



A guide for bariatric surgery patients

The Bariatric Center at Bryn Mawr Hospital
MOB North | Suite 300
830 Old Lancaster Road | Bryn Mawr, PA 19010

Main Line Health Center in Broomall
Lawrence Park Shopping Center
1991 Sproul Road | Suite 625 | Broomall, PA 19008

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Exton Square Mall
153 Exton Square Parkway | Exton, PA 19341

484.476.6230
mainlinehealth.org/weight

For completed forms ONLY:

484.592.0132 (fax)
bariatrics@mlhs.org (email)

ABOUT BRYN MAWR HOSPITAL

Bryn Mawr Hospital, a member of Main Line Health, is a not-for-profit, acute care teaching hospital dedicated to helping the community stay well ahead on the path to lifelong health. Bryn Mawr Hospital has been ranked year after year by *U.S. News & World Report* as one of the top hospitals in the Philadelphia region.

Bryn Mawr Hospital has earned Magnet® designation for the third time for its superior nursing staff. Bryn Mawr Hospital's NeuroCardiac Intensive Care Unit (NCICU) has also received the 2015–2018 American Association of Critical-Care Nurses (AACN) Silver-level Beacon Award for Excellence for the second time and its Intensive Care Unit received the Silver-level Beacon Award for Excellence 2016–2019 for the second time. The National Institutes of Health Commission on Cancer has accredited our Cancer Center, and our Comprehensive Breast Center has been accredited by The Joint Commission and the National Accreditation Program for Breast Centers.



**Bryn Mawr Hospital –
Metabolic and Bariatric
Surgery Accreditation and
Quality Improvement Program
(MBSAQIP) Accredited –
Comprehensive Center**

Bryn Mawr Hospital has earned the MBSAQIP Accredited – Comprehensive Center designation from the American Society of Metabolic and Bariatric Surgery (ASMBS) for delivering safe, high-quality care for bariatric surgical patients. Accreditation follows a rigorous review process during which a bariatric surgical center proves that it can consistently deliver safe, effective, evidence-based care and standards of practice.



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Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's insurance coverage, contact your local Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

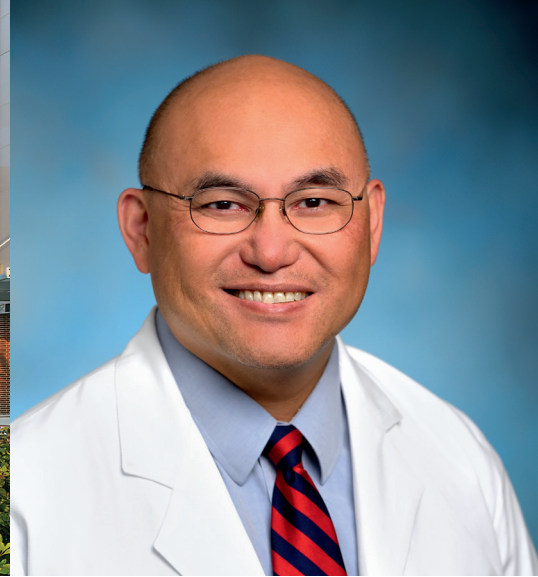
Designated
Independence  **Blue Distinction.**
Center
Bariatric Surgery





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Welcome

Congratulations on taking the first step towards your new healthier life. The Bariatric Center at Bryn Mawr Hospital has created a comprehensive weight loss program designed to help you achieve long-lasting weight reduction and therefore improve your overall health and increase your longevity. We offer the following to our prospective patients:

- Expert coordinated care from our team of health care professionals and surgeons before and after surgery
- Complete psychological evaluation by specialists trained in bariatric needs
- Dietary evaluation by a registered dietitian
- Detailed exercise evaluation and program development
- Caring physicians who are closely and directly involved with your care throughout the entire preoperative evaluation and operative experience

FIND OUT ABOUT INSURANCE COVERAGE

It is important for you to contact your insurance company to determine if this surgery is a covered benefit. Your insurance company can also tell you what is specifically required in order for your procedure to be covered by insurance. Some insurance plans require you to participate in a health provider-supervised diet for three to six consecutive months, and to provide specific documentation before you can be approved for bariatric surgery. Some insurance companies will only cover bariatric services with a health care rider (exclusion) to your existing health insurance policy.

If your insurance plan does not cover bariatric procedures, a self-pay package (using either cash or financing) is available with our hospital. Please contact us for further details.

LEARN AS MUCH AS YOU CAN ABOUT WEIGHT LOSS SURGERY

You should do as much reading and research as possible before making a decision to proceed with surgery. Weight loss surgery is not for everyone who is overweight, but is recommended for those patients whose health is affected by obesity or who have failed to lose weight by any other means. Surgical weight loss procedures are valuable tools to help you lose weight and become healthier, but these procedures must be combined with proper diet and exercise in order to succeed.

GATHER YOUR NOTES AND RECORDS

Before your first appointment with us:

- Ask your primary care physician for copies of office notes related to weight loss.
- Request copies of all records from specialists you have seen in the last year.
- Get copies of any commercial diet or weight loss program in which you've participated as well as any receipts for payment for those diets or programs.
- Bring copies of these and all health care history forms to your first appointment.
- Obtain a referral from your primary care physician if your insurance requires one.

Please also record your current weight with a health care provider to document your maximum weight. Be honest and open about all eating habits, eating disorders, addictions and current level of exercise. These will have a direct impact upon your outcome and success.

MAKE YOUR FIRST APPOINTMENT

If you've decided that weight loss surgery might be right for you, please call 484.476.6230 for an appointment.

PREPARING FOR YOUR FIRST APPOINTMENT

Please be sure to complete your **health information packet** before arriving for your first appointment. You can bring the completed packet with you or submit it in advance. See the cover sheet of the packet for details.

If you need help completing the information packet, bring it along to your first appointment and one of our staff will assist you.

The forms in this packet will be used by all of our specialists to avoid unnecessary duplication.

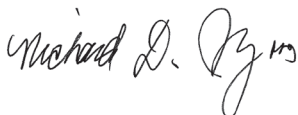
Our program fee of \$200.00 will be collected at your initial appointment. Once you have paid, we will be able to schedule your bariatric clinician appointments with our team.

Note: Once you have started in our program, this fee becomes non-refundable.

Appointments with specialists can take a great deal of time and should be made as soon as possible. We prefer that you see one of our recommended providers. These are health care professionals who focus their evaluations on bariatric needs.

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Sincerely,



Richard D. Ing, MD, FACS, FASMBS

Meet our experienced team



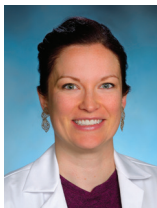
Medical director/bariatric surgeon

Richard D. Ing, MD, FACS, FASMB is a MBSAQIP-accredited surgeon who has performed over 1,300 bariatric procedures during his more than 12 years in practice. He is board-certified in general surgery and is a Fellow of the American Society for Metabolic and Bariatric Surgery. One of the first surgeons in the United States to complete a fellowship in advanced laparoscopic surgery, he is a leader in the introduction of minimally invasive bariatric procedures, such as gastric sleeve and duodenal switch procedures, as well as gastric bypass, to the Delaware Valley.



Bariatric surgeon

Samantha Witte, MD is board-certified in general surgery with fellowship training in minimally invasive metabolic and bariatric surgery. Dr. Witte has expertise in open, laparoscopic, and robotic approaches to bariatric surgery. She performs most bariatric procedures using the minimally invasive approach, including gastric sleeve and Roux-en-Y gastric bypass, as well as the emerging endoluminal/endoscopic techniques.



Certified registered nurse practitioner

Victoria McKenna, CRNP specializes in care for patients through the bariatric and weight loss journey, including surgery.



Bariatric program manager

Michele I. Radaszewski, RN, MS, CBN has more than 25 years of experience coordinating surgical care at Bryn Mawr Hospital. She facilitates all aspects of bariatric patient care.



Registered dietitians

Stacey Weatherbee, RD, LDN is trained in the nutritional needs associated with weight loss, diabetes and cardiovascular disease.



Christine Hurley, RD, LD, CDE has more than 15 years of experience in the nutritional needs associated with weight loss, diabetes and cardiovascular disease.



Database coordinator

Stephanie Rozick, LPN is a licensed practical nurse, experienced in working with bariatric patients. She works with patients to help them navigate through each step of the program's requirements.

Certified exercise physiologists

Specialize in establishing safe exercises and increasing mobility of patients



Tyler Hoeflinger
MS, CEP



Joe Roscioli
ACSM-CEP EIM-III

Clinical psychologist

Specializes in integrated behavioral health care and working with bariatric patients, and will meet with you to complete your bariatric surgery evaluation.

WELLNESS CENTER

Your physical well-being is key to your success. Our team will complete a comprehensive assessment of your health during your initial visit. We will introduce a plan for you to follow to help ensure long-term success and our team will continue to monitor your progress after surgery.

DEDICATED BARIATRIC FLOOR

At Bryn Mawr Hospital, we have a unit specifically designed to meet the needs of our bariatric patients. Our certified bariatric nurses and staff receive specialized training to better understand the clinical and emotional needs of each bariatric patient.



Obesity as a disease

Obesity is the excessive accumulation of fat that exceeds the body's skeletal and physical standards. The American Society for Metabolic and Bariatric Surgery (ASMBS) defines obesity as "a lifelong progressive, life-threatening, costly, genetically related, multi-factorial disease of excess fat storage."

FACTS ABOUT OBESITY IN THE UNITED STATES:

- Obesity is the #2 cause of preventable death.
- About three in five Americans are considered overweight.
- There are about 400,000 deaths each year related to obesity.
- People with morbid obesity tend to die 10 to 15 years earlier than non-obese people.

HEALTH RISKS ASSOCIATED WITH OBESITY AND EXCESS WEIGHT (COMORBID CONDITIONS)

Obesity is directly associated with a number of health risks that adversely affect a patient's life. Some of the more serious health problems related to excess weight include:

- Asthma
- Cancer
- Cardiac disease
- Depression
- Diabetes
- Hypertension
- Infertility
- Joint disorders
- Liver disease
- Sleep apnea
- Stroke

Recent studies have shown that weight loss can result in significant and dramatic reversal of many of these disease processes, including either reducing or even eliminating the need for many of the medications and machines required to treat these illnesses.

“The biological basis for morbid obesity is unknown, though recent work has demonstrated a genetic component of between 25 and 50 percent, and several studies confirm the influence of genetically determined proteins produced by the fat cell, which have a place in the control of satiety (feeling of fullness). This confirms that morbid obesity is a disease, not a disorder of will power, as is sometimes implied. The physiologic, biochemical and genetic evidence is overwhelming that clinically morbid obesity is a complex disorder. Contributing causes are hereditary, environmental, cultural, socioeconomic and psychological.”

—ASMBS

Obesity as a disease

WORLD HEALTH ORGANIZATION CLASSIFICATION: BODY MASS INDEX (BMI)

- **19-24 BMI** ideal weight
- **25-29 BMI** overweight
- **30-34 BMI** moderate obesity
- **35-39 BMI** severe obesity
- **40-49 BMI** morbid obesity
- **>50 BMI** super morbid obesity

BODY MASS INDEX (BMI) TABLE

		Obese					Morbidly Obese														
BMI		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		167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59		173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60		179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61		185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62		191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63		197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64		204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65		210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66		216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67		223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68		230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69		236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70		243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71		250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72		258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73		265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74		272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75		279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76		287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443



Treatments of obesity

Main Line Health's Comprehensive Weight and Wellness Program was established to address the disease burden of obesity in the Main Line Health community. The program provides expertise in all evidence-based medical and surgical approaches to achieving a healthy weight, with a focus on helping patients reduce obesity-related health risks, improve overall health and quality of life, and commit to a healthy lifestyle. The program is under the leadership of metabolic and bariatric surgeon Richard Ing, MD, and obesity medicine specialist Stephanie McKnight, MD.

Weight loss is beneficial for individuals with severe obesity to become healthier, live longer and prevent the onset of new, obesity-related health problems. Healthy weight loss can be achieved by two methods: medical weight loss and surgical weight loss.

Medical weight loss includes a number of treatments designed to help patients lose weight by taking control of their appetite, reducing their calorie intake and increasing their energy expenditure. Traditionally, this has included a variety of diets, nutritional replacements or supplements, and exercise. There have been a number of medications previously used to stimulate metabolism and these drugs have had varying degrees of success. Several holistic and behavioral therapies are also being developed to assist with weight loss. However, the mainstays of treatment continue to be proper diet and regular exercise.

SUCCESS WITH WEIGHT LOSS SURGERY

Some patients are under the mistaken impression that a bariatric procedure allows them to eat whatever they wish, or follow any lifestyle they choose. Patients with this type of thinking often fail to lose weight, or they regain the weight they had previously lost because they have not changed their behaviors.

Bariatric procedures help people to control their appetites. The procedures alone, however, will not help them make proper food selections, reduce their calorie intake or motivate them to continue with an exercise program. We consider bariatric procedures to be "tools" to help patients lose weight by limiting their appetite and reducing calorie intake. Patients must actively use the tool—the bariatric procedure—in combination with eating the proper foods, controlling portion size, and getting regular aerobic exercise, in order to lose weight after surgery.

Unfortunately, continuing old habits and routines will result in little or no weight loss, or regaining weight once it has been lost. The benefits of these procedures will be wasted without patient compliance (following orders exactly), as well as follow-up and participation using the support, education and resources provided.

Weight loss surgery is not for all patients who are overweight. It should be reserved for those who have failed to lose weight with dieting and exercise. A patient considering weight loss surgery must be committed to making lifelong changes in lifestyle and eating habits, including increasing the amount of daily exercise. Remember: Weight loss surgery does not give you permission to eat whatever you want!

OPTIONS FOR WEIGHT LOSS SURGERY

Digestive anatomy

In a normal, unchanged digestive tract, food that is swallowed passes from the mouth down into the esophagus. The esophagus is a long muscular tube that pushes food down into the stomach. The diaphragm is the muscle used for breathing, which separates the lungs from the abdomen. The opening in the diaphragm where the esophagus passes into the abdomen is called the hiatus. Enlargement of this opening is called a hiatal hernia, which is associated with heartburn.

The stomach holds about 1,000 milliliters of food in a single meal. In the stomach, food is mixed with acid and enzymes that assist in digestion. The stomach also helps to mechanically churn or grind up food. At the bottom of the stomach is a small muscle called the pylorus, which helps to keep undigested food in the stomach for further digestion before passing into the small intestine.

The small intestine is about 20- to 25-feet-long and is where most of the absorption of nutrients occurs. It is made up of three different segments called the duodenum, the jejunum and the ileum. In the duodenum, food is mixed with bile and other digestive juices to further break down food. It is also where iron and calcium are absorbed. The ileum is where vitamins A, D, E and K as well as other nutrients are absorbed.

After going into the small intestines, unabsorbed food passes into the colon where fluid is reabsorbed. This waste is transformed into stool (bowel movement) which is prepared for elimination.

Advances in bariatric surgery

Bariatric surgery was first performed in the 1960s, originally through large, open incisions (cuts) as with traditional surgical procedures. Recently, advances in surgery have led to improvements in the techniques, permitting these same bariatric operations to be performed as minimally invasive procedures through smaller incisions using fiberoptic cameras. These new surgical techniques have been shown to greatly benefit patients by allowing a faster recovery with less pain, fewer complications and a shorter hospital stay.

There are five types of bariatric procedures performed by the Bariatric Center at Bryn Mawr Hospital:

- **Laparoscopic (Roux-en-Y) gastric bypass (Lap RYGB)**
- **Laparoscopic vertical sleeve gastrectomy**
- **Duodenal switch**
- **Intragastric balloon**
- **Overstitch**

Each procedure has distinct advantages and disadvantages.

Laparoscopic (Roux-en-Y) gastric bypass (Lap RYGB) (Procedure RYGB 43644)

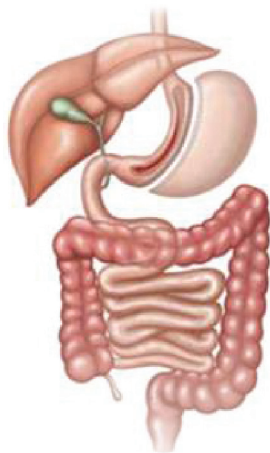
This is a procedure that helps patients lose weight in two ways. First, a smaller stomach pouch is created, causing a feeling of fullness after eating just a small amount of food. Second, the food bypasses the remaining section of the stomach and a portion of the intestines. This limits food absorption and reduces the number of calories the body takes in. This procedure also lessens the body's ability to tolerate foods that are high in sugar and fats. Because eating these foods will cause discomfort, patients quickly learn to avoid these types of foods, which further aids in weight loss. Good nutrition and vitamin supplements are an important part of the postsurgical plan for this option.



Laparoscopic vertical (sleeve) gastrectomy

(Procedure VSG 43775)

During this procedure, the stomach is restricted by stapling it and dividing it vertically. Eighty-five percent (the larger portion) of the stomach is then removed, leaving behind only a slim section. There is no bypass performed with this option; weight loss occurs through reduced intake of food.



Duodenal switch

(D.S. 43845)

The duodenal switch is a longer operation typically reserved for patients with BMI greater than 50. It offers the greatest amount of weight loss and the highest rate of improvement of comorbidities (medical conditions related to obesity). Patients are carefully selected for this procedure and are closely monitored long term.



Intragastric balloon

This is a more recent nonsurgical weight loss option. During this outpatient procedure a balloon is inserted into the stomach to provide a feeling of fullness. The patient then returns two weeks after the procedure for monitoring and again after six months to have the balloon removed. Our multidisciplinary team provides follow-up care and support for up to a year following surgery.

Overstitch or endoscopic revisional procedures

This is a procedure that reduces pouch size in patients who previously had gastric bypass surgery. This outpatient procedure (along with lifestyle support) can help patients get back on track.

QUALIFICATIONS FOR SURGERY

Who is a proper candidate for surgery?

Weight loss surgery should be reserved for those patients who are unable to lose weight by any other means.

Weight reduction surgery is for those patients with:

- Body mass index (BMI) >40
- BMI 35-40 with comorbid conditions (as previously listed)
- A clear understanding of the risks and benefits of weight reduction surgery
- A strong commitment to the postoperative patient obligations such as follow-up, diet and exercise

Women of childbearing age should **avoid pregnancy for at least 12 months** following the procedure.

Insurance requirements

You will undergo an evaluation process for insurance approval (see p.12 for details). Each patient should call his or her insurance carrier to determine coverage for bariatric procedures. Some carriers exclude bariatric procedures or require an extra rider (exclusion).

Many insurance carriers require documentation of medically supervised weight loss for three to six months. If your carrier requires this, please be prepared to provide these documents or to begin such a program. Our practice can help you fulfill these requirements for medically supervised weight loss.

We accept most insurance. Please check with the office for an updated list.



Getting started

WAYS TO GET STARTED

Your weight loss journey can begin in several ways.

[Call 484.476.6230 to schedule an appointment.](tel:484.476.6230)

[Attend an in-person seminar.](#)

[Attend an online webinar.](#)

[Watch an online seminar.](#)

For all seminars or webinars, visit mainlinehealth.org/bariatricsession.

FIRST VISIT: COMPREHENSIVE BARIATRIC EVALUATION

This is a small-group appointment during which you will meet the bariatric surgeon and coordinator. Before this visit, please complete your [health information packet](#), which is available on our website. Your first appointment will last approximately two hours and is the beginning of a comprehensive evaluation and preparation process. We will also be collecting the program fee of \$200 at this time.

EVALUATION PROCESS

Your preoperative nutritional and exercise education is important for long-term success following any bariatric surgical procedure.

The **dietitian** will assess your individual nutritional needs and food intake history, review proper nutrition, and discuss protein, vitamin and mineral supplementation, to help you understand what your body will need after surgery.

The **exercise specialist** will evaluate your physical needs and restrictions to help you implement a healthy, sustainable preoperative and postoperative exercise regimen.

You will be asked to obtain a **medical evaluation** with one of our specialists who will assist in your care during and following surgery. We welcome documentation from medical evaluations done by other physicians outside of our facility, but if you qualify for surgery, you will need to visit Bryn Mawr Hospital's preadmission testing department for an evaluation.

You may also require a **pulmonary, gastrointestinal, endocrine** or **cardiac evaluation** before surgery, depending on your insurance and health history.

You will undergo a **psychological evaluation** before surgery to assess your history, needs, ability to make changes, and make sure you understand the life long commitment. The psychologist will also make sure you understand the procedures and are giving your informed consent (agreement or approval to move forward with surgery).

Patients may experience unexpected responses to alcohol after bariatric surgery and alcohol should be avoided if possible. We have psychological services available to discuss concerns regarding alcohol intake and other addictive or impulsive behaviors both before and after surgery.

You will need **preoperative tests** that may include: baseline blood tests, upper GI series, upper endoscopy, chest X-ray, stress tests, EKG and ultrasounds. A current list of specialists that patients are required to see is available from our office.

As you begin this evaluation process you will be expected to begin a proper **diet and exercise regimen** that you will continue after surgery.

PREOPERATIVE WEIGHT LOSS GOAL

All patients are asked to lose weight prior to surgery. The purpose of this weight loss is to reduce your risk of operative complications at the time of your operation. This weight reduction before surgery will significantly shrink your internal organs, allowing easier access to perform the complex surgery. Our office can assist you with this weight loss using meal replacement supplements if you are not able to achieve this on your own.

SELECTING YOUR PROCEDURE

Selection of the surgical procedure is a decision process that occurs between you and the surgeon. There are many factors that enter into the selection process, including your eating habits, medical history, previous surgery, your compliance with program instructions in the past as well as your individual wishes. Every attempt is made to meet your individual needs with the best procedure for you.

There is no one “right” procedure for all patients despite what other physicians, health care professionals, the media or Internet may say. While there may be alternate procedures available, our center performs those procedures that are nationally accepted and recognized as standard bariatric procedures by all insurance carriers, and that we feel are safest for our patients. These procedures are recognized by the American Society for Metabolic and Bariatric Surgery.

Proper education and explanation of all surgical options will be presented to you along with a recommendation for a particular procedure specific to you. You are strongly encouraged to investigate all options and discuss these with as many family members, physicians, former patients and friends as possible.

PREOPERATIVE MEETING

Once you have completed the evaluation process and been approved for surgery by your insurance company, a preoperative meeting is set with the bariatric team and the preadmission testing department. This will usually be at least two weeks before surgery. At the meeting with the bariatric surgeon, program coordinator and dietitian, you'll review all materials in preparation for your upcoming surgery. At the preadmission testing appointment, you will meet with the medical staff who will assist in your care during your hospital stay.

The surgeon will discuss your particular procedure in detail, as well as review potential risks and complications. The bariatric coordinator will review the low-calorie liquid diet required two to three weeks before surgery as well as any other preparations for surgery and your care in the hospital. The dietitian will review dietary restrictions, and proteins and supplements required after surgery, and will go over the gradual, staged diet protocol you will be required to follow during the weeks immediately after surgery.

RISKS AND COMPLICATIONS

Bariatric surgery is considered major surgery and is associated with a higher degree of risk than other abdominal procedures.

Patients with a BMI above 50 are at a higher risk undergoing a bariatric procedure than those patients with a BMI less than 50. These patients have larger internal organs and thicker tissues, and have a reduced capacity to undergo treatment and testing after surgery because of their excess weight. These factors can negatively affect these patients' outcomes.

Any patient undergoing bariatric surgery is at risk for the same complications as a patient who undergoes any other surgery, as well as being at risk for complications specific to their bariatric procedure. Some of the more common risks include bleeding, infection, leakage, obstruction, perforation, blood clots, and organ failure due to sepsis, as well as death as a result of severe complications. Birth control pills increase the risk of blood clots, and should be stopped for 30 days prior to the surgery and the 30 days after surgery. It is recommended that you see your OB/GYN physician for an alternate form of birth control to use during this time frame.

Getting started

Long-term effects of the operation are not certain. It is essential to be committed to a long-term program of follow-up care so that any metabolic abnormalities can be identified and adequately treated. Patients are required to take vitamin, mineral and protein supplements for the rest of their lives.

Short-term problems can arise, including thinning of hair, gallstone formation, anemia and gout.

Despite all of these potential problems, most patients do well and receive tremendous benefits from their weight loss.

RESULTS

The average postsurgical weight loss depends on the type of procedure performed and the commitment of the individual patient to following the proper diet and to exercise regularly. There is no guaranteed amount of weight loss. Some people lose a significant amount of weight while others lose only a very small amount or even no weight. Some bariatric patients regain some or all of their weight over time once they have lost it. Again this is very dependent on diet and exercise.

Your surgeon will discuss with you the benefits, risks and complications associated with each procedure.

PREPARATION FOR SURGERY

Items to bring to the hospital

Patients who use CPAP or BiPAP at home need to bring their equipment to the hospital the day of their surgery.

While the hospital does provide appropriately-sized gowns, bathrobes and slippers, you may wish to bring some personal items for your own comfort and convenience. Previous patients have recommended the following:

Clothing

- Knee-length bathrobe
- Non-slip pair of slippers

Toiletries

- Hand lotion (hospital soap is drying)
- Comb and/or brush
- Lip balm (especially when you first wake up from surgery)
- Extra box of tissue (if you use a lot)

Toiletries (continued)

- Toothbrush and toothpaste
- Women: supplies for menstruation (can begin day after surgery)

Communication and reading materials

- Small writing tablet and pen (for notes and names)
- Cell phone and charger
- Reading material
- Copy of living will, durable power of attorney and contact information for all next of kin you want to include on your medical record

DO NOT bring anything valuable and please do not wear or bring any jewelry or body piercings. Leave money with your significant other or family.

Nutrition and exercise

You will be instructed to take only your meal replacements for the two or three weeks just before surgery. During this time you will not eat other solid food or liquids with the exception of non-caloric beverages such as water, unsweetened iced tea and Crystal Light.

You may continue your regular exercise regimen before surgery.

Preparing for surgery

Be sure to avoid aspirin and NSAIDs (such as Motrin, Advil, Aleve) for three weeks before surgery. You may continue your other medications up to the day of surgery as directed by our medical and pulmonary specialists. In addition, you will need to:

- Bring your CPAP machine (if you use one) with you to the hospital on the day of your surgery.
- Fill the prescriptions you received at your pre-op appointment prior to coming in for surgery.
- Purchase all supplements and protein before having surgery so you have what you need when you return home.
- Arrange for someone to assist you with your daily needs for the first one to two weeks after surgery.
- Review all bariatric documentation before surgery to ensure as smooth a postoperative course as possible, particularly the dietary staged regimen.

Be sure to report any preoperative illnesses to the Bariatric Center before surgery.

Reminder: All jewelry and personal belongings should be removed and left at home.

All medications needed after surgery must be reviewed in advance with your medical specialist, pulmonologist or primary care physician so that a proper substitution is provided during the first two weeks after surgery when your diet is restricted to liquid. After surgery, all medications **MUST** be in liquid or chewable form, a capsule that can be opened or a very tiny tablet that can be taken orally.

All surgical patients are asked to shower with an antibacterial soap (Hibiclens) the night before and morning of surgery to prevent infection. This soap will be given to you at your preoperative appointment with us.

The average postsurgical weight loss is dependent on the type of procedure performed and the commitment of the individual patient to following the proper diet and exercising regularly.





At the hospital

DAY OF SURGERY

On the day of surgery you will enter the hospital through the Warden Lobby entrance of Bryn Mawr Hospital. You'll then make a right and a left, and check in at the surgical registration desk in the J. Mahion Buck, Jr. Family Atrium. You will meet with the operating team and an anesthesiologist who will discuss using a breathing tube for the anesthesia (medication that puts you to sleep for the procedure).

Once you are ready for surgery, you'll be taken to the operating room. Family members can return to the Family Atrium. After surgery, Dr. Ing will speak to your family about the outcome of the surgery.

CARE AFTER SURGERY

After surgery, you will first go to the Post Anesthesia Care Unit (PACU) and then to the Bariatric Unit (4P). You will be expected to cough and take deep breaths. You'll also be expected to get out of bed and into a chair beginning the night of surgery, as well as walk in the halls four times a day with assistance.

The hospital stay varies depending on the type of procedure performed and how motivated each patient is to recover. Usually patients are allowed to go home once they are able to tolerate liquids.

Some patients will have tubes placed in their bodies at the time of surgery; these are usually removed before leaving the hospital.

DISCHARGE FROM THE HOSPITAL

Once you have tolerated a liquid diet and you are stable, you will be allowed to go home. Most patients will go home the day after their procedure.

You must follow your postoperative medication and dietary regimen as instructed.

Reminder: Medications during the first two weeks must be in liquid or chewable form, in capsules that can be opened, or as tiny tablets that can be ingested. This information will have been reviewed with you before surgery.

After discharge:

- You will remain on liquids for two weeks followed by soft food for two weeks and then solid food after four weeks.
- You may shower 48 hours after surgery but do not wash your incisions. (It's okay to get them wet.)
- You should not soak in a tub or swim in a pool until approved by your surgeon.
- You should not drive until you are off all pain medications and your reaction time is back to normal.
- Do not lift more than 10 pounds for two to three weeks after laparoscopic surgery and four to six weeks after open surgery. You may walk and climb stairs as much as you wish.
- Determining when you return to work will depend on the type of work you do and the recommendations of your surgeon.

In rare instances, nausea can persist for a period of time after the surgery. This may require supplemental nutrition via a separate tube in the stomach or arm, called a feeding tube or PICC line. These tubes are for temporary nutrition until the nausea subsides. Separate care and instructions for this will be given and arranged, if needed.

After surgery you will be given prescription pain medication in a liquid form. You should wean yourself off the pain medication as soon as the pain can be tolerated. Pain medication can have unwanted side effects such as constipation and nausea.

Use of aspirin products, NSAIDs (such as Motrin, Advil, Aleve), or other blood thinners, should be avoided and may cause ulcers or bleeding. If medically necessary, these medications should be used with caution and only under the direction of your physicians. You will need to discuss with your physicians the potential risks of using these types of medications in the future and make sure your doctors are aware of your medical history.

Discharge notes:



Nutritional needs after surgery

STAGES OF DIET AFTER SURGERY

Stage	Diet	Weeks
Stage II	full liquids	2 (from hospital until first office visit)
Stage III	soft/pureed foods	3-4
Stage IV	solid food	over 5

Stage I: Clear liquids (in hospital)

- Clear liquids are anything you can see through.
- Clear liquids should be sugar-free, non-carbonated and decaffeinated.

Stage II: Full liquids (upon arriving home)

- Includes all foods from Stage I as well as all other liquids.
- Full liquids include: blenderized foods made to a liquid consistency. Milks should be taken carefully because sometimes lactose intolerance develops after surgery.
- Foods must be liquid enough to flow through a straw.

Stage III: Soft/pureed foods

- Includes all foods of above stages.
- May also eat: soft scrambled eggs, cottage cheese, cream cheese, pureed chicken, pureed tuna, pureed ham salad, unsweetened applesauce, tofu, pureed water packed fruits or mashed fruit, pureed or mashed vegetables, pureed meats, hummus, mashed potatoes, grits, cream of wheat, smooth peanut butter, sugar-free jams and jellies.

Stage IV: Solid food

- Gradually add all other foods as tolerated.
- Your dietitian will guide you through this process, creating a custom meal plan to meet your needs.

DIETARY PROGRAM

After surgery, you must make changes in the way you eat, not only to prevent pain and vomiting, but to achieve desired weight. More important is the development of appropriate eating habits to prevent disruption of the (surgical) staple line and stretching of the stomach pouch.

Follow these eating methods after surgery:

Savor small bites and take your time.

- Eat slowly and chew food until it is a mushy consistency. Swallowing chunks of food may block the opening of the stoma and prevent passage of food.
- Set aside 30–45 minutes to eat each meal.
- Chew each bite 30 times. Actually count the number of times you chew each bite of food.
- Explain to family members why you must eat slowly so they will not urge you to eat faster.
- Eat small bites of food. You may want to eat from a small plate with a small fork and spoon.
- Learn to savor each bite, noticing its flavor, texture and consistency.
- Separate solids and liquids during a meal by drinking fluids 30 minutes before or after each meal.

- Stop eating as soon as you are full. Extra food may cause you to vomit or stretch the new stomach pouch.

Notice feelings of fullness.

Indications of fullness may be a feeling of pressure in the center of the chest just below the rib cage, or sensations of choking or pain.

- Do not try to go back to eating for at least 45 minutes.
- Set aside three meal times each day and eat solid foods only at these times.

Do not snack.

Eating snacks throughout the day may result in not losing any weight because snacks may cause you to take in more calories, which will cause you to maintain or even gain weight.

- Make sure you have proper foods available in your house. It is too easy to grab the wrong thing when you are hungry, frustrated or bored.
- Limit fats.
- Avoid high-calorie foods or beverages, such as regular soda, chips, cakes, cookies, fried foods and ice cream.

Always consult your physician if you are having problems.

PROTEIN SUPPLEMENTATION

****IMPORTANT****

Protein is needed for growth and repair of all body organs. To ensure you are receiving adequate protein, you will need to consume low-carb, high-protein shakes. Focus on purchasing shakes with at least 25 to 30 grams of protein per serving. The average person needs 50 to 65 grams of protein each day. Due to weight loss surgery, you will need 80 to 100 grams of protein a day in the form of protein supplements. At 30 grams per serving, you will need to consume three shakes per day to meet 100 percent of your protein needs.

We recommend whey or soy protein isolates as these are the most absorbable form of protein. They also have the highest concentration of protein and are lactose free.

- Look for PDCAA (protein digestibility corrected amino score) of 100, which includes all essential amino acids.
- Drink three to five shakes (up to 20 to 30 grams each) per day. Drink each shake within one hour and space shakes at least two hours apart.

- Lack of protein can result in growth failure, loss of muscle mass, decreased immunity, weakening of the heart and lungs, and even death.

VITAMIN AND MINERAL SUPPLEMENTATION

****IMPORTANT****

For the first month you should take vitamins in a liquid or chewable form which can then be switched over to pills. We recommend the following:

- 1,500–1,800 milligrams of calcium citrate.
- Calcium also needs vitamin D and magnesium to work better in the body. Boron can also be used to improve calcium absorption.
- 5000 iu of vitamin D3 or “dry D”/day.
- Two multivitamins each day because the ASMBS recommendations is to achieve 200% of the RDA (recommended daily allowance).
- 1000 micrograms of vitamin B12 sublingual.
- Iron (either ferrous fumarate or ferrous carbonyl, not ferrous sulfate). Iron should be taken with vitamin C and not with calcium. Copper can be used to improve iron absorption.
- Vitamin A, D, E, K and zinc should be taken in dry tablets. Gel caps with oil (such as omega-3s) or coated pills are not well absorbed.

ADDITIONAL RECOMMENDATIONS

Find a buddy.

Have someone to share the successes and problems of your experience. Find someone who is supportive and can help you get through the hard times. Try to attend our monthly support groups.

Exercise daily.

Cardiovascular activity causes muscle growth which increases metabolism and burns more calories. Exercise also releases endorphins which give a sense of well-being. Make exercise fun by doing activities you enjoy. Exercise is what burns off excess and old calories.

Give your body what it needs to survive.

- Drink three to five protein drinks while in the full liquid diet phase.
- Take in 75 grams of carbs a day for energy and to possibly minimize nausea (immediately following surgery up to three months).
- Drink plenty of water (64 ounces) each day.
- Minimize carbohydrates; eat mostly protein foods.
- Follow up with our dietitians for individual meal plans.
- Don't snack.
- Take your vitamins regularly.
- Keep a positive attitude.

Get support.

Our program clinical psychologist runs our monthly support group and all patients are expected to actively participate and attend regularly. Patients who belong to a support group are most likely to succeed in their weight loss regimen and maintain their weight loss long term. Patients who undergo bariatric surgery need lifelong follow-up with their surgeon or bariatric specialist to help them monitor their nutritional and health care needs. We recommend our postoperative patients see us annually to help them reach their goals.



Recovery from surgery

FIRST TWO WEEKS AFTER SURGERY

During the first two weeks after surgery, you should stay on the dietary regimen outlined in the previous pages. By the end of the second week, you may progress to a soft diet.

At the two-week point, you will also have a follow-up appointment with your surgeon and your dietitian at the Bariatric Center.

We encourage you to follow up with your medical specialists or primary care physicians so they can make any necessary adjustments to your medications. It is not uncommon for some medication doses to be changed immediately following your surgery. This may include being removed from some of these medications altogether. Any change in medication dosage or stopping medications should be done under the guidance of a physician.

- Protein and vitamin supplementation should begin during this time.
- Keep in mind you will be given medication during the postoperative phase to prevent ulcer and gallstone formation.
- Drinking enough fluid during this time is important to prevent dehydration. Please be sure to drink 64 ounces of fluid in small quantities throughout the day. Many patients keep a bottle of water or other (approved) liquid with them throughout the day so they can sip gradually.

- Plan to attend the bariatric support group meetings.
- Please report any concerns or problems immediately!

TWO MONTHS AFTER SURGERY

Two months after surgery you will need to return for a follow-up visit with the nurse practitioner and the dietitian. Before this two-month visit, please obtain your follow-up laboratory studies.

Please also note:

- It is helpful to keep a food journal.
- Protein and vitamin supplementation should continue.
- Problems with hair loss are temporary. Be sure to take in enough protein, biotin and zinc.



After surgery: Your new life

Your success after surgery depends on your commitment to living a healthy lifestyle. It is important to follow a proper diet and exercise routine and to continue your protein and vitamin supplements daily.

After losing a lot of weight, it is common to have excess skin. While regular exercise can help with body tone, you may wish to talk with a plastic surgeon about additional body contouring once you have reached a steady weight. This will most likely occur anywhere from nine months to two years after your surgery. Keep in mind that requesting insurance coverage for plastic surgery procedures after bariatric surgery can be an extensive process that requires a long period of planning.

After bariatric surgery and recovery, many patients are able to get off of their previous medications and treatments. We ask that you please notify us of any changes in your medication or medical history.

SIX MONTHS AFTER SURGERY

At six months after surgery you should:

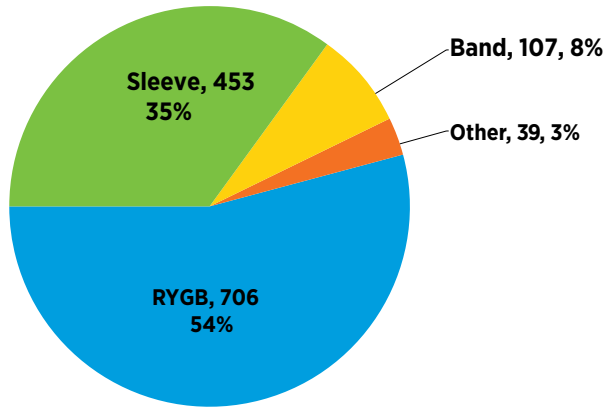
- Make an appointment with your surgeon, or the nurse practitioner.
- Continue keeping a food journal.
- See the dietitian and the exercise therapist.
- Follow up with your medical specialist or primary care physician for medication adjustments.
- Carefully follow a proper diet and exercise routine.
- Continue your protein and vitamin supplements daily.
- Get your “after” photo retaken by the Bariatric Center staff.

ONE YEAR AFTER SURGERY AND ANNUAL VISITS

One year after surgery and every year after, you should:

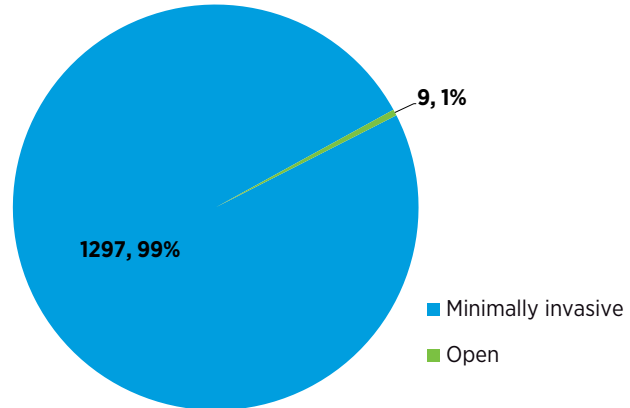
- Make a follow-up appointment with your surgeon, or the nurse practitioner.
- Continue keeping a food journal.
- See the dietitian and the exercise therapist.
- Follow up with your medical specialist or primary care physician for medication adjustments.
- Follow a proper diet and exercise routine.
- Continue your protein and vitamin supplements daily.
- Get your “after” photo retaken by the Bariatric Center staff.

Types of procedures: Of all the procedures performed at the Bariatric Center at Bryn Mawr Hospital, 54 percent are Roux-en-Y gastric bypass (RYGB).



Source: Bryn Mawr Hospital bariatric data 2019

Minimally invasive approach: Ninety-nine percent of all bariatric procedures are minimally invasive: either robotic-assisted or laparoscopic.



Source: Bryn Mawr Hospital bariatric data 2019

PROGRAM HIGHLIGHTS: 3-YEAR POSTSURGICAL OUTCOMES^a

Measure	Baseline	3 Years After Surgery
Average weight	279.4 lb	189.4 lb
Mean BMI	44.78	30.55 ^b
Presence of obstructive sleep apnea	60% of patients	13.6% of patients
Presence of hyperlipidemia	26.4% of patients	19.7% of patients
Presence of hypertension	46.1% of patients	24.2% of patients
Presence of diabetes	22.1% of patients	11.4% of patients

^aOutcomes based on data collected for all patients undergoing bariatric surgery (all procedure types) at the Bariatric Center at Bryn Mawr Hospital from February 1, 2012 through May 31, 2019. Outcome measures represent averages across all patients.

^bMean BMI at 3 years after surgery was lower than national benchmark.

TIPS FOR MOVING MORE

Try to do at least 30 minutes of moderate intensity physical activity (like brisk walking) on most days of the week. You can “sneak” it into your day, a few minutes at a time.

Don't let excuses stop you from having success after weight loss surgery!

Here are some tips for overcoming common concerns about getting exercise.

“I don't have time for physical activity.”

- Get off the bus or subway early and walk the rest of the way (be sure the area is safe).
- Park the car farther away from entrances to stores, movie theaters or your home.
- Take the stairs instead of the elevator (be sure the stairs are well lit).
- Walk and talk with a friend at lunch.
- Rake the leaves or wash the car.
- Take a walk after dinner instead of watching TV.

“It's too expensive.”

- Find a local park or school track where you can walk or run.
- Walk around a mall.
- Work out with videos in your home. You can find workout videos at bookstores or your local library.
- Join a recreation or fitness center at work or near your home.
- Walk your dog.

“Physical activity is a chore.”

- Do things you enjoy, like walking, dancing, swimming or playing sports.
- Walk or take an exercise class with a friend or a group. That way, you can cheer each other on, have company and feel safer when you are outdoors.
- Be active with your kids. Ride bikes, jump rope, toss a softball, play tag or do jumping jacks. Physical activity is good for them too.
- Break it up into short blocks of time. Taking three 10-minute walks during your day may be easier than taking one 30-minute walk.
- Use your daily workouts as time just for yourself.





Frequently asked questions

SHOULD I EXPECT ANY VOMITING?

You should not have any vomiting. If you are vomiting then you should contact your doctor immediately and review your dietary restrictions.

WILL I BE CONSTIPATED?

After surgery there can be a period of time where constipation can occur as a result of surgery and as a side effect of any pain medication. In the future, as less food is eaten, less fiber will be taken in and constipation can be problematic. It is recommended to take as much fiber in your diet as can be tolerated in small portions. Bulk-forming laxative supplements such as Metamucil should be taken with plenty of liquids.

WILL I NEED ANY ADDITIONAL SUPPLEMENTS?

We recommend eating foods with a high protein content and taking protein supplements after surgery to avoid protein malnutrition. We would like to see you taking about 100 grams of protein in divided amounts each day. We would also like you to take a multivitamin each day to prevent other nutritional deficiencies such as vitamin B12 deficiency or folate deficiency. For women who are menstruating it is important to take iron supplements, and for mature women, calcium supplements.

CAN I TAKE NSAIDS OR ASPIRIN AFTER SURGERY?

Use of aspirin products, NSAIDs (such as Motrin, Advil, Aleve), or other blood thinners should be avoided and may cause ulcers or bleeding. If medically necessary, these medications should be used with caution and

only under the direction of your physicians. **You will need to discuss potential risks of using these types of medications following bariatric surgery. Please be sure the physician prescribing this treatment is aware of your bariatric surgery history.**

CAN I TAKE MY OTHER PILLS AND MEDICATIONS AFTER SURGERY?

You should continue to take your other medications as prescribed. During the first two weeks after surgery you should crush your medications or take them in a liquid form. Do not swallow large pills during the first two weeks after surgery.

WHAT SHOULD I DO WHEN EATING OUT?

You should limit your meal to about the size of an appetizer. Eat more slowly while others are eating two to three courses. To avoid any embarrassment, let your host or hostess know in advance that you can only eat a small portion.

CAN I DRINK ALCOHOLIC BEVERAGES?

We do not recommend alcohol consumption following bariatric surgery. The calories from alcohol have no benefit in your daily requirements, and sugars and carbohydrates are high. Patients may experience unexpected responses to alcohol after bariatric surgery and should avoid it if possible.

We have psychological services available to discuss concerns regarding alcohol intake and other addictive or impulsive behaviors both before and after surgery. If you do consume alcohol, you may experience metabolic and digestive issues.

Frequently asked questions

IS THIS COSMETIC SURGERY?

No. This is not cosmetic or plastic surgery. This operation actually restricts the amount of solid food that can be ingested. The purpose of this procedure is to correct the health problems associated with obesity. The amount of weight loss will depend on each individual patient and their commitment to eating the proper foods and pursuing regular exercise.

WHAT ARE THE SPECIFIC RISKS ASSOCIATED WITH GASTRIC BYPASS SURGERY, DUODENAL SWITCH AND VERTICAL SLEEVE GASTRECTOMY?

At our office, we will present and review all of the risks associated with these surgeries. These include, but are not limited to: infection (including wounds and the intravenous line sites); intra-abdominal (inside the abdomen) infections or abscesses; bleeding; formation of ulcers, gastritis (stomach irritation) or heartburn; failure to lose weight or regaining weight; injury to adjacent organs such as the esophagus, stomach, intestines, diaphragm, pancreas, spleen or liver; port-site infections; leaking from stomach or intestines, or development of fistulas; problems with intubation or anesthesia (a more detailed description of the risks associated with anesthesia will be provided by the anesthesiologist); hernias of the wounds or internal organs requiring operative repair; formation of adhesions or scar tissue inside the abdomen or possible stricture formation; damage to nerves of the stomach or in the skin near the incisions; pneumonia and respiratory failure requiring mechanical ventilation; transfusion of blood and blood products if needed and the attendant risks of transfusion of blood products; development of deep vein thrombosis or clots (DVT) resulting in pulmonary embolism (blood clots moving to the lungs) requiring anticoagulant treatment; pulmonary embolism; depression; re-operation for any unforeseen complications not yet listed; unexpected medical catastrophe such as heart attack, stroke or other disabling condition; death.

For patients who have a BMI above 50, there is greater risk during surgery. This may include greater difficulty for the surgeon to access the internal organs and greater risk of injury to the organs (because of excess body fat). Having a BMI over 50 also makes IV insertion difficult and makes it challenging to perform X-rays and interpret the results. There is also higher risk of leaks (fistulas), infections, and DVT.

While the majority of patients who undergo this operation lead a normal life, there are some who find that the restriction of eating small meals creates a lifestyle that is intolerable.

WHAT ARE THE ALTERNATIVES TO WEIGHT LOSS SURGERY AND WHAT ARE THEIR RISKS AND BENEFITS?

The alternatives to weight loss surgery include further attempts at nonoperative approaches to weight loss such as diet, exercise and behavior modification. The benefits of such alternatives include weight loss without the risks of surgery. The risks associated with these alternatives include failed attempts, worsening of comorbid conditions, further weight gain and increased mortality.



The Bariatric Center at Bryn Mawr Hospital

MOB North | Suite 300
830 Old Lancaster Road | Bryn Mawr, PA 19010

Main Line Health Center in Broomall

Lawrence Park Shopping Center
1991 Sproul Road | Suite 625 | Broomall, PA 19008

Main Line Health Center at Exton Square

Exton Square Mall
153 Exton Square Parkway | Exton, PA 19341

Find out more today.

484.476.6230
mainlinehealth.org/weight

For completed forms ONLY:

484.592.0132 (fax)
bariatrics@mlhs.org (email)



Main Line Health®