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Welcome to Synchrony Health Chicago

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Weight Loss Surgery

Why do we need weight loss surgery?

The United States is the most overweight nation in the world with 62% of the population being affected. And once you get to be severely overweight, diet and exercise programs have dismal long-term results. Many people lose weight in the short term, but they gain it all back and then some. For those patients, weight loss surgery is the only effective long term solution. The main problem with remaining overweight is that you have a higher chance for early death and are at risk for many medical problems associated with obesity. Most patients who have had weight loss surgery found it to be the only thing that allowed them to keep the weight off long-term. They say weight loss surgery gave them their life back.

It is important for you to understand that weight loss surgery is not magic and does not work by itself. Weight loss surgery is simply a tool to help you lose weight. It is a powerful tool and for most, the only tool that helped them successfully control their weight, but like all tools they work best if you use them correctly.

Weight loss surgery is not cosmetic plastic surgery. It does not involve removing extra tissue. Weight loss surgery basically allows you to be full and satisfied with small amounts of food and not be hungry all the time. If you take advantage of this situation, you will lose weight. The operation is effective at reducing the number of calories eaten in a day. Exercise adds to this by increasing the number of calories burned. When you exercise you build muscle, which increases your metabolic rate, which burns more calories. We strongly encourage the addition of increased activity to weight loss surgery because the combination of eating fewer calories and burning more calories is very powerful for successful weight loss.

There are patients who go through the trouble of having weight loss surgery and then do not lose any weight. They are typically sabotaging their operation and not using the tool. An example is a patient who eats a large quantity of high calorie liquids like milkshakes or sugary sweets. Sugar works against weight loss because it is a high calorie food that will have to be burned off by exercise. We strongly recommend minimizing sweets after surgery. There are many sugar-free foods available. Other patients will sabotage their success by grazing, eating small amounts of food throughout the day. After weight loss surgery, if you avoid excessive sugar, high calorie liquids, and grazing, you will increase your success rate. Exercise also increases your success.

It is incorrect to think that you don't have to put any effort into losing weight. Weight loss surgery just makes it much easier because you get full on a small number of calories and you are not hungry all the time.

Improved health is not the only benefit to weight loss surgery. Patients say they have more energy and feel better about themselves. Their quality of life improves dramatically. If you talk to anyone who has lost their excess weight and been able to keep it off long-term, they are some of the happiest people in the world.

What are the surgical options?

Among the surgical options, the **vertical banded gastroplasty** has fallen out of favor, because it tends to fail long term. The operation **biliopancreatic diversion with or without a duodenal switch** is a very radical procedure that is typically reserved for patients who fail other surgical efforts at weight loss.

The **gastric bypass** is a very popular operation and has been around a long time, but it is a high-risk operation and an incredibly unhealthy way to lose weight. The **laparoscopic adjustable gastric band** or *Lap-Band*® or *REALIZE Band*® is an adjustable, reversible operation that has the lowest surgical risk and creates a healthy, sustained weight loss.

Adjustable Gastric Band

The Lap-Band, approved by the FDA in June 2001, is the number one weight loss operation performed in Europe and Australia. Over 130,000 bands have been placed world-wide since 1993. Multiple long-term studies have shown average excess weight loss to be greater than 50% in the majority of patients. The initial experience with the band showed less weight loss, but current techniques have proven that the band is a highly effective operation with the lowest risk. Older studies do not reflect current results.

Technique

The adjustable gastric band procedure is performed laparoscopically, through several small incisions with the aid of a fiber optic camera and specialized instruments. This minimizes post-operative pain and recovery. During the surgery, an adjustable gastric band is placed around the top part of the stomach to create a small (20cc) gastric pouch. There is no cutting or rearranging of the intestines. It is connected to a port that is placed under the skin in the abdominal wall allowing easy access for adjustments in the office. The inner lining of the band is a balloon that can be filled with saline to narrow the stomach opening, thus slowing the passage of food so that it spends more time in the small gastric pouch making you feel full and satisfied. The band can be fine tuned to adjust to your needs and maximize your weight loss success while minimizing adverse symptoms.

The saline is added via the access port with a needle and syringe. The port is attached to the muscle fascia and does not stick out. Adjustments are done by placing a needle into the port and adding or withdrawing saline. This allows each patient to have an individualized weight loss program which can be customized to their personal situation. Patients say the adjustments are minimally painful. The band is typically adjusted on average of every six weeks until patients are eating small amounts of food and getting full and losing about 1 to 2 pounds per week. If you become pregnant after Laparoscopic Adjustable gastric band surgery, we can simply deflate the band by accessing the port in the office—without further surgery—and you can eat normally for a healthy pregnancy.

Average weight loss is slower than the gastric bypass, but this lowers the risk for gallstones. You can ultimately lose the same amount of weight, but it may take longer. There are band patients that lose weight just as quickly as patients with a gastric bypass, but they work at it (wise food choices and increased activity).

Weight loss occurs by making you feel full and satisfied on a smaller number of calories. The Gastric Band also diminishes the background hunger that is so typical of dieting. Patients say they lose their obsession with food and are satisfied with small meals. The band is designed to stay in forever. It does not have to be removed. If for some reason a patient would want to undo the operation, however, it is easily reversible.

In the past several years, several weight loss surgeons have had a weight loss operation on themselves. None of them chose to have a gastric bypass. All of them chose to have the Adjustable gastric band

Risks

Slippage and erosion are two problems unique to the adjustable gastric band. In the past, surgeons placed the band too far down on the stomach and adjusted it too tight, too soon, with slippage rates of 20-30%. With modern techniques, slippage has been dramatically reduced to less than 2%. Most slips nowadays are associated with excessive regurgitation of food due to keeping the band too tight. If slippage does occur, the band can be repositioned laparoscopically. In the past surgeons sutured the stomach too tightly over the top of the band resulting in erosion, where the band works itself into the stomach that has been stretched over the top of it. With current techniques, we suture the stomach loosely over the band and the erosion rate has essentially disappeared. Erosions are now extremely rare. All medical devices are at risk for failure, but this is rare with the band.

What to expect

The surgery takes about an hour. Most patients return to work within 3-7 days. Most patients stop taking pain medication after three days. The post-operative healing phase consists of two weeks of liquids and two weeks of soft, mushy food. No adjustments are made in the band during this time. This allows the band to heal into the perfect spot, minimizing the chance for slippage. The first adjustment may be done around 6 weeks after surgery. If you are eating small amounts of food and are not hungry between meals and are losing 1 to 2 pounds per week, then you don't need an adjustment. If you can eat a lot without getting full, are hungry and are not losing weight, band adjustments will be needed until your weight loss efforts are successful. Most patients require an average of three to five adjustments during the first year.

Advantages— adjustable gastric band

- No cutting, stapling or rearranging of the intestines
- Good access to the stomach for scopes that diagnose and treat ulcers
- Adjustable
- Reversible
- Fewer complications that are less severe
- Can be adjusted during pregnancy for adequate calories and vitamins
- Slower weight loss is healthier and causes fewer gallstones

Disadvantages— adjustable gastric band

- Slippage and erosion (these problems are now rare with modern techniques)
- Easier to sabotage (fortunately, most patients do not do this)

Results

Long-term weight loss results of the adjustable gastric band are similar to gastric bypass, but this requires adjustment of the band. On average patients will lose between 50 to 75% of their excess weight within 1-2 years of surgery. The amount of weight loss varies, and is dependent upon how you are using the tool in partnership with the supporting staff in your surgeon's office. You can lose 100% of your excess weight if you are motivated.

On average band patients lose weight slower than gastric bypass patients, but the long-term weight loss is about the same at 3-5 years post-operatively. The slower weight loss is actually healthier for you and causes fewer gallstones. Vitamin deficiencies which are so common after gastric bypass are uncommon in adjustable gastric band patients because there is no malabsorption. The laparoscopic adjustable gastric band is the lowest risk weight loss operation.

There are many important distinctions between the two procedures. If you look at the common complications of weight loss surgery, the laparoscopic adjustable gastric band is much safer. Many complications related to the gastric bypass do not exist with the band. Gastric bypass

complications are common, severe and can result in death or long-term disability. Band complications are rare, minor and easily fixed as an outpatient in most cases.

You may want to consider the fact that when surgeons become patients, when they have bariatric surgery on themselves, most of them choose gastric banding over the bypass. More than anyone, surgeons have an intimate knowledge of the risks associated with gastric bypass. Many hospital nurses working in the operating room or surgery ward will choose to have a band over a bypass. After witnessing firsthand gastric bypass patients die or have serious complications they tend to steer away from the procedure and choose a band instead. This ought to tell you something about the differences in the risks between the two procedures.

When one of our patients struggled with the decision between band and bypass, we advised her to go to the support groups and talk to patients who had had the procedures. She came back from that experience and decided to have a band. When asked why, she told us that the bypass patients looked ill. She didn't like the way their skin and hair looked. She said the band patients looked healthy and happy. Many of our patients say they would rather stay obese than risk having a gastric bypass. When band patients reach their healthy weight, they are healthy. When bypass patients reach their healthy weight, they still have a chronic disease called malabsorption. Comparing the risks between band and bypass is like comparing a fender bender to an airplane crash.

Complication or Problem	Gastric Bypass	Adjustable Gastric Band
Leak causing peritonitis	Yes	No
Requires cutting of the intestines	Yes	No
Requires rearranging intestines	Yes	No
High-risk operation	Yes	No
High death rate	Yes	No
Invasive	Yes	No
Irreversible	Yes	No
Dumping	Yes	No
Vitamin Deficiencies	Yes	No
Stricture	Yes	No
Internal hernia	Yes	No
Anastomotic ulcer	Yes	No
Osteoporosis	Yes	No
Eliminates scope access to stomach	Yes	No
Pregnancies are high risk	Yes	No
Weight regain from stretched pouch	Yes	No
Weight regain from dilated stoma	Yes	No
Requires 2-3 day hospitalization	Yes	No
Protein malabsorption	Yes	No
Diarrhea	Yes	No
Increased risk for kidney stones	Yes	No
Erratic absorption of medications	Yes	No
Unhealthy muscle wasting	Yes	No
Contraindicated in patients with:		
Crohn's disease	Yes	No
Chronic liver disease	Yes	No
High-risk patients	Yes	No
Previous gastric surgery	Yes	No
Patients taking medications:		
blood thinners	Yes	No
seizure medications	Yes	No
Complicated vitamin regimen	Yes	No
Requires protein powders	Yes	No
Blood tests every 3 months	Yes	No
Not adjustable	Yes	No
Cannot convert to other procedures	Yes	No

Please call **Synchrony Health** at 630-990-2440 for any questions or to schedule an appointment.



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Financial Information

We are pleased that you have chosen us for your weight loss surgery. We are committed to providing you a comprehensive weight loss surgery program involving excellent surgery as well as pre and postoperative education, evaluation, and support. We strongly believe that the best results are achieved when a comprehensive program is available to patients. However, we realize that high quality weight loss surgery is expensive, and people often have a difficult time meeting the cost of the surgery. Therefore, we will work with you to help you find a way to pay for the surgery. This may involve paying for the operation yourself, financing the cost through a finance company, or obtaining health insurance coverage for the surgery.

Whether you are a self pay patient, or using insurance, you will be asked to sign an "Advanced Beneficiary Notice". This document will state that you agree to pay the Surgeon Professional Fee and/or Surgery Center Fee one week in advance of the date of surgery.

If you are approved through your insurance company, we want to refund your payment as soon as possible. We will always try to advise you of what your chances are of getting approved. We will also try to advise you on what to expect in terms of the timing and amount of reimbursement from the insurance company. Please see "Insurance Authorization" for more information on obtaining insurance coverage.

Payment Policy

There are two scenarios for payment.

1. Adjustable gastric band surgery is covered by your insurance company and Synchrony is an out-of-network provider.

In this case, we will bill your insurance company, but you will have to prepay for the professional fees, one week prior to surgery. As soon as we receive payment from your insurance company, you will receive a refund in the mail. Some insurance companies will cover 100% of the professional fee, some pay as little as 10%. Each insurance company is different. Please consult with our insurance experts in the office to help determine how much they may cover. You will be expected to pay for the initial visit, but this will be deducted from the professional fees if you decide to go ahead with surgery.

2. Adjustable gastric band surgery is not covered by your insurance company and you are paying out-of-pocket.

You will be expected to pay for the initial visit. This will be deducted from the professional fee if you decide to go ahead with surgery. The remainder of the cost of surgery will be expected one week prior to the scheduled surgery date. *We accept cashier's checks, money orders, or credit cards.*

If you have any questions about our financial policy, please feel free to contact our office anytime at 630-990-2440.



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Insurance Authorization

Though insurance coverage of the surgery is often the best choice and the least expensive option for you, obtaining insurance authorization for weight loss surgery can be frustrating and time consuming. Despite the fact that weight loss surgery is endorsed by the National Institutes of Health as the only effective treatment for morbid obesity, some insurance policies do not cover it at all. Obtaining insurance authorization usually involves the following steps:

1. Determine if weight loss surgery is a covered benefit in your policy.
2. Determine what the criteria for coverage are (such as weight, BMI, previous weight loss attempts, etc.).
3. Obtain **documentation** (prior chart notes are especially good) that you meet all the criteria for coverage required by your insurance **policy**.
4. Determine which weight loss procedure(s) your policy covers.
5. We will then prepare a comprehensive letter of medical necessity outlining your situation and send it to your insurance company requesting approval for your weight loss surgery.

You need to take an active role in gathering this information. We have outlined the process in detail within this packet to make it as simple and efficient as possible. We recommend that you document every step of the way. It is becoming increasingly difficult to obtain insurance coverage for weight loss surgery with some insurance companies. A lot of them require you to have participated in a physician monitored weight loss program to qualify. Your chance of being approved for weight loss surgery by your insurance company will be greatly improved if you gather the information we have recommended, and we submit a complete package of information covering all the insurance policy requirements together with our letter of medical necessity.

Educate Yourself

Research: The internet is a useful place to gather information about weight loss surgery and insurance coverage. Walter Lindstrom's website, www.obesitylaw.com has some useful articles such as, "so you want to get your insurance company to cover surgery?" He also has a "top ten" list of what to do. Inform yourself about both the insurance issues and the surgical issues. Attending at least one support group is strongly encouraged. This is where you can ask important questions of other patients who have had similar experiences. We have support groups at our center once a month, and there are multiple other groups that meet at other times around the Seattle area.

Personal information: You should know your **height, weight, BMI, diet history and medical problems related to obesity**. Some primary care physicians will write a supportive letter detailing the medical necessity for you. There is a BMI calculator on our websites. Bring your insurance card with you to your appointment. We recommend obtaining a copy of your medical

record from your primary care physician to help document your weight over the last 5 years and your prior weight loss attempts.

Understand the codes for weight loss surgery:

ICD-9 Diagnostic Code for Morbid Obesity is 278.01

CPT CPT Procedure Code is as: 43770

Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty

Call Your Insurance Company

Call the benefits coordinator at your human resource office and/or call the customer service line on your insurance card.

State "I am inquiring about my policy benefits regarding the surgical treatment of morbid obesity. Is surgery for morbid obesity a covered benefit?"

If they say no, there are two choices:

- self pay
- You may need to hire an attorney to help you prove that it is medically necessary. We recommend you contact Walter Lindstrom at Obesitylaw.com.

You may use the list below to help you ask all the questions and to document the answers received from your insurance company.

Telephone number and extension called: _____

Contact name: _____

1. Is surgery for morbid obesity a covered benefit?	yes	no
2. Is the CPT code 43770 for the Lap-Band® or Realize® Band covered?	yes	no
3. Do you have a policy on surgery for morbid obesity that I can obtain?	yes	no
4. What information do you require before authorizing the surgery?		
a. Nutrition consult	yes	no
b. Psychological consult	yes	no
c. Medical clearance from your physician	yes	no
d. Letter from Surgeon	yes	no
e. Documentation of weight loss attempts	yes	no
f. Documentation of length of obesity	yes	no

Am I required to see a contracted provider or can I go out of network?

** Remember to get the full name and direct extension of the person you talked to.**