Surgical Weight Loss Program Manual

BON SECOURS ST. FRANCIS

Bon Secours

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General Information

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Carolina Surgical Associates Eastside
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p. 864-675-4815
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Carolina Surgical Associates Fountain Inn
910 N. Main St.
Fountain Inn, SC 29644

Bon Secours St. Francis Eastside Hospital
125 Commonwealth Dr.
Greenville, SC 29615
p. 864-675-4000

Financial Counselor
p. 864-282-4946

Who to Call

- **Clinical/Medical Concerns:** 864-675-4815
- **Diet Concerns:** 864-675-4818
- **Quality Coordinator:** 864-675-4819
- **Billing Concerns:** 888-538-3832 (Physician), 877-342-1500 (Hospital)

Welcome

Thank You for Choosing Us

The St. Francis Surgical Weight Loss Program has been designated as an MBSAQIP Accredited Center, CIGNA Center of Excellence, and a Blue Distinction Center.

Our program is distinctive in that it offers preoperative education as well as postoperative support. We not only guide you through the steps necessary to have surgery, but we will provide the necessary tools fundamental to your postoperative success for many years to come.

Our program includes an emphasis on nutrition, physical activity, psychology, and wellness. Over the years, we have had the opportunity to hear many of our patients' life stories. While no two have followed the same journey, there is a common thread that unites those who have been successful: a demonstrated ability to accept that their surgery is not a "magic pill". Each has come to understand that their continued success depends on how they change their hearts and minds. What seems to differentiate these successes is that when challenges or setbacks were encountered, this group didn't fall victim to feeling overwhelmed or defeated. Instead, in the face of challenge, they demonstrated the courage to reach out for help and guidance, embracing the full range of support services available to them.

Psychological support has proven to be instrumental in achieving weight loss success and support with the SWL tool. We have a support group that meets on the 2nd Thursday of each month at 6pm. The group welcomes pre- and post-operative patients. The meetings are cost-free and no registration is required. We feel that support plays an enormous role in your weight loss journey. Therefore, we strongly RECOMMEND that you attend at least one support group session prior to being scheduled for surgery. Regular attendance at support group will help you optimize your success and overall wellbeing.

We are so very excited to go on this journey with you and work with you to achieve your optimal health.

Our Team

Our surgeons and staff are skilled and experienced – both of our surgeons have received specialty and/or fellowship training in Bariatrics and are members of the ASMBS (American Society for Metabolic and Bariatric Surgery).

David G. Anderson, MD

Medical Education— New York Medical College

Advanced Training Internship and Residency — Westchester County Medical Center, Valhalla, NY; Baptist Hospital, Miami, FL

Specialties — Bariatric Surgery, General Surgery and Minimally Invasive Laparoscopic Surgery

Board Certification — American Board of Surgery, National Board of Medical Examiners

Professional Affiliations —

- Fellow member of the American College of Surgery
- Member of the American Society for Metabolic & Bariatric Surgery
- Member of the American Medical Association
- Member of the South Carolina Surgical Association
- Member of the Society of American Gastrointestinal Endoscopic Surgeons

Jessica Gonzalez Hernandez, MD

Medical Education— University of Puerto Rico School of Medicine

Advanced Training Internship and Residency — Baylor University Medical Center, Dallas, TX; UT Southwestern Medical Center, Dallas, TX

Specialties — Bariatric Surgery, General Surgery and Minimally Invasive Laparoscopic Surgery

Board Certification — American Board of Surgery, National Board of Medical Examiners

Professional Affiliations —

- Member of the American College of Surgery
- Member of the American Society for Metabolic & Bariatric Surgery
- Member of the American Medical Association
- Member of the Society of American Gastrointestinal Endoscopic Surgeons
- Member of Alpha Omega Alpha

Languages — English and Spanish

About Bariatric Surgery

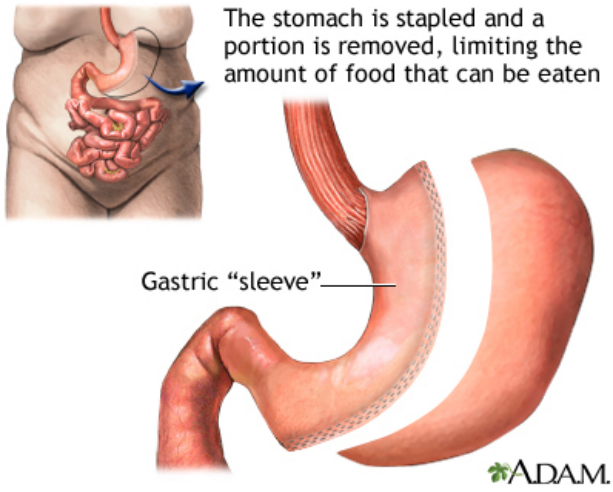
We offer two bariatric surgeries: the Roux-en-Y Gastric Bypass and the Sleeve Gastrectomy. Both surgeries work by changing and impacting the body's hormones. The surgeries also decrease caloric intake through reducing the size of the stomach, making you feel full faster.

Before surgery, your stomach can hold about 6-11 ounces at rest. It can also expand and stretch to hold much more. After surgery, your new pouch can hold around 1-4 ounces at rest and does not stretch as much as your old stomach.

Sleeve Gastrectomy

The Sleeve Gastrectomy is a restrictive procedure, in which:

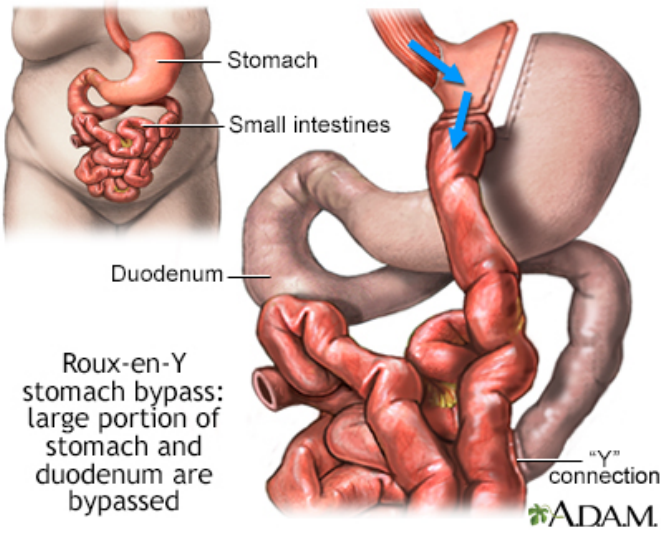
- Staples are used to create a thin vertical sleeve of the stomach (about the size of a banana).
- The procedure limits the amount of food a person can eat and helps you to feel full sooner – the sleeve will typically hold between 50-150 ml.
- Food continues to be digested through the normal digestive and absorption process.



Roux-en-Y Gastric Bypass

The Roux-en-Y Gastric Bypass surgery results in weight loss in two ways:

- By causing nutrient malabsorption from bypassing of a portion of the gut.
- By surgically altering the size of the stomach to limit the amount of food that can be eaten.



Surgical Pathway

Consult Visit

You will meet with our Multidisciplinary team, discuss your health history and review our surgical offerings. Based on your insurance and health history, the team will provide you with a list of requirements that must be completed to continue your pursuit of bariatric surgery.

Completion of tests, clearances and evaluations

Pre-Operative Visit

You will return to our office to meet with our Multidisciplinary team to review your completed requirements. If at that time you are found to be a good candidate for surgery, we will schedule your surgery date and submit necessary information to insurance. Our Quality Coordinator will assist you with any questions related to surgeon fees.

Pre-Assessment Visit

You will meet with the hospital prior to surgery to review hospital requirements, do additional labs, and prepare you for upcoming surgery.

Surgery

Follow Up

We will see you for regular follow up visits around 1.5 weeks post-operative, 3 weeks, 6 weeks, 3 months, 6 months, 1 year, and annually. Any additional visits will be on an “as needed” basis. Our program encourages a return visit to the surgeon every 6 months to a year, for life.

Program Statistics

- 2023 Case Volume: 207 procedures - 64% Sleeve, 32% Bypass, 4% Other (Band Removal, Conversion, etc.)
- 2023 Outcome Data: 3.86% re-operation rate, 4.3% re-admission rate

Pre-Surgical Requirements

Listed below are the criteria set forth by our program and your insurance company for approval of bariatric surgery. Once all necessary steps are complete, and we have received all needed information, we will schedule your pre-operative visit with our team. If at that time you are cleared, we will schedule surgery, and submit the information to your insurance company for approval of benefits. Once we receive insurance approval, any applicable surgery payment will be due. There is a $35 fee for FMLA and/or Short Term Disability paperwork. This fee will be collected upon receipt of your paperwork. If at any time during this process you are found not to be a good candidate for surgery, any out of pocket expenses are not refundable.

1. _____ No weight gain during pre-operative period

2. _____ Lab work completed

3. _____ Upper GI (radiology): 864-675-4875

4. _____ Dietitian Evaluation _____/_____/_____ @ _____
   Supervised Diet Requirement:
   [ ] None [ ] 90 days [ ] 3 mos [ ] 6 mos [ ] Other

5. _____ Physical Therapy Evaluation

6. _____ Psychological Evaluation _____/_____/_____ @ _____

7. _____ Support Group Attendance (optional)

Pre-Surgical Requirements

Lab Requirements

You are required to complete certain bariatric specific lab tests for our program. These labs should be completed prior to your first diet appointment with our office. Our outpatient lab is located at 135 Commonwealth Drive, Suite 150. It is on the first floor of our office building and is open M-F 7:30am-4pm. They are available by walk in. The process typically takes ~30 minutes and they will draw ~8-10 vials.

If your insurance encourages the use of your Primary Care Physician for labs, please make sure they fax the results to us. Insurance will typically cover labs. However, all insurance plans differ and in some cases, labs may apply toward your yearly deductible. Please check your individual insurance requirements.

Required Labs: *additional labs as per insurance requirements

- Hemoglobin A1c
- TSH
- Vitamin D
- Vitamin B12
- Folate
- Iron
- Ferratin
- Drug and alcohol screen; Nicotine/Metabolites

Psychological Evaluation

You are required to complete a psychological evaluation to be considered for surgery. This evaluation will help identify potential concerns that could cause difficulties after surgery. You will meet with our social worker a minimum of one time prior to surgery. These visits are often covered by insurance, based on mental health benefits, but it is your responsibility to verify coverage with your insurance. All associated fees are non-refundable. The psychological evaluation alone does not determine whether you will have surgery.

Due to this provider's schedule and availability, if you no-show your appointment, you will not be rescheduled and will need to utilize outside sources for your psychological evaluation. We are not responsible for any fees associated with outside sources.

This provider is located at Poinsett Family Practice: 2 Innovation Dr., Suite 120, Greenville, SC 29607. Tel. 864-271-9773

Nutrition

Post-operatively, the surgical weight loss patient's nutrition needs have changed. With only a small amount of space in the new stomach, patients are advised only to put in what is most nutritious and will contribute to overall good health.

The following habits must be in place prior to surgery and be sustained after surgery to achieve success with the surgical weight loss tool:

- Eat at least 3 times per day with lean protein focus
- Eliminate all soda, caffeine, and sugar-sweetened beverages
- Practice mindful eating behaviors
- Practice not drinking with meals; wait at least 30 minutes after eating to drink
- Avoid fried foods and high sugar foods
- Decrease fast food and going out to eat, prepare majority of meals at home
- Participate in a physical activity routine

Avoid bingeing/"last supper" eating: Remember that surgery is a "tool". There are no foods that are completely off limits. However, you should be trying to make healthier food choices that best fuel the body. Priority at meals and the amount we consume will change. In order to create this lifestyle change, try not to focus on what foods you "can't have", but rather the benefits that you are making to your overall health.

Meal Planning and Preparation

Try to incorporate different, healthy cooking methods, while avoiding frying, breading, and gravies. To add flavor to dishes, utilize various seasonings and spices (look for low/no sodium), rather than high-fat and/or high-sugar sauces.

Cooking Methods

Baking: food is placed in an oven, surrounded by hot, dry heat
Boiling: cooking food in hot water
Grilling: food is placed over a heat source that is open to air
Roasting: food is placed in an oven, surrounded by hot, dry heat; typically, at a higher temperature than baking
Sautéing: food is placed in a hot pan, with a small amount of liquid or fat, to quickly cook
Steaming: food is placed above boiling water, the food is cooked by the gas/steam from water

Mindful Eating Behaviors

Listen to your body cues:

- Focus on what your body tells you when it is hungry and when it is full.
- Rate your body on a scale of 1-10 at various points during the day: 1 is starving and feeling weak/dizzy, 10 is so full that you feel sick.
- Distinguish between physical and emotional hunger:
    - Physical: stomach growling, low energy, time has passed since last meal, food is satisfying
    - Emotional: no physical cues, specific cravings, food doesn't satisfy

Chew food thoroughly:

With the decreased size of your stomach after surgery, you must chew food to a pudding-like consistency before swallowing.

- Cut food into smaller pieces and take smaller bites.
- Chew each bite at least 20 times.
- Choose moisture rich foods.

Practice slowing down at meals:

- Put your fork down in between bites.
- Avoid distractions while eating (phone, TV, driving, etc.)
- Savor your food and acknowledge its smell, taste and texture.

Sip on fluids throughout the day and avoid drinking with meals:

Drinking with meals can cause issues with absorption and discomfort. Drinking too fast or gulping can cause pain and nausea.

- Slowly sip fluids throughout the day. Keep a bottle or cup around you at all times.
- Be aware of straws as they may introduce air, which can cause discomfort.
- Practice waiting at least 30 minutes after you eat to drink. You may drink up to 15 minutes before a meal, but must wait the full 30 minutes after.

Sources of Lean Protein

Seafood/Fish
Fish is one of the healthiest sources of lean protein. It is naturally lower in saturated fat than poultry, beef, and pork. Coldwater fish, such as salmon, contains high amounts of omega-3 fatty acids, a good fat that can be beneficial to your health.

Chicken and Turkey
Poultry is a good source of protein and low in calories and cholesterol. Choose white meat and remove skin before eating. Ideal preparation methods include roasting, grilling, and baking.

Beef and Pork
Watching your calories and fat intake doesn't mean you give up red meat. Choose healthier cuts, like ones with "round" or "loin" in the name, and those with less visible marbling. Trim excess fat and look for 90% or above on ground meats.

Low-Fat Dairy
Low-Fat dairy products are an ideal source of lean protein, as much of the saturated fat has been removed. They provide Vitamin D and Calcium. Low-fat cheese, cottage cheese, and Greek yogurt are staples of a healthy diet and can be worked into almost any meal or snack.

Legumes, Nuts, and Seeds
Beans, peas, and lentils are a great source of lean protein, particularly for those following a vegetarian diet. These foods also contain healthy fats and good fiber, which along with protein, can help you feel fuller longer and prevent overeating. Try adding these foods to various dishes, soups, and even salads.

Eggs
Despite getting a bad reputation due to cholesterol concerns, eggs can be part of any healthy diet. Eggs can be budget friendly and provide around 6-7g of protein per serving. If you are concerned about fat, use fewer yolks, as the fat is housed in the yolk. **Tip:** Try making scrambled eggs with one whole egg and 1-2 egg whites.

Fluids

The goal range of fluid is > 64 oz per day. Right after surgery, fluid intake may be difficult due to swelling. Work toward incorporating at least 4-8 oz of fluid per hour. All fluids must be:

- Decaffeinated
- Non-carbonated
- Sugar-free or no-sugar
- Non-alcoholic

Caffeine and alcohol may be able to be incorporated back after at least 6 months post-operative. However, remember that alcohol is empty calories.

Counting Protein

After surgery, your goal range of protein will be **60-80 grams per day or about 7-11 ounces of protein per day**. You will need to learn how to count your protein following surgery to ensure that you are meeting your needs. You only need to count the strong sources of protein, not the smaller amounts in vegetables, etc. Most foods have a nutrition facts label where you can identify the amount of protein you are consuming. You can also estimate your protein intake based on the following:

***1 oz protein = 7 grams of protein**
3 oz of protein = size of deck of cards or palm of hand
1 oz protein = size of matchbox or 2 dominos
1 oz slice = size of a CD

Examples:

- 3 oz meat/seafood = 21 grams protein
- 1 egg = 6 grams protein
- 3/4 cup Greek Yogurt = 16 grams protein
- 1/2 cup tofu = 10 grams protein
- 1/4 cup mixed nuts = 4 grams protein
- 1/2 cup beans = 8 grams protein

Vitamins and Supplements

Protein Supplements

- Protein supplements come in many forms: powders, ready-to-drink beverages (“shakes”), protein “shots”, jello, puddings, etc. All protein supplements must be in liquid or soft form (pudding/jello). **NO PROTEIN BARS.**
- Whey protein is preferred because it is more readily absorbed by the body. However, you can use alternative sources of protein (soy, egg, plant-based) if dietary concerns arise.
- Supplements can be purchased at most retail/grocery stores, as well as GNC, Vitamin Shoppe, Walmart/Target, and Costco/Sam’s Club. You can also order many supplements online.

Requirements:

1. Total Carbohydrates **LESS THAN 10g** per serving
2. Protein between **20-30g** per serving
3. Do not be concerned with calories, though they usually fall within 160-240 per serving

Premier Protein 	Ensure Max 	Pure Protein 	Fairlife Core Power 
Quest Protein Shake 	Protein 2 O 	Isopure 	Orgain Organic Protein 

Post-Operative Vitamin Requirements

*All vitamins/minerals MUST be in chewable or liquid form for the first month following surgery

Multivitamin Recommendations: Choose 1

Name	Form	Average Cost/month
Bariatric Advantage Chewable Ultra Solo	chewable tablet	$25
Bariatric Advantage Ultra Solo	capsule	$25
CelebrateOne 45 Chewable	chewable tablet	$18
CelebrateOne 45	capsule	$17
Opurity Multi Chewable 45	chewable tablet	$17
Opurity Multivitamin with Iron Supplement	capsule	$13

Calcium with Vitamin D Recommendations (1000-1500mg/d): Should be taken 2 hours apart from MVI. Divide into ~500-600mg doses throughout the day.
***Reminder: Calcium Carbonate MUST be taken with food**

Name	Serving Size/d	Form	Average Cost/Month	Where to Purchase
Caltrate Chewable and Soft Chews ***	1 chew-chewable, 2x/d	Carbonate	$13	Walmart, Target, CVS
Citrical Petites ***	3 tablets, 2x/d	Citrate	$11	Walmart, Target, CVS

***Look for store brands from Target and Walmart as the product may be the same, but the price may be cheaper.

Sample Vitamin/Mineral Schedule:

- Breakfast: MVI
- Lunch: Calcium (500-600mg)
- Dinner: Calcium (500-600mg)

*number of chews/tablets determined by product label

Where to purchase vitamins/minerals:

- All Multivitamins can be purchased online:
  - Bariatric Advantage: www.bariatricadvantage.com
  - Celebrate: www.celebratevitamins.com
  - Opurity: www.unjury.com

- Nascobal Supplement Program; ~$25 per month *commercial insurances only
  - All vitamin/mineral supplements (MVI, B12, Calcium, Iron) delivered to your home. B12 is in nasal spray form.

Unique ways to use protein supplements:

- Mix vanilla protein shake or powder into oatmeal, Greek yogurt or SF orange beverage.
- Mix strawberry protein powder with SF lemonade or unsweetened iced tea.
- Mix unflavored protein powder with any liquid for added protein boost.
- Add sugar-free syrups to protein supplements and/or non-fat Greek yogurt.

Supplement Issues: Nausea & Discomfort:

It is necessary for life-long vitamin/mineral supplementation after bariatric surgery. These supplements should be specially formulated for bariatric patients. If you are having issues tolerating your supplements, you may try the following:

- A different brand or flavor
- A clear liquid protein supplement instead of full liquid
- Take the vitamin with or without food; this can often make a difference with nausea
- Take an over-the-counter multivitamin (ex: Flintstones, One a Day, etc.) for the first 2 months, THEN switch to bariatric capsules or tablets.
- Find a bariatric multivitamin that can be crushed or cut for easier intake.

When to start taking vitamins/minerals:

- The day following discharge from the hospital

2 Week Pre-Operative Diet

- Low/No Carbohydrate Diet
  - Three meals per day (plus snacks as needed) of lean protein and salad-type vegetables.
  - 64 oz fluid per day: Water, Sugar-Free drink mixes, Decaf tea or coffee without sugar.
  - Do not fry or use gravy! Fat Free Salad Dressing is allowed.
- Use your spirometer twice a day, in the morning and at night, (10 breaths each time).

EAT:

- Lean Protein: Turkey, Chicken, Pork (Chops, Loin, Roast, Ham), Beef (Roast, 95% or > ground beef), Fish, Shrimp, Crab, Lobster, Eggs, Venison, Tofu, Low-fat Cottage Cheese, Low-Fat Cheese
- Salad-Type Vegetables: Lettuce, Spinach, Collards, Kale, Cabbage, Onions, Zucchini, Yellow Squash, Broccoli, Cauliflower, Bell Peppers, Mushrooms, Cucumber, Celery, Green Beans, Eggplant, Carrots, Asparagus

LIMIT:

- Tomatoes, Nuts, Seeds, Ketchup, Mayonnaise, Oils/Sprays

AVOID:

- Bread, Rice, Pasta, Cereal, Quinoa
- Bread Crumbs/Panko, Gravy, Frying
- Potatoes, Corn, Beans, Peas, Fruit
- Milk, Yogurt
- Ribs, Bacon, Sausage, BBQ
- Candy/Sweets

Day Before Surgery:
- Broth, SF drink mixes, SF popsicles; NO SOLID FOOD
- Night Before Surgery: 10oz of Ensure Pre-Surgical Drink *provided at pre-assessment

Day of Surgery:
- ***NOTHING TO EAT OR DRINK***

Incentive Spirometer

Using the incentive spirometer helps expand the small air sacs of your lungs, helping you breathe deeply, improving your lung function, and helping prevent pneumonia.

During the two week pre-operative diet, use your spirometer twice a day, in the morning and at night (10 breaths each time).

How to Use Your Incentive Spirometer:

1. Hold the incentive spirometer in an upright position.
2. Breathe out as usual.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Take a deep breath. Breathe in slowly and as deeply as possible. Keep the blue flow rate guide between the arrows.
5. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
6. Rest for a few seconds and repeat steps one through five at least 10 times.

Day of Surgery

You will arrive approximately 2 hours prior to your scheduled surgery time. Someone will call you the day before surgery to confirm arrival time. Bring your incentive spirometer and your CPAP or BiPAP, if you use one. Surgery usually lasts ~1-4 hours.

Following surgery, you will be transferred to a patient room on the 3rd Floor. When you are in the hospital, you will be focusing on the following:

- **Ambulation:** You will be out of bed within 3 hours of surgery. You will be seen by physical therapy and will have the opportunity to stay active by walking in the halls. This is vital to prevention of blood clots and improved recovery.
- **Incentive Spirometer:** To prevent pneumonia, you will use your incentive spirometer 10x per hour when you are awake in the hospital.
- **Fluid Intake:** You will be cleared to start clear liquids and liquid protein supplements while you are in the hospital. Your goal is to be drinking 1oz of fluid (1 medicine cup) every 15 minutes while awake.

Discharge

Most patients leave the hospital the morning following surgery.

Medications

You will go home on the following medications:

- Prescribed pain medication: Take as directed *No driving while taking prescription pain meds
- Proton Pump Inhibitor: Take daily for the first 90 days
- Zofran: As needed for nausea

Constipation Prevention

To prevent constipation, you will follow this daily bowel regimen once you discharge home. Maintain this regimen until a consistent bowel pattern is achieved. Discontinue if you experience diarrhea.

- Colace: 100mg, 2x/d
- Miralax: 17g packet, 1-2x/d
- Fiber Supplement: Can be in gummy form *DO NOT TAKE FIBER CAPSULES
- Fluid intake of >64oz/d

Restrictions

- Do not take a bath or immerse yourself in water (swimming) until released by the team (~3 weeks post-operative). Shower daily and pat incisions dry.
- Do not lift more than 25 pounds until released by the team (~3 weeks post-operative). Regular, light physical activity is required, including walking and physical therapy exercises.

Concerns/Complications

It is normal to experience moderate discomfort or pain after surgery, along with swelling, bruising, or itchiness at the incision sites. If you experience any of the following symptoms, please contact our office immediately (864-675-4815):

- Fever of 101 degrees F or above
- Redness, swelling, or pus-like drainage from incision sites
- Shortness of breath or intense chest pain
- Nausea and/or vomiting lasting > 12 hours
- Pain and/or swelling in legs
- Urination less than 4 times in 24 hours
- Excessive pain that is unrelieved by pain medication
- Increased heart rate over 100 bpm for longer than 2 hours
- Severe abdominal pain

Follow Up with Primary Care Provider

We ask that you set an appointment to see your primary care physician within a week following surgery to discuss your health and future plan of care. Please discuss the following if applicable:

- Blood sugar levels, blood pressure, hyperlipidemia, and any associated medications
- Any provider prescribed medications that may change with weight loss or surgery

Nutrition Plan AFTER Surgery

In-Hospital: Clear Liquid + Protein Supplements

Clear liquids and sips of protein supplement

- While in the hospital, your goal is to sip 1oz (1 medicine cup) of fluid, protein supplement, or clear liquid every 15 minutes. This will continue when you are discharged. You will be given measuring cups at your pre-operative visit that can help ensure you are getting adequate fluids.
- Sip slowly – no straws
- Remember to take one medication at a time, NOT all at once.

You may drink:

- Water
- Protein supplements
- Sugar-Free, non-carbonated drinks, such as Crystal Light (not available in the hospital but you can bring your own)
- Decaf tea or decaf coffee with low calorie sweetener
- Beef or chicken bouillon/broth (clear)
- Sugar-free Jell-O/Gelatin (must dissolve completely in your mouth before swallowing)
- Sugar-free popsicles

Full Liquid Diet: NO SOLID FOOD

Start when you go home from the hospital

Goals:

- 60g protein/d (~2-3 protein supplements)
- 64 oz fluid/d.
- Protein supplements count towards fluid.

Recommended Foods:

- All foods on clear liquid diet
- Liquid protein supplements
- Skim, 1%, or 2% milk
- Soups (no chunks)
- SF Pudding/Jello
- Light or Greek yogurt: no fruit at the bottom

Pureed/Smooth: Week 2-4

Do NOT start until cleared by SWL team. All foods should be chewed to applesauce consistency.

Goals:

- 60g protein/d. Use protein supplements as snacks, NOT meals.
- 64oz fluid/d
- Eat lean protein first (3x/d), followed by cooked non-starchy vegetables as able.

CHOOSE:

- Lean protein: Fish, eggs, deli meat, LF cottage cheese, Greek yogurt, LF cheese, LF milk, tofu, beans
- Vegetables: Cooked, soft vegetables
- Fruits: Bananas, applesauce
- Starches & Grains: Oatmeal, grits, cream of wheat, mashed potatoes

AVOID:

- High fat meats, dry meats
- No frying, breading, or gravy
- No nuts, seeds, or nut butters
- No raw fruits or vegetables
- No pasta, rice, bread, or crackers

Soft Diet: Week 4-6

Goals:

- 60g protein/d. Use protein supplements as snacks, NOT meals.
- 64oz fluid/d
- Eat lean protein first, followed by cooked non-starchy vegetables, soft fruits, and then starches/grains.

CHOOSE:

- Lean protein: Chicken, fish, seafood, eggs, lean beef, deli meats, nut butters, LF cottage cheese, Greek yogurt, LF cheese, tofu, beans
- Vegetables: Cooked, soft vegetables
- Fruits: Bananas, applesauce, canned fruits in 100% juice
- Starches & Grains: Oatmeal, grits, cream of wheat, mashed potatoes

AVOID:

- High fat meats, dry meats
- No frying, breading, or gravy
- No nuts and seeds
- No raw vegetables or fruits (outside of above fruits)
- No pasta, rice, or untoasted bread

Regular Bariatric Diet: Week 6+

Goals:

- 60g protein/d. Use protein supplements as snacks, NOT meals.
- 64oz fluid/d
- Eat lean protein first, non-starchy vegetables, fruits, and then starches/grains.
- Add raw vegetables and fruits, nuts and seeds, as desired.

CHOOSE:

- Lean protein: Chicken, fish, seafood, eggs, lean beef, lean pork, deli meats, nut butters, LF cottage cheese, Greek yogurt, LF cheese, tofu, beans
- Vegetables: All
- Fruits: All *unsweetened
- Starches & Grains: All *limit portion size

AVOID:

- High fat meats, dry meats
- Limit frying, breading, or gravy
- Limit high fat and/or high sugar sauces and condiments

Sample Meal Plan: *Use protein supplements as snacks between meals

Breakfast:	*Lunch:*	*Dinner:*
Scrambled Egg	Roasted Chicken breast	Baked Salmon
Yogurt	Steamed carrots	Green Beans
Banana	Grapes	Mashed potatoes

Possible snack ideas: 1oz cheese with apple slices, Greek yogurt, Hummus with carrots/cucumbers, 1 Tbsp natural peanut butter with celery

6 Habits of Successful Patients

1. Eat three meals per day – remember protein first!
2. Drink 64 ounces of fluid daily. Wait at least 30-60 minutes after eating to drink.
3. Take your Vitamins/Minerals every day. These are vital to your overall health and well-being. Vitamins are required for life.
4. Get adequate rest and sleep. Sleep deprivation increases your appetite, increases susceptibility to illness, and may even contribute to weight gain.
5. Participate in a regular physical activity routine.
6. Take personal responsibility for your weight loss: Follow guidelines, keep follow up appointments, attend support group meetings.

Focus on:

1. **Hydration: >64oz/d**
2. **Protein: 60-80g/d**
3. **Exercise: 30-45 min/d**

Post-Operative Questions & Concerns

Body Contouring: Body contouring can be discussed once you are at least 12 months post-operative and/or when you have reached your goal weight. We are more than happy to refer you for a consult visit with a plastic surgeon at this time. This surgery may or may not be covered by insurance. Seeing your primary care for documentation of any rash or irritations that are caused by excess skin is the best way to document medical necessity.

Bowel Movements: It is normal for bowel habits to change following surgery. Many patients may have 1-3 bowel movements per day or go 2-3 days without a bowel movement. The decreased volume of food, along with increased protein consumption may cause constipation. See constipation below.

Constipation: It is normal for bowel habits to change after surgery. If experiencing constipation, ensure that you are getting adequate fluid of at least 64oz per day. Increase fiber in food choices through vegetables, fruits, beans and whole grains.

To Prevent Constipation:

- Colace: 100mg 2x/d
- Miralax: 17g packet 1-2x/d
- Fiber supplement: can be in gummy form *DO NOT TAKE FIBER CAPSULES
- Fluid intake of >64oz/d

*Maintain until consistent bowel pattern is achieved. Discontinue if experiencing diarrhea.

To Treat Constipation:

- Miralax, Milk of Magnesia, Dulcolax, or any other laxative. You may double the recommended dose. Make sure you increase fluid intake. If no results, you may use 1-2 bottles of magnesium citrate.

Decreased appetite: It is normal to experience a decrease in appetite in the first few weeks/months after surgery. Regardless of appetite, make sure that you are eating at least 3 meals per day and meeting your protein and fluid goals.

Dehydration: Dehydration occurs if not enough fluids are consumed. It is very important that you sip on fluids throughout the day (water, protein supplements, sugar-free beverages, etc). Common symptoms of dehydration include lethargy, dizziness, nausea, fainting, and dark colored urine. Avoid beverages with caffeine. The goal range of fluid for our patients is > 64oz per day. You may need to drink more if you sweat more, participate in more physical activity, or have an active job.

Dry Mouth: Make sure you are getting at least 64 oz fluid per day. You may use SF hard candy or mouthwashes (ex: Biotene) to try and alleviate this.

Gas: Gas is created from swallowed air and breakdown of foods. An increase in flatulence is normal, especially in the first few weeks following surgery. If you continue to have issues with gas, try limiting chewing gum and hard candy, eliminate carbonated beverages and straws, and chew meals thoroughly. Make sure you are sipping fluids instead of gulping and that you are eating slowly. Document if there are any certain foods that the gas is occurring with. You may take Gas-X pills if needed, following directions on box.

Post-Operative Questions & Concerns

Hair Thinning: Hair thinning is normal with rapid weight loss and typically occurs around 3-6 months after surgery. This often resolves by itself with adequate protein intake (at least 60 grams per day). You may wish to take biotin if desired or see a dermatologist if the problem persists.

Heartburn: See Reflux below

Hernias: Typical symptoms of a hernia are pain and/or a bulge at the incision site when you cough or when lifting heavy objects. If you are noticing any of these symptoms, please call our office.

Lactose Intolerance: Some patients develop intolerance to products containing high lactose (milk, yogurt, cheese). Symptoms of this may be loose stools or increased gas after consuming these items. If you notice this becoming an issue, limit or avoid intake of the culprit.

Nausea & Vomiting: Nausea following surgery is normal and often easily prevented. To prevent both nausea and vomiting, make sure you are following mindful eating behaviors: chewing well at meals, eating slowly, not overeating, and not drinking when eating. Nausea and/or vomiting can also be brought on by pain medication or dehydration. Following surgery, nausea and vomiting can be controlled with anti-emetic medications, if necessary. If nausea and/or vomiting are preventing you from taking in adequate fluids or protein, please call our office.

Reflux: For the first 90 days after surgery, you are put on reflux medication. If you are experiencing heartburn or reflux:

- avoid coffee, tea, carbonated drinks and caffeine
- do not use straws
- avoid fatty, fried and spicy foods
- avoid chocolate, onions, peppermint and tomatoes
- be aware of portion sizes and make sure you are not overeating
- don't lie down right after eating; wait at least 2 hours after eating to lie down
- elevate the head of your bed 30 degrees

Sexuality/Pregnancy: Once you feel physically and emotionally stable you may return to normal sexual activity. We recommend that women refrain from actively pursuing pregnancy for the first 12-18 months following surgery.

Taste Changes and Bad Taste in Mouth: Taste changes are common after surgery. Try a variety of foods to determine what you are able to tolerate best to meet your protein and fluid goals. The bad taste in mouth following surgery can be normal and should improve or resolve in the weeks following surgery.

Supplement Issues: See page 16.

In-Patient Physical Activity Guide

You are required to be up and moving 2-4 hours after surgery. This early mobility improves recovery. We encourage walking and physical therapy exercises, both in the hospital and for the first 3 weeks post-operative, before released to full activity.

STEP 1

STEP 2

Seated Ankle Pumps

REPS: 10 DAILY: 3

Setup
Begin sitting upright with one leg straight forward

Movement
Slowly pump your ankle bending your foot up toward your body then pointing your toes away from your body and repeat

Tip
Make sure to move your foot in a straight line and try to keep the rest of your leg relaxed

STEP 1

STEP 2

Seated March

REPS: 10 DAILY: 3

Setup
Begin sitting upright in a chair with your feet flat on the floor

Movement
Keeping your knee bent lift one leg then lower it back to the ground and repeat with your other leg Continue this movement alternating between each leg

Tip
Make sure to keep your back straight and do not let it arch as you lift your legs

STEP 1

STEP 2

Seated Long Arc Quad

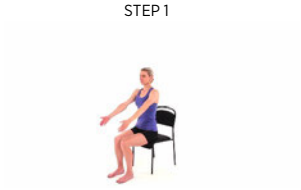
REPS: 10 DAILY: 3

Setup
Begin sitting upright in a chair

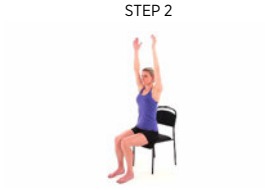
Movement
Slowly straighten one knee so that your leg is straight out in front of you Hold and then return to starting position and repeat

Tip
Make sure to keep your back straight during the exercise

STEP 1



STEP 2



Seated Shoulder Flexion Full Range

REPS: 10 DAILY: 3

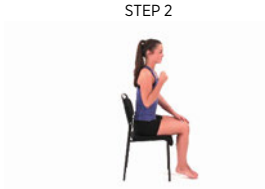
Setup
Begin sitting upright with your arms at your sides

Movement
With your thumbs pointing up raise your arms straight forward and directly overhead then bring them back down and repeat

Tip
Make sure to maintain good posture and keep your shoulder relaxed during the movement

STEP 1

STEP 2



Seated Elbow Flexion and Extension AROM

REPS: 10 DAILY: 3

Setup
Begin sitting upright in a chair with one arm straight at your side

Movement
Bend your elbow upward as far as is comfortable then straighten it and repeat

Tip
Make sure to keep your movements slow and controlled

Physical Activity Resource Guide

A physical activity routine is vital to your success with the SWL tool. For a successful routine:

- Make sure you are cleared by a physician before starting a new physical activity routine.
- Create a routine with a mix of cardio and resistance/strength exercises.
- Start slowly and build on your routine.
- Dividing physical activity into 10 minute bouts can be effective and helpful for time management.

General guidelines from the NIH (National Institute of Health) and the U.S. Department of Health and Human Services (HHS) are as follows:

- For major health benefits: 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity each week (or a combination of both).
- For even more health benefits: 300 minutes of moderate-intensity aerobic activity or 150 minutes of vigorous-intensity activity each week (or a combination of both).
- When doing aerobic activity, do it for at least 10 minutes at a time. Spread the activity throughout the week.
- Muscle-strengthening activities that are moderate or vigorous intensity should be included 2 or more days a week. These activities should work all of the major muscle groups (legs, hips, back, chest, abdomen, shoulders, and arms).

The following pages will provide you with strength/resistance exercises that can be used both pre and post-operatively. Do not do any exercises that cause pain. Ensure that your medical conditions are under control before beginning physical activity (blood sugar levels, blood pressure, etc.).

These exercises can be performed without any resistance, with a resistance band, free weights, or alternative weight options (kettlebells, etc.). There will be multiple ways to progress or regress these exercises to make them harder or easier. Please pay special attention to your body and modify the exercises as necessary. Remember to do each exercise on both sides of the body to ensure equal gains. Make sure you warm up with gentle cardio prior to performing these exercises. It is also vital to stretch before and after strength/resistance exercises.

If desired, you can look into comprehensive and adaptive fitness packages in our area:

HealThy Self Fitness at St. Francis Millennium (p. 33)
PREP program at Sportsclub (discuss with team)

Email or speak with our office if you have any questions regarding your physical activity routine or plan of care.

Resistance Core Twist

1. Wrap resistance band around stable object at mid-level. Grasp band with both hands.
2. Stand with feet hip width apart. Contract abdominals/ core.
3. Twist body against resistance of the band without moving your feet. Keep upper and lower body stiff during movement.
4. Return to starting position.

To make easier: Perform without resistance band.

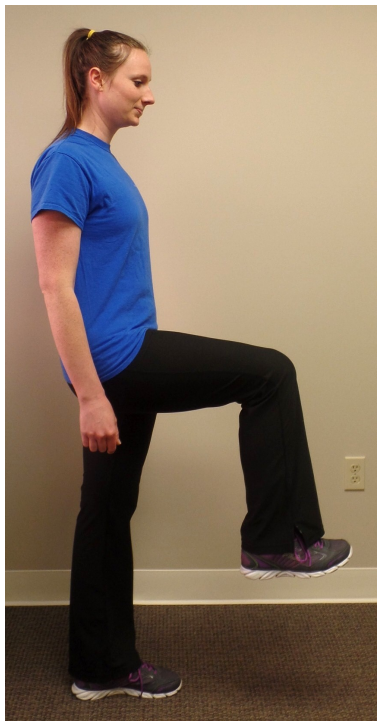
To make harder: Increase heaviness of resistance band or use medicine ball.

Single Leg Balance Squat

1. Stand with feet hip width apart. Spread toes on stabilizing foot.
2. Lift non-stabilizing leg at 90 degree angle. Lift as high as comfortable while able to maintain balance.
3. Touch knee with hand by bending stabilizing knee and lower hips. Keep back straight.

To make easier: Raise non-stabilizing leg to 90 degree angle, without touching knee. Hold onto chair while lifting/completing exercise.

To make harder: Touch shin or foot with hand while keeping back straight.

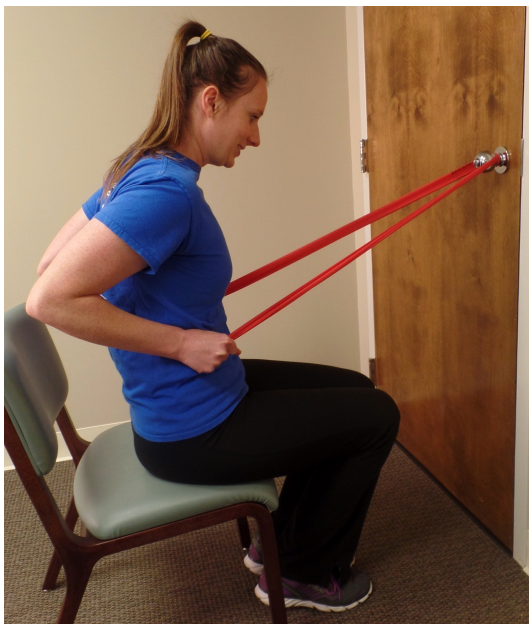


Arm Row

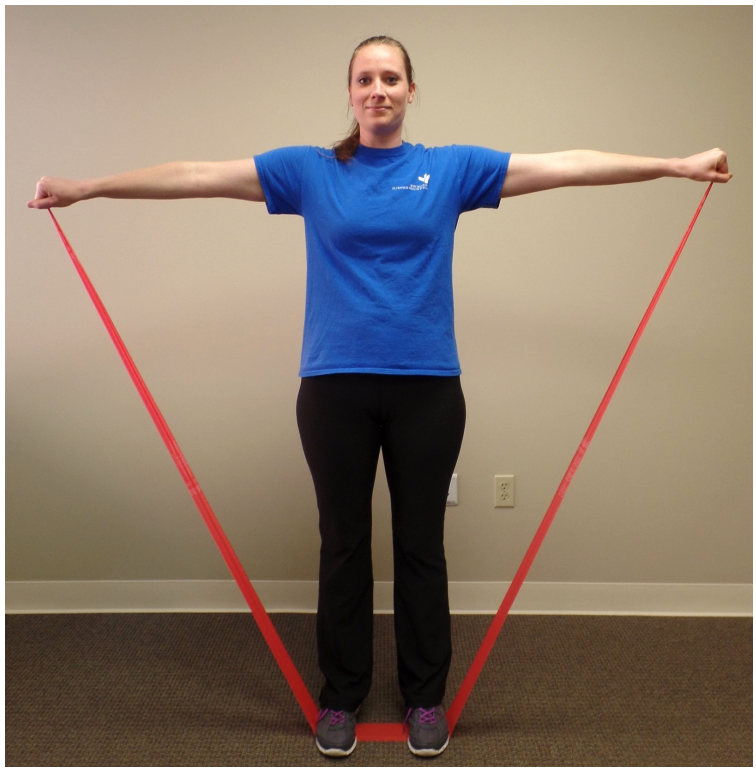
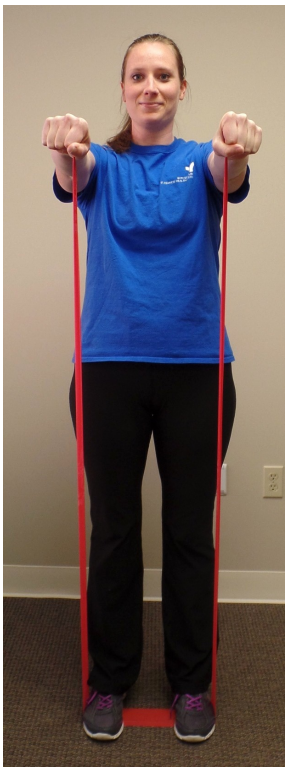
1. Wrap resistance band around stable object at mid-level. Grasp band with both hands.
2. Stand with feet hip width apart.
3. Pull band toward the body, while keeping elbows close to body.
4. Return to starting position.

To make easier: Perform while seated.

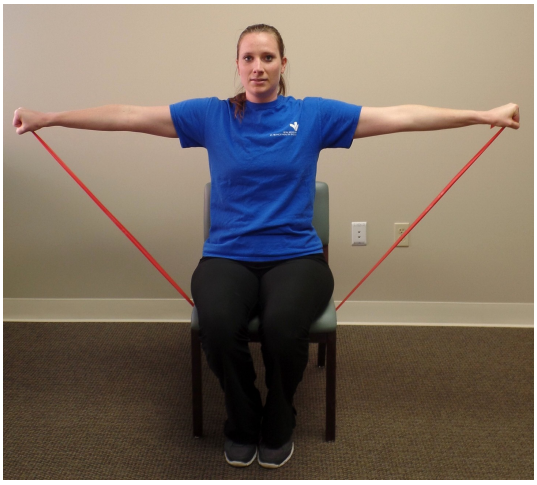
To make harder: Increase resistance or use free weights.



Arm Scaption

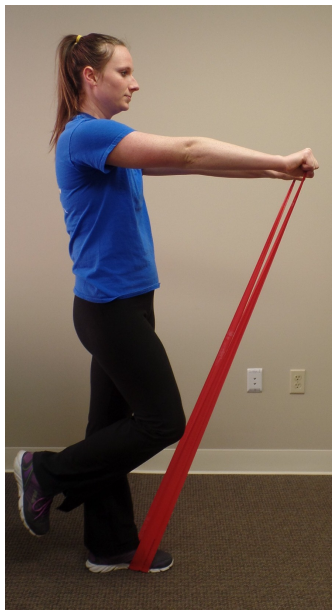




1. Stand on resistance band with feet hip-width apart. Grasp band with both hands.
2. Keeps arms straight and slowly raise them to the sides of the body until reaching shoulder level.
3. Slowly lower arms back to starting position.
4. Slowly raise arms in front of body to shoulder level, while keeping arms straight.
5. Lower to starting position.



To make easier: Perform while seated.

To make harder: Increase resistance or use free weights. Perform in single-leg stance.

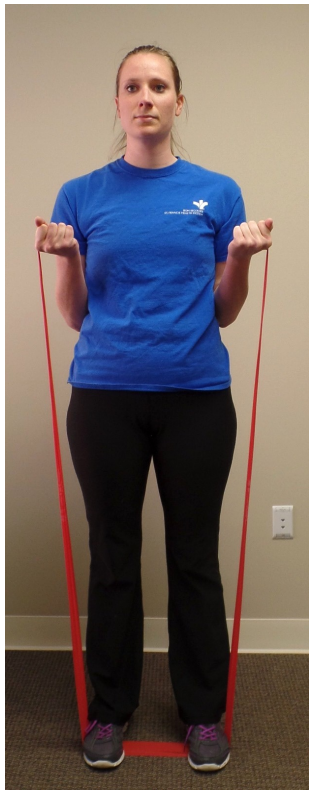


Arm Curl

1. Stand on resistance band with feet hip-width apart and hold band with arms at side.
2. While holding the band, turn hands so palms/fists are facing up
3. Contract arms and pull fists toward body.
4. Release slowly to starting position.

To make easier: Perform while seated.

To make harder: Perform in single-leg stance. Increase resistance or use free weights.

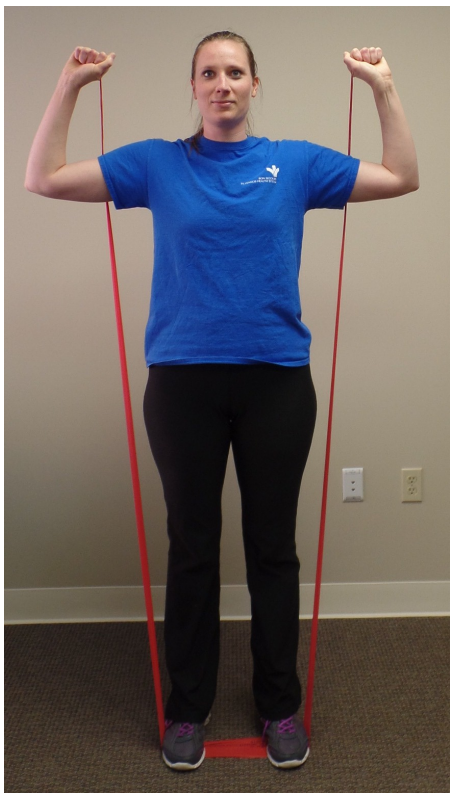


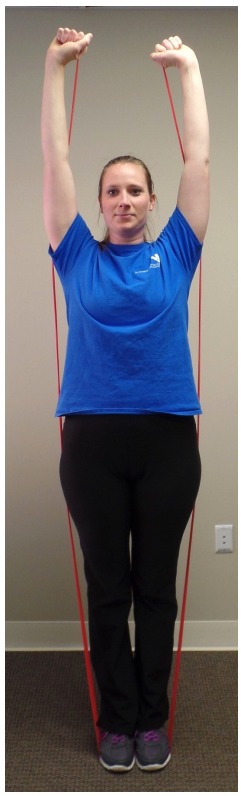
Shoulder Press

1. Stand on resistance band with feet hip-width apart and hold band with arms bent at shoulder height.
2. With palms/fists facing up, press arms above head until arms are straight.
3. Slowly release to starting position.

To make easier: Perform while seated.

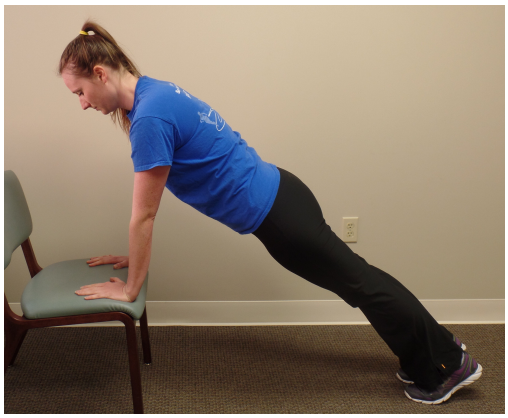
To make harder: Increase resistance or use free weights.





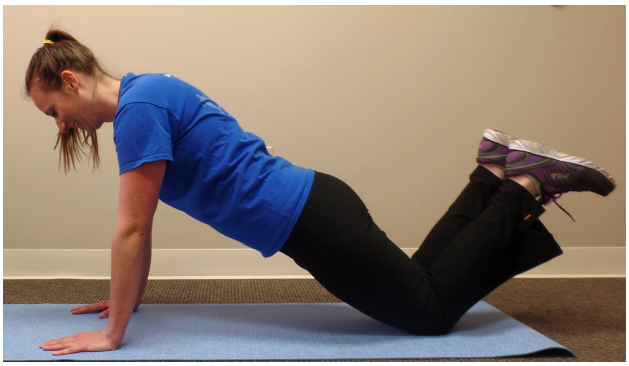
Push Ups

1. Start facing chair, with arms straight, hands shoulder width apart on chair and feet on ground.
2. Bend arms to lower chest to chair. Keep elbows close to body.
3. Straighten arms, pushing body back up to starting position.

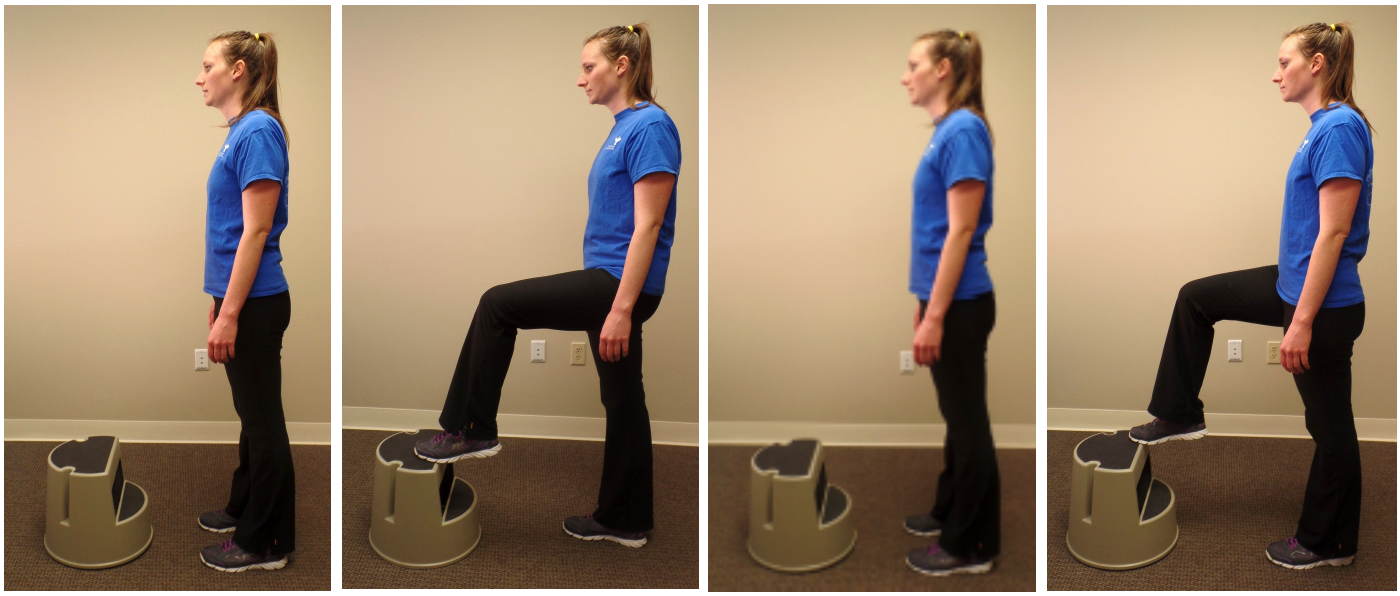



To make easier: Perform standing using wall.


To make harder: Perform on ground on knees or toes.




Toe Taps



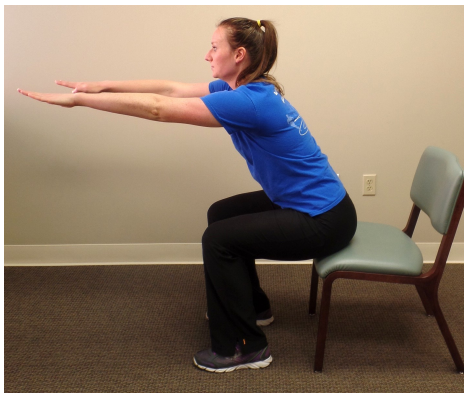
1. Stand in front of stable stair or box. Lift one foot and tap your toe on the edge of the stair/box.
2. Release food down and repeat with opposite foot.

To make easier: Perform while seated or hold onto chair while standing.

To make harder: Increase speed of taps or height of stair/box.

Squats

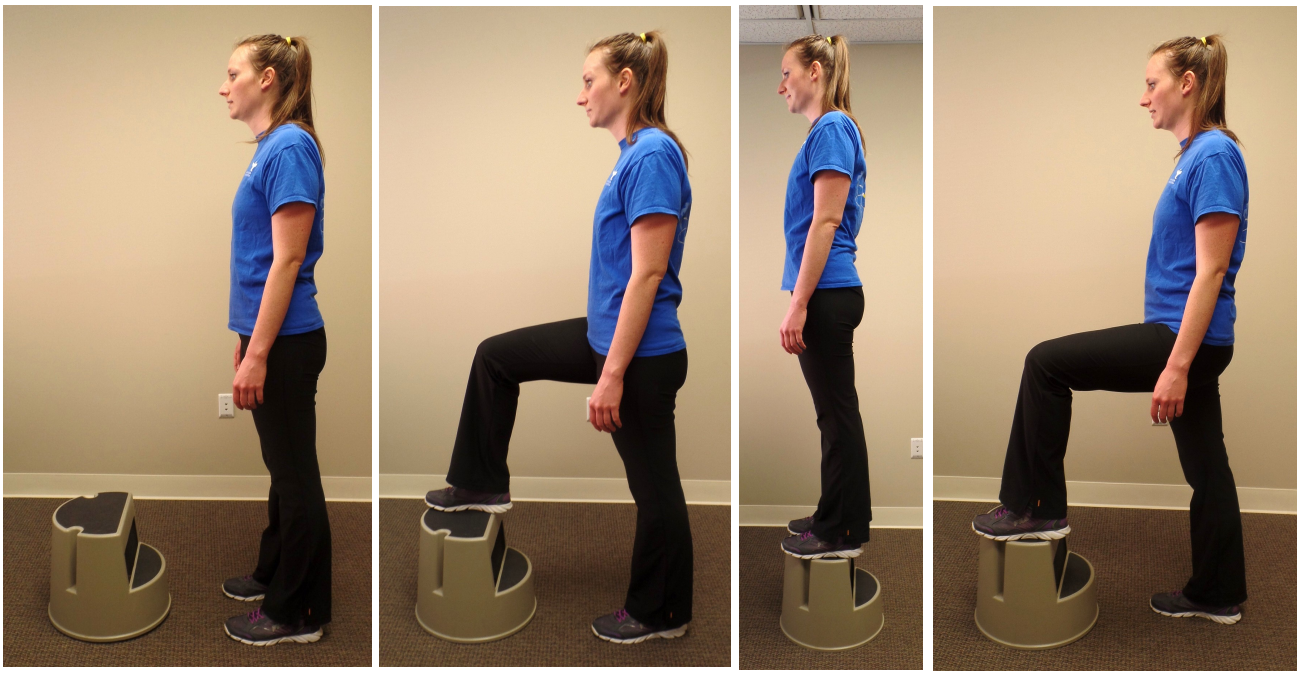
1. Stand with feet hip-width apart.
2. Lower hips to 90 degree angle, while keeping back straight.
3. Engage core and gluteus muscles to return to standing position.



To make easier: Place chair behind you and lower onto chair. Hold chair or railing as needed.

To make harder: Hold dumbbell or kettlebell during activity.

Step Ups



1. Stand in front of stable stair or box with feet hip-width apart.
2. Raise right foot and step up onto top of stair/box with opposite foot following.
3. Step back down to ground with right foot first and left foot following.
4. Repeat with opposite starting foot.

To make easier: Hold chair or railing while performing.

To make harder: Increase height of stair/box. Add knee lift at top of stair/box.

Prone Iso Abs

1. Place elbows on chair.
2. Contract abdominals/core.
3. Keep hips low and in line with body.
4. Keep a flat back.
5. Hold for desired duration.

To make easier: Place hands on chair.

To make harder: Move to the floor with elbows on the floor and stabilized on knees or toes.

Post-Operative Physical Activity

Cardio/Aerobic Progression

Time Post Surgery	Frequency	Duration
0-2 Weeks	Several Times per day	As tolerated
2-4 Weeks	5-6 days/week	20-30 min in 10 min increments
4-6 Weeks	5-6 days/week	30-40 minutes
6+ Weeks	5-6 days/week	40-60 minutes

Resistance Progression: *not to begin until cleared by SWL team

Time Post Surgery		
3-7 Weeks	1 set of 20	2-3 days/week
7-11 Weeks	2 sets of 15	2-3 days/week
11+ Weeks	3 sets of 12-15	2-3 days/week

Example Upper Body Workout

Warm Up: Cardio of choice 5+ minutes

Stretches

Exercises:

Exercise	Sets	Reps
Prone Iso Abs	2	Hold 20 seconds
Dumbbell Row	2	15
Arm Scaption	2	15
Dumbbell Curl	2	15
Shoulder Press	2	15

Cool Down: Cardio of choice 5+ minutes

HealThy Self Fitness at St. Francis Millennium

HealThy Self at St. Francis Millennium Campus is different from a standard gym – we're staffed with medical professionals who share a passion for empowering our clients to take charge of their health. Chronic illnesses like heart disease and type-2 diabetes may be prevented by physical activity and nutrition, and HealThy Self gives you the tools you need to make a positive change in your health.

Facility

Membership to HealThy Self includes use of the entire specially-designed facility, with modern weight and cardio equipment and a walking track. Group fitness classes such as Total Body and Stretching are available to help you reach your goals. We offer all this in a supportive environment that meets you wherever you are on your journey to be a healthier you.

Hours of Operation

Monday – Friday 6:00 am – 5:00 pm
Saturday 8:00 am – 12:00 pm
Sunday: CLOSED

Rates

Individual Monthly Membership: $35.00
Member & Spouse Monthly Membership: $65.00
Walking Track Only Membership: $10.00

Location

HealThy Self is conveniently located on the St. Francis Millennium Campus, Suite 200, near I-85 and Laurens Road.

Join Today! Ready to make a healthy change in your life? For more information, call 864-400-3651.

Labs

As surgical weight loss procedures are restrictive, and can be malabsorptive, it is recommended that you have lab work done at 6 months, 12 months, and then annually to identify any deficiencies. We will orders these labs at the necessary visits. If your insurance requires you to have labs completed with your primary care, you can provide them with this sheet for guidance.

Weight loss - ICD10: 63.8 Malabsorption - ICD10: E43

6 month Recommended Labs for Bypass and Sleeve

- Lipid panel
- Kidney function
- Liver profile
- CBC
- Vitamin D, 25-OH

Annual Recommended Labs: Sleeve

- Lipid panel
- Kidney function
- Liver profile
- CBC
- B12
- Phosphorus
- Folate
- Iron studies: Iron level, TIBC, Ferritin
- Hgb A1C
- TSH *if hx of hypothyroidism

Annual Recommended Labs: Bypass

- Lipid panel
- Kidney function (including Calcium)
- Liver profile
- CBC
- B1-Thiamine
- B12
- Calcium
- PTH
- Phosphorus
- Magnesium
- Copper
- Selenium
- Folate
- Iron studies: Iron level, TIBC, Ferritin
- Vitamin D, 25-OH
- Zinc
- Hgb A1C
- TSH *if hx of hypothyroidism

Policies

- Surgical weight loss is an elective procedure. Participation in our program, including any medically supervised diet/physical activity plan and psychological evaluation, is not a guarantee of surgery. All members of our multidisciplinary team must approve you for surgery. If at any time during the pre-op program you are felt to be an inappropriate candidate, we reserve the right to dismiss you from the program.
- Being respectful and courteous to office staff is required. Dismissal from our program can occur for problematic behavior. This includes recurring tardiness and/or no-shows.
- All fees not covered by insurance are due prior to your surgery. If you have not paid the full amount by that date, your surgery will be rescheduled or cancelled.
- Nicotine-free for 6 months, prior to starting with our program. Nicotine blood level will be completed prior to surgery.
- Drug abuse free for 1 year. Alcohol abuse free for 1 year.
- Ages 18-65. If over age 65, your records will be reviewed by the surgeon to determine potential candidacy prior to starting our program.
- No undiagnosed or untreated psychological issues. If you are followed by a Psychiatrist, Psychologist, or Counselor, we require those medical records. Our physician will review the records. If you have conditions that we deem could be exacerbated in the perioperative period*, you will not be a candidate for our program as we do not have comprehensive psychiatric capabilities at our hospital.

  *Potential conditions that could be exacerbated by surgical weight loss and may be reason for contraindication of surgical pursuit with our program: Active drug abuse, active suicidal ideation, Borderline personality disorder, Schizophrenia, Bipolar disorder, Psychotic disorder, uncontrolled depression or anxiety, defined non-compliance with previous medical care, self-destructive or suicidal behavior, psychiatric hospitalizations
- No failed: psychological, dietitian or other team evaluation from another program.
- Psychological evaluation must be within 6 months of surgery.
- We do not require a specific amount of weight loss in the pre-operative phase of our program; however, you must not have a net gain.
- If you are found to not be an appropriate surgical weight loss candidate or are dismissed from our program for any reason during completion of the required steps of our program, your payment for psychological, testing/clearances, and/or provider services will NOT be refunded. These are required services to determine your eligibility.
- We request that you have a visit with your primary care physician within 6 months prior to surgery. If you do not have a primary care physician, you will need to establish care prior to starting our program.
- There is a $35 fee for FMLA and/or Short Term Disability paperwork. This payment will be collected upon receipt of your paperwork.

Out-of-Pocket Expenses

Program Fee: St. Francis takes great pride in offering our program without a program fee. The only upfront cost to you, the patient, will be your deductible, co-insurance, co-pays, etc. If you do not have insurance, financing is available through Prosper Healthcare Lending. Reach out to our team for more information regarding this.

Supervised Diet and Dietitian Evaluation: A minimum of one diet evaluation is required prior to surgery, but some insurances, and/or our team, may require additional. You will work with our Physician Assistant and Dietitian until they feel as though you are comfortable with the habits and educational material necessary to achieve success with the SWL tool. At these visits, you are responsible for any specialist copay you may have through your insurance.

Psychological Evaluation
A psychological evaluation is required prior to surgery. The fee of this evaluation may or may not be covered by your insurance company. You are responsible for any fee incurred for this evaluation. This is non-refundable.

Clearances, Evaluations, and Labs: Your insurance company and/or our multidisciplinary team may require additional clearances and/or evaluation to determine your candidacy for surgery. These clearance and evaluations may or may not be covered by your insurance. You are responsible for any fees incurred by these. You will also be required to complete lab work during the surgical process. This lab work is specific to the surgery. Our team will provide you with this information when necessary. These labs will be filed to your insurance.

Deductibles, Co-Payments, and Non-Covered Services: You, the patient, are responsible for any deductibles, co-payments, etc., and/or non-covered services as required by your insurance provider. You will be given a breakdown of the procedure charges once your insurance has been verified for coverage. These charges are preliminary and are subject to a normal procedure without unforeseen complications. You will be notified at the time you schedule surgery and after your insurance is verified indicating the estimate for your financial obligation to Carolina Surgical Associates and Bon Secours St. Francis Health System. We require that all surgical deposit be paid prior to surgery.

Frequently Asked Questions

How long will I be in the hospital?
The typical laparoscopic Roux-En-Y and Sleeve Gastrectomy patient will be in the hospital 1 to 2 nights; if the procedure is open, this may be extended.

How long will I be out of work?
You will typically be out of work for 1-3 weeks. This time will also be adjusted according to the type of work you perform.

Will I need to be on a diet for life?

You will need to make major lifestyle changes before and after surgery. The surgery is only a "tool". You will only be able to eat very limited amounts of food. You should eat at least 3 meals every day with a focus on protein. You should avoid sugar and simple carbohydrates.

Will I need to stop smoking?
Yes, you must be at least 6 months nicotine-free prior to surgery. This included nicotine from vaping, cigarettes, and cigars. We test for nicotine in our pre-operative protocol. Resuming smoking or nicotine products following surgery can lead to a 70-80% greater chance of developing complications such as strictures and/or ulcers.

What about physical activity?
In order to promote and maintain your weight loss, it is crucial that you begin a physical activity program within the first few weeks of recovery and sustain a program lifelong.

Do you offer Support Groups?
We have a support group that meets on the 2nd Thursday of each month at 6 pm. The group welcomes pre- and post-operative patients, as well as anyone locally who had bariatric surgery elsewhere. The meetings are cost-free and no registration is required. Regular attendance at support group will help you optimize your success and overall wellbeing.

We also offer a Facebook support group solely for St. Francis Surgical Weight Loss patients. You can find the link on our St. Francis Surgical Weight Loss page and request to be added to the group (http://www.facebook.com/pages/St-Francis-Surgical-Weight-Loss). The group name is St. Francis Surgical Weight Loss Support. This is an area where you are able to talk to others, ask questions, and get advice on your own terms. To ensure privacy, you will not be added to this group until you have had surgery.

How long will the process take before I can have surgery?
The length of the process varies for each individual. The timeline often depends on your insurance company. Some insurance companies require a supervised diet program or other medical requirements prior to surgery. Our surgeons and team will also determine if additional medical requirements are necessary to ensure that you are a candidate for the surgery. The average time is 3-6 months.

Why do I need a psychological evaluation?
In accordance with the National Standards for Bariatric Surgery, and as part of our multi-disciplinary program, each patient is required to have a psychological evaluation completed. The psychologist can help you understand some of the major lifestyle changes you will need to make. They can also be a valuable resource post-operatively if those changes seem more difficult than you anticipated. You will also be assessed for any depression or mental illness to assure your success post-operatively and that you are properly medicated. At least 20 percent of all morbidly obese patients have some level of depression.

The psychological and dietitian evaluations are not rated on a pass/fail scale. They are used by the doctor and multidisciplinary team to determine if you are a good candidate for surgery. These evaluations alone do not determine whether or not you will be a candidate for surgery.

Weight Loss Surgery Resources

- Bon Secours St. Francis Health System: http://www.gottolose.org
- Facebook Support Group: https://www.facebook.com/#!/groups/341161369318212
- Association for Morbid Obesity Support: www.obesityhelp.com
- National Association for Weight Loss Surgery: www.nawls.com
- OAC-Obesity Action Collation: www.obesityaction.org
- Beyond Change: www.beyondchange-obesity.com
- Obesity On-Line: www.obesity-online.com

Surgery Information

Surgical Date: Your surgery is scheduled at Bon Secours St. Francis Eastside. The scheduled time of surgery is subject to change.

125 Commonwealth Dr. Greenville, SC 29615, ENTRANCE A: 864-675-4538

Date: _____ Time: _____ Arrival Time: _____

Pre-Assessment: Your pre-assessment appointment is vital to ensure your safety during surgery. At this visit, a nurse will review your medical history. Based on this information, labs and an EKG may be necessary during the visit. He or she will give you written instructions on how to prepare for your surgery and review which medications you should or should not take prior to surgery. You *may* eat prior to your pre-assessment appointment. If you are diabetic, please ensure that your blood sugar is well controlled prior to your appointment and your scheduled surgery.

You must arrive 15 minutes prior to your appointment time. If you are more than 30 minutes late for your appointment, you may have to reschedule, which could delay surgery. If you need to reschedule your appointment, please call our office at 864-675-4819. The pre-assessment appointment may last up to 2 hours.

131 Commonwealth Dr., Greenville, SC 29615, SUITE 310: 864-537-0096

Date: _____ Time: _____ Arrival Time: _____

2 Week Pre-Op Diet: Your 2 Week Pre-Op diet will begin on: _____

First Post-Operative Appointment:

135 Commonwealth Dr. Greenville, SC 29615, SUITE 210: 864-675-4815

Date: _____ Time: _____

Informed Consent for Sleeve Gastrectomy

Please read this form carefully and ask about anything you may not understand

I am giving David G. Anderson, MD and/or Jessica Gonzalez Hernandez, MD, ("my primary surgeon") at St. Francis Health System Surgical Weight Loss Center, permission to perform a

Laparoscopic Sleeve Gastrectomy

with possible robotic assist

for the treatment of obesity. The procedure is also known as a "gastric sleeve". I met with my primary surgeon in the office for my initial consultation. My primary surgeon will perform the procedure and direct my care during the operation. I understand that my surgeon will be involved in all aspects of my care during the operation and I agree that he be involved in all aspects of my care pre-operatively and post-operatively. My post-operative care will be directed by my surgeon, as well as the Bariatric Nurses at St. Francis Health System.

I affirm that I am significantly overweight and have attempted non-surgical weight loss programs without success. I recognize that the preponderance of medical literature states that obesity causes early death and significant medical problems, such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, gout, venous stasis disease, liver disease and heart failure, to name a few.

I understand that the preponderance of scientific medical data shows that the laparoscopic sleeve gastrectomy can improve or cause remission of many medical problems, such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, gout, venous stasis disease, liver disease and heart failure; however, there are no specific guarantees that any one of these conditions will improve in any given patient.

I understand that there are a number of non-surgical options, as well as surgical options. My doctor has given me the opportunity to discuss other surgical options, such as the Adjustable Gastric Band or Gastric Bypass. I understand and acknowledge that the Sleeve Gastrectomy is an elective procedure. I have decided that the Sleeve Gastrectomy is the best option for me. I also know that I have the right to a second opinion.

I have been given pre-operative education in the form of physician interviews, nutritional counseling, psychological counseling, handouts, educational booklets, information seminars, informational websites, such as gottolose.org, www.obesitysurgery.md or www.obesityhelp.com, as well as access to information from my doctor and easy access to the St. Francis Surgical Weight Loss Center to answer any questions that I may have.

I understand that my surgeon has been trained in performing the sleeve gastrectomy surgery laparoscopically. However, in some instances, the procedure may have to be performed through a traditional "open" approach. Reasons to unexpectedly convert to an open operation include, but are not limited to, significant bleeding, extreme obesity, extremely large liver size, severe scar tissue and equipment malfunction. Conversion to an "open" procedure occurs solely at the surgeon's discretion. I agree that I have been given no guarantees that my surgery will be completed laparoscopically. There is a rare, but possible chance that if I do not diet adequately in the pre-operative period, with the diet prescribed by my surgeon, my liver size may cause my operation to be impossible either open or laparoscopically.

I understand the anatomy of the operation as follows:

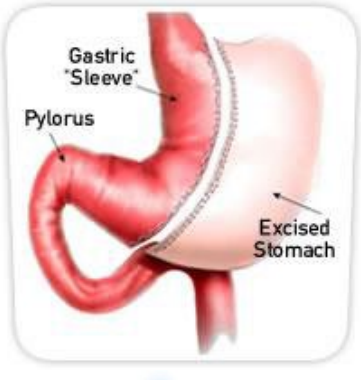


Diagram of the Sleeve Gastrectomy: is a restrictive procedure, which limits the amount of food you can eat by reducing the size of your stomach. During the procedure a thin, vertical sleeve of stomach is created using a stapling device. This sleeve will typically hold between 50-150mL, or about the size of a banana. The excised portion of the stomach is removed.

During the operation, several conditions may arise that may cause additional procedures to be performed. These include:

A liver biopsy-most often performed when an abnormally enlarged liver is identified. The risks with performing a liver biopsy include a low chance of bleeding.

Removal of the gallbladder-in some patients, removal of the gallbladder may be medically necessary. Removal of the gallbladder increases the length of time of the total operation. Also, there is a small, less than 1%, risk of bile duct injury that can result in serious complications. Removal of the gallbladder may increase my hospital stay. An additional port (and incision) may be necessary to perform the procedure safely. Because of the small, but real, incidence of complications of gallbladder removal, this procedure is not routinely performed.

Gastrostomy Tube- In extremely rare circumstances, placement of a gastrostomy tube (G-tube) may be performed. A G-tube is placed in the excluded, lower portion of the stomach when: the operation was much more difficult than expected; the procedure is a revision of a pervious weight loss operation; at the surgeon's discretion. A G-tube can have several complications associated with it including 1) leakage of stomach contents around the tube, which can irritate the skin 2) persistent drainage even after removal of the G-tube (fistula) 3) mild discomfort around the G-tube 4) premature removal of the G-tube, which may necessitate emergency re-operation.

Incisional Hernia Repair- My surgeon's policy is to leave incisional hernias alone during the operation. The repair of a hernia may result in significant infection risks and increased pain. The hernia is also more likely to recur if performed while a person is significantly overweight. Once weight loss occurs, a hernia repair is best performed. However, for specific anatomic reasons, a hernia may have to be repaired at the time of the operation.

Esophagogastroduodenoscopy- An EGD, or upper endoscopy may sometimes be performed in order to visualize the stomach, the new intestinal connection, or make sure there are no other abnormalities of the intestinal tract.

Hiatal Hernia Repair- If a large hiatal hernia is present, this may need to be repaired. The added risks from hiatal hernia repair include, but are not limited to, injury of the esophagus, dysphagia (difficulty swallowing) and hernia recurrence.

Lysis of Adhesions- In the setting of a previous operation or significant abdominal infection, scarring always results. The degree of scar tissue is unpredictable. Sometimes, depending on the location of the scar tissue, the scar tissue must be cut (called "lysis of adhesions") in order to perform the weight loss operation. There are increased risks when a lysis of adhesions is necessary, including injury to the intestines, prolonged operative times and bleeding.

Placement of a Drain (very rare)- A drain is a thin plastic tube that comes out of the body, into a small container to allow for the removal of fluid and control of infection. In the event of complications, my surgeon may place a drain during surgery.

I understand that significant weight loss is a life-altering event. Significant changes in eating behavior occur. I understand that every patient's experience varies and the exact prediction of my ability to cope with significant forced behavior changes cannot be predicted. I understand that the SWLC has a dietitian available to me, and is also affiliated with a psychologist, who can help me with behavioral needs.

Following sleeve gastrectomy, food intolerances may vary person to person.

When choosing a balanced menu high in protein content, eating at normal times and incorporating exercise into my daily routine, I will lose weight. However, it is possible to defeat the purpose of surgery by continuously drinking high calorie liquids and/or snacking throughout the day. "Grazing" behavior can cause weight regain or poor initial weight loss.

Medicine is an unpredictable field. Unpredictable complications can occur. No amount of pre-operative testing can assure an uncomplicated outcome. My surgeon will attempt to minimize any possible chances of misdiagnosis; however, no physician or groups of physicians are infallible. I have the responsibility to inform my surgeon of any concerns, worries or possible complications at the earliest possible time. I agree that my surgeon may make recommendations and I take full responsibility if I do not follow these recommendations.

Weight loss after a sleeve gastrectomy is expressed as a loss of a percentage of my pre-operative excess body weight. Excess weight is defined as my current weight status minus my ideal body weight. On average, patients lose between 33-83% of their excess body weight. In other words, some patients lose more than 33-83% of their excess weight and some lose less. My surgeon, the bariatric coordinator and the dietitian at St. Francis SWLC have given me recommendations on how to experience the most optimal weight loss. Although the vast majority of patients are satisfied with their weight loss, there is no guarantee that I will achieve my goal weight. I understand that the chances of reaching my ideal body weight are low. I understand that bariatric surgery is a tool that assists with weight loss. Some patients will regain weight. Some patients will lose less than 33% of their excess body weight. Patients who are diabetic, or are more than 200 pounds overweight, tend to lose a smaller percentage of excess weight.

I understand and acknowledge that actual risks of operation vary from person to person.

Risks and/or potential complications of the sleeve gastrectomy are not limited to the following:

Immediate Post-Operative Risks

Death (extremely rare): The mortality rate of the sleeve gastrectomy is less than 2% nationwide. I realize, and my support systems realize, that every sleeve gastrectomy done at St. Francis is a major surgery and complications of this procedure can be fatal.

Significant Bleeding (very rare): Usually during the course of a laparoscopic sleeve gastrectomy, a couple of ounces of blood is lost. Bleeding may occur unexpectedly in the operating room. Bleeding may also occur post-operatively in the days after the operation. This bleeding may be along the staple/suture line and result in the passage of blood in the stool. Bleeding may also be unseen inside the abdomen and be diagnosed through other means. A transfusion may be necessary in some circumstances. Re-operation to stop bleeding may be necessary.

Leak (very rare): A leak is when the staple/suture line along the stomach separates and does not heal. Although technical problems may be the cause of a leak, sometimes everything is done correctly and a leak still occurs. Serious complications can result from a leak. A leak may result in a prolonged hospital stay, a long period of nothing to eat, prolonged antibiotic requirements, as well as serious bodily harm, such as organ failure and even death.

Nausea (common): The most common cause of post-operative nausea is pain medication. Many patients have nausea the day of their operation. Rarely, nausea will persist for a week. In rare cases, nausea will persist for longer.

Renal Failure (very rare): Although transient kidney (renal) failure does occur in rare patients, irreversible kidney failure is very rare.

Prolonged Ventilation (very rare): A patient requiring a prolonged stay on a ventilator (breathing machine) in the intensive care is rare. This may occur for example in very large patients with severe sleep apnea or after certain significant complications. In these very rare instances, a temporary tracheotomy may be necessary.

Heart Attack (very rare): Although a heart attack is possible after a sleeve gastrectomy, it is very rare. Many patients undergo testing prior to the operation. However, no amount of testing can eliminate the risks of a heart attack. Risk factors for heart disease include: increased age, diabetes, hypertension, hypercholesterolemia and a family history of heart disease.

Prolonged Hospital Stay (extremely uncommon): Unforeseen complications may result in a prolonged hospital stay. Intensive care admission may be required.

Bowel Obstruction (extremely uncommon): Conceivably, an obstruction can occur that would require re-operation. An obstruction can occur from a number of causes.

Medical Consultations (uncommon): My surgeon reserves the right to consult medical physicians to assist in my care when necessary.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) (rare): Blood clots that form in the legs, and elsewhere, and break off into the lungs are a leading cause of death in this country after any surgical procedure. My doctors will do everything they believe possible to reduce the risk for the formation of blood clots. This includes the use of medication to thin the blood, special foot and leg stockings, leg compression devices and ambulation soon after surgery. Despite all of these efforts, it is impossible to eliminate the risks of clots altogether. There is also a possibility that the medication used can cause excessive bleeding. Any symptoms of leg swelling, chest pain or sudden shortness of breath should be immediately reported to your nurse, as well as the surgeon during your hospital stay. Any of these symptoms that occur once you are home should be reported to your surgeon IMMEDIATELY!

Other complications that may be common: Allergic reactions, headaches, itching, medication side-effects, heartburn/reflux, bruising, anesthetic complications, injury to the bowel or vessels, gas, bloating. Minor wound problems are not infrequent. Minor drainage from the wounds or even the wounds opening may occur. Although scars from the laparoscopic procedure are usually small, we cannot predict how any patient will form scars. Wound infections should heal over time, but may cause visible scarring.

Open Procedure: If my operation is performed open, I am at higher risk for several complications. This includes, but is not limited to, wound infection. Wound infections may cause significant scarring and healing problems, require prolonged wound care and cause discomfort. Incisional hernias occur in approximately one-third of patients after an open operative procedure. Hernias will require an operation to repair. Hernias can cause bowel obstructions and severe consequences if left untreated. There is a higher chance of certain complications including lung infections, pressure ulcers and blood clots after an operation. There would also be predictably more discomfort and a longer hospital stay.

Risks in the first month

Stricture (may occur): The opening entering (proximal) and/or exiting (distal) the stomach, can scar to a pinhole in about 4-8% of patients. This scarring is diagnosed by the intolerance to solid foods after surgery. A stricture can be treated by EGD dilation. Only my surgeon, or a gastroenterologist cleared by my surgeon, should perform this procedure. My surgeon is not responsible for complications that result from the performance of balloon dilation unless he performed the dilation himself. Strictures can also occur months to years after surgery.

Ulcer (very rare): An ulcer can cause pain, bleeding or even cause a perforation. Patients who smoke are a higher risk for development of ulcers. Because of the risk of ulcers, I agree that I will not take any medication classified as an NSAID without discussing with my surgeon. I also agree to take full responsibility to quit smoking and remain nicotine-free.

Fatigue and Dehydration: After any general anesthesia, fatigue is very common. It may last days, or in some circumstances weeks. Dehydration is rare. Electrolyte abnormalities are also rare. I understand that I will contact my surgeon's office if I am not tolerating liquids. I agree to follow the prescribed fluid intake and do my part to keep my body hydrated.

Medication problems (common): I understand that I will have to monitor my post-operative medication doses closely with the doctors that have prescribed them. My surgeon will help if necessary. Examples of common medication problems include, but are not limited to, lightheadedness from too high a dose of blood pressure medication and too low a blood sugar from excessive diabetic medication. I agree to work closely with my primary care physician to regulate my medication.

Return to work: I understand that although many patients can return to work within one to three weeks, rare patients may require a longer recovery. My surgeon is not responsible for financial difficulties due to lost time.

Late Complications (Possible, but not limited to)

Urinary Tract infections, allergic reactions to drugs or medications, vomiting or nausea/inability to eat certain foods/improper eating, inflammation of the esophagus, acid reflux, low potassium, sodium or blood sugar, low blood pressure, anemia, metabolic deficiency, constipation, diarrhea, bloating, cramping, malodorous stool or gas, stomach ulcer, intolerance to refined sugars, internal hernia, gallbladder problems, weight regain, depression, temporary hair loss and marital problems.

Unforeseen Problems: I understand that it is impossible to list every complication possible during and after the procedure of Sleeve Gastrectomy. There may also be long-term problems not known at this time. I agree that my surgeon has done their reasonable best in listing the most significant complications that may occur.

For females:
Pregnancy: I agree not to get pregnant for 18 months after the Sleeve Gastrectomy. The safety of pregnancy is not established for patients during rapid weight loss. Serious, life-threatening complications may occur. I take full responsibility for birth control during this time period.

I understand that unforeseen events may occur that would result in the last minute cancellation or postponement of my operation. My surgeon will only cancel my operation in the case of emergency conflicts or if it is in my best interest for safety. My surgeons are not financially responsible for any costs incurred by rescheduling my operation for any reason.

I understand that my surgeon may or may not decide to digitally record or photograph portions of my operation. I give permission for my surgeon to use these materials, when obtained, for whatever purposes they feel fit, as long as no identifying images, names or labels are used. My surgeon, and/or his staff, may also take pictures pre and post operatively to document my weight loss progress. My surgeon, and/or his staff, may use these images as testimonials, in print or online, to promote the St. Francis Surgical Weight Loss Center. (*Cross out the last line if you do not agree*)

I am responsible for fully understanding all the fees that I may incur. I take full responsibility to understand all potential hospital costs. If complications of surgery or significant modifications of surgery occur during or any time after the planned operation, I understand that additional, significant, professional fees may apply.

I plan on following all post-operative visits recommended by my surgeon. I plan on obtaining all tests requested by my surgeon. I will abide by all nutritional supplements/recommendations that my surgeon prescribes. If the St. Francis Surgical Weight Loss Center ever ceases to exist, my surgeon will make recommendations, but I will take responsibility to find an appropriate physician to monitor my life-long follow up. If I leave the area, I take the responsibility in finding appropriate follow-up.

I understand that the St. Francis Surgical Weight Loss Center recommends psychological support pre and post-operatively and that it is my responsibility to seek psychological help if needed.

I agree to fully read all and follow all of the diet protocols and discharge instructions. My surgeon has the right, in rare cases, to discharge me from their practice if I am not compliant with their medical instructions. This determination is fully at the discretion of my surgeon.

I have been offered the opportunity to discuss results of this procedure with others who have had the procedure done previously through the support group, the internet and other resources. I understand that St. Francis Surgical Weight Loss Center administers support group meetings at least once a month. My surgeon strongly believes that support groups are an excellent method to improve long-term outcomes. I take responsibility for attending support group meetings.

Bariatric surgery is a vast discipline. There is no way that my surgeons can teach me everything about these procedures. There is no way that my surgeons can predict all possible outcomes. This consent is not meant to be inclusive. Complications or problems may arise that were not specifically addressed.

I have reviewed all of the information in this consent form with my immediate family or support system. I have clearly stated to them that I fully understand the risks of surgery and believe that the risks are acceptable.

Any conflicting information on the risks and benefits of surgery implied from any other format (internet, brochures, video and physician interview) is to be superseded by this legal document.

Informed Consent for Roux-en-Y Gastric Bypass

Please read this form carefully and ask about anything you may not understand

I am giving David G. Anderson, MD and/or Jessica Gonzalez Hernandez, MD, ("my primary surgeon") at St. Francis Health System Surgical Weight Loss Center, permission to perform a

Laparoscopic Roux-en-Y Gastric Bypass

with possible robotic assist

for the treatment of obesity. The procedure is also known as a "gastric bypass", a "proximal gastric bypass", "divided gastric bypass", "stomach stapling" or "RNY gastric bypass". I met with my primary surgeon in the office for my initial consultation. My primary surgeon will perform the procedure and direct my care during the operation. I understand that my surgeon will be involved in all aspects of my care during the operation and I agree that he be involved in all aspects of my care pre-operatively and post-operatively. My post-operative care will be directed by my surgeon, as well as the Bariatric Nurses at St. Francis Health System.

I affirm that I am significantly overweight and have attempted non-surgical weight loss programs without success. I recognize that the preponderance of medical literature states that obesity causes early death and significant medical problems, such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, gout, venous stasis disease, liver disease and heart failure, to name a few.

I understand that the preponderance of scientific medical data shows that the laparoscopic gastric bypass can improve or cause remission of many medical problems, such as hypertension, diabetes, obstructive sleep apnea, high cholesterol, infertility, cancer, gastroesophageal reflux, arthritis, chronic headaches, gout, venous stasis disease, liver disease and heart failure; however, there are no specific guarantees that any one of these conditions will improve in any given patient.

I understand that there are a number of non-surgical options, as well as surgical options. My doctor has given me the opportunity to discuss other surgical options, such as the Adjustable Gastric Band or Sleeve Gastrectomy. I understand and acknowledge that the Gastric Bypass is an elective procedure. I have decided that the Roux-en-Y Gastric Bypass is the best option for me. I also know that I have the right to a second opinion.

I have been given pre-operative education in the form of physician interviews, nutritional counseling, psychological counseling, handouts, educational booklets, information seminars, informational websites, such as gottolose.org, www.obesitysurgery.md or www.obesityhelp.com, as well as access to information from my doctor and easy access to the St. Francis Surgical Weight Loss Center to answer any questions that I may have.

I understand that my surgeon has been trained in performing the gastric bypass surgery laparoscopically. However, in some instances, the procedure may have to be performed through a traditional "open" approach. Reasons to unexpectedly convert to an open operation include, but are not limited to, significant bleeding, extreme obesity, extremely large liver size, severe scar tissue and equipment malfunction. Conversion to an "open" procedure occurs solely at the surgeon's discretion. I agree that I have been given no guarantees that my surgery will be completed laparoscopically. There is a rare, but possible chance that if I do not diet adequately in the pre-operative period, with the diet prescribed by my surgeon, my liver size may cause my operation to be impossible either open or laparoscopically.

I understand the anatomy of the operation as follows:

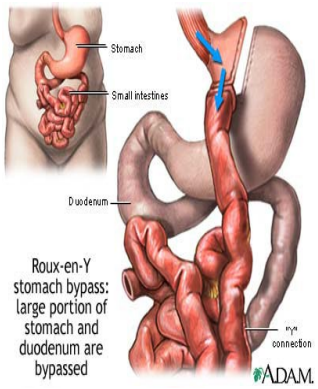


Diagram of the Gastric Bypass: A small pouch reservoir is created, usually with the use of a stapling device. The stomach is transected and divided. No organs or parts of organs (including the stomach) will be planned to be removed. The small intestines are also transected. The reservoir is connected to the cut end of the intestine (gastrojejunal anastomosis) and the remaining intestine is reattached jejunojejunostomy). *American Society of Bariatric Surgeons*

During the operation, several conditions may arise that may cause additional procedures to be performed. These include:

A liver biopsy-most often performed when an abnormally enlarged liver is identified. The risks with performing a liver biopsy include a low chance of bleeding.

Removal of the gallbladder-in some patients, removal of the gallbladder may be medically necessary. Removal of the gallbladder increases the length of time of the total operation. Also, there is a small, less than 1%, risk of bile duct injury that can result in serious complications. Removal of the gallbladder may increase my hospital stay. An additional port (and incision) may be necessary to perform the procedure safely. Because of the small, but real, incidence of complications of gallbladder removal, this procedure is not routinely performed.

Gastrostomy Tube- In extremely rare circumstances, placement of a gastrostomy tube (G-tube) may be performed. A G-tube is placed in the excluded, lower portion of the stomach when: the operation was much more difficult than expected; the procedure is a revision of a pervious weight loss operation; at the surgeon's discretion. A G-tube can have several complications associated with it including 1) leakage of stomach contents around the tube, which can irritate the skin 2) persistent drainage even after removal of the G-tube (fistula) 3) mild discomfort around the G-tube 4) premature removal of the G-tube, which may necessitate emergency re-operation.

Incisional Hernia Repair- My surgeon's policy is to leave incisional hernias alone during the operation. The repair of a hernia may result in significant infection risks and increased pain. The hernia is also more likely to recur if performed while a person is significantly overweight. Once weight loss occurs, a hernia repair is best performed. However, for specific anatomic reasons, a hernia may have to be repaired at the time of the operation.

Esophagogastroduodenoscopy- An EGD, or upper endoscopy may sometimes be performed in order to visualize the stomach, the new intestinal connection, or make sure there are no other abnormalities of the intestinal tract.

Hiatal Hernia Repair- If a large hiatal hernia is present, this may need to be repaired. The added risks from hiatal hernia repair include, but are not limited to, injury of the esophagus, dysphagia (difficulty swallowing) and hernia recurrence.

Lysis of Adhesions- In the setting of a previous operation or significant abdominal infection, scarring always results. The degree of scar tissue is unpredictable. Sometimes, depending on the location of the scar tissue, the scar tissue must be cut (called "lysis of adhesions") in order to perform the weight loss operation. There are increased risks when a lysis of adhesions is necessary, including injury to the intestines, prolonged operative times and bleeding.

Placement of a Drain- A drain is a thin plastic tube that comes out of the body, into a small container to allow for the removal of fluid and control of infection. A drain may be placed during surgery.

I understand that significant weight loss is a life-altering event. Significant changes in eating behavior occur. I understand that every patient's experience varies and the exact prediction of my ability to cope with significant forced behavior changes cannot be predicted. I understand that the SWLC has a dietitian available to me, and is also affiliated with a psychologist, who can help me with behavioral needs.

Following gastric bypass, I may experience intolerances to certain food types, usually fatty/greasy foods, dairy products and/or sweets. These foods may cause unpleasant symptoms similar to seasickness, such as sweating, nausea, diarrhea and shaking. These symptoms may last anywhere from a few minutes to an hour and are known as "dumping". Food intolerances vary from person to person. Some patients never experience any of these symptoms or may become less sensitive over time. Rarely, a patient may have severe food intolerance that lasts for many months.

When choosing a balanced menu high in protein content, eating at normal times and incorporating exercise into my daily routine, I will lose weight. However, it is possible to defeat the purpose of surgery by continuously drinking high calorie liquids and/or snacking throughout the day. "Grazing" behavior can cause weight regain or poor initial weight loss.

Medicine is an unpredictable field. Unpredictable complications can occur. No amount of pre-operative testing can assure an uncomplicated outcome. My surgeon will attempt to minimize any possible chances of misdiagnosis; however, no physician or groups of physicians are infallible. I have the responsibility to inform my surgeon of any concerns, worries or possible complications at the earliest possible time. I agree that my surgeon may make recommendations and I take full responsibility if I do not follow these recommendations.

Weight loss after gastric bypass is expressed as a loss of a percentage of my pre-operative excess body weight. Excess weight is defined as my current weight status minus my ideal body weight. On average, patients lose between 70-80% of their excess body weight within two years. My surgeon, the bariatric coordinator and the dietitian at St. Francis SWLC have given me recommendations on how to experience the most optimal weight loss. Although the vast majority of patients are satisfied with their weight loss, there is no guarantee that I will achieve my goal weight. I understand that the chances of reaching my ideal body weight are low. I understand that bariatric surgery is a tool that assists with weight loss. Some patients will regain weight. Some patients will lose less than 50% of their excess body weight. Patients who are diabetic, or are more than 200 pounds overweight, tend to lose a smaller percentage of excess weight.

I understand and acknowledge that actual risks of operation vary from person to person.

Risks and/or potential complications of the gastric bypass include, but are not limited to the following:

Immediate Post-Operative Risks

Death (extremely rare): The mortality rate of the gastric bypass is less than 2% nationwide. I realize, and my support systems realize, that every gastric bypass done at St. Francis is a major surgery and complications of this procedure can be fatal.

Significant Bleeding (very rare): Usually during the course of a laparoscopic gastric bypass, a couple of ounces of blood is lost. Bleeding may occur unexpectedly in the operating room. Bleeding may also occur post-operatively in the days after the operation. This bleeding may be along the staple/suture line and result in the passage of blood in the stool. Bleeding may also be unseen inside the abdomen and be diagnosed through other means. A transfusion may be necessary in some circumstances. Re-operation to stop bleeding may be necessary.

Anastomotic Leak (very rare): A leak is when the connection between the stomach and intestine does not heal. Although technical problems may be the cause of a leak, sometimes everything is done correctly and a leak still occurs. Serious complications can result from a leak. A leak may result in a prolonged hospital stay, a long period of nothing to eat, prolonged antibiotic requirements, as well as serious bodily harm, such as organ failure and even death.

Nausea (common): The most common cause of post-operative nausea is pain medication. Many patients have nausea the day of their operation. Rarely, nausea will persist for a week. In rare cases, nausea will persist for longer.

Renal Failure (very rare): Although transient kidney (renal) failure does occur in rare patients, irreversible kidney failure is very rare.

Prolonged Ventilation (very rare): A patient requiring a prolonged stay on a ventilator (breathing machine) in the intensive care is rare. This may occur for example in very large patients with severe sleep apnea or after certain significant complications. In these very rare instances, a temporary tracheotomy may be necessary.

Heart Attack (very rare): Although a heart attack is possible after a gastric bypass, it is very rare. Many patients undergo testing prior to the operation. However, no amount of testing can eliminate the risks of a heart attack. Risk factors for heart disease include: increased age, diabetes, hypertension, hypercholesterolemia and a family history of heart disease.

Prolonged Hospital Stay (extremely uncommon): Unforeseen complications may result in a prolonged hospital stay. Intensive care admission may be required.

Bowel Obstruction (extremely uncommon): Conceivably, an obstruction can occur that would require re-operation. An obstruction can occur from a number of causes.

Medical Consultations (uncommon): My surgeon reserves the right to consult medical physicians to assist in my care when necessary.

Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) (rare): Blood clots that form in the legs, and elsewhere, and break off into the lungs are a leading cause of death in this country after any surgical procedure. My doctors will do everything they believe possible to reduce the risk for the formation of blood clots. This includes the use of medication to thin the blood, special foot and leg stockings, leg compression devices and ambulation soon after surgery. Despite all of these efforts, it is impossible to eliminate the risks of clots altogether. There is also a possibility that the medication used can cause excessive bleeding. Any symptoms of leg swelling, chest pain or sudden shortness of breath should be immediately reported to your nurse, as well as the surgeon during your hospital stay. Any of these symptoms that occur once you are home should be reported to your surgeon IMMEDIATELY!

Other complications that may be common: Allergic reactions, headaches, itching, medication side-effects, heartburn/reflux, bruising, anesthetic complications, injury to the bowel or vessels, gas, bloating. Minor wound problems are not infrequent. Minor drainage from the wounds or even the wounds opening may occur. Although scars from the laparoscopic procedure are usually small, we cannot predict how any patient will form scars. Wound infections should heal over time, but may cause visible scarring.

Open Procedure: If my operation is performed open, I am at higher risk for several complications. This includes, but is not limited to, wound infection. Wound infections may cause significant scarring and healing problems, require prolonged wound care and cause discomfort. Incisional hernias occur in approximately one-third of patients after an open operative procedure. Hernias will require an operation to repair. Hernias can cause bowel obstructions and severe consequences if left untreated. There is a higher chance of certain complications including lung infections, pressure ulcers and blood clots after an operation. There would also be predictably more discomfort and a longer hospital stay.

Risks in the first month

Stricture (occurs): The connection between the stomach (pouch) and the intestine, gastrojejunostomy, can scar to a pinhole in about 4-8% of patients. This scarring is diagnosed by the intolerance to solid foods after surgery. A stricture can be treated by EGD dilation. Only my surgeon, or a gastroenterologist cleared by my surgeon, should perform this procedure. My surgeon is not responsible for complications that result from the performance of balloon dilation unless he performed the dilation himself. Strictures can also occur months to years after surgery.

Ulcer (very rare): An ulcer can cause pain, bleeding or even cause a perforation. Patients who smoke are a higher risk for development of ulcers. Because of the risk of ulcers, I agree that I will not take any medication classified as an NSAID without discussing with my surgeon. I also agree to take full responsibility to quit smoking and remain nicotine-free.

Fatigue and Dehydration: After any general anesthesia, fatigue is very common. It may last days, or in some circumstances weeks. Dehydration is rare. Electrolyte abnormalities are also rare. I understand that I will contact my surgeon's office if I am not tolerating liquids. I agree to follow the prescribed fluid intake and do my part to keep my body hydrated.

Medication problems (common): I understand that I will have to monitor my post-operative medication doses closely with the doctors that have prescribed them. My surgeon will help if necessary. Examples of common medication problems include, but are not limited to, lightheadedness from too high a dose of blood pressure medication and too low a blood sugar from excessive diabetic medication. I agree to work closely with my primary care physician to regulate my medication.

Return to work: I understand that although many patients can return to work within one to three weeks, rare patients may require a longer recovery. My surgeon is not responsible for financial difficulties due to lost time.

Late Complications (Possible, but not limited to)

Urinary Tract infections, allergic reactions to drugs or medications, vomiting or nausea/inability to eat certain foods/improper eating, inflammation of the esophagus, acid reflux, low potassium, sodium or blood sugar, low blood pressure, anemia, metabolic deficiency, constipation, diarrhea, bloating, cramping, malodorous stool or gas, stomach ulcer, intolerance to refined sugars, internal hernia, gallbladder problems, weight regain, depression, temporary hair loss, marital problems, Osteoporosis, Iron Deficiency Anemia, and Vitamin B deficiencies (can be counteracted by taking proper Bariatric supplementation).

Unforeseen Problems: I understand that it is impossible to list every complication possible during and after the procedure of gastric bypass. There may also be long-term problems not known at this time. I agree that my surgeon has done their reasonable best in listing the most significant complications that may occur.

For females:
Pregnancy: I agree not to get pregnant for 18 months after the Gastric Bypass. The safety of pregnancy is not established for patients during rapid weight loss. Serious, life-threatening complications may occur. I take full responsibility for birth control during this time period.

I understand that unforeseen events may occur that would result in the last minute cancellation or postponement of my operation. My surgeon will only cancel my operation in the case of emergency conflicts or if it is in my best interest for safety. My surgeons are not financially responsible for any costs incurred by rescheduling my operation for any reason.

I understand that my surgeon may or may not decide to digitally record or photograph portions of my operation. I give permission for my surgeon to use these materials, when obtained, for whatever purposes they feel fit, as long as no identifying images, names or labels are used. My surgeon, and/or his staff, may also take pictures pre and post operatively to document my weight loss progress. My surgeon, and/or his staff, may use these images as testimonials, in print or online, to promote the St. Francis Surgical Weight Loss Center. (*Cross out the last line if you do not agree*)

I am responsible for fully understanding all the fees that I may incur. I take full responsibility to understand all potential hospital costs. If complications of surgery or significant modifications of surgery occur during or any time after the planned operation, I understand that additional, significant, professional fees may apply.

I plan on following all post-operative visits recommended by my surgeon. I plan on obtaining all tests requested by my surgeon. I will abide by all nutritional supplements/recommendations that my surgeon prescribes. If the St. Francis Surgical Weight Loss Center ever ceases to exist, my surgeon will make recommendations, but I will take responsibility to find an appropriate physician to monitor my life-long follow up. If I leave the area, I take the responsibility in finding appropriate follow-up.

I understand that the St. Francis Surgical Weight Loss Center recommends psychological support pre and post-operatively and that it is my responsibility to seek psychological help if needed.

I agree to fully read all and follow all of the diet protocols and discharge instructions. My surgeon has the right, in rare cases, to discharge me from their practice if I am not compliant with their medical instructions. This determination is fully at the discretion of my surgeon.

I have been offered the opportunity to discuss results of this procedure with others who have had the procedure done previously through the support group, the internet and other resources. I understand that St. Francis Surgical Weight Loss Center administers support group meetings at least once a month. My surgeon strongly believes that support groups are an excellent method to improve long-term outcomes. I take responsibility for attending support group meetings.

Bariatric surgery is a vast discipline. There is no way that my surgeons can teach me everything about these procedures. There is no way that my surgeons can predict all possible outcomes. This consent is not meant to be inclusive. Complications or problems may arise that were not specifically addressed.

I have reviewed all of the information in this consent form with my immediate family or support system. I have clearly stated to them that I fully understand the risks of surgery and believe that the risks are acceptable.

Any conflicting information on the risks and benefits of surgery implied from any other format (internet, brochures, video and physician interview) is to be superseded by this legal document.

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