Introduction

Thank you for your interest in our Weight Loss Center. Let us begin by stating that morbid obesity is a serious disease. Morbid obesity is an epidemic affecting over 15 million Americans. Obesity impacts both the quantity and quality of life. Being obese can cause many life threatening problems, and too commonly it interferes with social and personal activities.

Recent medical research has showed that obesity is a genetic abnormality that is expressed in variable degrees, even between individuals within the same family. When a person’s weight increases in excess of 100 pounds above one's ideal body weight or a Body Mass Index (BMI) greater than 40, medical implications become very important as there exists an increased risk for or have already developed obesity related diseases including diabetes, hypertension, sleep apnea, arthritis, depression, gastro-esophageal reflux (GERD), dyslipidemia (high cholesterol and/or triglycerides), edema, urinary incontinence, number of forms of cancer, and coronary artery disease. Even if an obese person does not have any known problems yet, they are at risk for developing all the conditions above and most importantly, a 20-fold increased risk of early death. For these types of patients, structured dietary programs have universally been unsuccessful. For many individuals, dieting, hypnosis, self help groups, and behavior modifications are met with minimal or only temporary success. The data suggests that the only long term solution for many morbidly obese patients is surgical intervention.

Patients often report that whatever weight loss is accomplished is ultimately followed by weight regain and all efforts are associated with feelings of guilt and depression. Life for people with morbid obesity can be difficult. Weight spirals up and plummets down, resulting in feelings of failure, frustration, and hopelessness. It is this population of patients that weight loss surgery, also known as bariatric surgery, is intended to help.

Bariatric surgery is the field of surgery devoted to weight loss. Bariatric surgery offers a surgical option for the treatment of morbid obesity when other measures have been unsuccessful. The currently applied surgical procedures of Adjustable Gastric Band, Sleeve Gastrectomy, and Roux-en-Y gastric bypass have consistently resulted in excellent weight loss in properly selected patients. As you might expect, such significant weight reduction has a tremendous impact on all aspects of life, and as you lose your excess weight, the way you feel about yourself, your family, and friends will change.

This informational guide is an introduction to the surgical treatment for obesity offered by Dr Howard. Questions that are not answered in this patient guide should be directed to members of the Weight Loss Center team. These team members include surgeons,
psychiatrists/psychologists, dietitian, physical therapist, nurses, physician assistants, and the program coordinator.

**Weight loss surgery cannot accomplish or maintain the necessary weight loss without your cooperation.** To accomplish and maintain weight loss after surgery, you must eat less food, change the types of food you eat, and increase your exercise.

### Why Surgery?

**1991 NIH Consensus Conference on Surgery for Obesity**

- Surgical intervention is the only method proven to have a significant long-term impact on the disease.
- Medical interventions have failed.

*Obesity Research 1998; 6 (suppl 2):S1S–209S*

### Risk of Surgery versus No Surgery

- McGill University compared five-year survival of their 5,746 morbidly obese patients managed medically with 1,035 patients who underwent surgery, matched by sex, age, and duration of being obese
- Five-year mortality **6.17%** in the no surgery group
- Five-year mortality **0.68%** in the surgical group


### Risk of Surgery

National Data – 136 scientific reports totaling surgical results of 22,094 patients

- Average operative mortality **0.5%= 1 in 200 patients**
- Diabetes Mellitus: Complete resolution 76.8% Resolved or improved 86%
- Hyperlipidemia Improved 70%
- Hypertension: Resolved 61.7% Resolved or improved 78.5%
- Sleep Apnea: Resolved 85.7%

Who should have surgery?

If you are considering surgery, you must meet certain criteria to be an appropriate candidate.

Most surgeons in the United States use the National Institutes of Health (NIH) guidelines.

These guidelines are as follows:

Weight Loss Surgery Criteria

**Previous attempts at weight loss have not been successful.**

AND

**No medical or psychological conditions that would make surgery too risky.**

AND

**Weight alone:** BMI (body mass index) 40 or above.

OR

**Weight with associated conditions:** BMI 35 or above with the presence of diabetes, high blood pressure, sleep apnea, hyperlipidemia or other serious complications of obesity.

AND

**Motivated and willing to undergo surgery and a complete change in lifestyle**

**Calculating Body Mass Index (BMI)**

\[
\text{BMI} = \frac{\text{Weight in pounds} \times 703}{(\text{height in inches}) \times (\text{height in inches})}
\]

Many BMI calculators are online, including at our website: [www.drhowardsurgery.com](http://www.drhowardsurgery.com)

If you do meet criteria, the next question is, are you comfortable with the trade-offs? In choosing to have surgery, you are trading some up front costs and risk for the ongoing costs and risks of the obesity.

Making the decision to have weight loss surgery is complicated and best made by a person who is well informed. The decision should include significant others, family members, or whomever is closest to you. A thorough discussion with the surgeon is of course necessary, and we encourage you to discuss the surgery with your medical doctors and other health care providers.
The surgeries: Adjustable Gastric Band, Sleeve Gastrectomy, Gastric Bypass

In the United States, gastric bypass and adjustable band (Lap-Band or Realize Band) are the two most common. Gastric bypass is currently the most popular, and has been in use since 1967. The laparoscopic adjustable gastric band (LAGB), has been in use in the United States since 2001, and has been used longer in Europe and Australia. Gastric bypass is also called Roux-en-Y gastric bypass. Sleeve Gastrectomy is the newest accepted surgical procedure for weight loss surgery with good results.

Adjustable gastric band, sleeve gastrectomy and gastric bypass are surgical procedures designed to help a person lose weight and improve the obesity related health problems. Each surgery accomplishes this in a different way, and will be discussed in more detail in the sections below. Therefore, it is very important for you to carefully consider the surgical options, and for us to conduct a complete evaluation before surgery to make sure which surgery is right for you.

Laparoscopic Surgery

Laparoscopic surgery, also called minimally invasive surgery, is an advanced surgical technique. Surgery is performed through small incisions using cameras and long, thin surgical tools. Laparoscopic techniques result in less post-operative pain, fewer complications, shorter hospital stays, and much quicker recovery times. The laparoscopic approach to weight loss surgery has been proven in studies to reduce the risk of post-operative wound complications, including infections and incisional hernias.

Multiple small incisions (each usually 10mm or less) are used for laparoscopic surgery. The abdominal cavity is filled with gas (carbon dioxide) to provide the surgeon with visibility. A video camera is introduced through one of the small incisions, and the surgery is completed using long, skinny instruments to perform the operation while looking at video monitors. At the end of the operation, the 5 tiny incisions are closed with dissolvable stitches.

Laparoscopy is the safest way to perform weight loss surgery.

Adjustable Gastric Band

Adjustable gastric banding leads to weight loss by placing an adjustable band around the stomach that essentially creates a small stomach pouch. As you eat, food will fill the small stomach pouch quickly, making you fill full much sooner and reducing the amount of food you eat. This procedure also increases the time it takes for the stomach to empty, making you feel full longer and reducing the sensation of hunger. The band can be adjusted (made tighter / smaller) by filling it with saline through a port located just underneath the skin. The concept is to create anatomy that provides a sensation of “fullness” after a very small meal.
This is the least invasive of all the surgical weight loss procedures because it does not require division or removal of any part of the stomach or intestines. The device consists of a band, connection tubing, and a plastic access port. As the band is filled with saline, the balloon expands and the stomach outlet gets smaller, making it harder for food to pass. After placement of the band around the top of the stomach, the band tubing is connected to a small plastic access port, which is placed under the skin. The access port is used to add or remove fluid from the band.

**Expected Weight Loss**

45-55% of your excess weight

Weight loss for gastric banding patients is generally less and slower than for Roux-en-Y gastric bypass patients. On average, 45-55% of a patient’s excess weight will be lost over a period of 2 years. Follow-up clinic appointments for band adjustments and evaluations are extremely important for weight loss success. Dedication to exercise, behavior modification, and proper food choices is absolutely necessary to help achieve optimal results.

**Sleeve Gastrectomy**

The laparoscopic sleeve gastrectomy leads to weight loss by reducing the size of the stomach, making you feel full after eating only small portions. Approximately 75-85% of the stomach is removed, leaving behind a smaller, tube-shaped stomach (or “sleeve”). This limits the amount of food that is required to feel full. In addition, the portion of the stomach that makes the hormone Ghrelin, which is responsible for making us feel hungry, is removed.

This is the newest weight loss surgery procedure. Advantages of the procedure include no implantation of an artificial device, no re-routing of the intestinal tract, and less frequent follow-up as compared to the gastric band. The primary disadvantage of this procedure is that there is no long-term data available regarding weight loss, as it is the newest of the procedures, and the sleeve tube could dilate (or stretch) with time.

**Expected Weight Loss**

55-65% of your excess weight

Sleeve gastrectomy patients tend to lose more than gastric banding patients, but less than gastric bypass patients.

**Gastric Bypass**

The most common operative procedure performed for weight loss is the Roux-en-Y Gastric Bypass. This is currently considered the "Gold Standard" of weight loss surgical procedures. It results in weight loss by significantly reducing the size of your stomach, so you cannot eat as much, and by bypassing your small intestines so you absorb less fat from the foods you eat. This
operation has been accepted by obesity surgeons throughout the country and major medical societies as being the most effective in weight reduction and maintenance of weight loss. We perform this surgery using laparoscopic techniques, avoiding a large incision in your abdomen; however an abdominal incision is sometimes necessary based on your weight, body shape, and previous surgical history.

The Roux-en-Y Gastric Bypass leads to weight loss mostly by reducing the size of the stomach, reducing the amount of food you can eat before you feel full, as well as by bypassing some of the small intestines, reducing the amount of food the body will absorb. This operation is considered the gold standard for weight loss surgery, as it has been in existence the longest, and has been extensively used since 1967.

A small stomach pouch (about the size of a medium egg) is created with a stapler device. The small intestines are then divided and one end brought up and connected to the small stomach pouch. The intestines are reconnected further downstream.

**Expected Weight Loss**

65-75% of your excess weight

Weight loss is greatest during the early months following surgery. During this time, it is very important that you take in enough protein so that you can recover form your surgery. The rate of weight loss slows during each succeeding month, and usually stabilizes between 12 and 18 months after surgery. The amount of weight loss cannot be precisely predicated as weight loss depends on many factors, including your age, preoperative weight, and the amount of physical activity that you do.

A word of caution: your surgery limits the amount of solid food that you can tolerate, but has less of an effect on the consumption of liquids. Drinking high calories liquids will slow your weight loss. After the sixth week, you will be encouraged to eat six small meals a day, so be sure to eat foods high in protein and drink low calorie fluids.

If food consumption or calorie intake increases after weight stabilization, some weight may be regained. Patients who desire to lose additional pounds must restrict caloric intake and/or increase their amount of daily exercise. Discuss the method and plan for additional weight loss with the dietician, physical therapist, and other members of the bariatric surgery team. This is an extremely important point, the procedure will give you the “kick start” to lose weight, but you must help by exercising and using caution/judgment with your food intake.

**Risks and Complications**

Any surgery has risks. Weight loss surgery is no different. There are complications that can happen with either gastric bypass or gastric banding, and there are complications unique to each operation. It is impossible to predict every possible complication of surgery, but listed below are some of the more common or more severe risks. Fortunately, the severe complications are far less common than the mild ones.
Complications that can occur from gastric bypass, sleeve gastrectomy or gastric banding

Death.
Bleeding, infection, stroke, heart attack.
Anesthesia complications, allergic reaction, arrhythmia.
Blood clots: deep venous thrombosis (DVT), pulmonary embolism (PE).
Excessive weight loss.
Excessive vomiting.
Nutrient deficiencies.
Failure of weight loss.
Wound problems: hernia, infection, pain.
Flatulence, diarrhea, constipation.
Temporary hair loss.
Loose skin after weight loss.
Need for revisional or corrective surgery in the future.

Gastric bypass specific complications

Leaks: from a staple line or anastomosis.
Stricture or stenosis of the stoma (outlet of the pouch).
Bowel obstruction, internal hernia.
Nutrient deficiencies: Iron, Calcium, vitamin B12.
Ulcers, hypoglycemia.

Sleeve Gastrectomy specific complications

Leaks from the staple line.
Stricture or stenosis narrowed stomach.
Nutrient deficiencies: Iron, Calcium, vitamin B12.
Ulcer.
Extreme reflux

Lap-Band Specific complications

Slippage of band.
Erosion of band into stomach.
Device problems: breakage or leakage of tubing, access port problems.
Infection of the port or other parts.
Esophageal dilatation.

Individuals at increased risk

Certain patient factors do make surgery riskier for others. These include age over fifty-five, body mass index (BMI) over fifty, previous gastric or weight loss surgery and patients with central body obesity.
Recovering from surgery

Surgery is usually performed in the hospital, under general anesthesia. When you wake up, you will be observed in the recovery room, and then transferred to a regular hospital room. Patients very rarely are observed in the intensive care unit (ICU) after surgery. The most common problems after surgery are pain and nausea. To help prevent this, you will be given pain and nausea medications even before you awake from anesthesia. Everyone is different when it comes to how much pain they experience after surgery. A variety of pain medications are made available, and we use a system called patient controlled analgesia (PCA). The PCA lets you give yourself pain medication by pressing a button. It is computer controlled so that a person cannot give themselves too much.

While in the hospital, you will gradually advance to a bariatric liquid diet. Your vital signs, urine output and sometimes blood work or other tests will be monitored. When your pain is controlled and you are tolerating clear liquids, and the surgeon is satisfied that there are no signs of complications, you will be discharged.

Time spent in the hospital

This depends on the operation, and on the individual. Some people take longer to recover than others. After laparoscopic adjustable banding (Lap-Band), most people can go home the same day, unless they are on home CPAP. After laparoscopic gastric bypass or sleeve gastrectomy, most people spend two nights in the hospital. If the surgery had to be done open, it is usually three or more nights.

Time spent off of work

Most people are back to work in approximately one to three weeks, but it depends on several things. Time away can be as little as a week, or up to six weeks. It depends on the type of operation, how quickly a person recovers, whether or not they have complications, and what type of work they do. For any job, three weeks is justifiable. For jobs requiring lifting over 40 pounds or with other physical demands such as extensive bending, lifting or climbing, four weeks may be needed. The shortest time off is usually for laparoscopic surgery, and is shorter for banding patients than bypass or sleeve patients. Be prepared to miss more work if complications occur.

Follow-up Care:

You will return to the clinic in 2 weeks, three months, six months, nine months, twelve months, and every year after surgery. Adjustable gastric bands will follow up more often. You will see the team dietician, as well as other members of the team, to ensure that your dietary intake is adequate for your health needs. They will also counsel you regarding exercise, as well as your emotional and physical adjustments to your weight loss.
Medications You May Not Take:

There are several non-prescription and prescription medications that you should not take unless you receive permission and instruction from us in how to take them. Among the medications in this category are all arthritis medications, aspirin, and aspirin-containing products, including many cold medications. Alka Seltzer®, BC powders®, Goody powders®, Bufferin®, Ascriptin®, and many other medications that contain aspirin or salicylate compounds are prohibited. These can greatly irritate your stomach pouch and cause a number of serious problems. You should also avoid taking Nuprin®, Advil®, Aleve®, ibuprofen, or other over-the-counter arthritis pain or menstrual cramp medications. If you have any questions about whether a prescription medication or a non prescription medication contains aspirin or other stomach-irritating compounds, check with your doctor or pharmacist. Do not take any of these medications unless you have first spoken with your surgeon or someone from the bariatric surgery team for permission and instructions on how an exception might be made in your case.

Living with the surgery

General instructions

The instructions and rules are the same for sleeve gastrectomy, gastric bypass and gastric banding. In general, you will be going through an initial healing period, lasting about four to six weeks, where you are being very gentle with your new stomach. People usually are not hungry at all during this time, and will be consuming mostly liquids meals at first. It is important to follow all the instructions and guidelines, and to call the office with questions or problems.

Exercise

A regular exercise program is essential to any weight loss program, with or without surgery. Exercise burns calories and builds up muscle. Muscle burns more calories even while you are not exercising, so you get rewarded twice for your efforts. Regular exercise also helps lower blood pressure and cholesterol and has many other health benefits.

You can begin walking immediately after surgery. You may begin low-impact exercises such as swimming, jogging, aerobics, or cycling as soon as these activities do not cause any discomfort to your incisions. With laparoscopic surgery, people usually reach this point within a few weeks. Exercise with straining, such as weight lifting and abdominal crunches, should be avoided for six weeks.

Lifelong commitment

Obesity is a lifelong problem, and managing it takes a lifetime of effort. This is true whether you have weight loss surgery or not. Weight loss surgery makes changes in the way your body reacts to food, but you have to work with these changes to achieve good weight loss.
Weight loss surgery is much more effective than any other approach to weight loss. In theory, anyone can lose weight without surgery. In reality, the chance of a severely overweight person achieving successful weight loss without surgery is less than three percent. With surgery, the chances of successful weight loss are about sixty to eighty-five percent. **Remember that weight loss alone is not the goal; the real goal of weight loss surgery is to improve health and well-being.**

**Post Op Diet**

Bariatric surgery is an excellent way to limit the amount of food you eat and assist in weight reduction, but significant adaptation of your diet and lifestyle are required to achieve maximum success. After your bariatric surgery, you will be losing weight very rapidly. Hence, proper nutrition is essential to maintain lean body mass (muscle), hydration, skin elasticity, and to minimize hair loss.

The primary nutrition goals after surgery are as follows:

- Learn proper eating habits that will promote continued weight loss
- Consume adequate amounts of protein to minimize loss of lean body mass, and facilitate wound healing
- Take adequate amounts of fluid to maintain hydration
- Take in nutrients for optimal health via healthy food choices
- Replenish vitamin and mineral supplementation
- The post bariatric surgery meal plan requires a significant change in meal planning for most people. We recommend that you begin adapting your current meal plan to prepare for this change
- Avoid fried or high fat foods at all costs

**Nutrition Plan** In order to lose weight effectively and permanently, you must be an active participant in your weight loss program. The surgery will help you to lose weight, but it is not “magic”. A well balanced nutrition plan is necessary to help you reach and maintain your goal weight. Making changes in your eating habits will also leads to a lifetime of good health and weight control. The following describes the plan’s progression from liquids to solid foods, following your discharge from the hospital.

**Weeks 1 & 2 (high protein, low calorie liquids)**

Protein is essential for every function of your body. After surgery, protein is needed for healing and infection prevention. It is necessary for you to continue on liquids for two weeks after your discharge from the hospital to avoid putting stress on your staple line. Hence, your dietician will prescribe a number of high protein liquid supplements. In addition to these supplements, you will be allowed to have coffee, tea, broth, Gatorade, clear, and cream soups (strained), fruit juices (small amounts), sugar free drinks, popsicles, and water. You need a good fluid intake during this time, so that you do not get dehydrated.
**Weeks 3 & 4 (Pureed Stage)**

During the pureed stage of the plan it will be necessary for you to blenderize most of your food, or you may want to use baby food. It will also be important for you to develop an eating schedule for yourself that fits your lifestyle. The following are a number of guidelines that you will find helpful in making the necessary changes from liquids to semi-solid to solid foods.

1. Relax and enjoy mealtimes. If you are under stress or feeling anxious before a meal, you may want to avoid eating until you are more relaxed. Highly stressful situations often cause food intolerance.

2. Eat six times a day, three meals and three snacks. Eating often is necessary to help you meet your nutritional needs and continue with your weight loss goals.

3. Limit the size of each meal to approximately four tablespoons of food. You will discover that you can drink more liquid, so be sure to select low calories beverages. The more solid a food, the less of it you will be able to eat, so you will be getting fewer calories and losing more weight. Learning your capacity of certain foods is essential to weight management.

4. Take small bites, chew well, and put your fork or spoon down between bites. Taking small bites will help you in chewing your food better. Chew each bite at least 20 times before swallowing the food.

5. Take at least 20-30 minutes to eat or drink each small meal or snack. Be sure to make time in your daily schedule for meals. Eating slowly will help you to avoid problems with intolerance.

6. Drink liquids between meals only. You may take small sips of liquid with your food, but drinking liquids with meals will cause your pouch to reject the food. Drink liquids one hour before or one hour after a meal.

7. Include high protein foods at each meal. The dietician will discuss with you protein food selections and how to include these foods in your menus. Also include foods from all food groups in your meal plan on a daily basis.

8. Continue drinking protein shakes daily.

**Week 5 & 6 (Soft Stage)**

This stage of the nutrition plan could be called the soft-semi-solid stage because you will be consuming solid foods that are well cooked. You can continue to consume soft foods you have already been eating in addition to the following foods that should be included in your meal plan at this time:

- Baked fish, chicken, and turkey
- Dried beans, peas, and lentils
- Lean Ground beef and veal
- Creamy peanut butter
- Steamed or boiled vegetables
- Canned fruit, packed in its own juices or soft fresh fruit
- Cooked or dry cereals, crackers
- Toasted breads, baked potato (no skin), Melba toast

Remember to continue eating slowly and chewing well. Avoid drinking liquids with your meals, and continue to follow the guidelines previously outlined.
**Week 7+ (regular stage)**
Eat 6 small meals/snacks a day. Continue to advance the consistency of the foods you eat by including raw fruits and vegetables into your meal plans. Continue to select low calorie, high protein foods, and low fat foods. Always ask yourself, “Is there a lower calorie, more nutritious choice?”

**Foods to avoid**
You are encouraged to avoid the following foods:
Nuts, seeds, skins (includes potato skins, onion skins, fruit peelings, and the membrane between orange and grapefruit sections), the stringy portion of celery, asparagus, string beans, un toasted bread, high caloric, high fat foods, and high caloric beverages. Steak and pork may or may not be tolerated depending on the individual. You may discover individual intolerances with certain foods; this is very common. You should concentrate on the positive behaviors and good eating habits you are developing.

**Dieticians Role**
Prior to your discharge from the hospital, the dietician will instruct you on the bariatric surgery nutrition plan. You will be provided written and verbal information on how to advance from liquids to solid foods. She will discuss with you how to meet your nutritional needs as well as how to avoid possible intolerances. In your return visits you will meet with the dietician on a regular basis. They will evaluate your overall nutritional intake and make recommendations on how to improve if necessary. The dietician will also help you identify problems and make suggestions on how to correct them, as well as answering any questions you may have regarding your nutritional plan.

Remember that surgery is not the magical answer to losing weight. The more involved you are in your nutritional plan, the better your results will be. Be an active participant.

**Vitamin and Mineral Supplementation**
The first few months after your surgery you will consume a very low calorie diet, and due to the volume restriction of your new stomach it will be difficult to eat enough of a variety of different foods each day to consume adequate amounts of various nutrients. Hence, **vitamin and mineral supplements** are required.

**Daily Multivitamin**
- Chewable
  - Must contain at least
    - 400mg Folate
    - 18mg Iron
    - 15mg Zinc

**Calcium Citrate**
- Calcium must be in a citrate form.
- You must take a total of 1200 mg of calcium per day.
- If you are on Iron supplements you must separate your iron supplement from your calcium by at least 2 hours
Iron
• Women who are menstruating or who have a history of anemia will need to take supplemental iron.
• Supplemental iron
• Take your iron with your multi-vitamin or a vitamin C for enhanced absorption.
  You may also wish to take an over the counter stool softener when starting iron supplements as they may cause constipation

B-12
• You will need to receive an injection of B-12 by your 6-month post-op visit and every 6 months thereafter or take sublinqual B-12.

Chewable vitamins are recommended, gummy vitamins are highly discouraged.

You can find any of the above supplements at any major retail store or may visit our estore at www.drhowardsurgery.com for Fusion Multivitiam that contains all the above in one chewable tablet. (Gastric Bypass take 4 per day, Sleeve Gastrectomy take 3 per day, Adjustable Gastric Band take 2 per day).
The pre-operative process – What you can expect

Please obtain the following items to bring with you at your first clinic appointment:

- Documentation of your weight for the last 12 months from your primary care physician.
- Documentation of non-surgical weight loss attempts.
- A supporting letter from your primary care physician recommending surgery.

Psychological Interview:
As part of the evaluation for weight loss surgery, you will need to be evaluated by a psychologist/psychiatrist. They often times will discuss behavioral and life-style issues that can have an impact on your adjustment to life before and after the surgery. At the conclusion of their assessment, you will be provided feedback and given specific suggestions that may assist you both before and after bariatric surgery.

Nutritional Evaluation:
You will be required to meet with our registered dietician to assess your current eating and exercise habits. She will discuss and recommended dietary changes to prepare you for surgery, while you are in the hospital, and once you are discharged.

Laboratory Studies:
As part of the medical evaluation, you will need to complete several studies.

The necessary studies include:

- A Barium Swallow to evaluate your esophagus/swallowing and possible hiatal hernia
- Arterial Blood Gas measurement, to evaluate your oxygen levels
- EKG to diagnose the presence of any heart disease
- Blood work - to be drawn while fasting:
  1. Comprehensive Chemistry Panel (to include an albumin level and liver function tests)
  2. HbA1c
  3. CBC with differential
  4. Ferritin level
  5. Thyroid Stimulating Hormone level
  6. Fasting Lipid Panel

In addition, if you have had any of the following studies or procedures, please bring copies or the original reports to your initial appointment:
• Sleep Study
• Cardiac Studies – stress test, echocardiogram, cardiac catheterization
• Operations
  1. Stomach or intestinal surgery
  2. Hernia repair (hiatal hernia or abdominal wall hernia)
  3. Cancer surgery

After we review the above studies or procedure notes, we will determine if any special consultations are necessary, such as a cardiac, gastroenterology, pulmonary consultation or sleep apnea test. If so, arrangements will be made for them to be conducted.

What’s Next:
After all the above tests and examinations are satisfactory performed, your chart will be given a final review. If approved, our office will submit the accumulated medical information to your insurance company for their review and final authorization for surgery.

After surgery has been approved, you will meet with Dr. Howard again in clinic for a pre-operative evaluation and to discuss the procedure once again, having a chance to go over any further questions. There may be intermittent ‘weigh-ins’ during the process to make sure that you are following the proper diet. It is expected that you lose weight and gain NO WEIGHT during this evaluation timeframe.

Two weeks before surgery all patients are required to start a liquid diet.
Liquid Diet Before Bariatric Surgery

All patients are required to start a Liquid Diet 2 weeks before their surgery date. Following this diet will not only jump start weight loss but will also help reduce the size of your liver making the procedure easier to perform and thus more successful.

During this time it is important to include a protein shake multiple times daily to help ensure good nutritional status prior to surgery. Aim for a goal of ~ 60-80 grams of protein per day obtained from your protein shake. It would also be beneficial to add a general multivitamin and calcium supplement as a safety net in meeting basic nutrient needs. Chewable forms are recommended for optimal digestion and absorption.

The list below provides recommended liquids and supplements considered acceptable during this 2 week time.

**Clear Liquids**
- Water
- Diluted Juices (fruit or vegetable)
- Broth Based Soups
- Gatorade or Generic Equivalent
- Flavored water
- Unsweetened Tea
- Coffee
- Crystal Light
- Sugar Free Beverages
- Jello
- Popsicles

**Full Liquids**
- Hot Cereals (i.e. oatmeal, grits, cream of wheat)
- Creamed Soups
- Yogurt
- Pudding
- Milk
- Custard
- Sherbet

**Protein Shakes**
There are many protein shake varieties on the market that would be acceptable prior to surgery. After surgery the list will narrow. Feel free to enjoy your preferred kind until that time. Here a few varieties that would be appropriate:
- EAS AdvantEdge Carb Control
- Slim Fast Low Carb
- Atkins Shake
Boost Glucose Control
Carnation Instant Breakfast (no sugar added)
Fusion Meal Replacement (available at our estore – www.sadlerweightloss.com)

Supplements

Multivitamin
Centrum Chewables
One-A-Day Maximum
Flinstones Complete
Chewable Mega Teen Multivitamin (GNC)
Fusion Complete (available at our estore – www.sadlerweightloss.com)

Calcium with Vitamin D
Citracal Creamy Bites
Twin Labs Chewable Calcium Citrate
Bluebonnet Liquid Calcium Citrate
Solaray Calcium Citrate Wafers

Visit our estore at drhowardsurgery.com for complete list of meals and vitamins.
Nutrition Questionnaire

Please bring the form with you on your initial clinic visit.

Date____________________________ Name_______________________________

1. How long have you been considering weight loss surgery?
________________________________________________________________________

Weight History
2. What is your current weight? _____LBS

3. What is your desired goal weight at 12-18 months after surgery? _____LBS

4. How many pounds do you need to lose to achieve your weight goal? _____LBS

5. When did your weight problem begin? _____childhood _____adolescent _____teenager _____10 years ago _____20 years ago _____30 years ago _____ throughout life other
________________________________________________________________________

6. What do you think is reason for your weight gain?
_____injury _____pregnancy _____overeating _____poor eating habits _____heredity _____lack of exercise _____marriage _____smoking cessation _____stress _____divorce
other____________________________________________________________________

7. What has been your highest adult weight? __________ LBS

8. When you lost weight in the past, how many pounds did you lose on average with each attempt?
Weight loss_____ small (<15 lbs) ____moderate (15-49 lbs) _____ large (>50lbs)

9. What has been your most successful diet?_____________________________________
Why____________________________________________________________________

Exercise History
10. Do you currently exercise? _____ yes _____no
If yes, what do you do for exercise,
Exercise Days/week Time spent
_________________ _________________ _________________
_________________ _________________ _________________
If No,
Why____________________________________________________________________

Diet Assessment
11. How many meals per day do you eat? _____one meal _____two meals _____three meals
_____one to two meals _____two to three meals _____ three or more meals
If you skip meals what meal(s) do you usually skip:
_____ breakfast _____ lunch _____ dinner
How many days a week do you skip this meal ___________________________________
12. I eat out for Breakfast _____rarely _____sometimes _____often _____daily
   Lunch _____rarely _____sometimes _____often _____daily
   Dinner _____rarely _____sometimes _____often _____daily

13. Are your meals?
   _____large portion _____extra large portions _____high fat _____high carbohydrate _____high sugar

14. How often do you snack?
   _____ a.m. snack _____p.m. snack _____evening snack _____snack between all meals
   _____grazing on food throughout the day

15. What beverages do you drink (please mark how many ounces you drink of each daily)
   _____water _____whole milk
   _____diet soda _____2% milk
   _____regular soda _____1% milk
   _____regular coffee _____skim milk
   _____decaf coffee _____juice
   _____regular tea _____sweet tea
   _____decaf tea _____unsweetened tea

16. Do you drink alcohol? _____yes _____no If yes what type how much and how often.

17. Do you take a Multivitamin? _____yes _____no

18. Do you smoke? _____yes _____no if quit, when _____________________

19. From the list below what triggers you to eat:
   _____availability of food _____depression
   _____loneliness _____boredom
   _____habit _____hunger
   _____lack of appetite awareness _____self reward
   _____external cues _____comfort
   _____stress _____PMS
   _____social situations _____anxiety
   _____sadness other _____________________________
   _____anger

20. How would you describe your eating habits? (circle)
   Skip one meal per day                Feeling disgusted or guilty after eating
   Often eating (i.e. grazing)         Overeating
   Rapid eating                        Eating large amounts of food
   Eating throughout the day          Eating until uncomfortably full
   Eating alone out or embarrassment  Middle of the night eating

21. Ways you have tried to lose weight/diets: __________________________________________
# Sleep Apnea Self Test

(You do not need to complete if you know you have sleep apnea)

<table>
<thead>
<tr>
<th>question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you Snore?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been told that you hold your breath or stop breathing during sleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been told that you hold your breath or stop breathing during sleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wake up Gasping for Breath? Or with headaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you fall asleep frequently while reading?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you fallen asleep while driving or stopped at a light?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have jerking movements while sleeping?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you still feel exhausted after 8 hours of sleep?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total # of Yes answers __________**

If you answered **YES to more than three of the above questions**, you may have sleep apnea and you should talk to your doctor about a sleep study.
Written Agreement to Comply with Therapy

I have reviewed all the information, including reading the bariatric manual and the website, and viewing the bariatric seminar, provided to me by Dr Howard and the Sadler Weight Loss Center about my obesity, the Roux-en-Y Gastric Bypass/Sleeve Gastrectomy/Adjustable Gastric Band, the strict postoperative dietary program, lifestyle modifications including and not limited to increased exercise. I also understand that follow-up clinic visit is an important aspect of care to avoid potential complications and for optimal weight loss.

I have been given an opportunity to ask questions about management of my obesity, alternative forms of treatment, risk of non-treatment, the procedures to be used, and the risks and hazards involved. I believe that I have sufficient information concerning the Roux-en-Y Gastric Bypass/Sleeve Gastrectomy/Adjustable Gastric Band surgery.

I agree to comply, to the best of my ability with all therapy and recommendations made by my physicians and healthcare providers including: (Please initial each box)

☐ I will take vitamins and supplements as directed for the rest of my life.

☐ I will follow the guidelines of the pre and postoperative diet.

☐ I will exercise on a regular basis after surgery.

☐ I will not get pregnant for at least 2 years after my surgery.

☐ I will quit smoking 2 months before surgery and remain smoke free the rest of my life.

☐ I will come in for follow-up appointments at 2 weeks, 3 months, 6 months, and 12 months and at least every year thereafter.

____________________  ______________________
(Signature of Patient)   (Date)

Please sign legibly

____________________  ______________________
(Signature of Provider)  (Date)