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Physician & Patient

Treatment Options
Risks and Benefits
Experience and Skill

Personal Preferences
Values and Concerns
Lifestyle Choices

Venice Metabolic & Bariatric Surgery

OBESITY MANAGEMENT

OBESITY MANAGEMENT

Shared Decision Making

A process of open communication. The physician offers the patient personalized information about treatment options and their associated risks and benefits. The patient then communicates to the physician his or her values, preferences and concerns regarding these variables. The goal is to arrive at a joint decision regarding the best nonemergency surgical procedure.

Both parties benefit. Physicians are better able to manage patient expectations and develop higher patient trust. Patients are better informed, more likely to comply with the treatment plan and more likely to be satisfied with their outcome.

When the Physician and the Patient use this guide together, they will make

A Mutually Acceptable Decision.

THIS GUIDE *will walk the* **physician** *and the* **patient** *through a discussion on weight management. The guide outlines questions and points for the* **physician to discuss with the patient** *and provides* **information for the patient to review at home**.

Together, the physician and the patient will make a mutually acceptable decision.

HEIGHT

WEIGHT (LBS)	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"	6'4"
120	23	22	21	19	18	17	16	15	15
130	25	24	22	21	20	19	18	17	16
140	27	26	24	23	21	20	19	18	17
150	29	27	26	24	23	22	20	19	18
160	31	29	28	26	24	23	22	21	20
170	33	31	29	27	26	24	23	22	21
180	35	33	31	29	27	26	24	23	22
190	37	35	33	31	29	27	26	24	23
200	39	37	34	32	30	29	27	26	24
210	41	38	36	34	32	30	29	27	26
220	43	40	38	36	34	32	30	28	27
230	45	42	40	37	35	33	31	30	28
240	47	44	41	39	37	35	33	31	29
250	49	46	43	40	38	36	34	32	30
260	51	48	45	42	40	37	35	33	32
270	53	49	46	44	41	39	37	35	33
280	55	51	48	45	43	40	38	36	34
290	57	53	50	47	44	42	39	37	35
300	59	55	52	49	46	43	41	39	37
310	61	57	53	50	47	44	42	40	38
320	62	59	55	52	49	46	43	41	39
330	64	60	57	53	50	47	45	42	40
340	66	62	58	55	52	49	46	44	41
350	68	64	60	56	53	50	47	45	43

Body Mass Index (BMI)

The Body Mass Index (BMI) is a measurement tool that compares your height to your weight and gives you an indication of whether you are overweight, underweight or at a healthy weight for your height.

- Underweight — BMI: <18.5
- Healthy Weight — BMI: 18.5 to 24.9
- Overweight — BMI: 25 to 29.9
- Obesity — BMI: 30 to 34.9 (Class I Obesity)
- Severe Obesity — BMI: 35 to 39.9 (Class II Obesity)
- Morbid Obesity — BMI: ≥40 (Class III Obesity)

Never be afraid to ask questions if there is something you don't understand.

OBESITY MANAGEMENT

QUESTIONS & NOTES

For the PHYSICIAN

- Help your patient understand their weight status
- Probe the patient's awareness
- Discuss obesity as a chronic disease
- Explain the health dangers of obesity
- Discuss how weight loss can reverse these risks
- Explore the treatment options

For the PATIENT

- Feel good about your decision
- Know obesity is a chronic disease
- Understand how excess weight can harm your health
- Recognize potential quality-of-life implications
- Explore your options
- Prepare for a new lifestyle

Table *of* Contents

The information contained in this material is for educational purposes only and is not a substitute for medical advice. Please review the entire document and talk to your doctor to discuss which type of procedure may be most appropriate for you.

The term laparoscopic or minimally invasive surgery referenced in this document does not include robotic-assisted procedures.

OBESITY MANAGEMENT

For the **PHYSICIAN**

Physician *and* **Patient** *Conversation Checklist*

The checklist provided on the following four pages will help guide your discussion with patients about the health risks associated with obesity, potential health benefits from weight loss and weight loss treatment options

☐ Help your patient understand their weight status

Weight status and the severity of obesity is commonly measured by a calculation of body mass index (BMI) which is based on the relationship between a patient's height and weight.

Use the chart on the inside back cover to help your patient find their BMI.

☐ Probe the patient's awareness

- If your patient suffers from an obesity-related disease, help your patient realize excess weight has caused the problem and weight loss can mitigate or cure it.
  - A high proportion of severely obese patients are not aware of all the obesity-related conditions that contribute to their overall poor health and reduced quality of life.[1]

☐ Discuss obesity as a chronic disease

- Caloric imbalance is only one part of the equation.
- Genetic factors are involved.
  - Obesity is "a complex multifactorial chronic disease developing from interactive influences of numerous factors — social, behavioral, physiological, metabolic, cellular and molecular."[2]
  - Large research projects are currently investigating why some people are obesity-resistant and others obesity-prone. There is evidence that genetic environmental interactions trigger adipose tissue dysfunction in the majority of obese persons, leading to a variety of stresses and inflammatory processes within adipose tissue that set in motion a self-perpetuating spiral of increased lipid storage, impaired insulin sensitivity and the secretion of proinflammatory, atherogenic and diabetogenic cytokines.[3]
  - Appropriate treatment can reverse the spiral.
  - While personal determination to succeed is critical, the patient is not alone: lasting success is attainable with the guidance and support of trained health professionals.

QUESTIONS & NOTES

OBESITY *MANAGEMENT*

If you and your physician *have decided to explore bariatric surgery as a possible next step, take this page with you to your appointment with the surgeon. This will ensure you receive helpful information to make an informed decision.*

Ask your surgeon questions

Never be afraid to ask questions if there is something you don't understand. In addition to the topics covered here, you should know that minimally invasive surgery requires special training and expertise.

You should feel free to ask your surgeon:

- Have you received advanced training for bariatric surgery?
- How many bariatric surgeries have you done? How many bypass procedures? Sleeve procedures? Band procedures? (use the procedure of interest to you)
- Who assists you with a minimally invasive bariatric surgery? (resident, surgical physician assistant, another surgeon)
- What have you seen in terms of patient outcomes with these procedures?
- What complications/risks may be associated with bariatric surgery?
- Will my procedure be performed as minimally invasive or open?
- How long do you expect my hospital stay to be?
- How long do you expect my recovery to be?
- What special considerations should I be thinking about as I prepare to undertake this life-changing event?

Use the opposite side to write down any additional questions or concerns you want to discuss with your surgeon.

☐ Explain the health dangers of obesity

Once a person becomes obese, the risk of developing both metabolic and mechanical disorders escalates. Evidence shows that obesity multiplies the risk of many medical conditions:[4]

Relative risk increased >5x	Relative risk increased 2–5x	Relative risk increased 1–2x
type 2 diabetes	all-cause mortality	cancer mortality
dyslipidemia	hypertension	breast cancer
obstructive sleep apnea	MI and stroke	prostate and colon cancer in men
breathlessness	gout	impaired fertility
excess daytime sleepiness	gallstones	asthma
obesity hypoventilation syndrome	polycystic ovary syndrome	GERD
idiopathic intracranial hypertension	endometrial cancer in women and hepatoma in men	obstetric complications including fetal abnormalities
nonalcoholic fatty liver	osteoarthritis (knees)	anesthetic risk

☐ Discuss how weight loss can reverse these risks

- In overweight to Class II obesity (BMI 27.5–37.5), sustained weight loss of as little as 10% of body weight can reduce risk for type 2 diabetes, hypertension and coronary heart disease.[5]
- A loss of 10% of baseline weight can significantly decrease the severity of obesity-related disorders.[2]

In severe obesity, successful treatment has been shown to resolve or significantly improve type 2 diabetes, insulin resistance, metabolic syndrome, hypertension, dyslipidemia, GERD (Gastric Reflux), asthma, arthritis/joint pain, depression and obstructive sleep apnea in the majority of patients and to improve Female Sexual Dysfunction (FSD), menstrual regularity and fertility in women.[1,6-11]

Talk to your patient about options, concerns and expectations. An informed patient is a better patient.

For the **PHYSICIAN** *continued*

☐ Explore the treatment options

- Clinical guidelines for evaluation and treatment of obesity, including obesity management algorithms, are available from authoritative sources.[2, 12-16]
- The patient should understand that all approaches to weight loss require dietary modification and should include physical activity, particularly for weight maintenance.
- There are three levels of treatment, with the approach for any individual dependent on multiple factors, including age, degree of obesity, health status, risk factors or obesity-related diseases, motivation, availability of social support and weight loss goals.
- ***Lifestyle modification.*** Patients with obesity seeking treatment for the first time should be treated with an integrated program that includes diet, exercise, behavioral modification and support.
  - If your office practice is not staffed to provide this degree of support, please refer your patient to competent local facilities.
- ***Drug therapy.*** The two broad classes of weight loss drugs are those that suppress appetite and those that inhibit fat absorption.
  - NIH treatment guidelines suggest that drugs should be used individually, at the lowest effective dose and only as part of a comprehensive program that includes behavior therapy, diet and physical activity.[2]
  - Patients should be made aware of side effects and agree to comply with diligent follow-up for at least the first year of use.
- ***Bariatric surgery.*** Advances in bariatric surgery in recent years have made it a viable option for effective treatment of obesity in selected patients. Bariatric surgery has been shown to be the most effective means of achieving significant, lasting weight loss while also improving or resolving obesity-related diseases.[17]
  - Standard guidelines state that a patient may be considered for bariatric surgery if he/she is at least 18 years old and has a BMI of 40 or greater or a BMI of 35 or greater plus at least one serious obesity-related disease.[2]
  - Some patients outside these criteria may also be appropriate candidates based on the severity of obesity-related diseases.[18]
  - Although longer-term studies are needed to fully assess this guideline, bariatric surgery may also be considered as a treatment option for those with mild to moderate obesity and type 2 diabetes.[2,15,19]
  - Candidates should have already tried other methods of weight loss and must be psychologically able to adhere to strict postsurgical behavior management requirements.[2,12-15]
  - Women of childbearing age (80% of bariatric surgery candidates) should be informed that they should not become pregnant until at least 12 to 18 months after surgery.[5]
  - The success of bariatric surgery is highly correlated with the experience of both the surgeon and the health center. Become familiar with the available local/regional expertise, as well as patient preferences, risk stratification and other factors that may be unique to that patient.[15]
  - Share with your patient that bariatric surgery, as with any surgical procedure, whether performed as an open procedure or a minimally invasive procedure, may present risks such as adverse reaction to medication, problems with anesthesia, excessive bleeding, breathing problems, blood clots, infection or inadvertent injury to nearby organs. Explain that the risk for serious complications depends on the type of surgery, your patient's medical condition and age, as well as the surgeon's and anesthesiologist's experience.

The **CENTERS** *for* **DISEASE CONTROL (CDC)**

The Centers for Disease Control (CDC) find that randomized control trials have revealed that dietary modification and increased physical activity are effective, at least in the short term, in reducing the prevalence of obesity, the incidence of type 2 diabetes, and the levels of risk factors for cardiovascular disease. In addition to educational efforts to promote healthy eating and active living, an increased emphasis on policy and environmental strategies can help to reduce disparities in obesity prevalence.[22]

DEPARTMENT *of* VETERANS AFFAIRS, U.S. DEPARTMENT *of* DEFENSE

Obesity is recognized as a chronic disease resulting from a combination of biological and environmental factors. Patients who are obese and patients who are overweight or have an elevated waist circumference with one or more obesity-associated conditions should be offered treatment for the reduction of body weight.[12]

The **NATIONAL INSTITUTES** *of* **HEALTH (NIH)**

The National Institutes of Health (NIH) recommends the use of BMI and waist circumference to screen adults for obesity. It also recommends that weight loss and weight maintenance therapies should include a reduced-calorie diet, increased physical activity, and behavioral therapy. It also suggests considering the use of weight loss medications as part of a multicomponent program in patients with a BMI greater than 27 kg/m2 and comorbid medical conditions.[2]

The **U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF)**

The U.S. Preventive Services Task Force (USPSTF) recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions. (2012)[16]

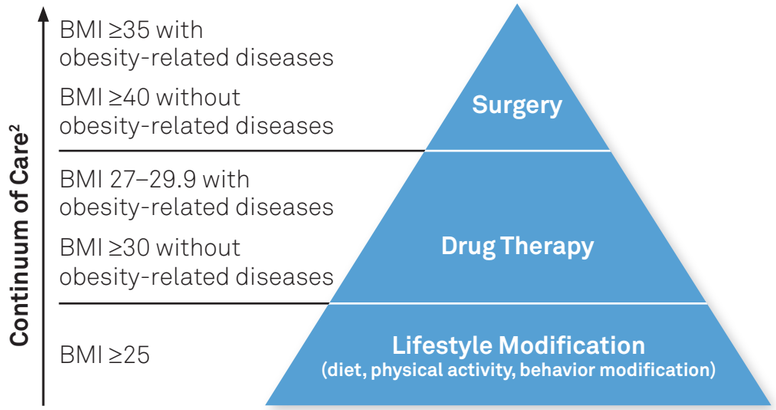
Informational websites:

www.asmbs.org/obesity-and-surgery-learning-center/
www.cdc.gov/obesity
www.ethicon.com/obesity
www.mbsaqip.org
www.obesity.org/publications/obesity-journal.htm
www.obesityaction.org
www.realize.com
www.stopobesityalliance.org
www.win.niddk.nih.gov/publications/gastric/htm

The AMERICAN MEDICAL ASSOCIATION (AMA)

The AMA adopted policy that recognizes obesity as a disease requiring a range of medical interventions to advance obesity treatment and prevention (June 2013). The following statements, recommended by the Council on Scientific Affairs, were adopted as American Medical Association policy in June 1999. The AMA urges:[21]

- Physicians, as well as managed care organizations and other third-party payors, to recognize obesity as a complex disorder involving appetite regulation and energy metabolism that is associated with a variety of comorbid conditions.
- Physicians to assess their patients for overweight and obesity during routine medical examinations and discuss with at-risk patients the health consequences of further weight gain; if treatment is indicated, physicians should encourage and facilitate weight maintenance or reduction efforts in their patients or refer them to a physician with a special interest and expertise in the clinical management of obesity.



Talk to your patient about options, concerns and expectations. An informed patient is a better patient.

The patient should understand that all approaches to weight loss require dietary modification and should include physical activity, particularly for weight maintenance.

For the PATIENT

Feel good about your decision

If you are seeking your doctor's help to lose weight, congratulations! This means you have come to the realization that being overweight is impairing your quality of life and perhaps your health as well. It also suggests you are serious about your intention to change. There are many tools available to help you; the best approach for you will depend upon a number of factors, which your doctor will explain to you. Today, you and your doctor will explore your options and discuss your concerns. You should feel confident that you understand everything fully and that together you are making decisions that are right for you.

Know obesity is a chronic disease

Science has not yet solved all the mysteries of obesity, but it is becoming clear that a basic malfunctioning of fat cells is involved in a majority of obese people. Moreover, once fat accumulation starts, a vicious cycle begins because there are more and more malfunctioning fat cells storing more and more fat. They also secrete substances that spur the development of other health problems. Experts now regard obesity as a chronic disease that has serious health consequences and must be treated.

Understand how excess weight can harm your health

Type 2 diabetes, arthritic knee pain, high cholesterol, high blood pressure, sleep apnea, varicose veins and gout are just a few of the "side effects" of obesity. A very high percentage of people with obesity develop asthma, GERD (Gastric Reflux) and depression, and a high percentage of women with obesity develop polycystic ovarian syndrome and infertility. Excess weight increases your risk of heart disease and some cancers and, in fact, decreases your life expectancy. The good news is this: losing weight may reduce the risk of these problems.[1, 6-11]

Recognize potential quality-of-life implications

Losing excess weight can lead to numerous health benefits, including looking and feeling better than you have in a long time. Successful weight loss patients may experience greater vitality, a more positive mental outlook, a better social life and are physically able to do things they could not do before, with fewer aches and pains.[20]

Looking at long-term health, just a modest 10% weight reduction lowers the risk of high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke and increases life expectancy.[5] Losing even more weight can reward you with dramatic improvement or complete resolution of sleep apnea, high blood pressure, high cholesterol, type 2 diabetes, impaired glucose tolerance or insulin resistance, metabolic syndrome, GERD (Gastric Reflux), asthma, arthritis/joint pain, polycystic ovarian syndrome and depression.[1, 2, 20]

Explore your options

There are three levels of treatment:

- Dietary changes and lifestyle modification
- Medication plus dietary changes and lifestyle modification
- Bariatric surgery followed by dietary changes and lifestyle modification

The path that is right for you will depend upon many different factors, including your health history and status, your weight loss goals, your history with weight loss attempts, your personal preferences and motivation and your family or social support. When you work with your doctor on any of the three levels of treatment, you will benefit from the professional support of a team of medical, nutritional and behavioral specialists who will not only help you become knowledgeable about what you need to do, but will also help keep you motivated and on track.

Prepare for a new lifestyle

Once you reach your weight goal, maintenance becomes the most important issue. During your weight loss you will learn to have a different relationship with food and develop new, positive habits of both eating and exercising. These habits will sustain you for a lifetime of better health if you truly make them your lifestyle.

Take advantage of support networks in your community, such as groups that walk or exercise together, wellness programs at your workplace and/or online support programs. Never hesitate to reach out for help, counseling or even re-treatment if needed. Remember that your underlying tendency for weight gain is a chronic condition that you must actively manage for the rest of your life. By taking control of your weight, you can turn the rest of your life into the best time of your life.

Talk to your Physician and Surgeon. Become an active partner to develop the surgical plan that's right for you.

The path that is right for you will depend upon many different factors, including your health history and status, your weight loss goals, your history with weight loss attempts, your personal preferences and motivation, and your family or social support.