

Bariatric Weight Loss Program



DAMERON
HOSPITAL

Managed by:

Adventist Health 

DameronHospital.org/Bariatrics



Ready to get started?

A choice that will
change you, and
your life forever

Weight loss surgery

Weight-loss surgical procedures

Weight-loss surgeries are major, life-changing procedures. The most common types of weight-loss surgeries performed today are gastric bypass, gastric sleeve, and adjustable gastric band. These are collectively referred to as bariatric surgeries. They all make surgical changes to your stomach and digestive system that limit how much food you can eat and how many nutrients you absorb, which leads to weight loss.

The long-term success of weight-loss surgery also depends on your ability to make permanent changes in your lifestyle. When you want to be considered for weight-loss surgery, you must undergo a thorough evaluation to determine if it's suitable for your situation.

Guidelines to qualify for weight-loss surgery

While bariatric surgery can help reduce your risk of weight-related health problems, such as type 2 diabetes, high blood pressure and sleep apnea, it can also pose major risks and complications. You will need to meet certain medical guidelines to qualify for this surgery.

In general, weight-loss surgery could be an option for you if:

- Efforts to lose weight with diet and exercise have been unsuccessful.
- Your body mass index (BMI) is 40 or higher (extreme obesity).
- Your BMI is 35 to 39.9 (obesity), and you have a serious weight-related health problem, such as diabetes, high blood pressure or sleep apnea.

Calculating Your BMI

Find the row on the left side of the BMI chart that is closest to your height. Next, find the section closest to your weight on the chart. Where the column with your weight intersects with the row with your height, you will find your BMI.

	Normal		Overweight					Obese				
BMI	19	24	25	26	27	28	29	30	35	40	45	50
Height	Body Weight (pounds)											
4'10"	91	115	119	124	129	134	138	143	167	191	215	239
4'11"	94	119	124	128	133	138	143	148	173	198	222	247
5'0"	97	123	128	133	137	143	148	153	179	204	230	255
5'1"	100	127	132	137	143	148	153	158	185	211	238	264
5'2"	104	131	136	142	147	153	158	164	191	218	246	273
5'3"	107	135	141	146	152	158	163	169	197	225	254	282
5'4"	110	140	145	151	157	163	169	174	204	232	262	291
5'5"	114	144	150	156	162	168	174	180	210	240	270	300
5'6"	118	148	155	161	167	173	179	186	216	247	278	309
5'7"	121	153	159	166	172	178	185	191	223	255	287	319
5'8"	125	158	164	171	177	184	190	197	230	262	295	328
5'9"	128	162	169	176	182	189	196	203	236	270	304	338
5'10"	132	167	174	181	188	195	202	209	243	278	313	348
5'11"	136	172	179	186	193	200	208	215	250	286	322	358
6'0"	140	177	184	191	199	206	213	221	258	294	331	368
6'1"	144	182	189	197	204	212	219	227	265	302	340	378
6'2"	148	186	194	202	210	218	225	233	272	311	350	389
6'3"	152	192	200	208	216	224	232	240	279	319	359	399
6'4"	156	197	205	213	221	230	238	246	287	328	369	410

Evaluating Your Readiness for Weight-Loss Surgery

Even if you meet these general guidelines, you may still need to meet other medical criteria to qualify for weight-loss surgery. A team of health professionals that usually includes a doctor, dietitian, psychologist and surgeon will evaluate whether a gastric bypass or other weight-loss procedure is appropriate for you. This evaluation generally determines if the health benefits of the surgery outweigh any potential risks. The evaluation also determines if you're psychologically and medically ready to undergo the procedure.

When conducting an evaluation for bariatric surgery, the health team considers:

- **Your nutrition and weight history:** The team reviews your weight trends, diet attempts, eating habits, exercise regimen, stress level, motivation and other factors.

- **Your medical condition:** Some health problems increase the risks associated with having surgery or may be worsened by surgery, such as blood clots, liver disease, heart or gallbladder problems, kidney stones and nutritional deficiencies. The team evaluates what medications you take, how much alcohol you drink and whether you smoke. You also will have a thorough physical exam and laboratory testing. The results of these tests and exams may help determine eligibility for surgery.
- **Your psychological status:** Certain mental health conditions may contribute to obesity or make it more difficult for you to maintain the health benefits of weight-loss surgery. These may include binge-eating disorder, substance abuse, depression, anxiety disorders and issues related to childhood sexual abuse. While these may not prevent you from having weight-loss surgery, your doctors may want to postpone surgery to ensure that any condition is appropriately treated and managed.
- **Your motivation:** The team will also assess your willingness and ability to follow through with recommendations made by your healthcare team and to carry out prescribed changes in your diet and exercise routine.
- **Your age:** Although there's no specific age limit for weight-loss surgery, the risks increase if you're older than age 65. Surgery for patients under 18 can only be performed at centers specifically approved for this age group.

Pre-surgery Requirements

If you're approved for weight-loss surgery, your healthcare team will give you instructions about how to prepare in the months or weeks before surgery. These instructions may include restrictions on eating and drinking, undergoing lifestyle counseling to help you cope with big changes in diet and exercise, quitting smoking and starting a supervised physical activity program. In some cases, you may be required to lose weight before having bariatric surgery. Even after surgery is scheduled, it can be delayed or canceled if your healthcare team determines that:

- You're not psychologically or medically ready for surgery.
- You haven't made appropriate changes in your eating or exercise habits.

Preparing Financially for Weight-Loss Surgery

If it is determined that weight-loss surgery is appropriate for you, you will also need to be prepared for it financially. You will need to get preapproval from your health insurance company. The preapproval process typically requires documentation from your team of healthcare professionals that justifies your medical need for weight-loss surgery.

Different health insurers have different requirements to prove your medical need for surgery. Your health insurer may not cover this surgery at all or may cover only parts of the process. In some cases, you may have to meet requirements, such as losing a specific amount of weight or following a formal diet plan, before your insurance company will grant approval. To avoid unpleasant financial surprises, check to see what specific services are covered before starting the evaluation process. Dameron Hospital has special rates for those paying cash for the surgery. Ask for information if this applies to you.

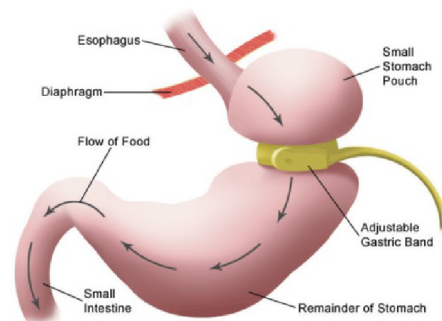


Today is the day
you've been
waiting for

Four Most Common Weight Loss Procedures in the United States

Adjustable gastric banding

This surgery uses an inflatable band to squeeze the stomach into two sections: a smaller upper pouch and a larger lower section. The two sections are still connected; it's just the channel between them is very small, which slows down the emptying of the upper pouch. Adjustable banding is no longer a popular procedure; however, it is still being done in some practices.



Pros

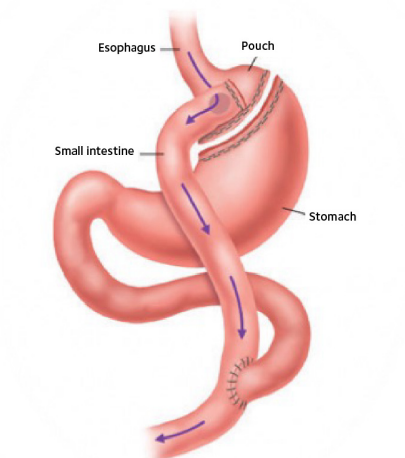
- Simpler to do and with fewer risks than gastric bypass.
- Recovery is usually faster.
- Adjustments to gastric band can be made in surgeon's office.

Cons

- People who get gastric banding often have less dramatic weight loss than those who get more invasive surgeries.
- Patients may also be more likely to regain some of the weight over the years.

Gastric Bypass (Roux-en-Y Gastric Bypass)

Gastric bypass combines both restrictive and malabsorptive approaches. In the operation, the surgeon divides the stomach into two parts, sealing off the upper section from the lower. The surgeon then connects the upper stomach directly to the lower section of the small intestine. Skipping these parts of the digestive tract means that fewer calories get absorbed into the body.



Pros

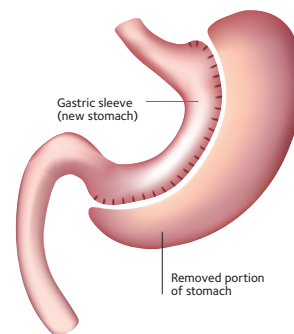
- Weight loss tends to be swift and dramatic (about 50% of it happens in the first six months).
- Health conditions affected by obesity often improve quickly.
- Gastric bypass also has good long-term results; studies have found that many people keep most of the weight off for ten years or longer.

Cons

- Risk of serious nutritional deficiencies (calcium, iron and vitamins).
- Take vitamin/mineral supplements — for the rest of your life.
- Dumping syndrome: Happens when sugary food is “dumped” from the stomach into the intestines too quickly causing nausea, bloating, pain, sweating, weakness and diarrhea. This could also be listed under pros as this side effect encourages people to avoid foods that could lead to weight gain.

Sleeve Gastrectomy

This is another form of restrictive weight-loss surgery in which about 75% of the stomach is removed. What remains of the stomach is a narrow tube or sleeve, which connects to the intestines. Sometimes, a sleeve gastrectomy is the first step in a sequence of weight-loss surgeries. It can be followed up by gastric bypass or biliopancreatic diversion if more weight loss is needed.



Pros

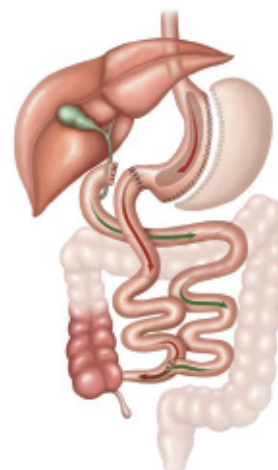
- Less risky for very obese or patients with multiple medical problems.
- Similar results to gastric bypass with decreased risk.
- Because the intestines aren't affected, a sleeve gastrectomy doesn't affect the absorption of food, so developing nutritional deficiencies usually are not a problem.

Cons

- Unlike other weight-loss surgeries, a sleeve gastrectomy is irreversible.
- Most importantly, since it's relatively new, the long-term benefits and risks are still being evaluated.

Biliopancreatic Diversion with Duodenal Switch

This is essentially a more extreme version of a gastric bypass, in which part of the stomach — as much as 70 percent — is removed, and even more of the small intestine is bypassed.



Pros

- Biliopancreatic diversion can result in even greater and faster weight loss than a gastric bypass.
- Studies show an average long-term loss of 70 to 80 percent of excess weight.
- Although much of the stomach is removed, the remainder is still larger than the pouches formed during gastric bypass or gastric banding procedures.

Cons

- Biliopancreatic diversion is less common than gastric bypass.
- Risk of nutritional deficiencies is much more serious.
- Poses many of the same risks as gastric bypass, including dumping syndrome.

You Are In Good Hands



Tarig Samarkandy, MD

Our specialized Bariatric Weight Loss Surgery program and free Bariatric Weight Loss webinars are led by Tarig Samarkandy M.D., a board-certified surgeon who is also a fellow member of the American College of Surgeons and the American Society of Metabolic and Bariatric Surgeons. Dr. Samarkandy graduated medical school from King Abdul-Aziz University in Saudi Arabia, completed his internship at Cleveland Clinic Foundation in Cleveland, Ohio, and did his residency at San Joaquin General Hospital in Stockton, California, affiliated with UC Davis Medical Center. He also completed his fellowship in minimally invasive bariatric and robotic surgery at UC Davis Medical Center in Sacramento, California, performing more than 3,000 procedures. He is experienced in performing a multitude of surgical procedures related to foregut diseases, bariatric weight-loss surgeries and bariatric revisions along with other surgical diseases using advanced minimally invasive techniques that include the Da Vinci robotic surgery platform.

Patient Pathway

- 1 Attend webinar
- 2 Insurance authorization — confirm bariatric surgery benefits before proceeding
- 3 Consultation with primary care physician
- 4 Initial surgical consultation
- 5 Psychological evaluation (Mandatory)
- 6 Consultation with other specialists as required
- 7 Complete all specialty testing
- 8 Healthy Lifestyle Pre-operative class and pre-operative appointment with surgeon
- 9 Insurance authorization for surgery to be scheduled
- 10 Hospital preadmission appointment
- 11 Surgery
- 12 Hospital stay 1–2 days
- 13 Surgeon post-op visits:
2 weeks, 6–8 weeks, 3 months,
6 months, 9 months, 12 months
- 14 Monthly support groups
- 15 Annual surgeon visits

The new you!

Dameron Hospital

525 W. Acacia St.

Stockton, CA 95203

P: 209-944-5550

Bariatric coordinators office 209-461-7508

DAMERON
HOSPITAL

Managed by:

Adventist Health 