



A new facility, new technology and a new health care model for Northeast Arkansas





MEMORIAL HOSPITAL

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870-936-1000

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Phone: 870-936-8000
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Date: _____ Date attended seminar: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Social Security Number: _____

Height: _____ BMI: _____ (Office use only)

Weight: _____ Ideal Weight Range: _____ Amt. Over: _____

INSURANCE: (primary) _____

(secondary) _____

ID (primary) _____ group: _____

ID (secondary) _____ group: _____

Employer providing ins: (primary) _____ (secondary) _____

Effective date: _____ Deductible: _____

Referral Source: _____ PCP: _____

PROCEDURE DESIRED: _____

QUESTIONS TO ASK YOUR INSURANCE COMPANY

- **Address or Fax Number for the Letter of Medical Necessity to be sent to your insurance company.**
- **This is your responsibility to obtain. We will *NOT* submit a letter of medical necessity to your insurance company until this slip is turned into the bariatric coordinator.**

Important

- All persons wishing to undergo bariatric surgery are required to have a psychiatric evaluation.
- www.advantagepointbehavioral.com
- Clinical Neuropsych & Associates – Dr. Johnson – 870-933-5174
1201 Fleming Ave., Jonesboro
- NEA Neuropsychology – Dr. Addison-Brown – 870-203-6083
304 Southwest Drive, Jonesboro
- Families, Inc. – 870-933-6886
1815 Pleasant Grove Road, Jonesboro
www.familiesinc.net
- St. Bernard's Behavioral Health – Dr. Pipkin – 870-268-4110
2712 E. Johnson Ave, Jonesboro

Weight Loss Surgery Options

Presented by

K Bruce Jones, M.D. , F.A.C.S.

NEA Baptist Clinic

General Surgery

- Performed bariatric surgery since 1989
- Graduate of Vanderbilt Medical School
- Certified in surgery by the American Board of Surgery
- Fellow of the American College of Surgeons
- Fellow of the American Society of Metabolic and Bariatric Surgeons and Database
- Member of the Society of American Gastrointestinal and Endoscopic Surgeons
- Participant of American College of Surgeons Bariatric database that records bariatric out-comes.

US Trends in Obesity

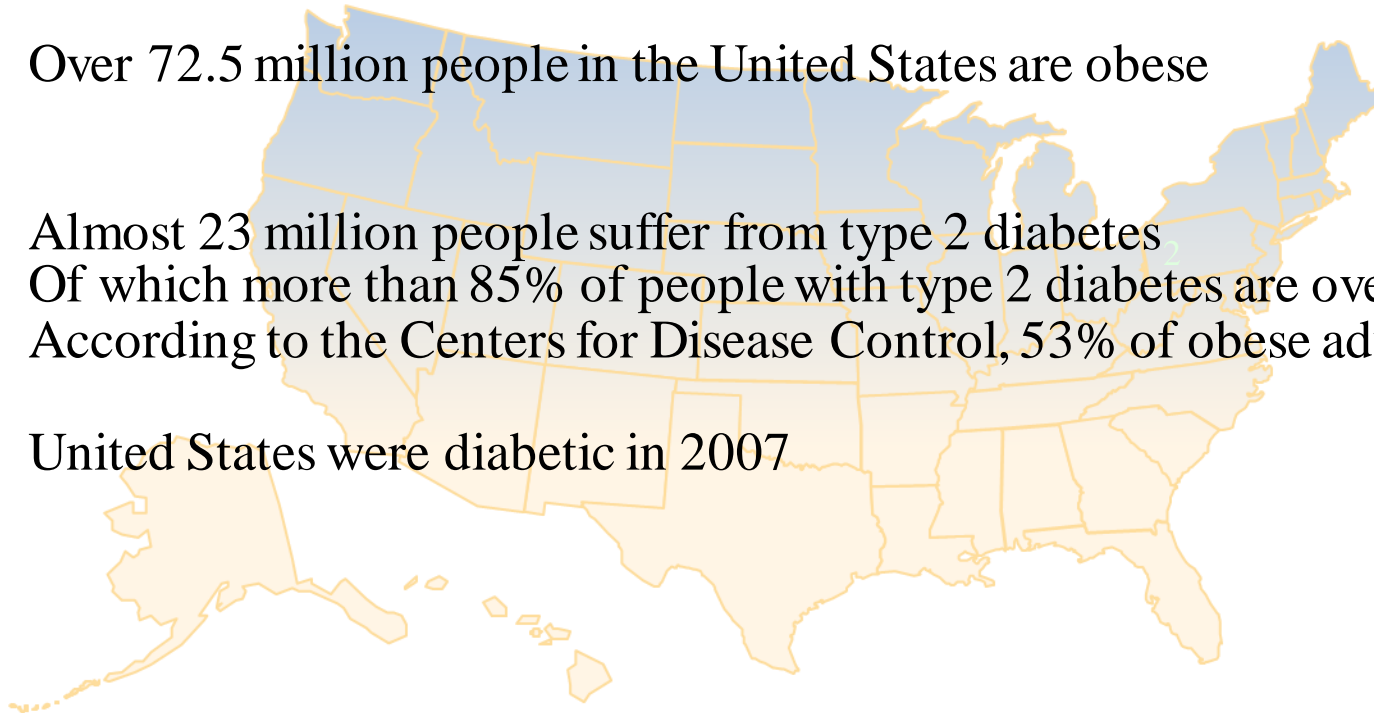
Over 72.5 million people in the United States are obese

Almost 23 million people suffer from type 2 diabetes

Of which more than 85% of people with type 2 diabetes are overweight

According to the Centers for Disease Control, 53% of obese adults in the

United States were diabetic in 2007



References: 1. Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report. August 3, 2010. <http://www.cdc.gov/mmwr/pdf/wk/mm59e0803.pdf>. Accessed March 04, 2011. 2. Emedicine. Medscape. Diabetes Mellitus, Type 2. <http://emedicine.medscape.com/article/117853-overview>. Accessed March 04, 2011. 3. Weight-control Information Network (WIN); an information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). http://win.niddk.nih.gov/Publications/health_risks.htm. Accessed March 04, 2011. 4. Centers for Disease Control and Prevention. http://www.cdc.gov/diabetes/statistics/comp/fig7_obesity.htm. Accessed March 04, 2011.

Obesity Trends* Among U.S. Adults BRFSS, 1995

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



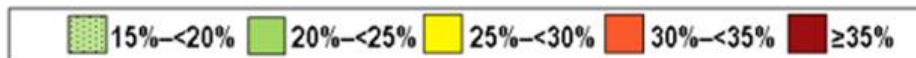
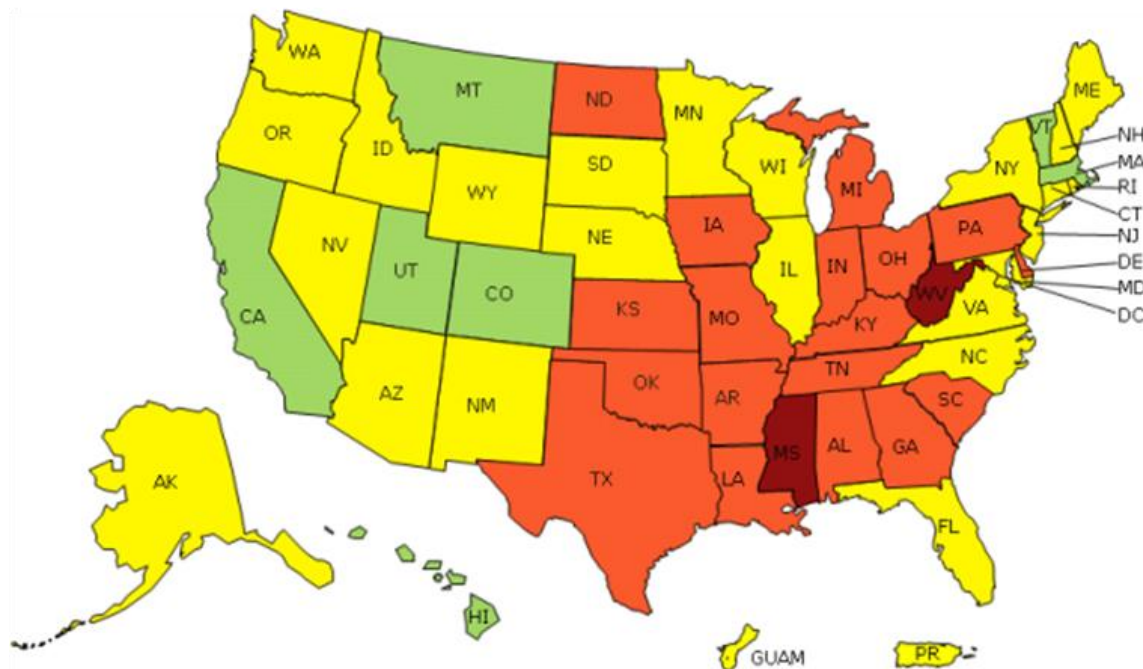
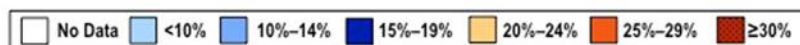
Obesity Trends* Among U.S. Adults BRFSS, 2005

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



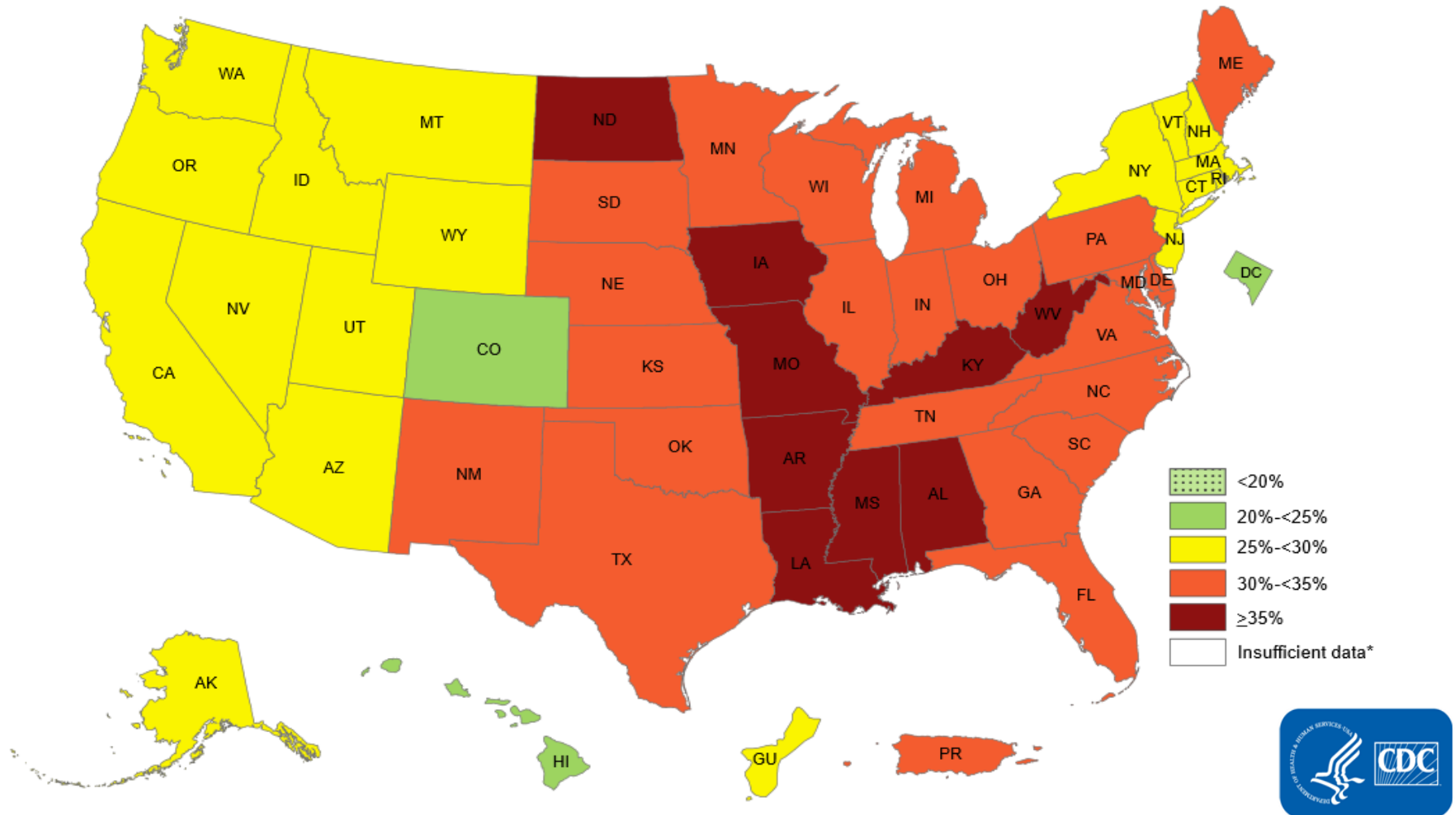
Obesity Trends* Among U.S. Adults BRFSS, 2010

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Prevalence[¶] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2018

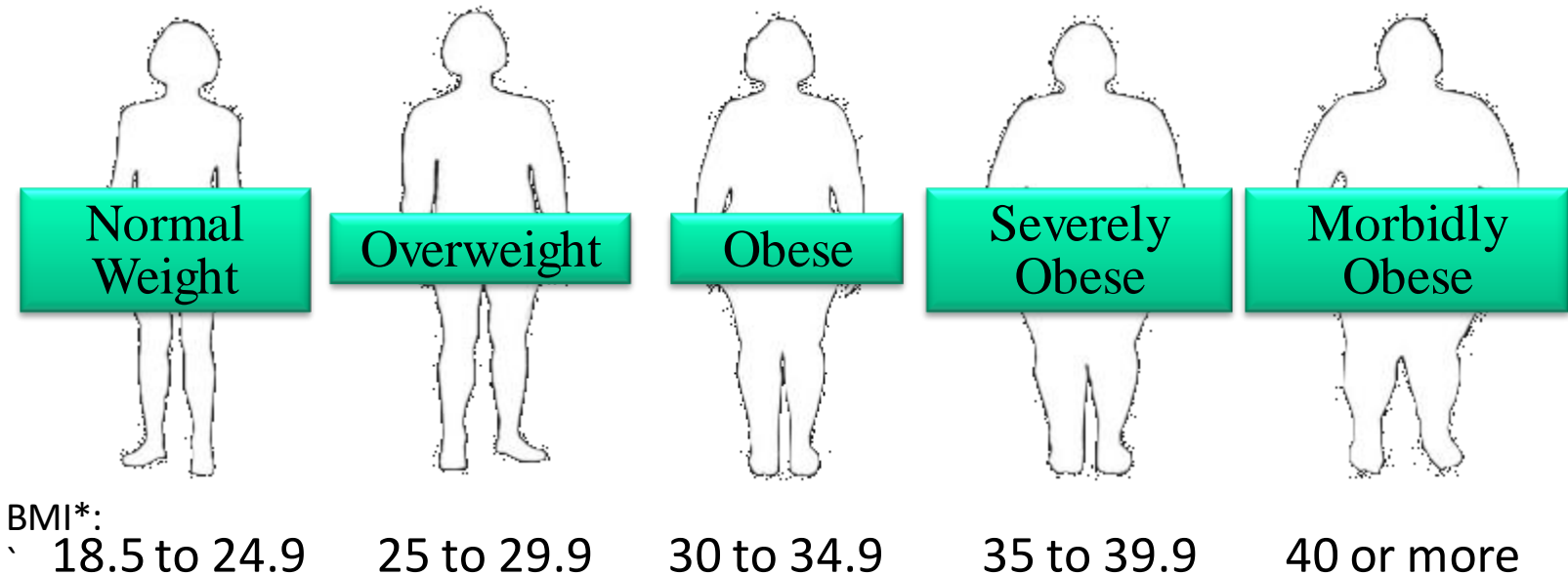
[¶] Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



What Is Obesity?

The Body Mass Index (BMI) Helps Define Obesity

Candidates for Surgical Intervention



BMI*:

18.5 to 24.9

25 to 29.9

30 to 34.9

35 to 39.9

40 or more

*BMI (body mass index): A measurement of an individual's weight in relation to height (weight/height²).

Height in feet/inches

Weight in pounds

	4'9"	4'11"	5'1"	5'3"	5'5"	5'7"	5'9"	5'11"	6'1"	6'3"
154	33	31	29	27	26	24	23	22	20	19
165	36	33	31	29	28	26	24	23	22	21
176	38	36	33	31	29	28	26	25	23	22
187	40	38	35	33	31	29	28	26	25	24
198	43	40	37	35	33	31	29	28	26	25
209	45	42	40	37	35	33	31	29	28	26
220	48	44	42	39	37	35	33	31	29	28
231	50	47	44	41	39	36	34	32	31	29
243	52	49	46	43	40	38	36	34	32	30
254	55	51	48	45	42	40	38	35	34	32
265	57	53	50	47	44	42	39	37	35	33
276	59	56	52	49	46	43	41	39	37	35
287	62	58	54	51	48	45	42	40	38	36
298	64	60	56	53	50	47	44	42	39	37
309	67	62	58	55	51	48	46	43	41	39
320	69	64	60	57	53	50	47	45	42	40
331	71	67	62	59	55	52	49	46	44	42
342	74	69	65	61	57	54	51	48	45	43
353	76	71	67	63	59	55	52	49	47	44
364	78	73	69	64	61	57	54	51	48	46
375	81	76	71	66	62	59	56	52	50	47
386	83	78	73	68	64	61	57	54	51	48
397	86	80	75	70	66	62	59	56	53	50
408	88	82	77	72	68	64	60	57	54	51
419	90	84	79	74	70	66	62	59	56	53
430	93	87	81	76	72	67	64	60	57	54
441	95	89	83	78	73	69	65	62	58	55
452	98	91	85	80	75	71	67	63	60	57
463	100	93	87	82	77	73	69	65	61	58

<i>Weight Category</i>	<i>BMI</i>
Normal Weight	18.5-24.9
Overweight	25-29.9
Obesity	30-34.9
Severe Obesity	35-39.9
Morbid Obesity	≥40

Changing Perceptions as Obesity Increases

Past

- Obesity was seen as a weakness or failure of the individual
- Diet and exercise were prescribed treatments
- Weight loss surgery was viewed as dangerous and extreme

Present

- Obesity is considered a disease with serious health risks
- Diet and exercise remain the cornerstone of obesity treatment
- However, surgery is accepted as a proven treatment for obesity
- Surgical treatment is appropriate for qualified patients

Bariatric surgery is a proven weight loss method.

Comparison of Atkins[®], Ornish, Weight Watchers[®], and Zone Diets

- > Randomized trial of 160 patients with average BMI of 35 (enrollment 2000 to 2002)
- > Medically supervised
- > Each diet reduced the LDL/HDL ratio by 10 percent.

Type of Diet	Completing One Year	Weight Loss at One Year
Atkins [®]	21/40 (53%)	2.1 kg (4 lbs.)
Zone	26/40 (65%)	3.2 kg (7 lbs.)
Weight Watchers [®]	26/40 (65%)	3.0 kg (6 lbs.)
Ornish	20/40 (50%)	3.3 kg (7 lbs.)

Dansinger, et al. JAMA 2005;293(1).

Atkins is a registered trademark of Atkins Nutritionals, Inc.

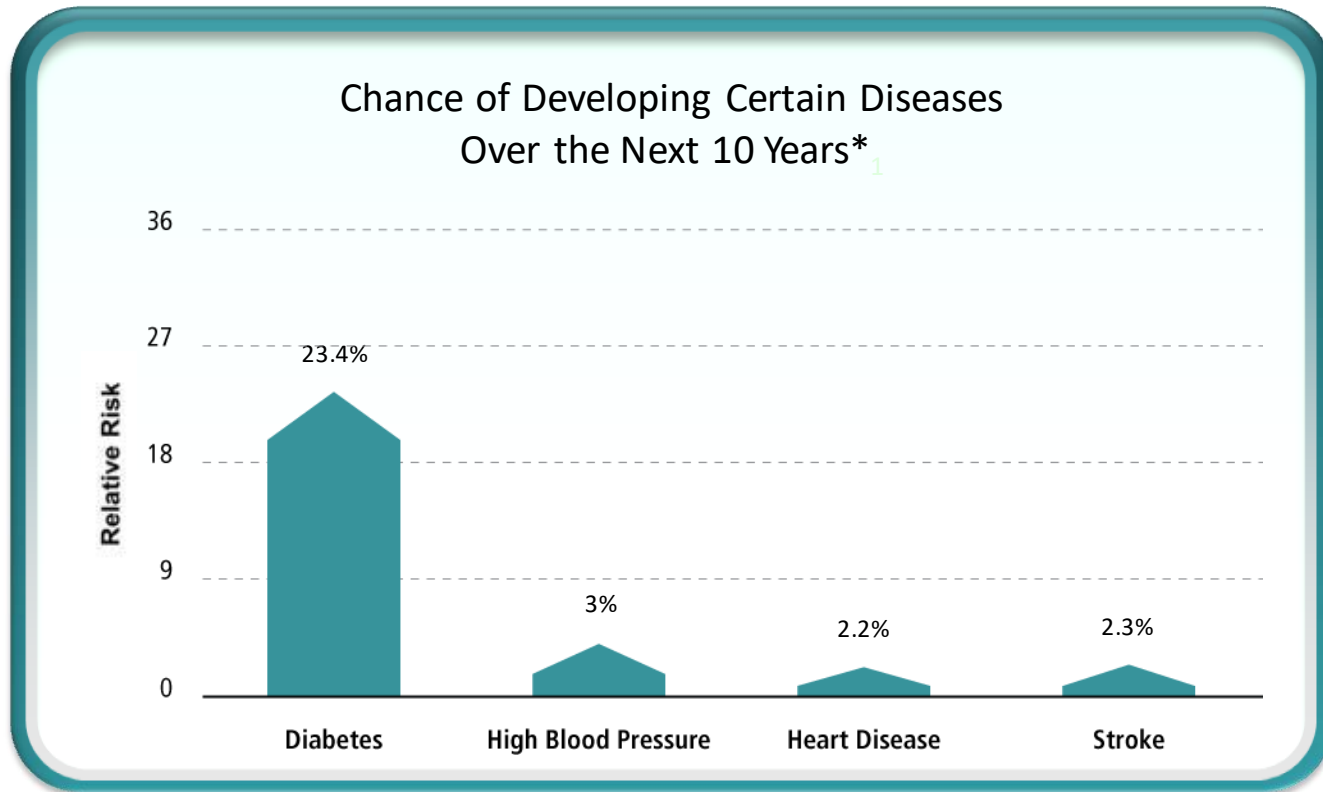
Weight Watchers is a registered trademark of Weight Watchers International, Inc.

Thrifty Genes Contribute to Morbid Obesity

- > Genetic factors account for 80 percent of a person's tendency to develop obesity.
- > These “thrifty genes” are designed to protect us from starvation by allowing us to store large amounts of energy in the form of fat when food is abundant.
- > This is the first time in human history that food has been so abundant.
- > The age-old advantage of thrifty genes has been influenced by our unique environment to cause disease.

Impact of Obesity:

Increased Risk of Diabetes and More



*Men with BMI > 35. N = 51,529.

Impact of Obesity

Treating obesity may have multiple health benefits

- Type 2 diabetes
- Coronary heart disease
- High LDL ("bad") cholesterol
- Stroke
- Hypertension
- Nonalcoholic fatty liver disease
- Gallbladder disease
- Osteoarthritis (degeneration of cartilage and bone of joints)
- Sleep apnea and other breathing problems
- Some forms of cancer (breast, colorectal, endometrial, and kidney)
- Restrictive lung disease
- Polycystic Ovary Syndrome
- Infertility
- Stasis ulcers
- Asthma
- Pregnancy complications
- Menstrual irregularities
- Excessive hair growth
- Urine leakage
- Depression
- Heartburn (GERD)
- Increased surgical risk
- Increased mortality

3/29/2021

References: 1. Weight-control Information Network (WIN); an information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). http://win.niddk.nih.gov/publications/health_risks.htm. Accessed March 03, 2010. 2. Dixon JB, et al. *Am J Surg.* 2002;184:51S-54S. 3. Dixon JB, et al. *Obes Surg.* 1999;9:527-531.

Physical Co-Morbidity

- Clothing choice and prices
- Furniture incapacity
 - Seats: theater, planes, buses
 - Restaurant booths
 - Toilet/shower cubicles
- Personal hygiene (reach limit)
- Tying shoelaces

Economic and Social Co-Morbidities

Discrimination

- Workplace
- School
- Home
- Friends
- Associates
- Doctors/ Providers



Impact of Obesity:

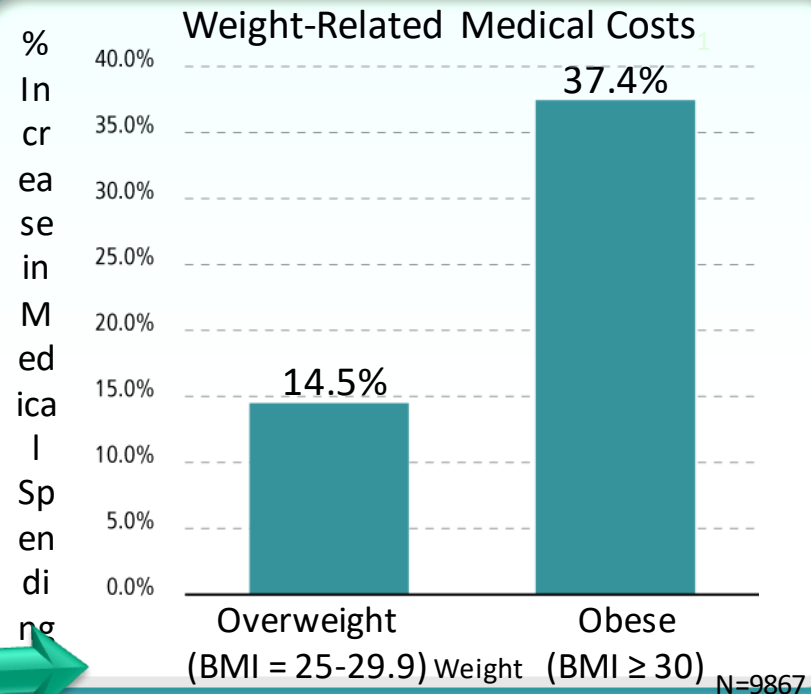
Social and Economic Effects

Social Impact

Making a good impression
Dealing with judgmental behavior
Compromised health and premature aging

Economic Impact*₁₋₃

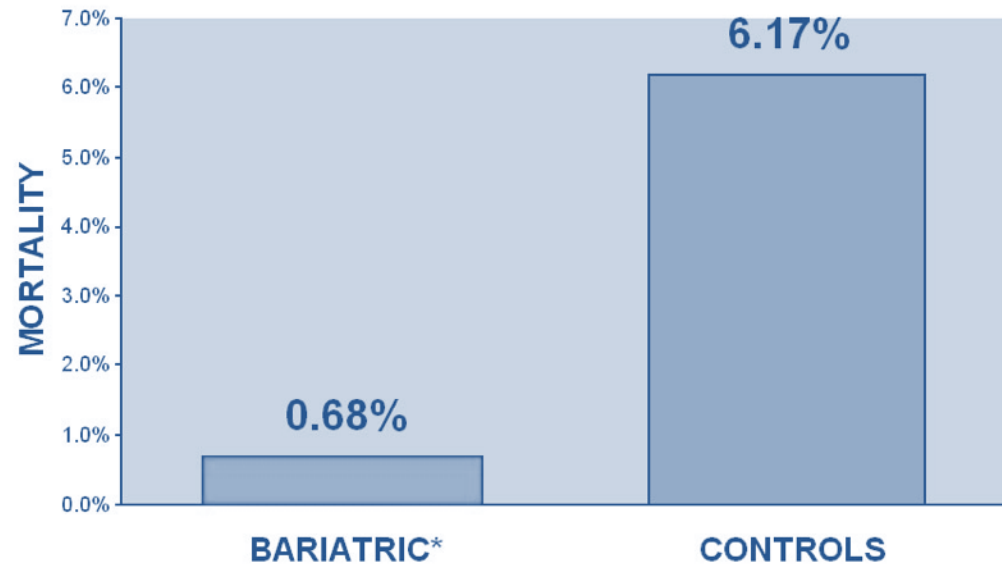
- As weight increases, so does medical spending in healthcare system
- Increased personal spending on prescriptions, weight loss products



*Regression approach using data from 1998 Medical Expenditure Panel Survey and the 1996-97 National Health Interview Surveys. N = 9867 adults. Percent of increase is significant across all payors ($P < .05$).

5-Year Mortality Reduction

Surgical Patients Had Nine Times Lower Risk of Dying Within the Study Period

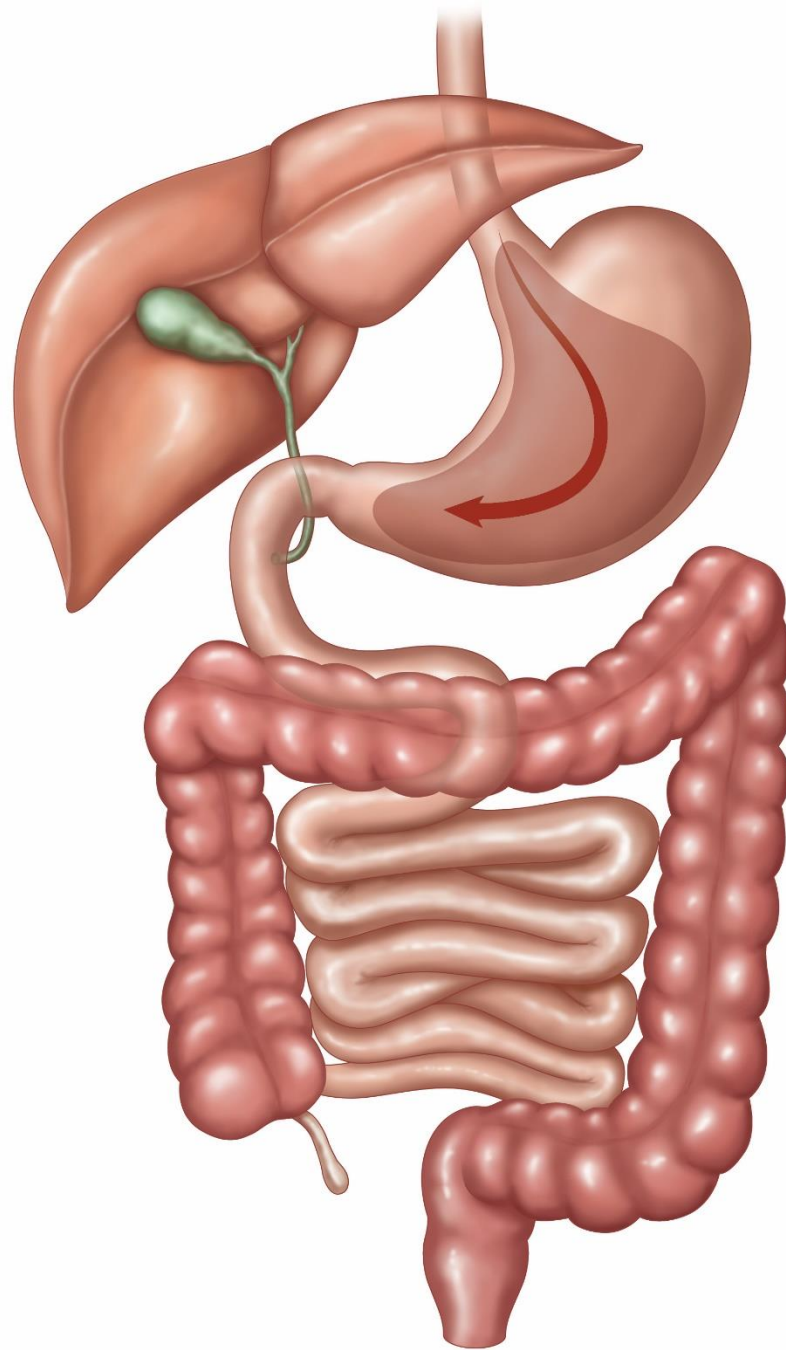


p-value 0.001

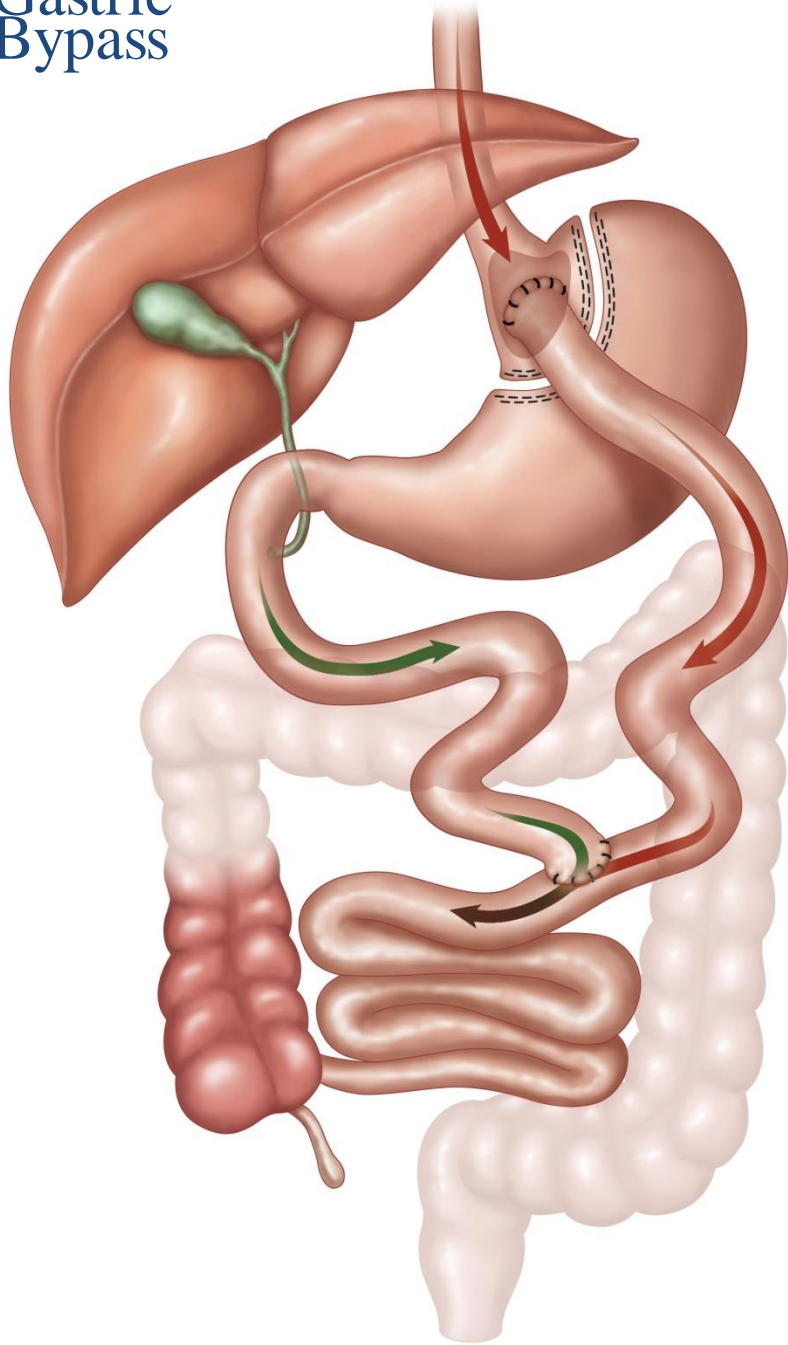
* Includes perioperative (30-day) mortality of 0.4%

Christou NV, Sampalis JS, Liberman M, et al. Surgery Decreases Long-Term Mortality, Morbidity, and Health Care Use in Morbidly Obese Patients. *Annals of Surgery* 2004;240(3):416-424.

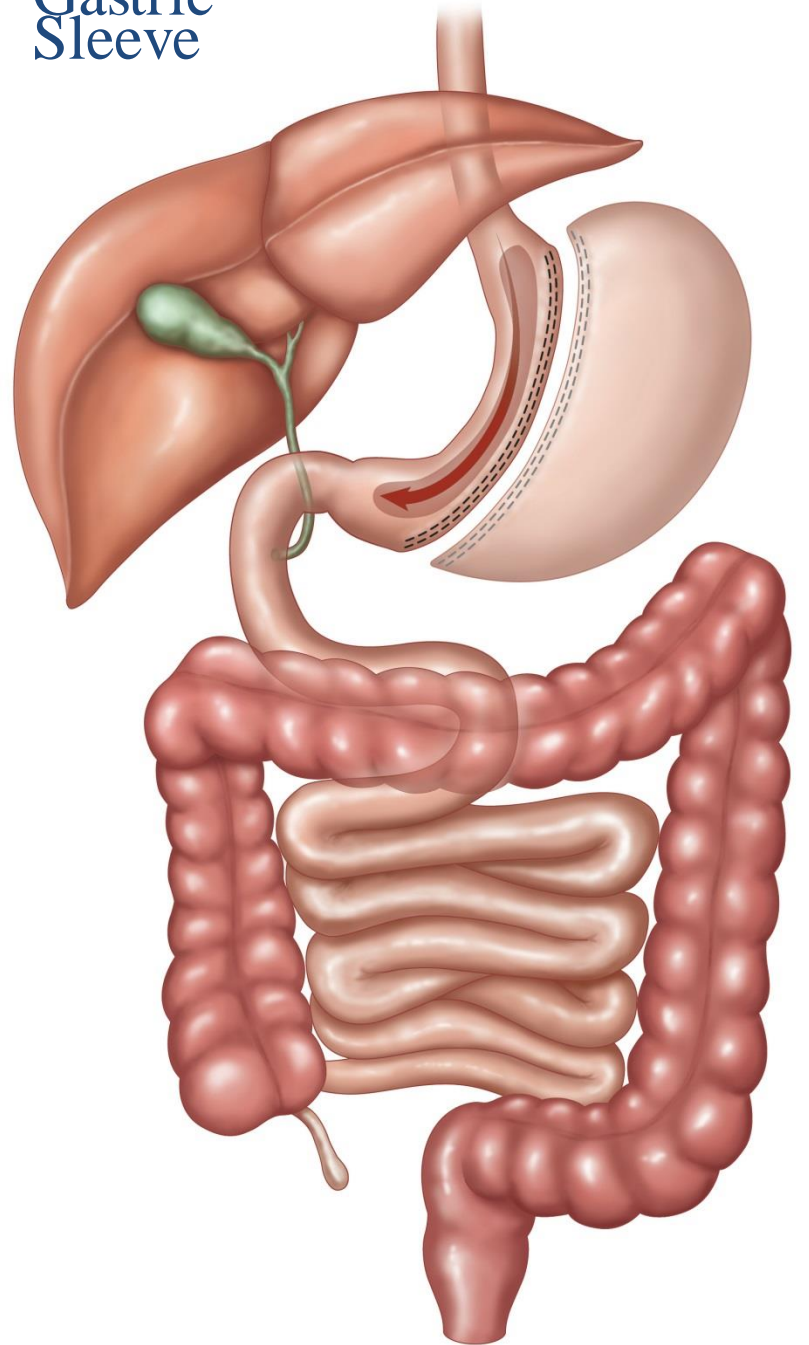
Digestive Tract



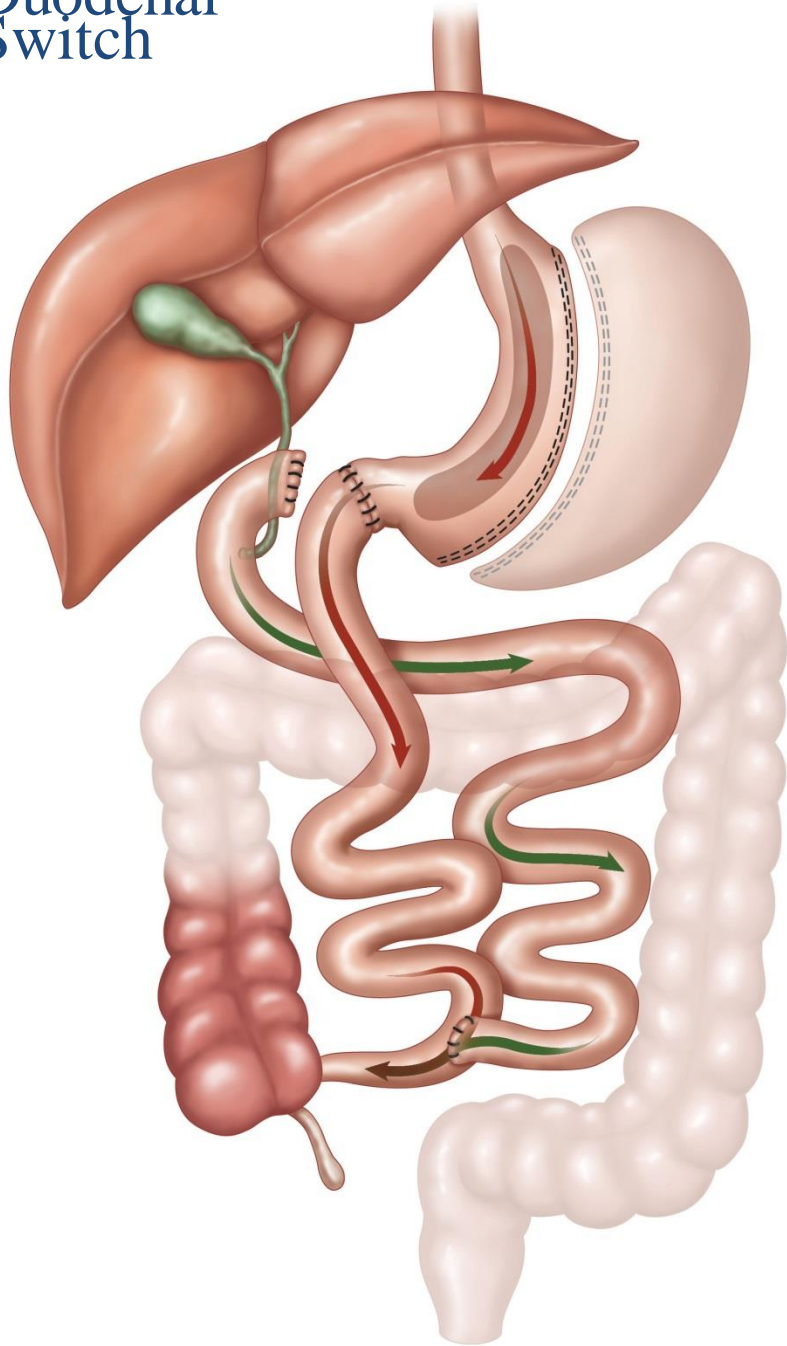
Gastric Bypass



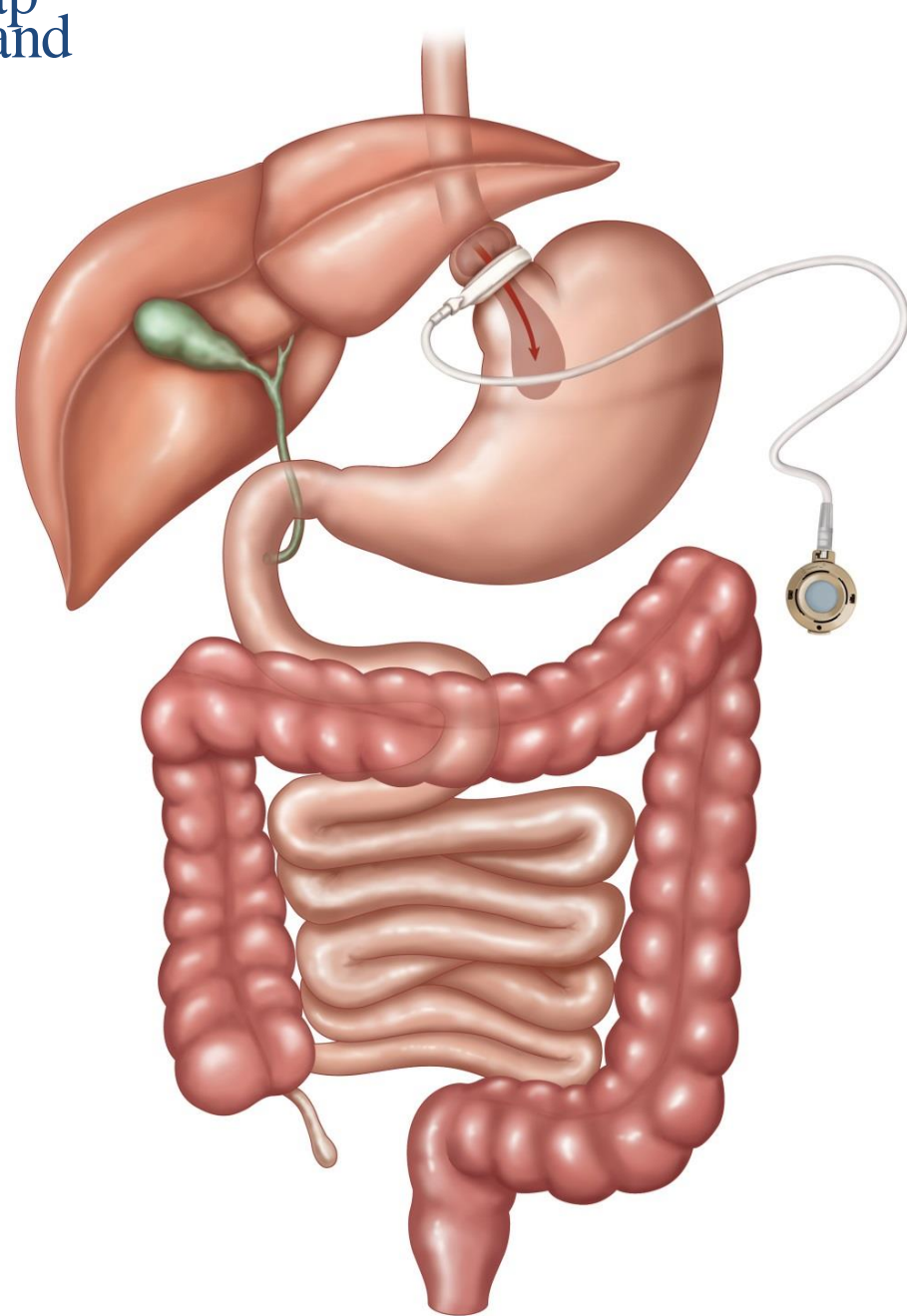
Gastric Sleeve



Duodenal
Switch

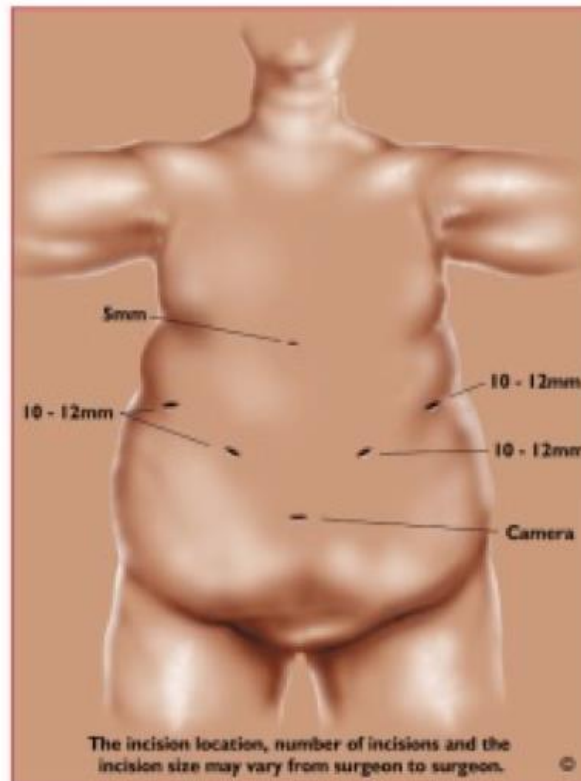


Lap
Band



Laparoscopic Incisions

Incisions for Laparoscopic Weight Loss Surgery



Complications / Risks

Blood clots
Pneumonia
Wound infection
Infection inside the abdomen
Obstruction
Pouch enlargement
Spleen injury
Skin sag
Death
Anemia
Ulcer
Band infection
Band slippage
Band erosion
Hair loss – mostly bypass and sleeve
Neuritis
Psychosocial – adapt to being thinner



Issues Causing Us to Favor Gastric Sleeve Over Gastric Bypass

- Potential for anastomotic ulcer leading to pain, stricture, or perforation requiring urgent surgical intervention
- Possibility of bowel obstruction from internal hernia requiring emergency surgery
- Gastric Bypass prevents endoscopic access to bile ducts (ERCP) and endoscopic visualization of the bypassed stomach
- Gastric Bypass limits iron and B12 absorption potentially causing anemia
- Gastric Bypass limits Vitamin D absorption leading to bone loss
- The risk of the above problems is very minimal or non-existent with the Gastric Sleeve

Supplements after surgery

Gastric Bypass

Multivitamin

Iron

B12

Calcium

Protein - rarely

Lap Band

Multivitamin with iron

Calcium

Lap Gastric Sleeve

Multivitamin with iron

B12

Calcium



Getting ready for surgery

Pre-op diet



live life again

**If you smoke you will need to stop at least
8 weeks prior to surgery.**



Spousal Consent and Support



Having Babies



FOR SUCCESS

Food Choices

Exercise

Timing of Liquids

Avoid snacking when not hungry



American College of Surgeons Bariatric Database

Patient data is monitored to identify best practices and improve patient outcomes.



Resources

For our online seminar and weight loss surgery resources, please go to:

<https://neabaptistclinic.com/weight-loss/>