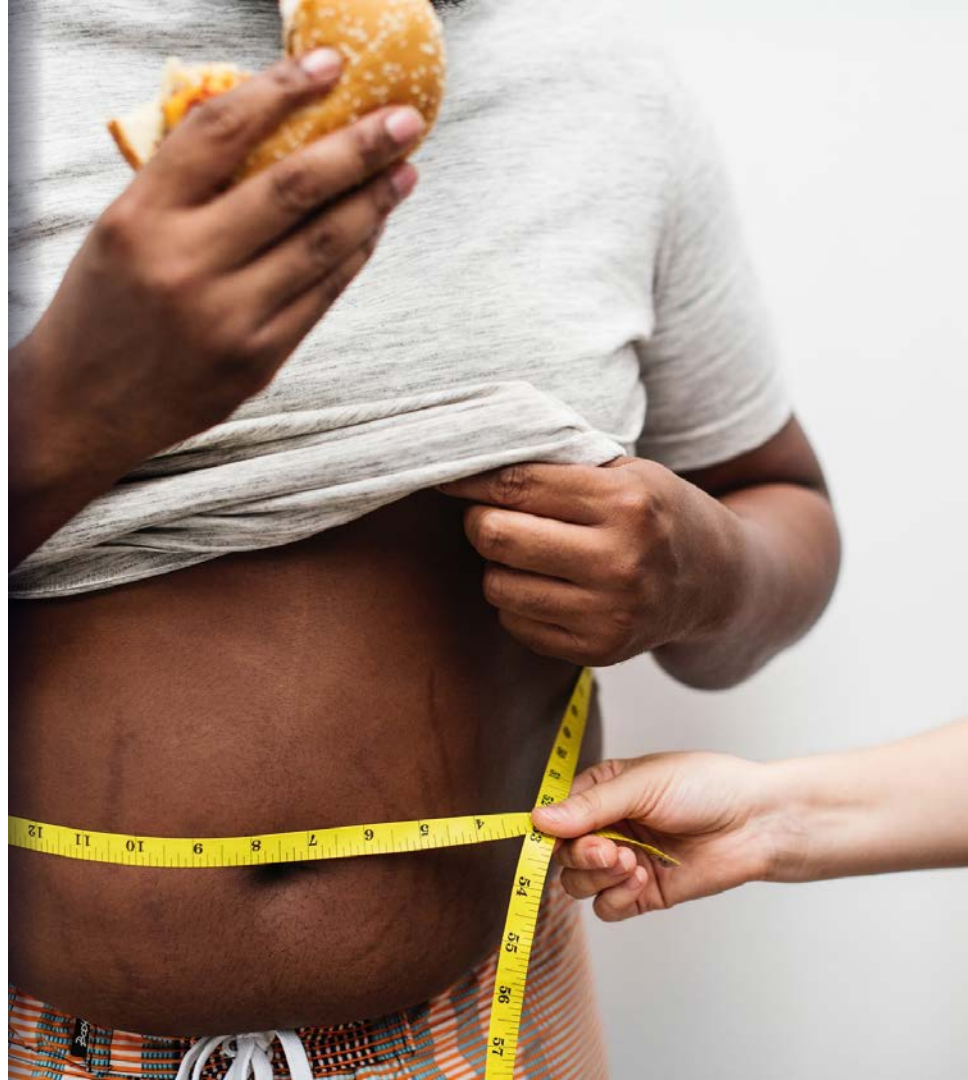




METABOLIC & BARIATRIC SURGERY

Gordon Wisbach, MD, FACS, FAMBS
Program Director

Kyle Gadbois, MD, FACS, FAMBS
Deputy Program Director



Metabolic & Bariatric Surgery Team

Surgeons *CAPT Gordon Wisbach, MD*

CDR Kyle Gadbois, MD

CDR Jesse Bandle, MD

Program Coordinator *Eva Brzezinski MS RD CDE*

Nurse Practitioner *Kimberly Hallgren, NP*

Internal Medicine *LT Denise Teh, MD*

LT Faith Kim, MD

Dietitian *Eva Brzezinski, MS, RD, CDE*

Administrative Assistant *Antonio Isidro, LVN*



The Obesity Epidemic

*World Health
Organization, 2013.*

- Rise in obesity → rise in related comorbidities
- Comorbidities responsible for 2.5 million deaths per year worldwide
- Loss of life expectancy is profound
- 25 year-old morbidly obese male has 22% reduction in lifespan, representing a loss of 12 years of life
- Obesity is preventable!

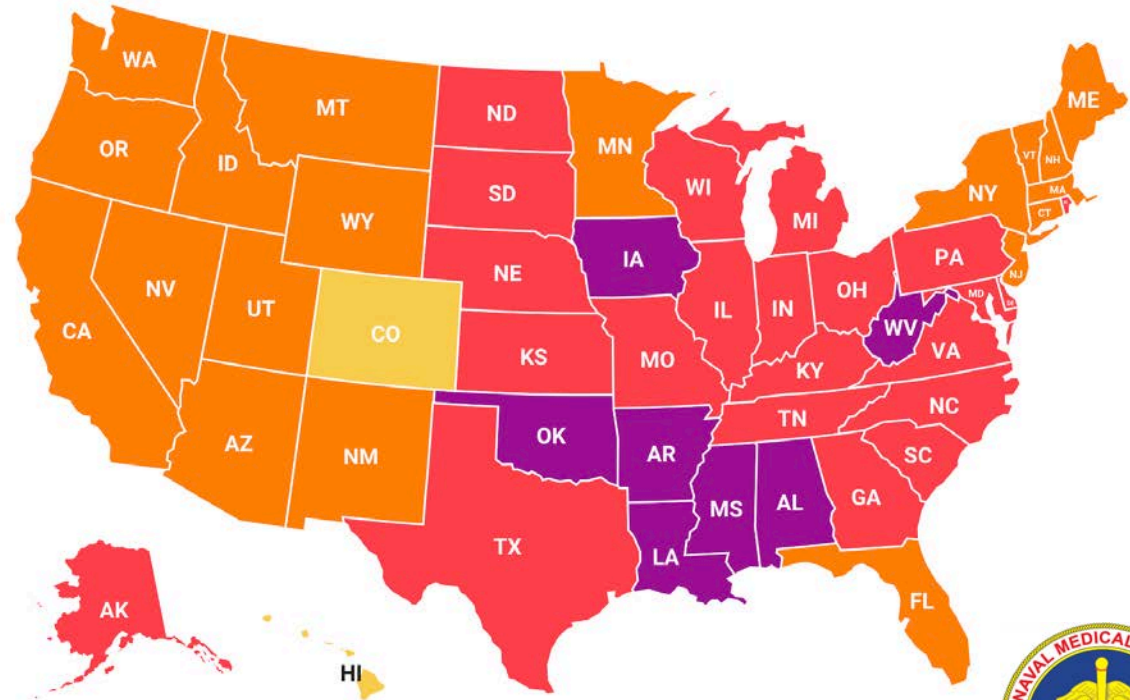


More than
65% of
Americans are
overweight to
obese.

*Adult Obesity Rate
by State, 2017*

Percent of obese adults (Body Mass Index of 30+)

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



The Obesity Epidemic

- Diet therapy is ineffective long term
- Currently, there are no effective long-term pharmaceutical agents to treat obesity, especially morbid obesity

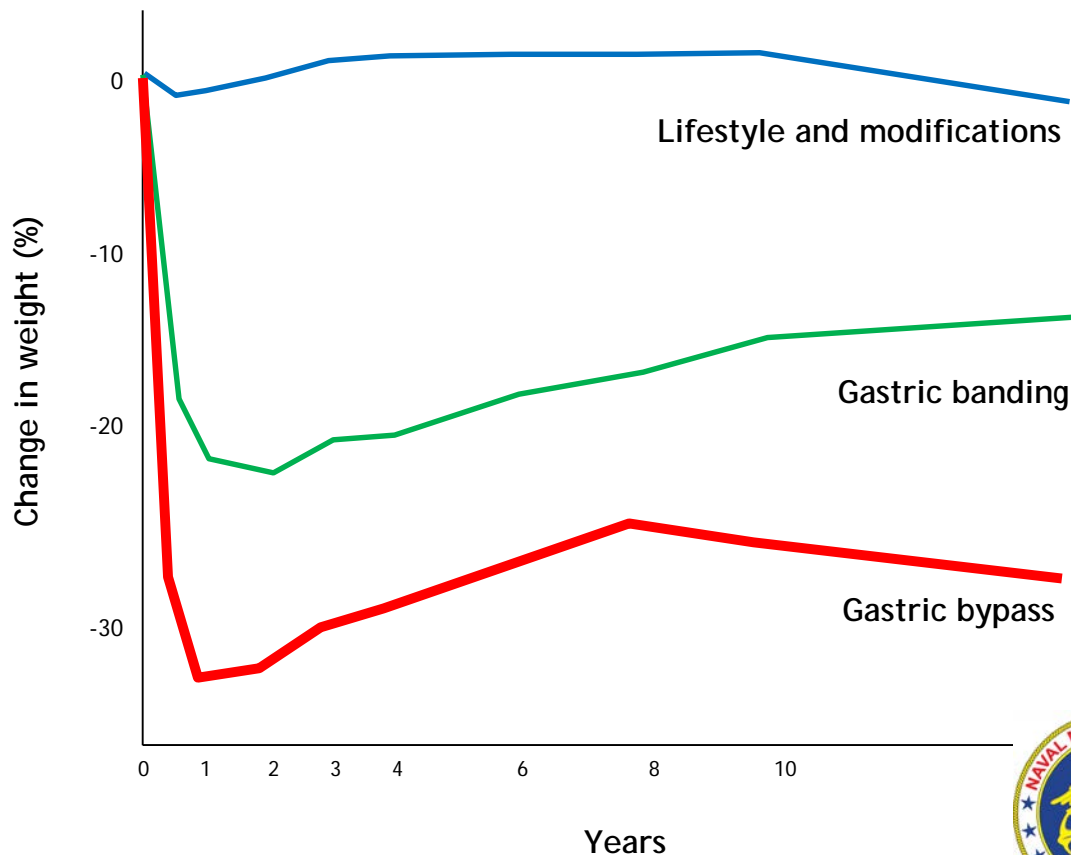
*Clinical Practice
Guidelines for the
bariatric surgery
patient, 2013 update*



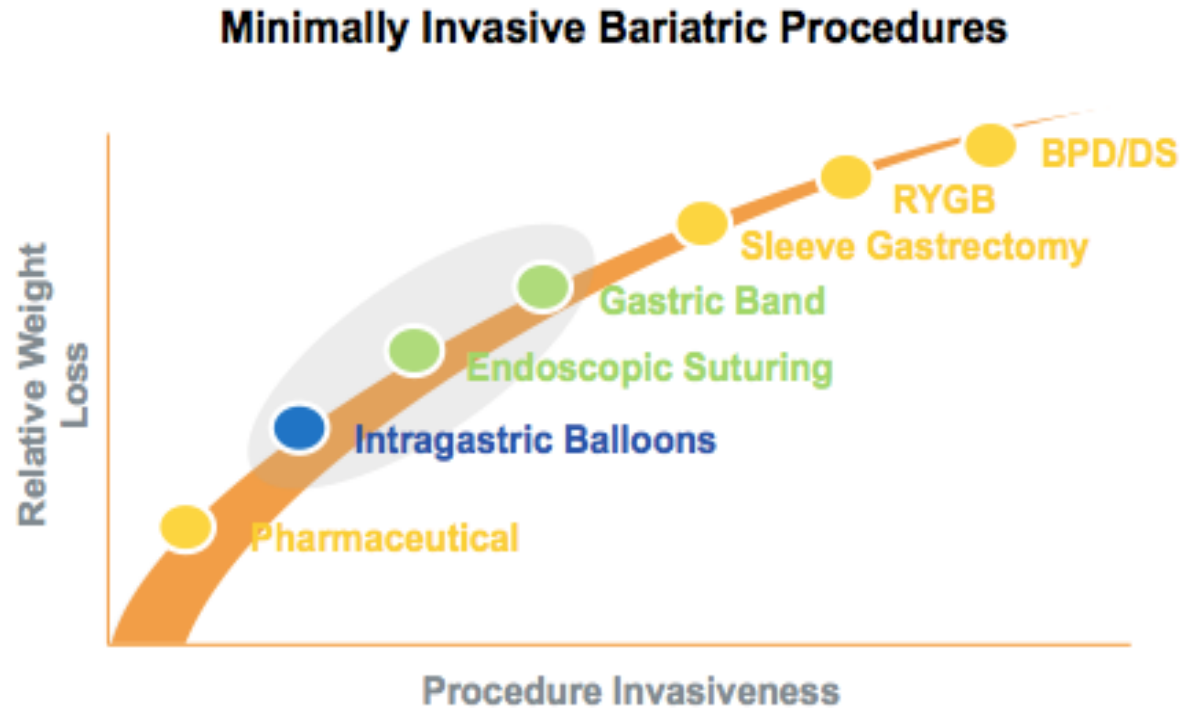
Weight Loss Overtime with Different Interventions

Mean Percent Change during a 15-Year Period in the Control Group and the Surgery Group, According to the Method of Bariatric Surgery. Weight

Sjöström L et al. N Engl J Med 2007;357:741-752.



Bariatric & Endoscopic Procedures



Metabolic & Bariatric Surgery Program: At a Glance

- Started in 2004
- Nearly all operations are laparoscopic
- High volume
- Goal: assist patients in losing weight long term while minimizing risks



Services offered

- Surgery
 - Min. Invasive Surgery
 - Laparoscopic
 - Robotic
 - Open
- Endoscopy
 - Diagnostic
 - therapeutic
- Bariatric
- Metabolic
- Revisional
- Diabetes Surgery
- Weight Loss Surgeries
-



The Team Approach

The key to a successful weight loss journey is **multidisciplinary**. **Education** and **preparation** are essential.



Your Registered Dietitian

*Wrong
Expectations*

*Poor
Compliance*

*Poor
Outcome*



Defining Obesity

Underweight

BMI less than 18.5

Normal

BMI 18.5 to 24.9

Overweight

BMI 25 to 25.9

Obese

BMI greater than 30

Moderate

30+

Severe

35+

Morbid

40+

Class 1

Class 2

Class 3

Qualifications for Surgery

BMI 40+

BMI 35+ with comorbidities

Comorbidities

1. High blood pressure
2. Diabetes
3. High cholesterol
4. Reflux
5. Sleep apnea
6. Arthritis



Consider Surgery if...



Age 18-65 years
of age



Failure of diet
for more than 6
months



More than 5
years history of
obesity



Low surgical
risk



No endocrine
disease



Psychologically
sound

*NIH Consensus
Conference
Ann Intern Med 1991*

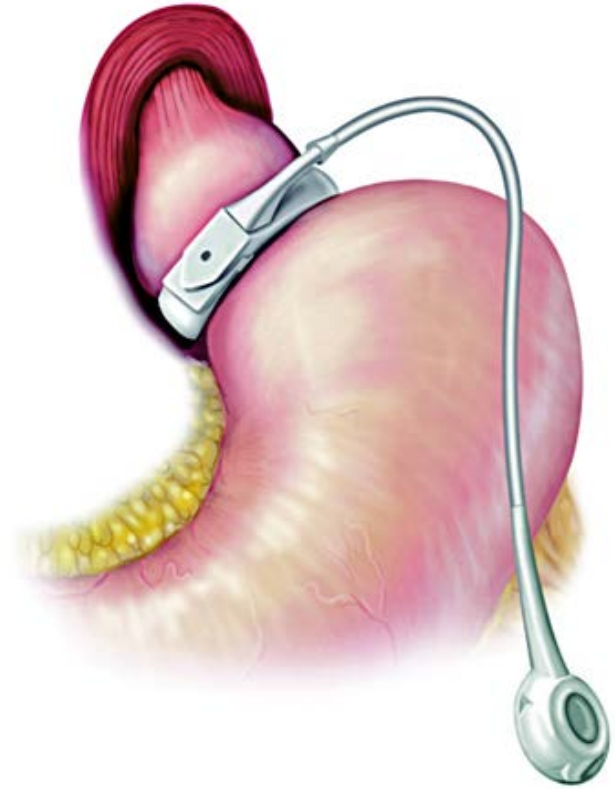


Goals of surgery

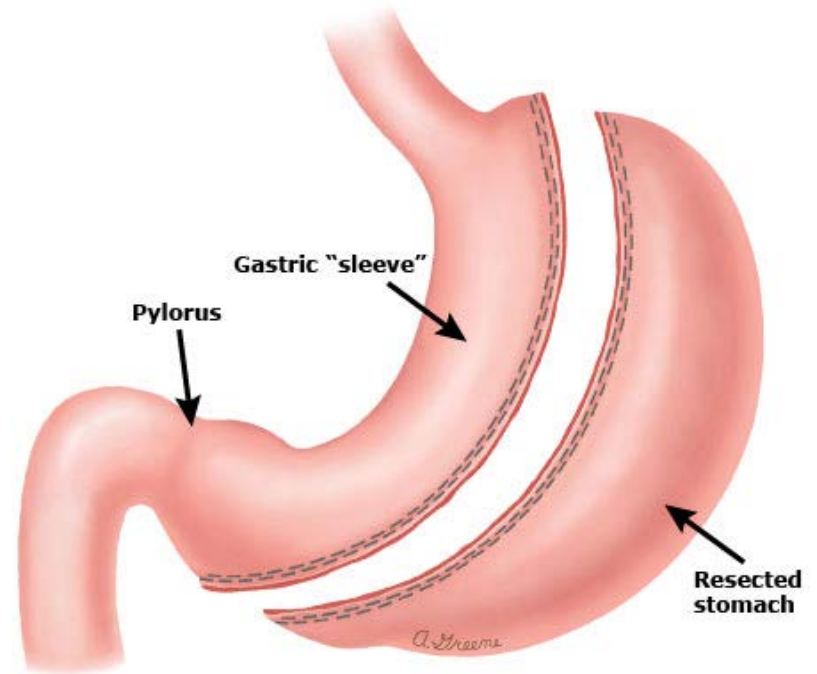


Adjustable gastric band

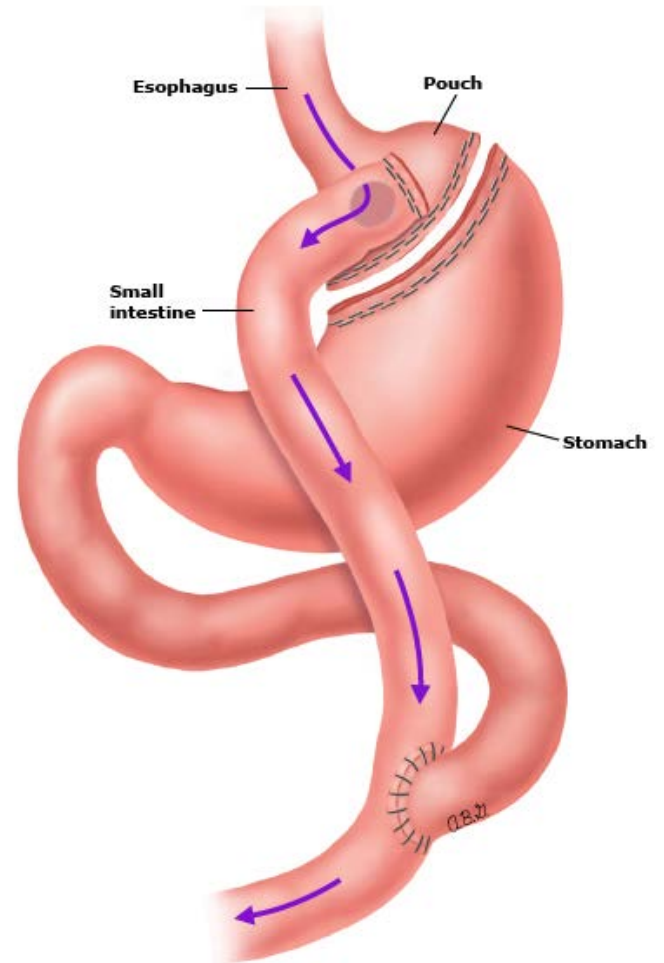
No longer performed.



Sleeve gastrectomy

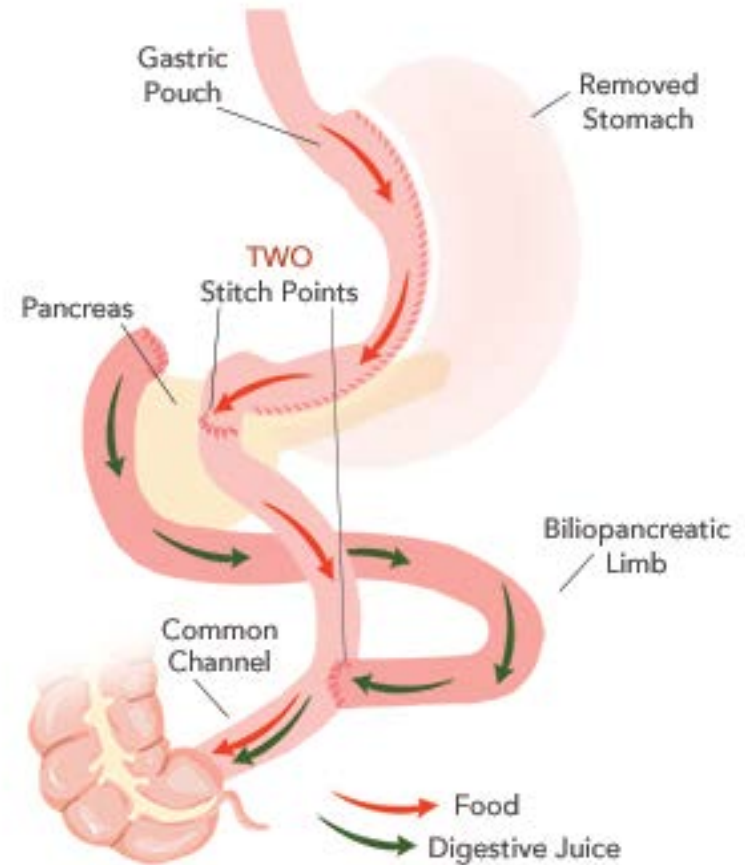


Gastric bypass



Duodenal Switch

Duodenal Switch (DS)



Intra-gastric Balloon

Indications:

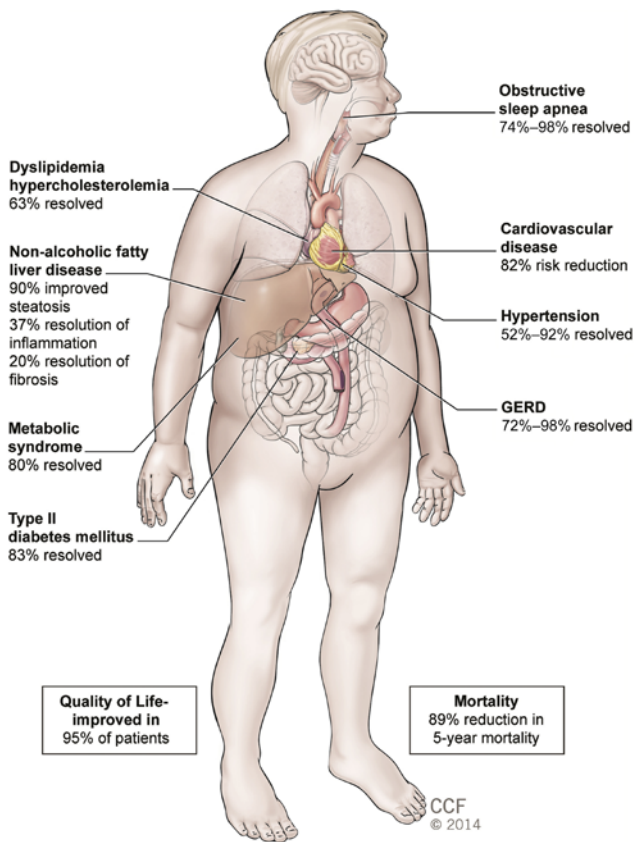
-> *Short-term Weight Loss*

-> *Active duty members
ONLY*

VA/DoD Clinical Practice Guidelines, "Management of Adult Overweight & Obesity", 2020

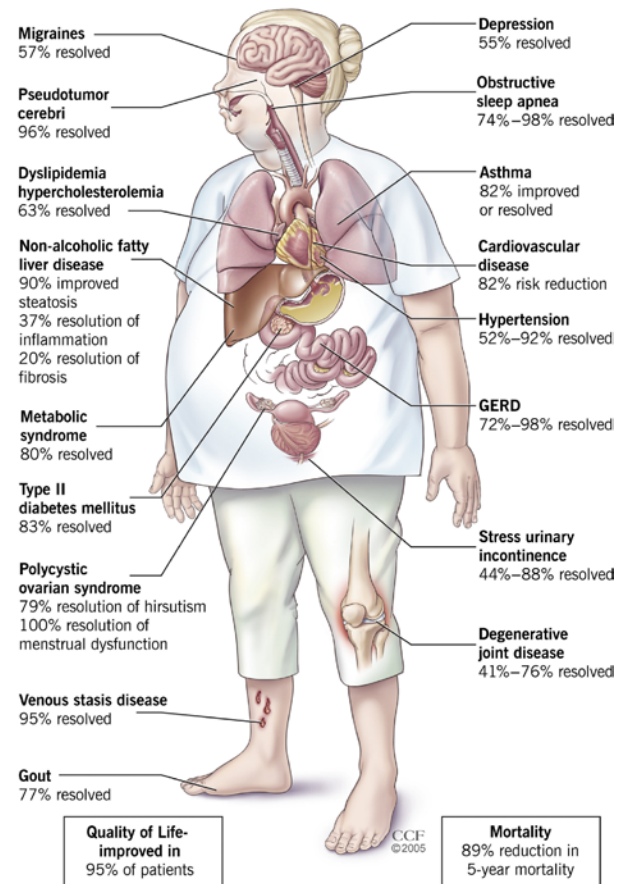
Recommendation 16: We suggest offering intragastric balloons in conjunction with a comprehensive lifestyle intervention to patients with obesity (body mass index ≥ 30 kg/m²) who prioritize short-term (up to six months) weight loss.





Improvement in Comorbidities after Surgical Weight Loss

- ✓ *Breathing problems*
- ✓ *High blood pressure*
- ✓ *Heart problems*
- ✓ *Diabetes*
- ✓ *Joint pain*
- ✓ *High cholesterol*
- ✓ *Reflux*



Post - Operative Complications

- Overall: 16%
 - **Leak**
 - **Internal bleeding**
 - **Clots**
 - Stomal stenosis
 - Marginal ulcer
 - Internal hernia
 - Incisional hernia
 - **Micronutrient deficiencies:**
 - Vitamins A, D, B1, B12,
 - Iron, Calcium, folate, protein
 - Mortality: 0.2%



Recovery and the Outpatient Clinical Pathway



- Follow up at 2 weeks, 6 weeks, 3 months, 6 months, 9 months, 12 months, 18 months, then annually
- Labs: vitamins, electrolytes, blood count, A1c
- Adjusting your medications as you lose weight
- Registered Dietitian close follow up
- Bone scan at 2 years



PATIENT AFTERCARE AND THE IMPACT ON WEIGHT LOSS

Surgical Options

Gastric Bypass, Sleeve

- **Permanent** anatomical change



Aftercare Program

Significant sustained response leads to recommended ***quarterly contact over 12-month program with MD. RD appointments are more often in the first 12 – 18 months post-op.***

Intra-gastric Balloon

- **Temporary** device, 6 month placement



Need for more contact points—***recommend 2 weeks after insertion and then once per month with RD for 12 months***

Intra-gastric Balloon Patient Care Protocol

12 Month Program



Supplements

- Bariatric specific multi with iron, folic acid, B12, B1, vitamin D 3, etc. Meets ASMBS recommendations.
- Chewable calcium citrate for bypass and carbonate for sleeve.
- Daily iron for those with history of anemia.



Bariatric Program Checklist



LAST: _____ FIRST: _____

DATE OF INFO SESSION: _____ LAST 4: _____

SURGICAL EVALUATION SURGEON: _____

NAVAL MEDICAL CENTER SAN DIEGO BARIATRIC SURGERY BARIATRIC PROGRAM CHECKLIST

Pre-Surgical Evaluation – Bariatric Info Session

Need	Done		Age: _____ F M	Location
X		1. Nutrition Consultation – registration required 2 hour group class. Arrive 10 minutes early to be weighed. Bring completed questionnaire.		General surgery clinic Bldg. 3, 4th floor
X		2. Healthy Lifestyle Classes - registration required: 1.5 hr. class		virtual
X		3. Nutrition needs after bariatric surgery – registration required: 2 hr. class		virtual
X		4. Perioperative expectations – registration required: 1.5 hr. class		virtual
X		5. Attend 1 Support Group Meeting – Usually last Tuesday of the month. Check calendar: 2 hour meeting. Requires registration.		Virtual
		• 6 Month Weight Loss Management		
X		• Lose _____ pounds (10% Excess Body Weight)	Ht: _____ Wt: _____ BMI: _____ IBW: _____ EBW: _____ Waist: _____ Hips: _____	
X		• Start Written or On-Line Food Journal & Regular Physical Activity		
X		• Psychology Consultation ☐ Fax or email copy		See Provider List Below
X		• Pulmonary Consultation for Sleep Study ☐ Fax or email copy		
X		• PAP report current within 3 – 5 years (Females 21 years or >)		☐ Fax or email copy
X		• Mammogram report current within 1 year (Females 50 years or >)		☐ Fax or email copy
		• Colonoscopy (50 years or >) ☐ Fax or email copy		
		• Smoker: Yes or No **MUST STOP 3 – months before surgery and never start again -		Date Quit: _____

Surgical Evaluation – Consultation with Surgeon after Pre-Surgical Evaluation Completion

Need	Done	AS INDICATED FOR INDIVIDUAL PATIENT	Location
		• Upper GI Study	Radiology – Bldg. 1, Deck 2
		• Gallbladder Ultra-Sound	Radiology – Bldg. 1, Deck 2
		• Chest X-Ray	Radiology – Bldg. 1, Deck 2
		• Blood and urine test (12 hour fasting) ☐ Nicotine Panel	Laboratory – Bldg. 1, Deck 3
		• H. Pylori ☐ Neg ☐ Pos - Abx Tx: _____ Stool Test: _____	Laboratory – Bldg. 1, Deck 3
		• EGD (Upper Endoscopy) ☐ Fax or email copy	Gen Surgery Clinic – Bldg. 3, Deck 4
		• Internal Medicine Consultation	Int. Med. Clinic – Bldg. 3, Deck 3
		• Cardiology Consultation or Echocardiogram	Cardiology Clinic – Bldg. 3, Deck 3
		• Pulmonary Consultation	Pulmonary Clinic – Bldg. 3, Deck 3
		• Read & Sign Bariatric Consent & Contract – RETURN @ Pre-Op appointment	
		• Pre-Op Date: _____	
		• Surgery Date: _____	☐ OSA ☐ OSA w/CPAP use
		• Surgery will be scheduled when ALL Pre-Op requirements are completed	

Long- Distance Patients



- Before Surgery
 - Expect at least 4 visits to NMCSO
 - Info Session & Initial Nutrition Consult
 - Coordinated with proper advanced planning
 - Education Classes 1&2
 - Surgical evaluation with surgeon in-person
 - Pre-operative visit/OR day
- After Surgery
 - Stay local until 2 week follow-up appointment with MD and RD
 - Return for 12 week post op appointment with MD and RD



Naval Hospital Camp Pendleton

*Established North
Campus Program*

- To be eligible, you must be a lower risk patient
 - BMI less than 50
 - Less than 60 years of age
 - No significant comorbidities
- Sleeve gastrectomy
- Gastric bypass



Patient/ Provider Letter



BARIATRIC SURGERY PROGRAM

SERVICE - PROFESSIONALISM - TEAMWORK - RESPECT - COMPASSION

Dear Patient and Provider,

We received a referral from your provider regarding your interest in Bariatric (weight loss) surgery. An enduring alliance with your Primary Care Provider (PCP) will serve as a key role in your success. This guideline contains useful information necessary to proceed with Bariatric Surgery at Naval Medical Center San Diego. Please note these guidelines/requirements are based on the National Institute of Health¹ and Clinic Practice Guidelines.²

Our Mission

We provide a multidisciplinary team approach centered on patient care that focuses on education and healthy lifestyle changes. Our program, started in 2004, has grown to a high volume center with our main goal of assisting patients to lose weight long term with minimized risks. Please refer to the following website for more details:

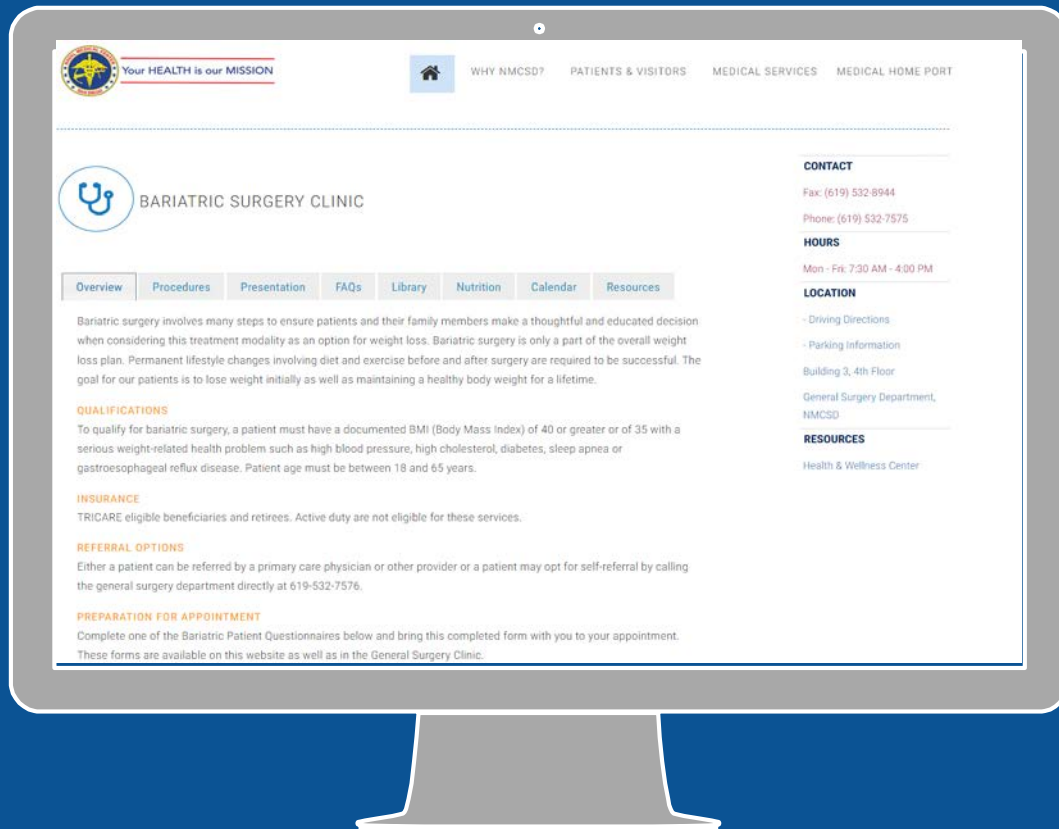
<http://www.med.navy.mil/sites/nmcscd/Patients/Pages/Bariatric.aspx>.

Stay connected!

Find us on our website! Go
to

<https://www.med.navy.mil/sites/nmcscd/Pages/Care/Bariatric-Surgery-Clinic.aspx>

to find more information!



Next step for virtual appointments

- Bring completed questionnaire to general surgery clinic (NMCSD Bldg 3, 4th floor) Monday through Friday anytime from 0800 to 1430.
- When you come in your height, weight, waist and hip measurements will be obtained.
- You will be then provided with your check list.
- Referrals to nutrition clinic and sleep study will be placed within three days of you turning in your questionnaire.



Thank you.

We're in this together!

