

# Prime Care Surgical Weight Loss Program

*“A comprehensive program integrating body, mind & spirit”*

**Gaylord Kavlie, M.D., F.A.C.S.**  
**Brandon Helbling, M.D.**

**Jean Ellefson, RN**  
**Clinical Coordinator**  
**Mid Dakota Clinic**

**Jessica Miller, RN, BSN, CPAN**  
**Clinical Coordinator**  
**St. Alexius Medical Center**

**Bernie Kraft, LRD CDE**

**Laura Russell, LRD CDE**

*Affiliated With:*





**Dr. Brandon Helbling**



**Dr. Gaylord Kavlie**

# Mission Statement

*To provide support to those committed to a healthier lifestyle and improved quality of life through medical and surgical treatment of obesity.*

# What Our Program Offers:

- **Education on surgical weight loss options**
- **Evaluation by a laparoscopic bariatric surgeon**
- **Psychological evaluation**
- **Pre-operative nutrition class**
- **Consult with the Bariatric Clinical Coordinator**
- **Financial counsel**
- **Pre-authorization with your insurance provider**
- **Post-op visits with surgeon to check progress**
- **Consult with a physical therapist**
- **Support group monthly meetings**
- **Online support group twice monthly**
- **Online pre and post-op education with programs to track your progress**

***AND THERE'S MORE***



# What Our Program Offers:

**Our Bariatric Nutrition Program offers:**

- **Lap Band: 1 month post-op class (2 hrs)**
- **Gastric Bypass: 2 weeks & 6 weeks post-op visit with dietitian, 3 month post-op class (2 hrs)**
- **Sleeve Gastrectomy: 2 weeks post-op visit with dietitian, 6 weeks post-op class (2 hrs)**

**These post op visits and classes include:**

- **Behavior modification instructions and information**
- **Exercises to stress all muscle groups for better calorie burning**
- **Handouts, information packets**
- **Coupons for additional visits with the dietitian if you have reached a plateau and/or need some help**

# What Is Morbid Obesity?

- **Clinically severe obesity** at which point serious medical conditions occur as a direct result of the obesity
- Defined as **>200%** of ideal weight, **>100 lb** overweight, or a **body mass index of  $\geq 40$**

# Degrees of Obesity

**NORMAL**

**BMI 18.5 — 24.9**



**OVERWEIGHT**

**BMI 25 — 29.9**



**OBESE**

**BMI 30 — 34.9**



**SEVERE OBESE**

**BMI 35 — 39.9**



**MORBIDLY OBESE**

**BMI  $\geq$  40**



# Do You Know Your Own BMI?

Body Mass Index Table

	Normal								Overweight					Obese					Extreme Obesity																	
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	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	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

# Obesity Related Co-Morbidities

## (Health Risks)

- Diabetes
- Hypertension
- Hyperlipidemia
- Cardiac disease
- Respiratory disease
  - sleep apnea
- Arthritis
- Depression
- Stress Incontinence
- Menstrual irregularity
- Infertility Problems
- Fatigue
- Adult Onset Type II Diabetes
- Fatty Liver
- Gallbladder Disease
- Venous Insufficiency
- Hernia
- Premature Deaths
- Cancer

**These are just a few. There are over 30!**

# Surgical Weight Loss

At present **surgery** is our most effective option in achieving **SUSTAINED** weight loss in the morbidly obese patient.

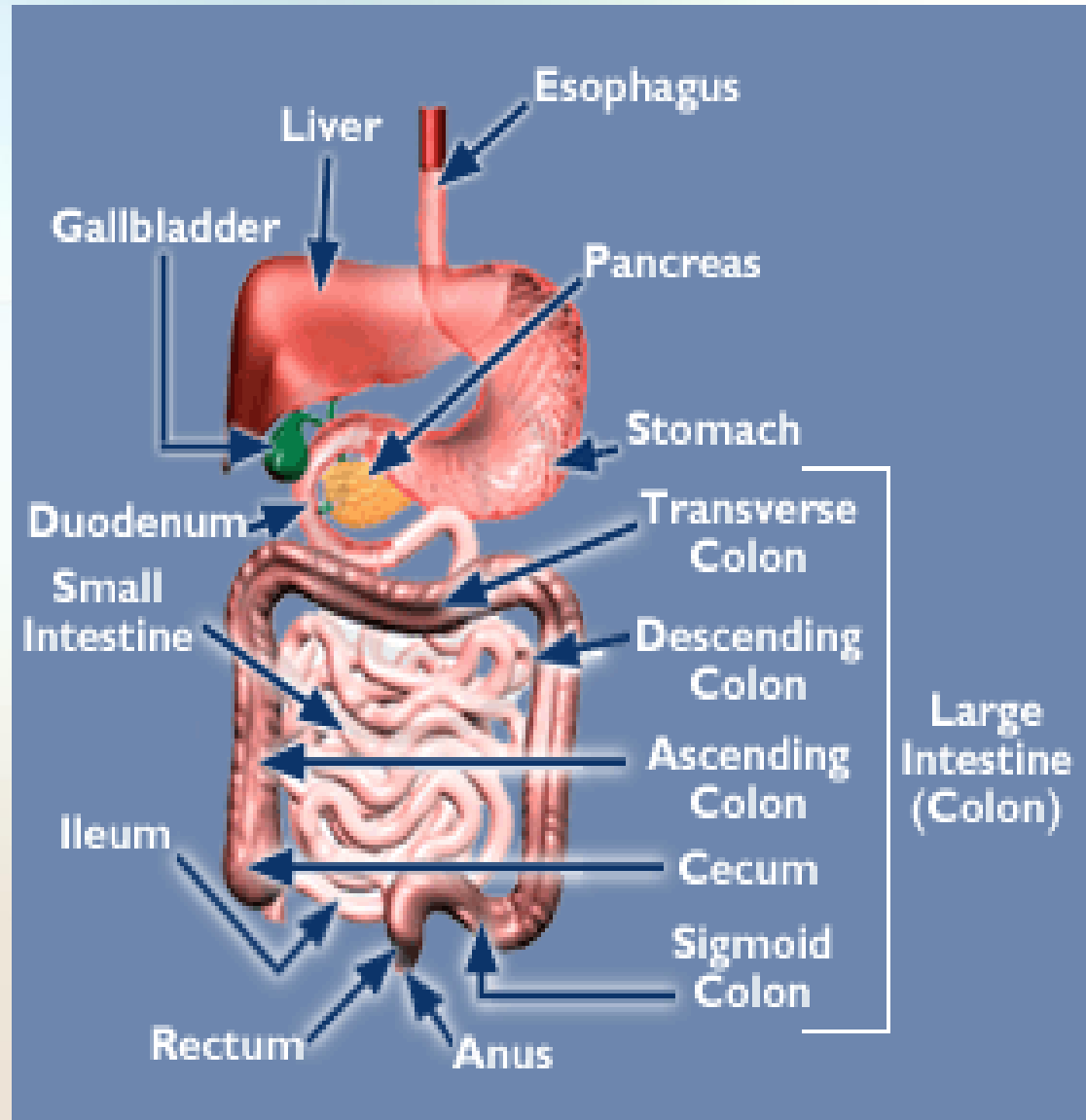


*“Not a Miracle”*

# Medical Benefits of SWL

- Type II Diabetes 76.8% remission rate, significantly improved in 86%
- High Blood Pressure eliminated in 61.7%, significantly improved in 78.5%
- High Cholesterol reduced in more than 70% of patients
- Sleep Apnea eliminated in 85.7% of patients
- Joint Disease, Asthma, and Infertility dramatically improved or resolved
- Plus many other important medical benefits

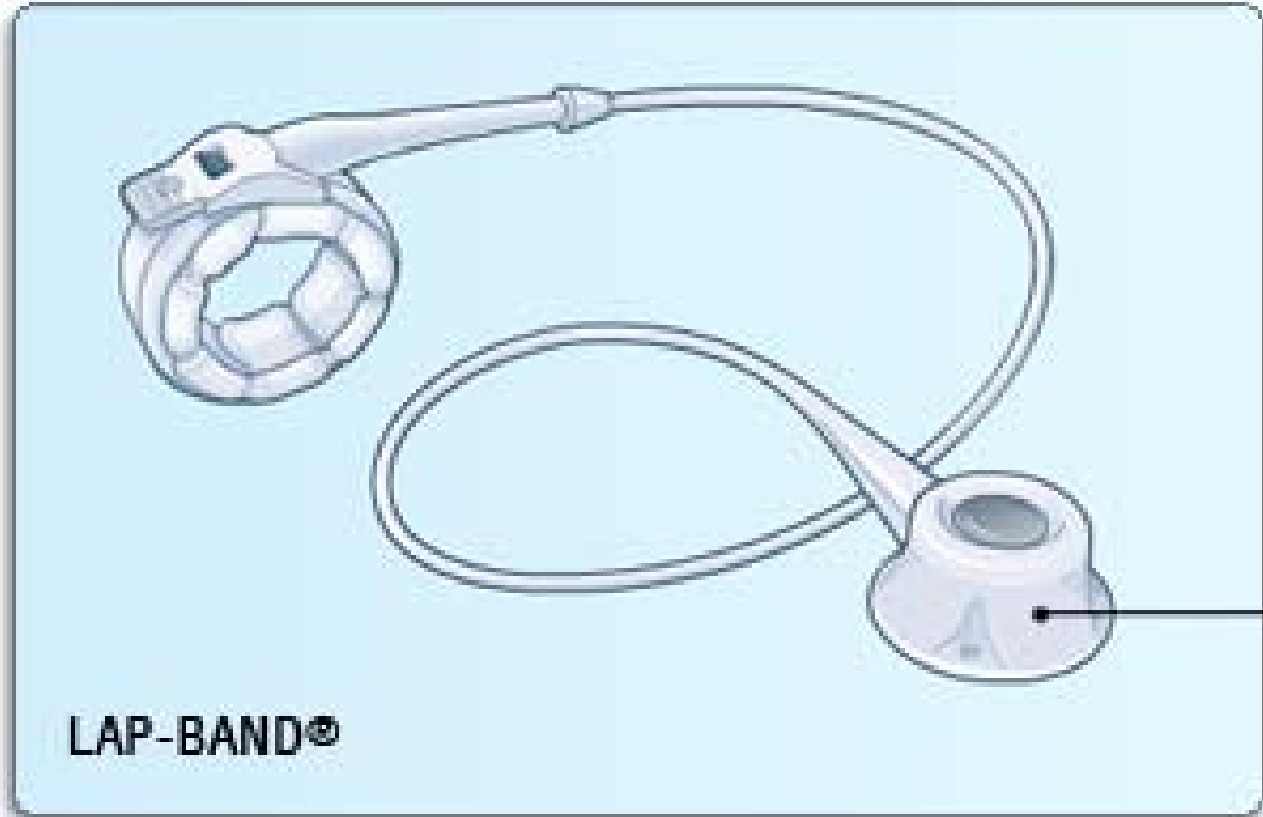
# NORMAL DIGESTIVE SYSTEM



# PrimeCare Weight Loss Program

## Surgical Options

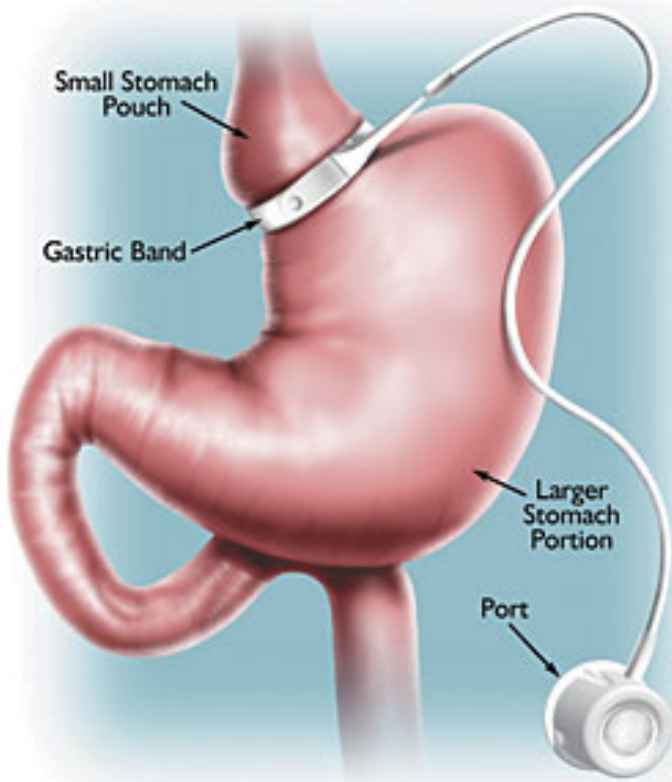
- Restrictive only:
  - Adjustable Gastric Banding
  - Sleeve Gastrectomy
- Restrictive and Malabsorptive:
  - Roux-en-Y Gastric Bypass



ACCESS PORT

LAP-BAND®

# Laparoscopic Adjustable Gastric Banding



- **A silicone band is placed around the upper part of the stomach**
  - **The band is attached to a port**
  - **A small pouch is created**
  - **Stomach holds less food**
  - **Induces feeling of satiety**
- **OR time = 30-45 minutes**
- **Generally outpatient procedure**
- **Return to work in 3-5 days**
- **Frequent evaluations and adjustments needed to meet individual needs**

# The LAP-BAND System

## Advantages

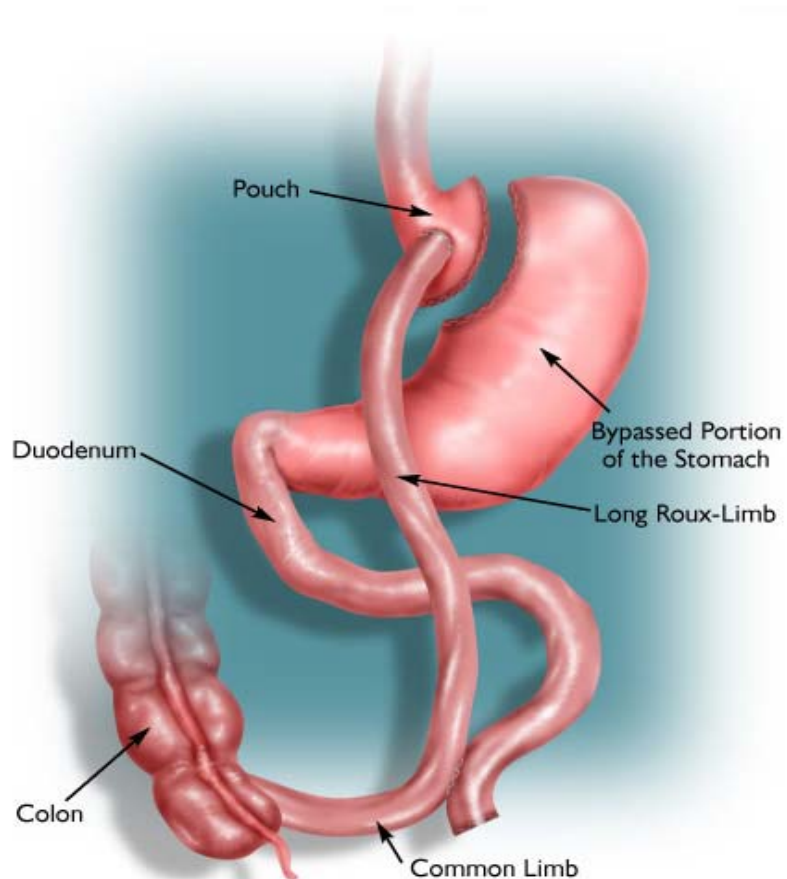
- Adjustable – customized per patient
- No stomach stapling, cutting or intestinal rerouting
- Removable and reversible
- Low malnutrition risk
- OR time = 1 hour or less
- Generally outpatient procedure

## Disadvantages

- Slower initial weight loss than gastric bypass
- Soft calories such as ice cream, milk shakes, etc can be absorbed and may slow weight loss.
- Regular follow-up is critical for optimal results
- Only trained practitioners can do adjustments
- Less long-term information is available because it hasn't been done as long
- Foreign body

# Roux-en-Y Gastric Bypass

- **Combination procedure**
- **First done in 1967, done laparoscopically since 1993**
- **Gastric pouch is approximately size of your thumb**



©

# SUCCESS OF GASTRIC BYPASS SURGICAL TREATMENT

*In a 5 Year Study of 500 Roux En Y Surgical  
Weight Loss Patients:*

- **77% Of Excess Body Weight Was Lost in 1 Year  
& Maintained For 60 Months**
- **96% Of Severe Co-Morbidities Were Eliminated  
Within 1 Year**
- **98% Of Type II Diabetes Was Clinically  
Reversed**

# Gastric Bypass

## Advantages

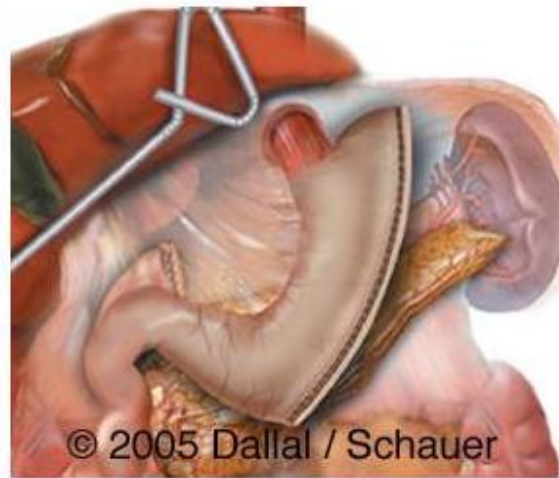
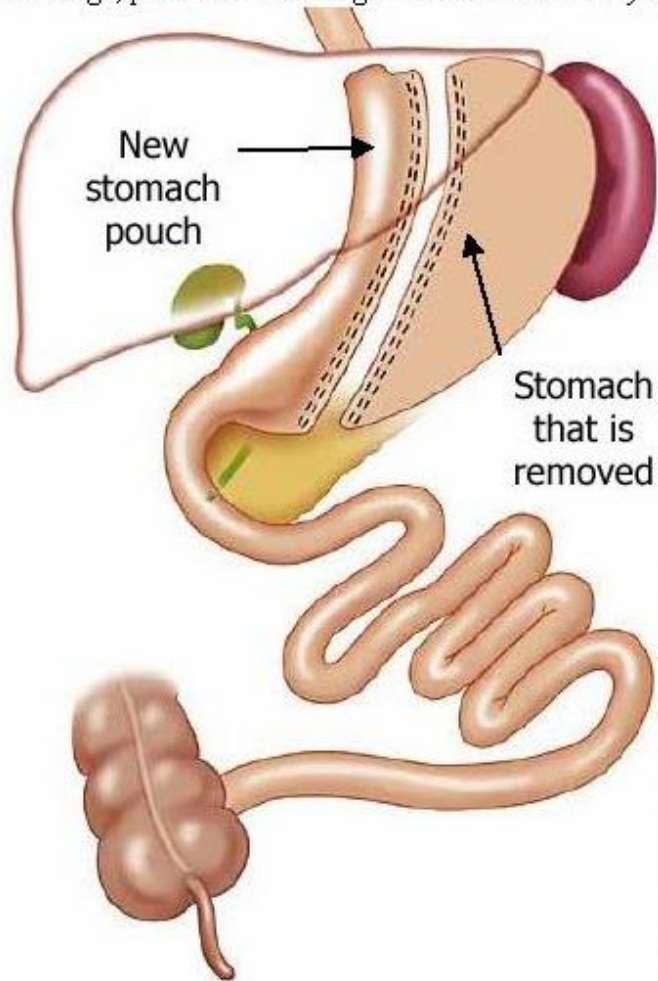
- **Rapid initial weight loss**
- **More effective, rapid co-morbidity improvements**
- **Food restriction with the added weight loss benefit of minor food malabsorption**
- **Better long term weight loss results than restrictive only procedures**
- **Assists those who consume too many calories by making them ill – “dumping”**

## Disadvantages

- **Cutting and stapling of stomach and bowel is required**
- **More possible operative & post-op complications**
- **Portion of digestive tract is bypassed, reducing absorption of essential nutrients**
- **Nonadjustable, difficult to reverse**

# Sleeve Gastrectomy

On average, patients who undergo Vertical Gastrectomy surgery experience a 60-80% loss of excess weight.



# Sleeve Gastrectomy

## Advantages

- **Stomach is reduced in volume but tends to function normally. Most food items can be consumed in small amounts.**
- **Eliminates the portion of the stomach that produces the hormones that stimulate hunger (Ghrelin).**
- **No dumping syndrome because the pylorus is preserved.**
- **By avoiding the intestinal bypass, protein deficiency and vitamin deficiency are almost eliminated.**
- **Appealing option for people with existing anemia, Crohn's disease and numerous other conditions that make them too high risk for intestinal bypass procedures.**
- **It can be converted to almost any other weight loss procedure.**

## Disadvantages

- **Soft calories such as ice cream, milk shakes, etc can be absorbed and may slow weight loss.**
- **Potential for leaks related to long staple line on the stomach.**
- **Because part of the stomach is removed, it is not reversible.**

# Frequently Asked Questions About Bariatric Surgery....

**Q: Is Weight Loss Surgery Reversible?**

A: Lap Band- Yes, Gastric Bypass- No,  
Sleeve Gastrectomy- No.

**Q: Is There Guaranteed Success?**

A: No. These surgeries can be defeated if  
healthy lifestyle changes are not maintained.

# More Frequently Asked Questions

**Q: Will you take my gallbladder out when you do my surgery?**

A: No. We do not remove healthy gallbladders. If you have evidence of stones or disease it may be removed.

**Q: What are the age limits for these surgery?**

A: 18 is the youngest. Patients up to age 65 have had these surgeries, however, all patients are individually considered.

# More Frequently Asked Questions

**Q: When can I go back to work?**

A: Depends- based on the procedure done and the type of work you do.

**Q: When can I drive?**

A: When off of narcotic pain medication.

**Q: When can I exercise?**

A: Walking is recommended in moderation immediately after surgery. 6 weeks for more intense exercise.

# More Frequently Asked Questions

**Q: Can I drink alcohol?**

A: No beer because of carbonation. Wine and other alcoholic beverages are fine but contain many empty calories.

**Q: Am I going to have loose skin after I lose weight?**

A: Probably. Reconstructive surgery to correct this is usually covered by insurance if you lose 100 pounds or more.

# **Nutrition**

**Bernie Kraft, LRD, CDE**

**Laura Russell, LRD, CDE**

**Diabetes & Nutrition Center**

**Mid Dakota Clinic**

# Pre-Operative Expectations

- **Goals of optimum weight loss during the pre-op period:**
  - **Reduce liver size**
  - **Increase the odds that surgery can be completed laparoscopically**
  - **Demonstrate commitment to the nutritional program that has been prescribed for you**
  - **Demonstrate your commitment to making lifestyle changes.**

# Lifetime Rules for Eating

- **Eat slowly and chew well**
- **Avoid overeating**
- **Moisture rich foods**
- **Limit sugar and high fat foods**
- **Total of 64 oz. fluid daily, taken between meals**
- **Avoid carbonated beverages- includes beer**
- **Take your prescribed supplements**

# Insurance Requirements for Pre-Authorization

- Surgical Evaluation
- Psychological Evaluation
- Pre and Post-Op Nutrition with LRD
- Documented weight loss attempts
- Medical Records for the last 3 years with documented weights

*For more information:*  
**Jean Ellefson, RN**  
**MDC Clinical Coordinator**  
**Surgical Weight Loss Program**

**(701)530-6330**  
**1-800-472-2113, ext. 6330**  
**Fax: (701)530-6387**