



Meritus Bariatric Surgical Specialists Bariatric Surgery Information Session

OFFICE INFORMATION

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PRACTICE INFORMATION

Providers:

- Dr. Mohammad Jamal, M.D., Medical Director
- Dr. Brian Cantor, M.D.
- Cheryl Frushour, R.D., LDN, Clinical Coordinator
- Hannah Dinterman, R.D., LDN



HOSPITAL INFORMATION



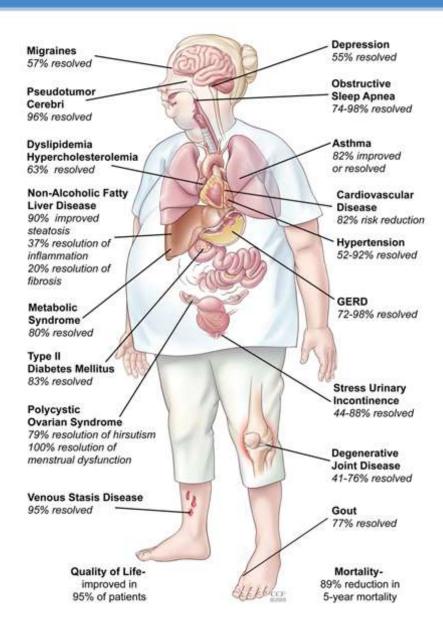
- Surgery performed at Meritus Medical Center.
- Accredited for over 12 years through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) to ensure high-quality care for bariatric surgical patients.
- Designated by: AENTA as an Institute of Quality (IOQ),
 CareFirst as a Blue Distinction Centers + (BDC) and Optum
 BRS Center of Excellence.

WHY WEIGHT LOSS SURGERY?

- Weight loss surgery is shown to be the most effective and durable treatment for morbid obesity.
- Results in significant weight loss and helps prevent, improve or resolve obesity related diseases or conditions including type 2 diabetes, heart disease, obstructive sleep apnea, acid reflux and high blood pressure.
- Lowered rate of death due to significant improvement in those diseases that are caused or worsened by obesity.



OBESITY RELATED MEDICAL CONDITIONS





TYPES OF WEIGHT LOSS SURGERY

Restrictive and Mal-absorptive

- Laparoscopic Gastric Bypass
 - Stomach reduced to size of a walnut and then attached to middle of small intestine, bypassing a section of the small intestine (duodenum and jejunum). Limits absorption of calories and restricts the amount of food that can be consumed by the body.

Restrictive

- Laparoscopic Sleeve Gastrectomy
 - Stomach divided and stapled vertically, removing more than 85%, creating tube or banana-shaped pouch restricting amount of food that can be consumed and absorbed by the body.
- Laparoscopic Adjustable Gastric Band (not offered at Meritus)
 - Adjustable silicone band filled with saline wrapped around upper part of stomach, creating small pouch that restricts food intake.



SURGERIES PERFORMED AT MERITUS

Robotic laparoscopic gastric bypass.

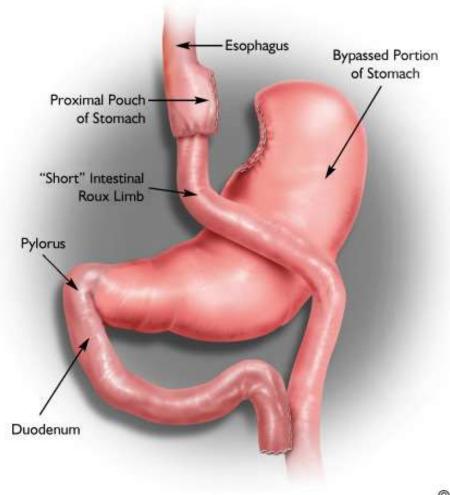
Robotic laparoscopic gastric sleeve.

• Laparoscopic revisions (possible robotic).



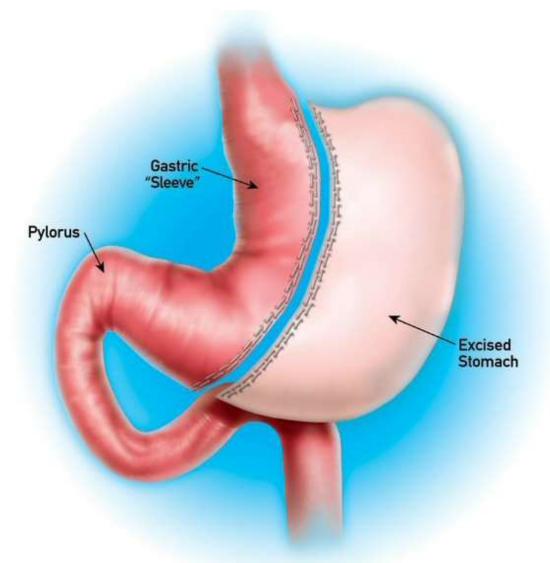
GASTRIC BYPASS

Roux-en-Y Gastric Bypass





GASTRIC SLEEVE





LAPAROSCOPIC SURGERY:

Laparoscopic surgery leads to:

- Easier pain control.
- Fewer cardiopulmonary complications.
- Fewer wound complications.
- Earlier ambulation.
- Quicker recovery.



WEIGHT LOSS SURGERY OUTCOMES

Data:

 Studies show patients typically lose the most weight 1 to 2 years after surgery and maintain substantial weight loss with improvement in obesity-related conditions.

- Patients may lose as much as 60% of excess weight 6 months after surgery and 77% of excess weight as early as 12 months after surgery.
- On average, 5 years after surgery, patients maintain 50% of their weight loss.



FACTORS FOR WEIGHT LOSS SUCCESS

3 Factors for a success:

- 1. Compliant and cooperative.
- 2. Compliant with a diet program (pre and post operatively).
- 3. Compliant with an exercise program.



QUALIFYING FOR SURGERY

Program Criteria:

- BMI equal to or greater than 40.
- BMI 35-39 with health issues such as diabetes, sleep apnea, fatty liver or uncontrolled high blood pressure.

**Your bariatric surgeon will make the final decision if you are a true candidate for bariatric surgery based on your entire medical history.



HOSPITAL STAY

Hospital stay:

- 1-2 nights
- Bypass patients released from hospital with drains, removed approximately 5-6 days later in the office.



POST OP RESTRICTIONS

Restrictions after surgery:

- 2 6 weeks off work:
 - Sedentary job minimum of 2 weeks off.
 - Physical job approximately 4-6 weeks off.
 - CANNOT return to work if not consuming minimum of fluids and proteins after surgery.
- Weight limit restrictions for minimum of 1 month:
 - No lifting over 10lbs for weeks 1-4.
 - No lifting over 50lbs for weeks 4-6.
- No driving 7 days post op or longer if on pain medication.
- No flying for 4 weeks.
- No long distance driving for 2 weeks with additional restrictions after 2 weeks.



DIET PRINCIPLES AFTER SURGERY

Post eating instructions:

- Diet progression (Clear liquids, full liquids, soft foods..).
- Portion controlled meals.
- High protein diet 60 grams/day.
- Minimum 3 meal/day.
- 2-3 protein supplements (shakes).
- Plenty of fluids 64oz/day.
- Avoid carbonation.
- Chew all meals slowly.
- Avoid using straws.
- Avoid drinking with meals.



LIFELONG SUPPLEMENTS

Vitamins after surgery:

- Multivitamin with iron
- B12 (500 mcg)
- Extra iron (Ferrous Sulfate) 325 mg
- Chewable calcium (600 mg) with Vitamin D



POST SURGICAL PHYSICAL ACTIVITY

Minimum requirements:

- 200 minutes of physical activity per week.
 - Example: 30 minutes brisk walking every day, 5x/week or equivalent.
- Start slow build up pace!
- Develop a regimen during your nutritional counseling.

Sample activities:

Water aerobics Join a gym

Stationary bike therapy

Pilates

Chair exercises

Physical



BEHAVIORAL CHANGES BEFORE SURGERY

Changes that need to be made prior to surgery:

- <u>STOP SMOKING/VAPING/CHEWING 3 MONTHS</u> <u>BEFORE SURGERY!</u>
 - Includes all nicotine products, Non Nicotine products and Marijuana.
 - Why? Continued use may lead to:
 - 1. Impaired wound healing.
 - 2. Ulcers
 - 3. Impaired respiratory status.
 - 4. Overall health concern.



SURGERY PROCESS

Information Packet Reviewed Online, by Mail or Email

Complete Online Acknowledgement and/or Return Patient Questionnaire

Benefits Verified

Information Session by Phone

Initial Visit/Surgical Consultation with Surgeon

Complete Insurance Requirements

Complete Specialty Clearances

Insurance Pre-Authorization

Pre-op Visit/Class

Surgery



INSURANCE INFORMATION

Normal requirements include:

- 3-6 month supervised diet with the Dietitian.
- Psychological Evaluation
- Nutrition Evaluation
- Letter of medical necessity/recommendation by your Primary Care Physician.
- Previous diet attempts.



FINANCIAL INFORMATION

What to know about financial obligations:

- All deductibles, co-insurance and copay amounts are due by the day of surgery.
- Meritus Financial Aid does NOT cover any services, in the office or at Meritus, related to weight loss surgery.
- Always keep us updated with insurance changes.
- All visit balances (diets and provider) must be paid prior to surgery.



APPROXIMATE SELF PAY FEES

What you pay out of pocket in addition to surgical fees:

• Dietitian visits:

✓ 1 st visit	\$60-\$90
✓ Monthly after 1 st visit	\$30
✓ Pre-op class	\$30

- Supplements:
 - Approximate vitamin costs per month:

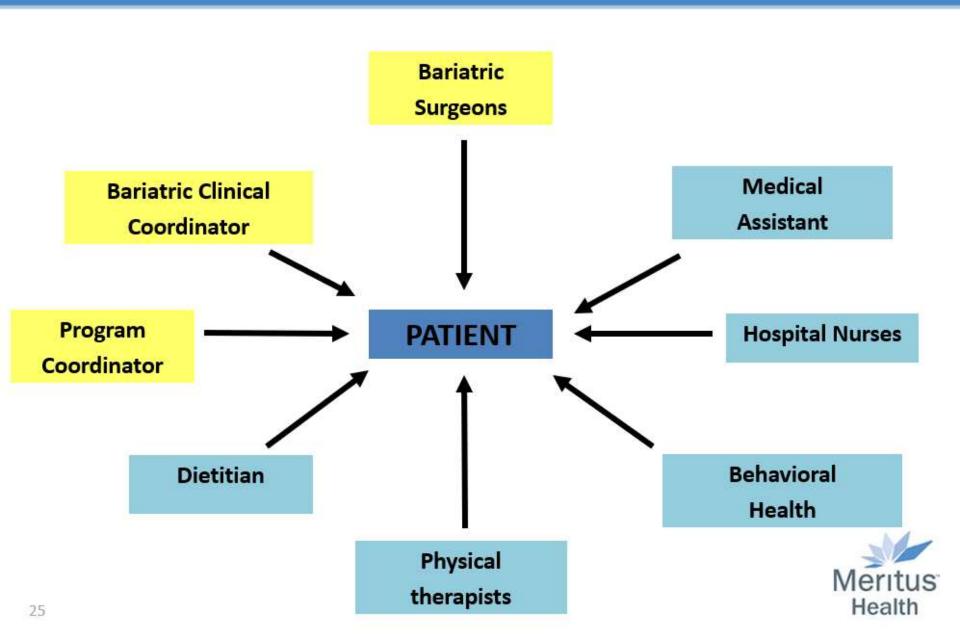
✓ Multivitamin	\$7.50
✓ B12	\$5
✓ Calcium Citrate	\$5.25-\$21

Approximate protein costs per month:

✓ 1 st 6 months	\$66-\$131
✓ Months 6-12	\$39.60-\$101.50



MULTIDISCIPLINARY TEAM APPROACH



NEXT STEPS

- Click on the link on the next slide (if reviewing online) and complete the acknowledgement form (green box).
- Create a Meritus Mychart account if you do not have one. Include or update (if you have an account) all demographic and insurance information.
- Complete the patient questionnaire which can be emailed or mailed to you, print it from our website and return to our office or it can be sent through Mychart.
- 4. Benefits will be checked and reviewed with you (by phone) by the Program Manager/Coordinator once the questionnaire or online acknowledgement is received.
- 5. Initial visit/surgical consult will be scheduled.



THANK YOU!

Thank you for choosing Meritus Bariatric Surgical Specialists and we look forward to working with you on a road to a healthier you.

