



**PATIENT EDUCATION**

## **Bariatric Program**

OSF HealthCare Saint Francis Medical Center  
& Peoria Surgical Group

Information Meeting





# TABLE OF CONTENTS

Important Program Contacts. . . . .	1
Bariatric Surgery and the Control of Obesity: Informational Meeting Notes . . . . .	2-3
Surgical Weight Loss Options and Changes from Surgery . . . . .	4-5
Do I Qualify for Weight Loss Surgery? . . . . .	6
Body Mass Index Table . . . . .	7
Notes . . . . .	8
Bariatric Program Commitment Pledge . . . . .	9



# IMPORTANT PROGRAM CONTACTS

## **OSF HealthCare Saint Francis Medical Center – RiverPlex**

600 NE Water Street

Peoria, Illinois 61603

Program Main Phone Number: **(309) 282-1600**

Fax: (309) 282-1609

**Services:** Initial Weight Management Consultation  
Nutrition & Exercise Education  
Support Groups

## **Peoria Surgical Group**

Illinois Medical Center

1001 North Main Street, Suite 300

Peoria, Illinois 61606

Phone: **(309) 495-0200**

**Services:** Appointment Scheduling with Surgeon  
Insurance Approval Assistance  
Pre-Operative Classes  
Post-Operative Follow-up

## **OSF HealthCare Saint Francis Medical Center**

530 NE Glen Oak Avenue

Peoria, Illinois 61637

Main Number: **(309) 655-2000**

# BARIATRIC SURGERY AND THE CONTROL OF OBESITY: INFORMATIONAL MEETING NOTES

## WHAT IS OBESITY?

- A life-long, progressive, life-threatening, costly, genetically related, multi-factorial disease of excess fat storage.
- A leading cause of preventable death.
- Impacts every system in the body and leads to other illnesses.

## WHAT ARE THE SUCCESS RATES OF VARIOUS WEIGHT LOSS TREATMENTS?

- Conventional (diet, exercise, behavior modification, anti-obesity drugs)
  - 2% to 5% success rates of sustained weight loss in obese population at 5 years.
  - 1% success of sustained weight loss for the morbidly obese population.
- Surgical therapy (weight loss surgery)
  - 50% success rate at 16 years
  - Surgery is currently the most effective treatment for the severely obese patient

## TREATMENT FOR MORBID OBESITY:

- Surgery is only a TOOL, not magic! Your motivation and commitment dictate your success. Surgery alone will not do the trick.
- A PROGRAM facilitates success
  - Pre-surgical & Post-surgical counseling
  - Nutritional counseling
  - Exercise and Weight Management Programs
  - Psychological evaluations & counseling
  - Support groups
  - Patient for life
- Must be dedicated to a life-style change and lifetime follow-ups.

## QUALIFICATIONS FOR SURGERY:

- BMI >35 with medical conditions or >40 without medical conditions
- Medical conditions include: high blood pressure, diabetes, obstructive sleep apnea
- Age 70 or younger
- Healthy enough to undergo a major operation
- Failed attempts at medical weight loss
- Understands surgery and risks
- Absence of smoking, drug use, and alcohol problems
- No uncontrolled psychological conditions
- Consensus by multi-disciplinary team

# BARIATRIC SURGERY AND THE CONTROL OF OBESITY: INFORMATIONAL MEETING NOTES (continued)

## WHAT ARE THE DIFFERENT TYPES OF SURGICAL PROCEDURES?

- **Malabsorptive**—changes the basic stomach anatomy and bypasses a portion of the small intestine
  - **Biliopancreatic Diversion with Duodenal Switch**
    - Possible 60-70% excess weight loss—most of all procedures
    - The best surgical treatment for reducing other medical illnesses
    - Increases risk of gallbladder problems, protein malnutrition, anemia and bone disease.
    - Must take vitamin supplements for life
    - Side effects of abdominal bloating, foul-smelling stool or gas may occur.
    - 2–3 day hospital stay
  - **Restrictive**—Limits the size of the stomach without changing the basic anatomy
    - **Sleeve Gastrectomy**
      - Risk of nutrient/vitamin deficiency.
      - Must take vitamin supplements for life.
      - 1-3 day hospital stay
  - **Restrictive and Malabsorptive**—combination of the two
    - **Roux-en-Y Gastric Bypass**
      - Rapid initial weight loss with possible 60-70% excess weight loss.
      - Stomach stapling and intestinal re-routing required
      - Risk of nutrient/vitamin deficiency, must take supplements for life
      - Increased risk of gallbladder problems, intestinal ulcers, and dumping syndrome
      - 1-2 day hospital stay

## ARE THERE ANY RISKS?

- As with any surgical procedure, risks may include, but are not limited to: death, bleeding, blood clots, infection, leak, dumping, ulcers, strictures, bowel obstruction.

## WEIGHT LOSS SURGERY OUTCOMES:

- 89% decreased risk of death (including 0.4% operative mortality)
- 67% long-term loss of excess body weight
- 45% reduction in total health care costs (including cost of surgical procedure)
- 50% reduced hospital days
- 86% of diabetes resolved or improved
- 70% of hyperlipidemia improved
- 78.5% of hypertension resolved or improved
- 83.6% of sleep apnea resolved or improved
- 400% reduced incidence of cancer


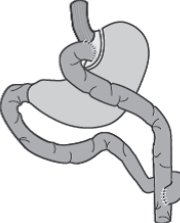

## HOW DO I KNOW WHICH PROCEDURE IS RIGHT FOR ME?

When you meet with your surgeon for the initial consultation, he will discuss the procedure that would be best for you. Factors to be considered are your age, any other health risks you may have, the amount of weight you would like to lose, and changes that will need to occur with your lifestyle. You may wish to involve family and friends in the discussion and decision. The final decision is a mutual one between you and your surgeon. You can do it!

# SURGICAL WEIGHT LOSS OPTIONS AND CHANGES FROM SURGERY

## HOW DIGESTION WORKS NORMALLY:

- Stomach breaks food into smaller sizes. The food moves into the small intestine.
- Small intestine takes in calories and nutrients that your body needs. These are protein, carbohydrates, and fats.
- The large intestine reabsorbs vitamins and water. It leaves waste to pass as stool

Surgery	Duodenal Switch: (D.S.) Biliopancreatic Diversion with Duodenal Switch	Roux-En-Y Gastric Bypass (Gastric Bypass)	Gastric Sleeve
<p><b>Surgery Changes:</b></p> <p>All surgeries make a smaller stomach. You will eat less food and calories. This can cause weight loss.</p>			
<p><b>Digestion Changes</b></p>	<p><b>With D.S. Surgery:</b></p> <ul style="list-style-type: none"> <li>• The stomach is formed into a sleeve.</li> <li>• The duodenum (first part of the small intestine) is stapled.</li> <li>• The lower part of the small intestine is brought up and attached to the stomach.</li> <li>• Much of the small intestine is no longer part of the digestion process.</li> <li>• Enzymes that normally come from the pancreas and gall bladder are routed to further down in the small intestine, so less fat and calories can be absorbed.</li> </ul>	<p><b>With Bypass surgery:</b></p> <ul style="list-style-type: none"> <li>• The stomach is stapled to make a smaller pouch.</li> <li>• A part of the intestines is attached (most often stapled) to the small stomach pouch.</li> <li>• Since the stomach is much smaller, it cannot break the food into smaller pieces and so less calories can be absorbed.</li> <li>• The first part of the small intestine is disconnected so less calories and nutrients are taken in.</li> </ul>	<p><b>With Gastric Sleeve Surgery:</b></p> <ul style="list-style-type: none"> <li>• The stomach is formed into a sleeve.</li> <li>• This does not change the digestion process. There is no detachment or re-routing.</li> </ul>
<p><b>Vitamins to Take for LIFE</b></p>	<p><b>You will need:</b></p> <p>Vitamins A, B1, B12, C, D, E, K, Calcium and Iron</p>	<p><b>You will need:</b></p> <p>Multivitamin, Calcium, Vitamins B1, B12, C, and Iron</p>	<p><b>You will need:</b></p> <p>Multivitamin, Calcium, Vitamins B1, B12, C, and Iron</p>



## SURGICAL WEIGHT LOSS OPTIONS AND CHANGES FROM SURGERY (continued)

Surgery	Duodenal Switch: (D.S.) Biliopancreatic Diversion with Duodenal Switch	Roux-En-Y Gastric Bypass (Gastric Bypass)	Gastric Sleeve
<b>Positive Effects</b>	<p><b>The D.S. surgery causes:</b></p> <ul style="list-style-type: none"> <li>• Less food goes into the stomach.</li> <li>• Will not let many nutrients into the small intestine to be taken in.</li> <li>• Need to eat much smaller amounts at a time. You need to drink more fluid.</li> </ul>	<p><b>The Roux-En-Y Gastric Bypass causes:</b></p> <ul style="list-style-type: none"> <li>• Less food goes into the stomach.</li> <li>• The small intestine will take in some nutrients. There are fewer problems with vitamins that need to be taken in with fat.</li> <li>• Need to eat much smaller amounts at a time. You need to drink more fluid.</li> </ul>	<p><b>The Gastric Sleeve causes:</b></p> <ul style="list-style-type: none"> <li>• You eat less food. Your body draws on its own fat to get the energy it needs.</li> <li>• Digestion process does not change.</li> </ul>
<b>Possible Negative Effects</b>	<p><b>The D.S. surgery can cause:</b></p> <ul style="list-style-type: none"> <li>• Gas and explosive diarrhea if you eat the wrong types of food.</li> <li>• You need to follow diet and vitamin directions completely. You may have problems if you don't.</li> </ul>	<p><b>The Roux-En-Y Gastric Bypass can cause:</b></p> <ul style="list-style-type: none"> <li>• Dumping syndrome with some foods.</li> <li>• Vitamin and diet plans must be followed closely to prevent vitamin related problems.</li> </ul>	<p><b>The Gastric Sleeve can cause:</b></p> <ul style="list-style-type: none"> <li>• Stomach can re-stretch.</li> <li>• Weight gain more possible than the other surgeries.</li> </ul>
<b>Food and Drinking Fluid Changes For Life:</b>	<p>High Protein Healthy Fats 3 Small meals (3-4 ounces at a time)</p>	<p>High Protein Healthy Fats 3 Small meals (5-6 ounces at a time)</p>	<p>High Protein Healthy Fats 3 Small meals (3-4 ounces at a time)</p>

### Do you want to learn more?

Please visit the American Society for Metabolic and Bariatric Surgery Patient Information Resources.

Go to <http://asmb.org/patients/bariatric-surgery-procedures>

# DO I QUALIFY FOR WEIGHT LOSS SURGERY

**MY BMI IS \_\_\_\_\_ .**

Use the BMI (Body Mass Index) chart on the next page to figure out your BMI.

- If your BMI is between 35-39 you must have at least one of these medical conditions to qualify for weight loss surgery:
  - High Blood Pressure
  - Diabetes
  - Obstructive Sleep Apnea
- If your BMI is between 40-60, with or without medical conditions you qualify for weight loss surgery.
- If your BMI is greater than 60, you do not qualify for weight loss surgery. You will need to lose weight, reduce your BMI to less than 60, to qualify.

If you do not qualify for weight loss surgery, OSF HealthCare has many medical weight loss programs that can help you. Please contact the OSF HealthCare Weight Loss Center at the OSF HealthCare RiverPlex to schedule an appointment (309) 282-1600.

# BODY MASS INDEX TABLE

BMI	Normal										Overweight										Obese										Extreme Obesity																							
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
Height (inches)	Body Weight (pounds)																																																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	267																	
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267																		
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																		
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285																		
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295																		
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304																		
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314																		
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324																		
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334																		
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344																		
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354																		
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365																		
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376																		
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386																		
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397																		
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408																		
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420																		
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431																		
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																		

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.





PEORIA SURGICAL GROUP, LTD.  
 1001 Main St – 3<sup>rd</sup> Floor  
 Peoria IL 61606  
 (309) 495-0200

**SURGICAL WEIGHT LOSS CENTER OF EXCELLENCE**

**Bariatric Program Commitment Pledge**

I, \_\_\_\_\_ (DOB) \_\_\_\_\_ will,

- Start & continue a diet plan / healthier eating. At least \_\_\_\_\_ months needs to be medically supervised.
- Attend all educational classes and at least 1 support group before surgery.
- Start & continue an exercise program which should include at least one of the following:  
 Walking ½ block – ½ mile    Treadmill    Gym    Stationary Bike  
 Water exercise                      Yoga            Exercise class or video    Weight Training    **OTHER**
- Continue to receive medical care for pre-existing / current diseases with your primary care provider or other specialist(s). (Primary care provider, OB/GYN, Mental health providers, Orthopedics, etc.)  
 Including all follow up appointments and all medication refills/rechecks they currently prescribe (especially anti-depressants, anti-anxiety or any other psychological disorder medications).
- Stop all nicotine & tobacco products at least 2 months before surgery, if applicable

Add these guidelines AFTER SURGERY:

- Attend all follow up appointments with your surgeon or APN at 7-10 days, 1 month, 3 months, 6 months, 12 months, and **yearly for life**. This is important to detect nutritional complications. This will also help you and your physician monitor your progress.
- Follow the prescribed nutrition and exercise program (which includes but is not limited to); 5 Life-long habits for surgical success (Daily recommended - Water, Protein, Fiber, Vitamins intake and continued Exercise).
- Routinely have your lab-work drawn at 6 months, 1 year and **yearly for life**. This is will help detect possible vitamin / nutritional deficiencies.
- Avoid pregnancy for 12 to 18 months (For female patients that have not had a hysterectomy.), if applicable
- Continue to attend and participate in support groups after surgery:  
 Face to face support groups    – OR –    Online support groups

---

I have read and understand my responsibilities to help make this a successful journey to a healthier self.

**THIS WILL BE READ & SIGNED AT YOUR INITIAL APPOINTMENT WITH THE SURGEON**

---

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE\*\* Account(s) with Peoria Surgical Group & Dr. McClure MUST have a balance of \$0.00 prior to surgery being performed. (This is for services completed prior to surgery).**

