but surgery won’t work alone. You also need to change what you eat and become more active. Weight loss after surgery is up to you – surgery is only a tool.

Your Role
You play a critical role in the long-term success of surgery. You will need to:

- Commit to improving your health
- Discuss your health history with your surgeon
- Get answers to any questions you have. Learn all you can about the surgery before making a decision.
- Follow all instructions
- Focus on nutrition, activity, support therapy and other care after surgery

Your Surgeon’s Role
Your surgeon works to protect your health before, during and after surgery. He or she:

- Evaluates you as a possible surgery patient
- Describes the surgery’s risks and benefits, and answers your questions
- Assists you in choosing the best procedure
- Provides follow-up care to help your recovery go well

You will be assigned a bariatric surgery coordinator in the surgeon’s office to assist you through the process.

Other Healthcare Team Members
Your healthcare team helps you succeed. Along with your surgeon, the team includes:

- A mental health professional (such as a psychologist or psychiatrist) to help you adjust to the changes your body will experience. You are required to consult with a mental health professional prior to surgery.
- A registered dietitian who will consult with you and provide a nutritional education class for preoperative and postoperative nutritional needs
- Your primary care doctor and other healthcare specialists as needed to manage your overall health
- Our Bariatric Program Coordinator who will provide a preoperative postoperative class
- Our surgery anesthesiology group
- Our Hospital Medicine Service physicians

Is Surgery Right for You?

Deciding on bariatric surgery can be difficult. This is a major surgery. If you qualify, you need to think about the risks and complications of surgery to ensure you know what to expect afterward. You need to be willing to change your lifestyle for the rest of your life. Your body will change greatly in the years after surgery.

Qualifying for Surgery

Surgery is not for everyone. You need to have a BMI of 40 greater or a BMI of 35 and co-morbid conditions such as hypertension, diabetes, coronary artery disease, sleep apnea, etc. You must be healthy enough to have surgery. You are required to have a psychological and nutritional evaluation. Your doctor and/or insurance carrier wants to be sure that you have tried other weight loss programs prior to weight loss surgery. There are some circumstances that may qualify you for surgery or another procedure if your BMI is less than 35. Your surgeon will discuss this with you if you are in that situation (see below).

Possible Risks and Complications

As with any surgery, bariatric surgery has certain risks. Your surgeon will discuss these with you at your consultation.

Setting Realistic Expectations

The goal of bariatric surgery is to help you lose more than half of your excess weight. This can improve or prevent health problems, and is not done for cosmetic reasons. Keep in mind that:

- Other weight-loss methods must be tried first.
- Surgery is meant to be permanent. You will need to change how you eat for the rest of your life.
- You must commit to eating less and being more active after surgery. If you don’t, you will not lose or keep off the weight.
- You won’t reach a healthy weight immediately. Most weight is lost steadily during the first year to year and a half after surgery.
- Weight loss is individualized, but you can reach a much healthier weight.

Projected Weight Loss for Most People

Most weight loss happens in the first year and a half.

Ongoing Concerns After Surgery

- After surgery, your body may not absorb all the nutrients it needs, making malnutrition more likely. Vitamin and mineral supplements are required to prevent this.
- Dehydration is more likely after surgery. You must drink enough liquids each day.
- Temporary hair loss is a common side effect of this surgery. Therefore, you must follow your registered dietitian’s guidelines on required protein consumption, vitamin supplements and fluid intake.
- Loose folds of skin are common when a large amount of weight is lost. After one year, extra skin can be surgically removed when your weight has stabilized.
Types of Surgery

All bariatric procedures cause weight loss using one or all of these methods:

- **Restriction** – This method limits how much food you can eat at one time. This is done by making the part of the stomach that holds food much smaller so you feel satisfied after eating a small amount of food.

- **Malabsorption** – This method limits how much food the body absorbs. This is done by rearranging the small intestine so food travels through only a short section. As a result, most of the food that is eaten is expelled as waste and not absorbed as energy.

- **Metabolic** – Bariatric surgery will also affect your metabolism and can lead to resolution or improvement of medical problems such as high blood pressure, diabetes and heart disease.

Sleeve Gastrectomy

The sleeve gastrectomy is a restrictive procedure in which up to 85 percent of the stomach is surgically removed. It greatly reduces the amount of food that can be eaten and does not bypass your intestines. Patients will feel full quickly after eating a small amount of food. This procedure may also cause a decrease in appetite since the production of the “appetite hormone” ghrelin is reduced. Patients can expect to lose 55–70 percent of their excess body weight on average, and maintain >50 percent 3–5 years after surgery.

Roux-en-Y Gastric Bypass

In this procedure a small pouch of the stomach is created to hold food, restricting the amount that can be eaten at one time. The small intestine is cut divided further down the digestive system and reattached to the new stomach pouch, leaving a shortened path for food to travel through.

On average, patients lose more than half of their excess weight following gastric bypass. Patients can lose 60 to 75 percent of their excess body weight on average, and maintain >50 percent after ten years.

Long-term success is highest in patients who are realistic about how much weight will be lost, follow the recommended eating plan and are physically active. This procedure can result in more weight loss and less weight regain than the sleeve gastrectomy.

It may also provide superior improvement of diabetes and resolution of heartburn compared to sleeve gastrectomy.

Duodenal Switch

The duodenal switch procedure, also known as a biliopancreatic diversion, DS or BPD-DS, combines both restriction and malabsorption methods to aid patients in weight loss. With this procedure, your surgeon will reduce the size of your stomach by up to 85 percent. The pylorus, which controls food drainage out of the stomach, remains intact. The duodenum is connected to the lower part of the small intestine.

The food you eat then bypasses much of the small intestine, which is the malabsorptive component of the procedure. This results in fewer calories absorbed and eventual weight loss. Patients can see a weight loss of up to 85 percent of excess body weight.

This procedure results in the most weight loss and the best resolution of diabetes, but does have more side effects and risk.
Your Surgical Experience

It’s normal to be nervous about surgery. Knowing what to expect can help. Before surgery, our team will order tests to evaluate your health status and your candidacy for surgery. We will monitor you and aim to keep you as comfortable as possible throughout surgery and recovery.

Why Choose Our Lady of the Lake?
We are rooted in our mission to serve others. Our dedicated team of surgeons is committed to ensuring you an optimal and comfortable experience during your time with us, and keep up with the latest technology. Our OR suites are state-of-the-art, and our team is with you every step of the way from consult to pre-operative exams to surgery to recovery and throughout your weight loss journey. We are a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited facility.

Pre-Operative Exam and Tests at Our Lady of the Lake
You will meet with the following team members shortly prior to your surgery:

- Registration Clerk for surgery registration in Medical Plaza 1
- Registered Nurse in PARC (Pre-Admission and Registration Center)
- Anesthesiology Group team member
- Hospital Medicine Service Physician (HMS)

Further tests may be ordered. These tests help confirm that you’re well enough for surgery, like chest x-rays to check your lungs and an ECG to check your heart rhythm. Other exams and tests may also be done, if needed.

Before Surgery
To prepare for surgery, you may be asked to:

- Stop smoking/using tobacco.
- Lose weight by following a special diet, or follow a liquid diet before surgery with the direction of our in-house dietitian.
- Stop taking certain medications, including herbals, aspirin and anti-inflammatories. Ask your surgeon what medications to continue taking. Be sure to mention any supplements you take.
- Avoid all food binging.
- Stop eating and drinking after 11 p.m. on the night before surgery.

Revisional Surgery
There may be times where due to inadequate weight loss, complications or even weight gain, patients seek revisional surgery. All available revisions can be discussed with your surgeon during your consultation.

Endoscopic Sleeve Gastroplasty (ESG)
This is a minimally invasive, outpatient endoscopic suturing procedure where a small pouch is created. There is no foreign body or stomach removal. There is a chance of 30-40 percent of total body weight loss. While this is a reversible procedure, it does call for strict diet progression.

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Endoscopic Sleeve Gastroplasty (ESG)
Moving in a New Direction

After surgery, success is in your hands. The changes you make need to be lifelong commitments. Follow all instructions on nutrition and activity, and be aware that how you see yourself and how others see you may change. Turn to those close to you for support since they can help you adjust to your new life. Your bariatric team is also available to work with you through all phases of this process.

What to Expect as You Lose Weight

Weight loss varies depending on the procedure and other factors. Most likely, you will lose weight steadily each month after surgery, and the most rapid weight loss often happens during the first six months after surgery. Most patients lose over half their excess weight in the first year and a half. After that, you may gain a small amount of weight back. This is normal. The surgery can still help you reach a healthier weight and decrease your medical co-morbidities.

Changing Your Eating Habits

What and how you eat will change after surgery. Follow your meal plan and the instructions you are given. These new healthy eating habits will help you sustain your weight loss throughout life. To stay healthy, you are given guidelines such as:

- Choose high-protein foods
- Eat slowly. Take small bites. Chew each bite well before swallowing it.
- Stop eating as soon as you feel satisfied
- Drink sugar-free liquids. Drink them between (not with) meals. Wait 45 minutes after and 15 minutes before meals before drinking liquids.
- Take vitamins daily as directed
- Avoid alcohol, sugary and carbonated drinks

Having an Active Lifestyle

To lose weight, you need to be active for life. Exercise is an important part of your weight-loss goal. It can also help reduce stress. The goal is to exercise 30-45 minutes a day. These tips can help you succeed:

- Choose a form of exercise you enjoy
- Exercise at your own pace
- Ask friend(s) to join you
- Keep a record of your exercise activity in a calendar or notebook. Some people find this a good way to track their progress and stay motivated.

Finding Support

Your bariatric team is available to assist you through this new and exciting journey. Some changes can be stressful, but asking for help can ease the stress. You might:

- Talk to friends and family members
- Talk to other bariatric surgery patients. Often they know just what you’re going through. Our Lady of the Lake also offers monthly support group meetings.
- View our bariatric newsletter

Following Up with Your Team

After surgery, see your doctor and dietitian as instructed. In time, and as you adjust to the changes, your visits are less frequent. Be sure to involve your primary care doctor and any specialists, as needed, especially for medication management. Your bariatric team will continue to see you annually to monitor progress and check for any vitamin or mineral deficiencies.
A Healthy New Start

As you lose weight, you will have more energy, find it easier to be active and see improvements in your health. Celebrate the new you! Buy clothes that fit in your new size. Try a new haircut or a makeover. You’ve worked hard, and you deserve to feel good.

Resources

The resources listed below can help you learn more about obesity treatment options. If you choose surgery, these resources will help you adjust to life after surgery.

- **American Society for Metabolic and Bariatric Surgery**
  asmbs.org

- **National Heart, Lung, and Blood Institute – Obesity Education Initiative**
  nhlbi.nih.gov/health/public/heart/obesity/lose_wt
  (301) 592-8573

- **Obesity Action Coalition**
  obesityaction.org

- **Overeaters Anonymous**
  oa.org

- **Surgeons Group of Baton Rouge**
  sgbrcolorado.com

Our Surgeons

**Brent W. Allain, Jr., MD, FASMBs**

Brent W. Allain, Jr., MD, earned his medical degree from the LSU School of Medicine in New Orleans, where he also completed his internship and residency in general surgery. He is Fellowship trained in advanced laparoscopic and bariatric surgery and is Board Certified in general surgery. Dr. Allain performs a wide variety of operations using minimally invasive surgical techniques, including robotic surgery via the da Vinci Surgical System. He has a special interest in weight loss surgery, including gastric sleeve, gastric bypass and gastric balloon. His additional interests include anti-reflux surgery (including the LINX procedure), gallbladder surgery, hernia surgery, colon surgery, and surgery to treat excessive sweating.

**Mark G. Hausmann, MD, FACS, FASMBs**

Mark G. Hausmann, MD, earned his medical degree from LSU School of Medicine in New Orleans. He completed his internship and residency in general surgery at the University of Mississippi Medical Center in Jackson and is Board Certified in general surgery. Dr. Hausmann has special interest in advanced Minimally Invasive Surgery including robotic surgery, particularly focusing on acid-reflux surgery and bariatric (weight-loss) surgery, as well as surgery for benign and malignant colon diseases, hernia, gallbladder and endocrine (thyroid, parathyroid, adrenal) pathologies. He serves as a proctor to other surgeons across the country, teaching advanced surgical techniques including robotic surgery with the da Vinci Surgical System and the LINX procedure for treatment of GERD.
Our Surgeons

Kenneth P. Kleinpeter, Jr., MD, FACS, FASMBS
Kenneth P. Kleinpeter, Jr., MD, earned his medical degree from LSU School of Medicine in New Orleans. He completed his internship and residency in general surgery at Wake Forest University Baptist Medical School in North Carolina. He is Fellowship trained in advanced laparoscopic and bariatric surgery and is Board Certified in general surgery. He has a special interest in reflux surgery, disease of the parathyroid glands and peritoneal dialysis access.

Karl A. LeBlanc, MD, MBA, FACS, FASMBS
Karl A. LeBlanc, MD, earned his medical degree and completed his residency in general surgery at the LSU School of Medicine in Shreveport. He is the past president of the American Hernia Society. Dr. LeBlanc is the co-author or editor of five textbooks and has published more than 125 articles in surgical literature. He holds other positions in both national and international organizations and has lectured extensively within the U.S. and abroad. He has a special interest in hernia, bariatrics and robotic surgery.