AKRON GENERAL MEDICAL CENTER®

Bariatric Center Information

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A message from Dr. Chlysta:

Thank you for your consideration. Bariatric Surgery is a significant endeavor not to be ventured into lightly. There are many risks involved and I implore you to become as knowledgeable as possible about them. However there are many benefits and surgery can in many cases truly change the course of one's life. I hope very much that the following information is helpful.

This packet contains:

1. Information to determine if you are a candidate for bariatric surgery
2. Information on the general types of accepted bariatric procedures in the United States and how they work.
3. Information on the LAPBAND procedure (Laparoscopic Adjustable Gastric Banding) and the Laparoscopic Roux-en-Y gastric bypass. These are the only two bariatric procedures offered by Dr. Chlysta.
4. Information on the advantages of choosing Dr. Chlysta and his staff to help you achieve your goals.
5. A medical history form and information on how to get the process started.

BARIATRIC INFORMATION SESSIONS WILL START AT 6 PM AND WILL BE HELD IN THE AKRON GENERAL MEDICAL CENTER CONFERENCE CENTER AUDITORIUM. PLEASE CONTACT THE DEPARTMENT OF SOCIAL WORK TO REGISTER AT **330-344-6880. THE BARIATRIC SUPPORT GROUP** WILL FOLLOW IMMEDIATELY AFTER THE INFORMATION SESSION AT 7-9PM.

SESSIONS AND SUPPORT GROUPS ARE SCHEDULED FOR THE FOLLOWING DATES:

October 16, 2007	**February 19th, 2008** (Sleep Apnea)	**May 20th, 2008**	**September 16th, 2008**
November 13, 2007	**March 18th, 2008**	**June 10th, 2008**	**October 21st, 2008**
December 18, 2007	**April 15th, 2008**	**July 15th, 2008**	**November 18th, 2008**
January 15th, 2008		**August 19th, 2008**	**December 16th, 2008**

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Are you a candidate for Bariatric Surgery?

You must meet all of the following requirements to be a candidate for bariatric surgery. Meeting all these criteria does not guarantee that you are a candidate. There may be other patient specific issues that affect candidacy.

1. You must have a body mass index (BMI) of 40 or more

OR

A BMI of 35 - 40 with obesity related health problems. These generally include high blood pressure, osteoarthritis, sleep apnea, type II diabetes, asthma, skin fold infections, high serum cholesterol or lipids, pseudotumor cerebri, depression, urinary stress incontinence and many others. These are the more common obesity related health problems.

Body mass index is your weight in kilograms divided by your squared height in meters

BMI (Body Mass Index) = KG/ M2

To convert pounds to kilograms, divide your weight (in pounds) by 2.2
For example, if you weigh 250 pounds, then 250 divided by 2.2 equals 113.6 kilograms.
To convert inches to meters, multiply by 0.025.
For example, if you are 64 inches tall (5'4"), then 64 times 0.025 equals 1.6 meters.

BMI = 113.6/1.62 = 113.6/2.56 = **44.38**

Alternatively, there is a chart on the following page to determine your BMI.

2. You must not be addicted to drugs or alcohol

3. You must be at least 18 years of age
The upper age limit is controversial and depends on the overall health and status of the patient. In general the conservative upper age limit is 60 years old.

4. You must be psychiatrically stable and able to understand all the risks and benefits of surgery as well as alternative options.

5. You must be a reasonable operative risk.
This will be determined after a thorough evaluation.

6. You must have failed decent non-surgical attempts at weight loss.

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Body Mass Index Chart

BMI	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																		
58	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Accepted Bariatric Procedures in the United States

There are three general classes of bariatric procedures.

Restrictive procedures

These procedures involve creating a small gastric pouch with a restrictive (small diameter) outlet. This makes the patient feel "full" after eating less. This also keeps the patient from "binging" on solid or semi-solid food. If they try to binge, usually they get a very uncomfortable sensation. Since no intestine is bypassed, there is no malabsorption. "Sweet-eaters" tend not to lose as much weight with this operation because high calorie liquids (milkshakes, juices, pop), refined foods (cookies, cakes, pies) and soft foods pass easily through the pouch and restrictive outlet and get digested normally. Average excess weight loss is 50-60%. All procedures have a risk of death of 1% except the **LAPBAND** which is less than 0.1%. Procedures in this class include the following:

LAPBAND Procedure
Vertical banded gastroplasty

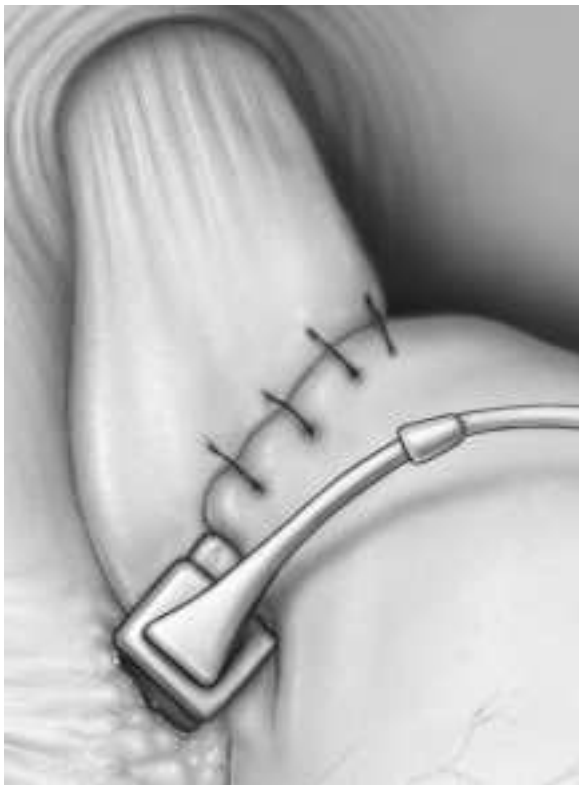
Malabsorptive procedures

These procedures produce malabsorption by re-routing the small intestines. There are numerous variations of these procedures. They produce a greater amount of weight loss than other procedures (70-80% average excess weight loss). The operative risk of death on average is 1%. However there is an increased risk of vitamin and mineral deficiencies and malnutrition. There is also the more common side effect of malodorous, frequent diarrhea depending on your diet and length of intestine that is left in circuit to absorb food. An example of this surgery would be the Bilio-pancreatic diversion with duodenal switch.

Combination procedures

These operations work by both mechanisms. In general terms, the stomach is divided and a small pouch is created. A limb of intestine (the roux limb) then attached to the pouch. This allows weight loss by both mechanisms. The 60-70 % average excess weight loss is better than with the restrictive procedures but less than pure malabsorptive procedures. However there is usually less difficulty with diarrhea and vitamin/mineral deficiencies than with the malabsorptive procedures. "Sweet-eaters" are usually steered toward a combination surgery with a malabsorptive component by bariatric surgeons. This is because if they eat the foods mentioned previously (sweets) with a gastric bypass in place, they will usually experience the dumping syndrome. This is an unpleasant feeling of nausea, bloating and or cramping followed by sweating, increased heart rate and hypoglycemia. This is caused by a large carbohydrate load hitting the small intestine all at once. This tends to condition "sweet-eaters" not to eat sweets. The *Roux-en-Y Gastric Bypass* is the most common bariatric procedure performed in the United States. There are variations in this surgery with respect to length of the roux limb, length of the bilio-pancreatic limb, route of the limb to the pouch, banding of the pouch. Surgical mortality for the gastric bypass is approximately 1%.

Laparoscopic Adjustable Gastric Banding (the LAPBAND Procedure)



The **LAPBAND** is a restrictive procedure approved by the US FDA in June 2001. It has been widely used in Europe and Australia since 1993. The device is made of a silicone elastomer that has been proven to be safe.

The **LAPBAND** is fastened around the upper stomach to create a new, tiny stomach pouch. The band is connected to an access port below the skin surface by thin, kink-resistant silicone tubing. The port allows the surgeon to adjust the size of the **LAPBAND** system to meet individual patient weight loss needs by adding or removing saline to inflate or deflate the band. This impacts the amount and consumption rate of food. The goal rate of weight loss is 1-3 lbs. a week. Adjustments to the band, which are performed during simple outpatient visits, are determined by the patient's weight loss, the amount of food that can be comfortably eaten, the exercise regimen, and other issues surrounding the patient's health, as well as the amount of fluid already in the patient's band. As a result, patients experience an earlier sensation of fullness and are satisfied with smaller amounts of food.

Since there is no cutting, stapling, or stomach rerouting involved with the **LAPBAND** procedure, it is considered the least traumatic of all weight loss surgeries. Five or six tiny incisions are made and long, slender instruments are used to implant the device. By avoiding the large incision of open surgery, patients generally experience less pain and scarring. In addition, the hospital stay is shortened to usually less than 24 to 48 hours. Patients can typically resume normal activities within 1 week, which is quicker than with other surgical alternatives. Because no permanent changes are made to the body's physiology, the procedure can essentially be reversed. If necessary, all of the system components can be removed from the body with no damage to the digestive organs. The stomach will generally return to its original form and capacity once the band is removed.

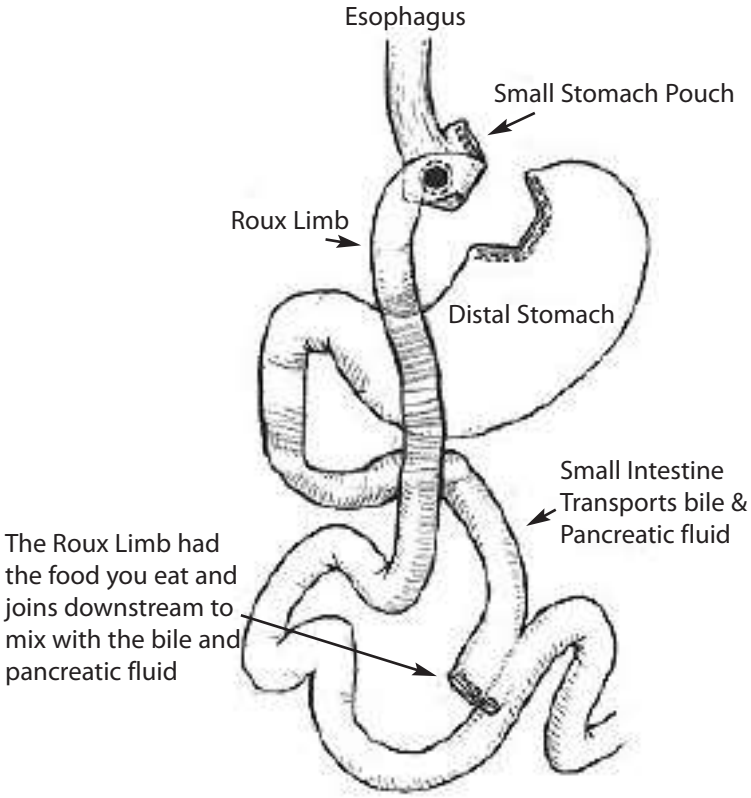
With any bariatric procedure there is the potential for long and short-term complications that you should be well aware of prior to undergoing surgery. Some of these include gastric perforation, band slippage, band/device failure, esophageal dilation and others. The average mortality rate is less than 0.1%. Dr. Chlysta will discuss potential complications with you during your appointment.

Laparoscopic Roux-en-Y Gastric Bypass

The Roux-en-Y Gastric Bypass (GBP) procedure is the most popular of the combination procedures. This surgery can now be performed laparoscopically (minimally invasive surgery) in most cases through **six small incisions**. The stomach is partitioned into two parts using a surgical stapler. The upper part forms a small (approx. 1/2 ounce) proximal gastric pouch, which will receive food. Then an outlet from the pouch to a limb of the small bowel is created using a circular stapler. This results in a bypass of most of the stomach and duodenum. The hospital stay is usually 2-4 days. Reported weight loss from the GBP varies widely, but it is generally reported that percent excess weight loss ranges from 60% to 70% within two to three years. Three quarters of the weight loss occurs in the first year in contrast to the gradual weight loss of the LAPBAND. If the gallbladder has stones, it is removed at the time of surgery. If it does not contain stones, patients are placed on actigall (a bile thinning agent) for six months during the most intense period of weight loss to decrease the risk of gallstone formation.

Potential complications include gastric perforation, leakage from the anastomosis (hook-up), vitamin/mineral deficiencies blood clots and others. Dr. Chlysta will discuss these with you during your appointment.

ROUX-EN-Y GASTRIC BYPASS SCHEMATIC



LAPBAND vs. Laparoscopic Gastric Bypass Comparison

	LAPBAND®	**GASTRIC BYPASS**
% Operative Mortality (Rate of deaths within 30 days of surgery)	Less than 0.1%	0.5%
Reversibility	Easy	Difficult
Usual Length of Hospital Stay	1-2 Days	2-3 Days
Average Time to Lose Excess Weight	3 years (1-2 lbs/week)	12-18 months (avg 100 lbs in yr)
Average Excess Weight Loss	50-60%	60-70%
Effectiveness with "Sweet-Eaters"	Suboptimal	Good
Surgery Introduction	2001 FDA Approval	1967
Requires Maintenance "Fills"	Yes	No
Requires Re-routing of Intestines	No	Yes
Invasiveness of Surgery	Less	More
Risk of Vitamin Deficiencies	Lower	Higher
Re-operation Rate	Higher	Lower
Usual Route of Re-operation	Laparoscopic (Small Incisions)	Open (Large Incisions)

In general, the **LAPBAND** or any purely restrictive procedure is not as good for "sweet-eaters" as other procedures that involve a malabsorptive component. It is the safest procedure but not the most effective. **LAPBAND,** however, can be relatively easily removed and patients can undergo a gastric bypass, if for some reason they wish or need to change. The **LAPBAND** procedure may be better tolerated in patients with many health problems who can't tolerate long anesthesia times or in patients with multiple prior surgeries.

Ultimately, the choice must be an informed decision between the patient and physician taking all relevant factors into account.

Why Choose Us?

We offer very personalized service.
You deal with Rose, our office manager or Dr. Chlysta. Your initial interview/evaluation is performed directly by Dr. Chlysta. There are no nursing assistants or ancillary providers initially involved. Therefore all of your questions are directly answered and you can meet Dr. Chlysta up front.

We offer a very structured post-operative follow-up plan.
Much thought has gone into your post-operative care. We have a very competent network of independent support personnel including dieticians, psychiatrists, medical physicians, physical therapists. There are also specialists in endocrinology, pulmonology, cardiology and others if needed.

Our results are usually excellent.
Dr. Chlysta will discuss results with you personally at your appointment. You can meet past patients at our monthly support group meetings and ask them about their surgical experience and results.

We have a dedicated monthly support group.
This allows a spirit of camaraderie in addressing postoperative issues and education. It also permits prospective patients to talk with those who have already undergone surgery.

We are one of the few centers in Ohio that offer the minimally invasive (laparoscopic) gastric bypass.
The open gastric bypass is as effective but has a higher rate of wound and pulmonary complications, more pain, and a longer length of stay and overall recovery period. The open approach also usually results in a large midline abdominal scar as opposed to six small incisions.

We also offer the Lapband
(the safest bariatric procedure)

We really care.
Nothing is more satisfying than changing someone's life in a positive way. We make every effort to make sure that your experience will be positive. We try to treat patients as we would like to be treated. After all..."what goes around comes around."

You will not be treated like a number.
We offer prompt service and attention that other bariatric centers may not be able to offer. We do charge a program fee as detailed on the last page on this brochure. Some bariatric centers do not do this. However because of this we are able to decrease our surgical volume and give more personal attention to our patients (both in the hospital and post-operatively).

Where Do I Start?

1. Learn as much as you can about bariatric surgery and determine if it is something you really want to do. Bariatric surgery is not an "easy way out" or a "quick fix". It is a major procedure that helps most people but has resulted in death and unpleasant experiences for a few.

2. Find out what your body mass index (BMI) is and determine if you are a candidate by reviewing the second page of this handout.

3. If you are a candidate, decide on which procedure you think you want after you feel you are knowledgeable about your options.

4. Call your insurance company representative to check if you have benefits for bariatric procedures and which procedures are covered. Find out if the bariatric surgeon you are considering is on your insurance plan. If not, consider self-pay or financing.

5. Fill out the medical history form included in this packet and mail it to our address that is listed on the last page of the form. After we have reviewed your medical history we will contract you regarding an appointment. If you are not contacted within 7-10 days of mailing your medical history form, please call our office at (330) 344-1100 and we will send you another.

Please note that if your insurance company does not cover the initial office visit you will be charged $300 for the visit. If you decide to have surgery, a $1600 non-refundable program fee will be required before scheduling the procedure as outlined in the Program Fee Disclosure and Contract form. This form is the last page in your packet for you to review. You will be required to sign this form before surgery can be scheduled.

Thank you for your interest. If you have questions please contact our office at (330) 344-1100

Medical History Form

AKRON GENERAL MEDICAL CENTER®

Walter J. Chlysta MD, Inc.

Please complete this questionnaire and do not leave any answers blank. If the question does not apply, plesae write "NA."

First name: Last Name:

Social Security #: E-mail Address:

Marital Status: Date Of Birth: Age:

Address: Male Female

City: State: Postcode:

Telephone No: (Home) (Bus/cell):

Occupation: Employer:

PRIMARY INSURANCE:

SECONDARY INSURANCE:

Spouse's name: Spouse's Birthdate:

Spouse's social security #:

CONTACT PERSON:

Name: Relationship:

Address:

Telephone No: (Home) (Bus):

CURRENT WEIGHT **CURRENT HEIGHT**

How did you hear about this program?

I am interested in (circle one): The Lapband Laparoscopic Roux-en-Y Gastric Bypass

REFERRAL INFORMATION

Referring Physician: Primary Physician:

Phone: Fax: Phone: Fax:

PERSONAL MEDICAL HISTORY

ALLERGIES AND YOUR REACTIONS:

MEDICAL PROBLEMS Please list your medical problems:

_____ _____

_____ _____

_____ _____

Have you ever suffered with any of the following health problems?

Diabetes:	Yes	No	Details:
Asthma:	Yes	No	Details:
Respiratory/Breathing problems:	Yes	No	Details:
Arthritis or joint pain:	Yes	No	Details:
Back pain:	Yes	No	Details:
Kidney or urinary disorder:	Yes	No	Details:
Neurological:	Yes	No	Details:
Psychological/nervous disorder:	Yes	No	Details:
Blood clots/Deep vein clot:	Yes	No	Details:
Reflux or heartburn:	Yes	No	Details:
Gastric or duodenal ulcer:	Yes	No	Details:
Hepatitis or liver disease:	Yes	No	Details:
High blood pressure:	Yes	No	Details:
Heart disease:	Yes	No	Details:
High cholesterol:	Yes	No	Details:
Anemia or bleeding disorder	Yes	No	Details:
Varicose veins or leg swelling	Yes	No	Details:
Infectious disease	Yes	No	Details:
Cancer	Yes	No	Details:
Leukemia	Yes	No	Details:
Sleep apnea	Yes	No	Details:
Are you on CPAP or BIPAP?	Yes	No	Settings:

MEDICATIONS

Please list all CURRENT prescribed and over-the-counter medications that you are taking and their dosages:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Additional medications:

SURGICAL HISTORY

Please list all prior surgery (dates if possible) and any adverse reactions or events (ex. bleeding, high fever, etc.):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

SOCIAL PROFILE

FAMILY STRUCTURE:

Children/Ages: _____

Friends/Support: _____

ALCOHOL:

Do you drink alcohol? Never Rarely Regularly

How many standard glasses do you drink per day? _____ How many days do you drink per week? _____

Do you drink Beer Wine Spirits

SMOKING:

Do you smoke? Yes No Never If yes, how many per day? _____

Have you smoked in the past? Yes No If so, how many per day? _____ What did you smoke? _____

For how many years? _____ When did you stop smoking? _____

Have you used any illegal drugs? Yes No Last used when? _____

WEIGHT HISTORY

Please indicate your weight at the following times. Please indicate whether you consider your weight was below average, average, above average or very heavy in the relevant boxes.

	Average	Average Weight	Above Average	Very Heavy
Birth Weight				
Weight at starting school (5-6 years)				
Weight at beginning of high school (10-12 yrs)				
Weight at end of high school (15-18 years)				
Weight at time of commencing work (21 years)				
Weight at time of marriage (if applicable)				

Heaviest weight and approximate time of heaviest weight: _____

DIET HISTORY

Typical breakfast (food and beverage):

Food or beverages consumed between breakfast and lunch (any snack even if it is only once a week):

Typical lunch (food and beverage):

Food or beverages consumed between lunch and dinner (any snack even if it is only once a week):

Typical dinner (food and beverage):

Food or beverages consumed after dinner (any snack even if it is only once a week):

WEIGHT LOSS HISTORY

It is very important to document all weight loss attempts and the length of the attempt. This information will be reviewed and used by your insurance company to help approve or deny coverage for your surgery. All attempts are important (Slimfast, Dexatrim, Richard Simmons tapes, etc.). They reflect your effort at weight loss.

Meridia: Duration:

Xenical: Duration:

Redux/Phen-Phen: Duration:

Weight Watchers: Duration:

Physicians Weight Loss: Duration:

TOPS: Duration:

LA Weight Loss: Duration:

Jenny Craig/Nutrisystem/Gloria Marshall etc: Duration:

Hypnotherapy: Duration:

Fad diets: Duration:

OTC Appetite suppressants: Duration:

Amphetamines: Duration:

Details of any other weight loss measures (including surgical):

Was there any particular event that led to significant weight gain?

ACTIVITY LEVEL ~ What exercise do you do on a regular basis?

How many sessions of exercise (walking, sports, etc.) do you do per week for more than 30 minutes at a time?

Type of activity:

FAMILY MEDICAL HISTORY

Do you have a family history of any of the following and if so, please indicate:

	Parent	Sibling/Child	Other Relatives (cousins, aunts, grandparents etc)	No Family History	Don't Know
Diabetes					
Heart attack					
Hypertension					
Gout					
Gallstones					
Obesity					
Snoring/sleep apnea					
Asthma					
Allergies					
Hayfever					
Dermatiti /Eczema					
High Cholesterol					
Osteoporosis					
Cancer					

AUTHORIZATION FOR PAYMENT AND RELEASE OF MEDICAL INFORMATION

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, Medicaid or other government sponsored programs, private insurance and other health plans to Walter J. Chlysta, M.D., Inc. to release any and all information, medical or otherwise, necessary to secure payment including all charges incurred without a valid referral. I authorize Walter J. Chlysta, M.D., Inc. to initiate a complaint to the Ohio Department of Insurance on behalf of the patient for denied or late claims. By signing this form, I deem all the information is true and I have not omitted any information that may affect my medical treatment.

Patient (or guardian) signature Date

Please mail your completed medical history form to:

Walter J. Chlysta MD, FACS
400 Wabash Avenue
Akron, OH 44307

If you are not contacted for an appointment within 7-10 days, please call our office at (330) 344-1100. Thank you.

www.akrongeneral.org/obesity