



Mercy Bariatric Program
Frequently Asked Questions
About Weight Loss Surgery



Your life is our life's work.

mercy.net

Contents

Frequently Asked Questions About Weight Loss Surgery		2
Insurance Issues Related to Morbid Obesity		3
Preparation for Surgery		4
About Surgery		5
About Your Hospital Stay After Surgery		6
About Life After Surgery		7
Diet After Surgery		11
Notes		13



Frequently Asked Questions About Weight Loss Surgery

What is the oldest patient for who weight loss surgery is recommended?

Patients over 60 require very strong indications for surgery and must also meet stringent Medicare criteria. The risk of surgery in this age group is increased due to other medical problems and the expected weight loss benefits is less.

Can weight loss surgery prolong my life?

There is good evidence from scientific research that if you have Type 2 diabetes (or other serious obesity-related health conditions), are at least 100 lbs. over ideal body weight, and are able to comply with lifestyle changes (daily exercise and low-fat diet), then weight loss surgery may significantly prolong your life. A female smoker with a BMI of greater than 40 could lengthen her life expectancy by more than 15 years if she loses weight and quits smoking.

What is the youngest age for which weight loss surgery is recommended?

Generally accepted guidelines from the American Society for Metabolic Bariatric Surgery and the National Institutes of Health indicate surgery only for those 18 years of age and older. Surgery has been performed on patients in their teens. There is a real concern that young patients may not have reached full developmental or emotional maturity to make this type of decision. It is important that young weight loss surgery patients have a full understanding of the lifelong commitment to the altered eating and lifestyle changes necessary for success.

Can weight loss surgery help other physical conditions?

At one year after successful bariatric surgery, 96% of obesity related medical conditions are either completely resolved or significantly improved. This does depend on the patient's compliance to the recommended diet and exercise.

Insurance Issues Related to Morbid Obesity

How do I know if my insurance policy covers weight loss surgery?

You can call your insurance company and ask if weight loss surgery is covered for the treatment of morbid obesity. The CPT codes are: lap band 43770 and open gastric bypass CPT 43846, 43847, Laparoscopic Gastric Bypass CPT 43644 and 43645 and Laparoscopic Sleeve Gastrectomy CPT 43775. If it is not covered, we are working with local and national banks that may be able to assist you with affording the surgery.

Why does it take so long to get insurance approval?

After your initial consultation is completed and you have completed your insurance's requirements (such as sleep study and psychological exam), we will send a letter to your insurance carrier to start the approval process. In the meantime, you will work on completing the other medical tests and consultations necessary to make sure that you are an acceptable operative candidate. The time it takes to get an answer usually varies from about 1-6 weeks if your work-up is complete. It may take longer if your pre-operative work-up is not complete. If we receive notification of approval from your insurance company, we will notify you at that time. If you have not heard back from us, it may be helpful for you to call the claims service of your insurance company about a week after your letter is submitted and ask about the status of your request.

How can they deny insurance payment for a life-threatening disease?

Payment may be denied due to a specific exclusion in your policy for obesity surgery or "treatment of obesity." Such exclusion may be appealed when the surgical treatment is recommended by your surgeon or referring physician as the best therapy to relieve life-threatening obesity-related health conditions, which usually are covered. Insurance payment may also be denied for lack of "medical necessity." A therapy is deemed to be medically necessary when it is needed to treat a serious or life-threatening condition. In the case of morbid obesity, alternative treatments - such as dieting, exercise, behavior modification, and some medications - are considered to be available. Medical necessity denials usually hinge on the insurance company's request for some form of documentation, such as 1 to 5 years of physician-supervised dieting or a psychiatric evaluation, illustrating that you have tried unsuccessfully to lose weight by other methods.

What can I do to help the process?

Gather all the information (diet records, medical records, medical tests) your insurance company may require. This reduces the likelihood of a denial for failure to provide "necessary" information. Letters from your personal physician and consultants attesting to the "medical necessity" of treatment are particularly valuable. When several physicians report the same findings, it may confirm a medical necessity for surgery. When the letter is submitted, call your carrier regularly to ask about the status of your request. Your employer or human relations/personnel office may also be able to help you work through unreasonable delays.

Preparation for Surgery

What are the routine tests before surgery?

Certain basic tests are done prior to surgery: a Complete Blood Count (CBC), a comprehensive Chemistry Panel, which gives a readout of about 20 blood chemistry values, a Cholesterol Panel, Thyroid Function Test, Iron levels, B12 levels, and an arterial blood gas. All patients get a chest X-ray and an electrocardiogram. All patients will also get a psychiatric examination. Due to the high incidence of obstructive sleep apnea, most patients will require a sleep lab study. Patients with symptoms consistent with gallbladder disease may get an abdominal ultrasound. Other tests, such as pulmonary function testing, echocardiogram, sleep studies, GI evaluation or cardiology evaluation will be requested when indicated.

What is the purpose of all these tests?

An accurate assessment of your health is needed before surgery. The best way to avoid complications is to decrease their risk of occurring. It is important to know if your thyroid function is adequate since hypothyroidism can lead to sudden death post-operatively. If you are diabetic, special steps must be taken to control your blood sugar. Because surgery increases cardiac stress, your heart will be thoroughly evaluated. These tests will determine if you have liver malfunction, breathing difficulties, excess fluid in the tissues, abnormalities of the salts or minerals in body fluids, or abnormal blood fat levels. Our objective is to maximize your likelihood of success.

Why do I have to have a Sleep Study?

The sleep study detects a tendency for abnormal stopping of breathing, usually associated with airway blockage when the muscles relax during sleep. This condition is associated with a high mortality rate and can be present in nearly 70% of obese patients. After surgery, you will be sedated and will receive narcotics for pain, which further depress normal breathing and reflexes. Airway blockage becomes more dangerous at this time and can lead to a higher complication rate. It is important to have a clear picture of what to expect and how to handle it.

Why do I have to have a Psychiatric Evaluation?

Weight loss surgery will require significant changes in your lifestyle and will also change your life. A psychiatric evaluation will help prepare you for these changes by developing coping skills and encouraging behavior modification. Additionally, our psychiatrists and psychologists will evaluate your understanding and knowledge of the risks and complications associated with weight loss surgery and your ability to follow the basic recovery plan.

What impact do my medical problems have on the decision for surgery, and how do the medical problems affect risk?

Medical problems, such as serious heart or lung problems, can increase the risk of any surgery. On the other hand, if they are problems that are related to the patient's weight, they also increase the need for surgery. Severe medical problems may not dissuade a surgeon recommending weight loss surgery if it is otherwise appropriate, but those conditions will make a patient's risk higher than average. It is important that the patient and his or her family members understand these risks.

What can I do before the appointment to speed up the process of getting ready for surgery?

- Select a primary care physician if you don't already have one, and establish a relationship with him or her. Work with your physician to ensure that your routine health maintenance testing is current. For example, women may have a pap smear, and if over 40 years of age, a breast exam. And for men, this may include a prostate specific antigen test (PSA). Also, for those over fifty, a colonoscopy should be scheduled.
- Make a list of all the diets you have tried (a diet history) and bring it to your doctor.
- Bring any pertinent medical data to your appointment with the surgeon - this would include reports of special tests (echocardiogram, sleep study, etc.) or hospital discharge summary if you have been in the hospital.
- Bring a list of your medications with dose and schedule.
- **Stop smoking.** Surgical patients who use tobacco products are at a higher surgical risk.

About Surgery

Does Laparoscopic Surgery decrease the risk?

No. Laparoscopic operations carry the same risk as the procedure performed as an open operation. The benefits of laparoscopy are typically less discomfort, shorter hospital stay, decreased hernia and wound infection rates, earlier return to work and reduced scarring.

Will I have a lot of pain?

Every attempt is made to control pain after surgery to make it possible for you to move about quickly and become active. This helps avoid problems and speeds recovery. Often several drugs are used together to help manage your post-surgery pain. While you are still in the hospital, a Patient Controlled Analgesia (PCA), which allows you to give yourself an intravenous dose of pain medicine on demand, will be used to initially control your pain. When you are ready to go home, you will be given a prescription for pain medicine.

How soon will I be able to walk?

Almost immediately after surgery, you will be required to get up and move about. Patients are asked to walk or stand at the bedside on the night of surgery, take several walks down the halls the next day and thereafter. Walking is the most effective means to decrease your risk of having a pulmonary embolus. On leaving the hospital, you may be able to care for all your personal needs, but will need help with shopping, lifting and with transportation.

How soon can I drive?

For your own safety, you should not drive until you have stopped taking narcotic medications and can move quickly and alertly to stop your car, especially in an emergency. Usually this takes 7-14 days after surgery.

About Your Hospital Stay After Surgery

What is done to minimize the risk of deep vein thrombosis/pulmonary embolism or DVT/PE?

Because a DVT originates on the operating table, therapy begins before a patient goes to the operating room. Generally, patients are treated with sequential leg compression stockings and given a blood thinner prior to surgery. Both of these therapies continue throughout your hospitalization. The third major preventive measure involves getting the patient moving and out of bed as soon as possible after the operation to restore normal blood flow in the legs.

What should I bring with me to the hospital?

A hospital gown will be provided by the hospital, but most people prefer to bring their own clothing and toiletries. Choose clothes for your stay that are easy to put on and take off. Because of your incision, your clothes may become stained by blood or other body fluids.

About Life After Surgery

What's so important about exercise?

When you have a weight loss surgery procedure, you lose weight because the amount of food energy (calories) you are able to eat is much less than your body needs to operate. It has to make up the difference by burning reserves or unused tissues. Your body will tend to burn any unused muscle before it begins to burn the fat it has saved up. If you do not exercise daily, your body will consume your unused muscle, and you will lose muscle mass and strength. Daily aerobic exercise for 20 minutes will communicate to your body that you want to use your muscles and force it to burn the fat instead.

What is the right amount of exercise after weight loss surgery?

Many patients are hesitant about exercising after surgery, but exercise is an essential component of success after surgery. Exercise actually begins on the afternoon of surgery - the patient must be out of bed and walking. The goal is to walk further on the next day, and progressively further every day after that, including the first few weeks at home. Patients are often released from medical restrictions and encouraged to begin exercising about two weeks after surgery, limited only by the level of wound discomfort. The type of exercise is dictated by the patient's overall condition. Some patients who have severe knee problems can't walk well, but may be able to swim or bicycle. Many patients begin with low stress forms of exercise and are encouraged to progress to more vigorous activity over time.

What if I have had a previous weight loss surgical procedure and I'm now having problems?

Contact your original surgeon - he or she is most familiar with your medical history and can make recommendations based on knowledge of your surgical procedure and body.

Can I get pregnant after weight loss surgery?

It is strongly recommended that women wait at least 1.5 to 2 years after the surgery before becoming pregnant. Approximately 1.5 years post-operatively, your body will be fairly stable (from a weight and nutrition standpoint) and you should be able to carry a normally nourished fetus. You should consult your surgeon as you plan for pregnancy. You will also have to be under the care of an obstetrician familiar with the needs of patients who have had weight loss surgery.

What happens to the lower part of the stomach that is bypassed?

The stomach is left in place with intact blood supply. In some cases it may shrink a bit and its lining (the mucosa) may atrophy, but for the most part it remains unchanged. The lower stomach still contributes to the function of the intestines even though it does not receive or process food - it makes intrinsic factor, necessary to absorb Vitamin B12 and contributes to hormone balance and motility of the intestines in ways that are not entirely known.

How big will my stomach pouch really be in the long run?

In the Roux-en-Y gastric bypass, the stomach pouch is created at one ounce or less in size (15-20cc). In the first few months it is rather stiff due to natural surgical inflammation. About 6-12 months after surgery, the stomach pouch can expand and will become more expandable as swelling subsides. Many patients end up with a meal capacity of 3-7 ounces. Drinking fizzy drinks like soda and overeating can stretch the size of the pouch out and make the operation less effective.

What will the staples do inside my abdomen? Is it okay in the future to have an MRI test? Will I set off metal detectors in airports?

The staples used on the stomach and the intestines are very tiny in comparison to the staples you will have in your skin or staples you use in the office. Each staple is a tiny piece of stainless steel or titanium so small it is hard to see other than as a tiny bright spot. Because the metals used (titanium or stainless steel) are inert in the body, most people are not allergic to staples and they usually do not cause any problems in the long run. The staple materials are also non-magnetic, which means that they will not be affected by MRI. The staples will not set off airport metal detectors.

What if I'm not hungry after surgery?

It's normal not to have an appetite for the first month or two after weight loss surgery. If you are able to consume liquids reasonably well, there is a level of confidence that your appetite will increase with time.

Is there any difficulty in taking medications?

Most pills or capsules are small enough to pass through the new stomach pouch. Initially, your doctor may suggest that medications be taken in liquid form or crushed.

Will I be able to take oral contraception after surgery?

Most patients have no difficulty in swallowing these pills.

Is sexual activity restricted?

Patients can return to normal sexual intimacy when wound healing and discomfort permit. Many patients experience a drop in desire for about 6 weeks.

Is there a difference in the outcome of surgery between men and women?

Both men and women generally respond well to this surgery. In general, men lose weight slightly faster than women do.

If I continue to smoke, what happens?

Smoking increases the risk of lung problems after surgery, can reduce the rate of healing, increases the rates of infection, and interferes with blood supply to the healing tissues. Smoking can also cause marginal ulcers which can lead to abdominal pain, bleeding, and anastomotic stricture

How can I know that I won't just keep losing weight until I waste away to nothing?

Patients may begin to wonder about this early after the surgery when they are losing 10-40 pounds per month, or maybe when they've lost more than 100 pounds and they're still losing weight. Two things happen to allow weight to stabilize. First, a patient's ongoing metabolic needs (calories burned) decrease as the body sheds excess pounds. Second, there is a natural progressive increase in calorie and nutrient intake over the months following weight loss surgery. The stomach pouch and attached small intestine learn to work together better, and there is some expansion in pouch size over a period of months. The bottom line is that, in the absence of a surgical complication, patients are very unlikely to lose weight to the point of malnutrition. That being said, all patients do need to take vitamins to replenish their mineral supplies.

What can I do to prevent lots of excess hanging skin?

This may be caused by the types of food that you are eating. Follow the nutrition guidelines exactly. Eating enough protein will help you feel satisfied. Remember to eat every 3 to 4 hours. Do not drink liquids with meals, because the liquid “washes” food out of the pouch. Avoid sweets and starchy food that might cause a surge of insulin, which in turn might cause hunger.

Will I be miserably hungry after weight loss surgery since I'm not eating much?

Most patients say no. In fact, for the first 4-6 weeks patients have almost no appetite. Over the next several months the appetite returns, but it tends not to be a ravenous “eat everything in the cupboard” type of hunger.

What if I am really hungry?

This may be caused by the types of food that you are eating. Follow the nutrition guidelines exactly. Eating enough protein will help you feel satisfied. Remember to eat every 3 to 4 hours. Do not drink liquids with meals, because the liquid “washes” food out of the pouch. Avoid sweets and starchy food that might cause a surge of insulin, which in turn might cause hunger.

Will I have to change my medications?

Your primary care doctor will determine whether medications for blood pressure, diabetes, etc., can be stopped when the conditions for which they are taken improve or resolve after weight loss surgery. For meds that need to be continued, the vast majority can be swallowed, absorbed and work the same as before weight loss surgery. Usually no change in dose is required. Two classes of medications that should be used only in consultation with your surgeon are diuretics (fluid pills) and NSAIDs (most over-the-counter pain medicines). NSAIDs (ibuprofen, Motrin, naproxen, etc.) may create ulcers in the small pouch or the attached bowel and therefore should not be taken unless approved by your surgeon. Most diuretic medicines make the kidneys lose potassium. With the dramatically reduced intake experienced by most weight loss surgery patients, they are not able to take in enough potassium from food to compensate. When potassium levels get too low, it can lead to fatal heart problems.

What is a hernia and what is the probability of an abdominal hernia after surgery?

A hernia is a weakness in the muscle wall through which an organ (usually small bowel) can advance. Approximately 20% of patients develop a hernia after an open procedure, but only about 1% of patients that have laparoscopic surgery will develop a hernia. Most of these patients require a repair of the herniated tissue. The use of a reinforcing mesh to support the repair is common.

Is blood transfusion required?

Infrequently: If needed, it is usually given after surgery to promote healing.

What is phlebitis and is it preventable?

Undesired blood clotting in veins, especially of the calf and pelvis. It is not completely preventable, but preventive measures will be taken, including: Early ambulation, blood thinners and special wraps around the lower legs.

Will I lose hair after surgery? How can I prevent it?

The best way to prevent hair loss is to take in 60 to 80 grams of protein every day. Remember to eat protein foods first and also to use protein drinks. Take two chewable adult multivitamins daily. Drinking at least 64 ounces of water daily can help limit hair loss.

Does hair growth recover?

Most patients experience natural hair re-growth after the initial period of loss.

What are adhesions and do they form after this surgery?

Adhesions are scar tissues formed inside the abdomen after surgery or injury. Adhesions can form with any surgery in the abdomen. For most patients, these are not extensive enough to cause problems.

What is obstructive sleep apnea (OSA)?

It is the interruption of the normal sleep pattern associated with repeated delays in breathing. Sleep apnea often shows rapid improvement after surgery. In most patients, there is a complete resolution of symptoms by six months following surgery, but it is dependent on the amount of weight lost. A follow up sleep study is necessary before stopping the CPAP or BiPAP.

Diet After Surgery

How long will I be off of solid foods after surgery?

We recommend a period of four weeks or more without solid foods after surgery. A liquid diet, followed by pureed foods, will be recommended for at least four weeks until adequate healing has occurred. We will provide you with specific dietary guidelines for the best post-surgical outcome.

What are the best choices of protein?

Eggs, Greek yogurt, protein drinks, low-fat cheese, low-fat cottage cheese, fish, other seafood, chicken, turkey, tofu.

Why drink so much water?

When you are losing weight, there are many waste products to eliminate, mostly in the urine. Some of these substances tend to form crystals, which can cause kidney stones. A high water intake protects you and helps your body to rid itself of waste products efficiently, promoting better weight loss. Water also fills your stomach and helps to prolong and intensify your sense of satisfaction with food. If you feel a desire to eat between meals, it may be because you did not drink enough water in the hour before.

What is Dumping Syndrome?

Eating sugars or other foods containing many small particles when you have an empty stomach can cause dumping syndrome in patients who have had a gastric bypass where the stomach pylorus is removed. Your body handles these small particles by diluting them with water, which reduces blood volume and causes a shock-like state. Eating sweets or drinking pop/sweet tea may cause over production of insulin, due to the altered physiology of your intestinal tract. The result is a very unpleasant feeling: you break out in a cold clammy sweat, turn pale, feel "butterflies" in your stomach, and have a pounding pulse. Cramps and diarrhea may follow. This state can last for 30-60 minutes and can be quite uncomfortable - you may have to lie down until it goes away. This syndrome can be avoided by not eating foods, such as candy, cakes, cookies, donuts and not drinking regular pop or sweet tea or other sweetened drinks.

Can I snack between meals?

Yes, the key is to snack on healthy choices such as yogurt, protein bars, string cheese, protein drinks or fruit. The nutrition booklet and the dietitian will have specific information for you. You will need to avoid high calorie, high fat foods, such as chips, cookies, or sweets because this can slow down your weight loss or cause regain of the weight.

Why can't I eat red meat after surgery?

You can, but you will need to be very careful, and we recommend that you avoid it for the first several months. Red meats contain a high level of meat fibers (gristle) which hold the piece of meat together, preventing you from separating it into small parts when you chew. The gristle can plug the outlet of your stomach pouch and prevent anything from passing through, a condition that is very uncomfortable.

How can I be sure I am eating enough protein?

Sixty to 70 grams a day are generally sufficient. Check with your dietitian to determine the right amount for your type of surgery.

Is there any restriction of salt intake?

No, your salt intake will be unchanged unless otherwise instructed by your primary care physician.

Will I be able to eat "spicy" foods or seasoned foods?

Most patients are able to enjoy spices after the initial 6 months following surgery.

Will I be allowed to drink alcohol?

You will find that even small amounts of alcohol will affect you quickly. It is suggested that you drink no alcohol for the first year. Thereafter, with your physician's approval, you may have a glass of wine or a small cocktail. Remember, however, these drinks are empty calories.

Will I need supplemental vitamins?

You will need to take 2 chewable multivitamins for the rest of your life, as well as 3 calcium chewables. Some patients may require iron, B12 or other supplements as well. B12 can be taken by once a month injections or by daily pill under the tongue.

What vitamins will I need to take after surgery?

You will need to take 2 chewable multivitamins for the rest of your life, as well as calcium chewables. Some patients may require iron, B12 or other supplements as well. B12 can be taken by once a month injections or by daily pill under the tongue.

Is it important to take calcium, iron or trace elements?

The surgery causes changes in the stomach and/or intestines, so calcium, iron and trace elements are absorbed differently. All patients must take calcium daily to help prevent bone loss. Multivitamins contain iron and trace elements so most patients do not need to take any additional iron or other vitamins. Your doctor will tell you if extra iron is needed.

Do I meet with a dietitian before and after surgery?

We require patients to consult with a dietitian before surgery. Counseling after surgery is also required to assure successful outcomes.

Will I get a copy of suggested eating patterns and food choices before and after surgery?

We provide patients with a nutrition booklet that clearly outlines the expectations and guidelines for diet before and after surgery. The dietitian will teach you about the proper foods, protein drinks, vitamin and mineral supplements and recommended portions. You will receive the specific tools and written materials to help you lose weight successfully for life!

Mercy Bariatric Center - Joplin

100 Mercy Way | Suite 440

Joplin, MO 64804

417-781-4404

417-781-5845 (f)

