



The Bariatric Surgery Patient's Essential Guidebook

- brought to you by -

BariatricSurgerySource.com

"The World's Most Comprehensive Weight Loss Surgery Resource"



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1. Introduction & How to Use This eBook

Bariatric Surgery Source (www.BariatricSurgerySource.com) is the most comprehensive educational resource for weight loss surgery (WLS) patients on the Internet. We help prospective patients determine whether surgery is a good option, find the right surgical team and set, achieve and maintain specific and realistic health and weight loss goals.

We understand that you are making or have already made a serious, life-changing decision. To succeed, you need thorough and accurate information that applies to your situation.

Through the guidance of our Advisory Council of top practicing surgeons and bariatric professionals, Bariatric Surgery Source - and this eBook - will provide you with the most extensively researched, unbiased and up-to-date information and recommendations relating to every aspect of obesity and bariatric surgery.

The Bariatric Surgery Patient's Essential Guidebook is a condensed version of the [Bariatric Surgery Source website's](http://BariatricSurgerySource.com) 700+ pages of published research. This eBook contains only the most essential information you need to know in order to succeed before and after weight loss surgery.

Here are some important navigation tips to help you get the most out of our work...

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Finally, [please click here to let us know what you think of this guide](#)... we created this guide **completely free of charge for you**, the prospective or current weight loss surgery patient, and your feedback is very important to us. Please help us make it better!

Okay, let's get started...



2. Qualifying for Surgery

According to the National Institutes of Health (NIH), bariatric surgery is appropriate for people who are 100 pounds or more above an ideal body weight or have a **body mass index (BMI)** of 35 or higher.

However, most insurance companies and some bariatric surgeons require that...

1. Your body mass index is above 40 **or**
2. Your body mass index is between 35 and 40 and you have a serious co-morbidity (obesity health problem)

[To figure out your BMI, click here to access our free body mass index calculator.](#)

English **Metric**

Height: ft. in.

Weight: lbs.

Calculate Your BMI

Your BMI: kg/m²

Your Weight Classification:

Below 18.5	Underweight
18.5 - 24.9	Healthy Weight
25.0 - 29.9	Overweight
30.0 - 34.9	Obese
35.0 - 39.9	Severely Obese
40.0 - 49.9	Morbidly Obese
50 or higher	Super Obese

Common serious co-morbidities for BMI's under 40 include:

- Diabetes mellitus
- Hypertension
- Mechanical arthropathy in a weight-bearing joint
- Hyperlipidemia
- Coronary artery disease
- Lower extremity lymphatic or venous obstruction
- Obstructive sleep apnea
- Pulmonary hypertension
- ...and many others

[Contact a surgeon to discuss your specific situation.](#)



Is Your BMI Below 35?

Research has shown lower-BMI patients to have similar weight loss and resolution of obesity health problems as patients who meet the above NIH requirements.

For this reason, the American Society for Metabolic and Weight Loss Surgery (ASMBS), the Obesity Society and the American Association of Clinical Endocrinologists (AACE) - three of the most important societies related to obesity and weight loss surgery - have **released guidelines recommending that the BMI cutoff be reduced to 30 as long as the patient has diabetes or metabolic syndrome.**

As a result, the NIH cutoff may soon drop to 30 due to the positive bariatric surgery health statistics, but for now the above applies. (We'll keep you posted on this. Sign up for the Bariatric Surgery Blog to be notified when we add this and other new content to the site.)

However, your local surgeon still may be willing to work with you regardless of your BMI. [Click here to find a weight loss surgeon in your area](#) and schedule a consultation or sign up for a local seminar (usually free) to discuss.

You may also find that weight loss surgery is difficult to get approved if your BMI is too high, as higher BMI's carry greater risks during surgery.

For example, some surgeons require that your BMI is below 50 in order to operate. Other bariatric doctors will operate if your BMI is over 50, but may require that you lose 10% of your body weight first.

Most insurance companies also require you to complete a medically supervised diet program for at least 3 months prior to applying for weight loss surgery.



3. What to (Realistically) Expect from Surgery

You should work with your bariatric doctors and their team to set realistic post-surgery goals. You should also gain a solid understanding of the changes you'll experience during life after weight loss surgery.

But this chapter will let you know what to expect in general prior to talking with your surgeon, including...

- A. Weight Loss
- B. Health Improvement
- C. Risks & Complications

A. Weight Loss After Bariatric Surgery

Depending on the type of bariatric surgery you choose, your percentage of excess weight lost (amount of extra weight you carry above your "ideal" weight) could be as high as 80% or more.

As a guideline, your **initial goal** should be to get your body mass index below 30.

A BMI of 25 is possible, but 30 should be the real target as that's where many of the obesity-related health conditions begin to show significant improvement. (By the way, your body doesn't want you to be too thin. Moderately overweight people actually live longer than those at "normal" weight.)

B. Physical & Mental Health Improvement After Bariatric Surgery

Bariatric surgery **may be the best (or only) treatment** to improve serious obesity-related health problems. For example, following weight loss surgery...

- Quality of life improved in 95% of patients
- Asthma: 82% improved or resolved
- Cardiovascular disease: 82% risk reduction
- Depression: 55% improved or resolved
- Dyslipidemia hypercholesterolemia: 63% resolved
- Gastroesophageal reflux disease: 72 – 98% resolved
- Hypertension: 52 – 92% resolved



- Metabolic syndrome: 80% resolved
- Migraines: 57% resolved
- Non-alcoholic fatty liver disease: 90% improved steatosis; 37% resolution of inflammation; 20% resolution of fibrosis on repeat biopsy
- Orthopedic problems or degenerative joint disease: 41-76% resolved
- Polycystic ovarian syndrome: 78% resolution of hirsutism; 100% resolution of menstrual dysfunction
- Pseudotumor cerebri: 96% resolved
- Sleep apnea: 74 – 98% resolved
- Stress urinary incontinence: 44 – 88% resolved
- Type 2 diabetes: 83% resolved
- Venous stasis disease: 95% resolved

But it really comes down to this: According to one peer-reviewed study, morbidly obese patients who received bariatric surgery are **89% less likely to die** over any 5 year period than morbidly obese individuals who didn't have the surgery.

Pregnancy after weight loss surgery will be also much safer than it would be if you didn't have the surgery. In many cases, the surgery completely cures infertility.

Official Statements About Bariatric Surgery from Trusted Medical & Governmental Organizations

Before getting into the more specialized institutions' take on weight loss surgery, let's start with some direct quotes from a few reputable organizations in the United States that are broader in focus...

- **Journal of the American Medical Association:** "Only bariatric surgery can provide substantial and maintained weight loss, which in turn results in improvement of obesity-related co-morbidities and quality of life."
- **Pennington Biomedical Research Center:** "We count these [study] results as a milestone in our understanding of the benefits of bariatric surgery for obesity. We are confident in the results and believe this will lead to an acceptance that bariatric surgery is a viable, life-saving option for severely obese patients."
- **American Journal of Preventive Medicine:** "The [quality of life] score for the obese group was much lower, suggesting a substantially lower quality of life. The researchers



concluded that nearly 3 million quality years are lost in this country each year from obesity and associated conditions."

Below are official position statement excerpts from several of the most trusted obesity and obesity-related conditions organizations in the world...

- **American Diabetes Association (ADA) Official Statement About Bariatric Surgery**
 - Bariatric surgery should be considered for adults with BMI 35 kg/m² and type 2 diabetes, especially if the diabetes is difficult to control with lifestyle and pharmacologic therapy.
 - Patients with type 2 diabetes who have undergone bariatric surgery need life-long lifestyle support and medical monitoring.
 - Although small trials have shown glycemic benefit of bariatric surgery in patients with type 2 diabetes and BMI 30–35 kg/m², there is currently insufficient evidence to generally recommend surgery in patients with BMI <35 kg/m² outside of a research protocol.
 - The long-term benefits, cost effectiveness, and risks of bariatric surgery in individuals with type 2 diabetes should be studied in well-designed randomized controlled trials with optimal medical and lifestyle therapy as the comparator.

- **American Heart Association (AHA) Official Statement About Bariatric Surgery**
 - Substantial long-term successes of lifestyle modifications and drug therapy have been disappointing in [the obese] population...
 - ...When indicated, surgical intervention leads to significant improvements in decreasing excess weight and comorbidities that can be maintained over time. These include diabetes mellitus, dyslipidemia, liver disease, systemic hypertension, obstructive sleep apnea, and cardiovascular dysfunction. Recent prospective, nonrandomized, observational, or case-control population studies have also shown bariatric surgery to prolong survival in the severely obese.
 - Different types of bariatric procedures are being performed. Historically, operative mortality was between 0.1% and 2.0% with more recent data not exceeding 1%.
 - Early complications include pulmonary embolus (0.5%), anastomotic leaks (1.0% to 2.5%), and bleeding (1.0%). Late complications include anastomotic stricture, anastomotic ulcers, hernias, band slippage, and behavioral maladaptation.
 - The number of bariatric operations being performed is increasing tremendously as a result of increasing medical need and the evolution of safer surgical techniques and guidelines. Currently, bariatric surgery should be reserved for patients who have severe obesity in whom efforts at medical therapy have failed and an acceptable operative risk is present.



- **Centers for Medicare and Medicaid (CMS) Official Statement About Bariatric Surgery**
 - The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is adequate to conclude that open and laparoscopic Roux-en-Y gastric bypass (RYGBP), laparoscopic adjustable gastric banding (LAGB), [laparoscopic sleeve gastrectomy (gastric sleeve surgery - added to covered bariatric surgeries in 2012)], and open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS), are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) > 35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

- **International Diabetes Federation (IDF) Official Statement About Bariatric Surgery**
 - In addition to behavioural and medical approaches, various types of surgery on the gastrointestinal tract, originally developed to treat morbid obesity ("bariatric surgery"), constitute powerful options to ameliorate diabetes in severely obese patients, often normalising blood glucose levels, reducing or avoiding the need for medications and providing a potentially cost-effective approach to treating the disease.
 - Bariatric surgery is an appropriate treatment for people with type 2 diabetes and obesity not achieving recommended treatment targets with medical therapies, especially when there are other major co-morbidities.
 - Surgery should be an accepted option in people who have type 2 diabetes and a BMI of 35 or more
 - Surgery should be considered as an alternative treatment option in patients with a BMI between 30 and 35 when diabetes cannot be adequately controlled by optimal medical regimen, especially in the presence of other major cardiovascular disease risk factors.
 - In Asian, and some other ethnicities of increased risk, BMI action points may be reduced by 2.5 kg/m².
 - Strategies to prioritise access to surgery may be required to ensure that the procedures are available to those most likely to benefit.
 - Available evidence indicates that bariatric surgery for obese patients with type 2 diabetes is cost-effective.

- **National Heart Lung and Blood Institute (NHLBI) Official Statement About Bariatric Surgery**
 - Weight-loss surgery might be an option for people who have extreme obesity (BMI of 40 or more) when other treatments have failed. Weight-loss surgery also is an option for people who have a BMI of 35 or more and life-threatening



conditions, such as: Severe sleep apnea (a condition in which you have one or more pauses in breathing or shallow breaths while you sleep), Obesity-related cardiomyopathy (diseases of the heart muscle), Severe type 2 diabetes

- **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Official Statement About Bariatric Surgery**
 - Bariatric Surgery for Adults: Currently, bariatric surgery may be an option for adults with severe obesity. Body mass index (BMI), a measure of height in relation to weight, is used to define levels of obesity. Clinically severe obesity is a BMI > 40 or a BMI > 35 with a serious health problem linked to obesity. Such health problems could be type 2 diabetes, heart disease, or severe sleep apnea (when breathing stops for short periods during sleep).
 - Bariatric Surgery for Youth: Rates of obesity among youth are high. Bariatric surgery is sometimes used to treat youth with extreme obesity. Although it is becoming clear that teens can lose weight after bariatric surgery, many questions still exist about the long-term effects on teens' developing bodies and minds.

- **The Obesity Society Official Statement About Bariatric Surgery**
 - Over the past ten years a consensus has emerged that surgery can produce substantial weight loss and may markedly improve a number of health outcomes. This consensus is supported by the findings of the National Heart, Lung and Blood Institute (NHLBI) in 1998, the AHRQ 2003 Technology Assessment, and the CMS MCAC panel in November of 2004, among others. NAASO supports these conclusions, and believes that surgery does have its place in the obesity treatment continuum.



C. Risks & Complications of Bariatric Surgery

Just like any surgery, weight loss surgery does carry risks.

Fortunately, advances in medicine have made its safety equal to that of any other routine surgical procedure. To help put the mortality risk of weight loss surgery into perspective, here's a comparison of bariatric surgery to heart surgery and common causes of death in the U.S...

Cause	Mortality (Death) Rate	Clarification/Timeframe
Major Heart Surgery	1 out of every 40 (2.5%)	from the surgery
Car Accident	1 out of every 261 (0.3%)	in their life
Bariatric Surgery	1 out of every 743 (0.135%)	from the surgery
Falling on/from stairs	1 out of every 2,255 (0.044%)	in their life
Airplane Accident	1 out of every 6,460 (0.016%)	in their life

The risk of complications both during and after surgery range from minor to severe. About 15% of bariatric surgery patients (1 in 7 patients) have some sort of complication, with the most common being nausea and vomiting.

Certain factors increase the risk of complications, including...

- The higher your body mass index (BMI), the more likely you are to have bariatric surgery complications. For this reason, the more weight you can lose on your own before surgery, the better.
- Obesity-related health problems prior to surgery are directly correlated with developing complications in the first 180 days following surgery.
- Sleep apnea and gastroesophageal reflux disease (GERD) are the pre-operative conditions that result in the highest risk for bariatric surgery complications.
- Diabetes, sleep apnea and arthritis can determine your risk for sepsis.
- If you have had deep vein blood clots (blood clots in legs or arms), a pulmonary embolism or clotting problems in the past, you have a higher risk of experiencing them following bariatric surgery.
- High blood pressure prior to surgery can increase your risk of blood clotting problems after surgery.



- Working with a less experienced surgeon increases your risk of complications and mortality.

Fortunately, there are **several ways to minimize your risk of complications...**

1. **[Pick a good surgeon and ask all the right questions](#)**. This is the most important point by far (more on how to do this later in the guide).
2. **Follow your doctors' and nutritionist's/dietitian's advice to the letter.**
3. **Educate yourself** about what to expect before, during and after surgery. Beginning this life-changing process with complete awareness is key to a successful outcome. Bariatric Surgery Source (this eBook and the [Bariatric Surgery Source website](#)) and a good surgical team will give you the knowledge you need to be prepared.
 - a. In addition, talk with a few patients of your chosen surgeon. Find out what issues they experienced and consider how their stories could apply to you. Good bariatric surgeons will be happy to refer you to some of their patients.
4. **Educate your family and close friends** about the changes you will experience. Their understanding and support of your new habits and the reasons you have decided to move forward with surgery will make it much easier to stay on track.
5. **Lose as much weight as possible prior to surgery.** The lower your body mass index, the lower your risks. However, weight loss prior to surgery is a challenge for some patients, and many bariatric surgeons do not require it.
6. **Eat a healthy bariatric diet in the months prior to surgery.** More about diet in a bit.
7. **Get tested for sleep apnea syndrome** several weeks before surgery. Sleep apnea significantly increases surgical and post-surgical risks. As long as it's diagnosed prior to surgery, it can be treated ahead of time to reduce the risks. This is an especially big deal considering that - according to a UC Davis School of Medicine study of over 1,300 prospective patients - as high as 25% of prospective patients had UNDIAGNOSED sleep apnea prior to surgery.
8. **If you have surgery out of your area**, plan to stay close to your bariatric surgery center and surgeon for at least 10 days (preferably 2 weeks) after surgery. The two weeks immediately following surgery are the riskiest. If any bariatric surgery complications arise, you want to be close to the doctor who performed the surgery for advice and treatment.



9. **Exercise as soon as possible after surgery** - the quicker you can get up and moving after surgery the better. However, you don't want to overdo it, so talk with your doctor and review the [Exercise section of this book](#) to learn an appropriate program.
10. **Use compression stockings, pneumatic compression devices** (special machines that gently squeeze your legs to help keep the blood flowing) **and blood thinners after surgery** to reduce the risk of a blood clot. Your surgeon should have each of these available after surgery and should prescribe them as needed.
11. **Have and use an effective support system of family, friends, a good in-person weight loss surgery support group and a well-rounded online weight loss support group.** It is nearly impossible to succeed without the support of those close to you, and your chance of long-term success increases greatly if you're able to talk with others who understand and will listen without passing judgement.

D. Challenges

Bariatric surgery may be the best tool to make you happier and healthier, but **that's all it is... a tool.**

You will be the key to making it successful over the long-term, and there will be many challenges along the way...

- In order to maintain your weight loss and health improvement, your new bariatric diet and weight loss surgery exercise programs (more on these in an upcoming section) will require a lifelong commitment. If you don't adhere closely to these programs, you **will regain your weight.**
- You won't see bariatric treatment results overnight. Your lowest weight typically will not be reached until 1 to 3 years out.
- Once you reach your low point, you are likely to experience some weight regain.
- Relationships with family and friends may change since they will not be used to the "new you".
- Unhealthy food cravings may or may not go away after surgery (malabsorptive surgeries like gastric bypass and duodenal switch - more on these in an upcoming section - tend to reduce food cravings more than purely restrictive procedures). If you give into the



cravings, you will reduce your chances for hitting your goal weight and increase the risk of complications.

- Your skin will not be able to “keep up” with your fast, dramatic weight loss following surgery which will leave you with excess skin. The extra skin can make it more difficult to get dressed and to exercise and it may lead to skin fold rashes or breakdown of skin if left untreated. You may also consider it unsightly or not like the way your clothes “lay” over the skin. If any of these factors become an issue for you, working with a plastic surgeon to remove the skin will likely be the recommended solution.

The good news is there are ways to remain strong and firm in your actions: most importantly, **stay in touch with your surgeon's team and actively participate in a weight loss surgery support group**. Several studies show that doing so significantly improves your chances for long-term success.

We'll discuss support groups and the rest of these challenges in more detail later in this guide.



4. Types of Bariatric Surgery Procedures

The types of bariatric surgery you should consider depend on a number of factors, including how much weight you want to lose, which health problems you are looking to improve, risk level and cost.

There are 4 established and generally accepted weight loss surgery procedures, each with its own set of positives and negatives:

- A. Gastric Bypass
- B. Gastric Banding (e.g., Lap Band)
- C. Duodenal Switch
- D. Gastric Sleeve

Experimental procedures can be effective for the right candidates, but since insurance doesn't cover them and most surgeons do not perform them, we will not discuss them here.

[Click here to learn more.](#)

There is no "one size fits all" procedure, so this chapter will help you determine which ones best fit your goals.

But before getting into each of the procedures, we need to talk about the **difference between "restrictive" procedures and "malabsorptive/combination" procedures** since each type of surgery falls into one of these categories...

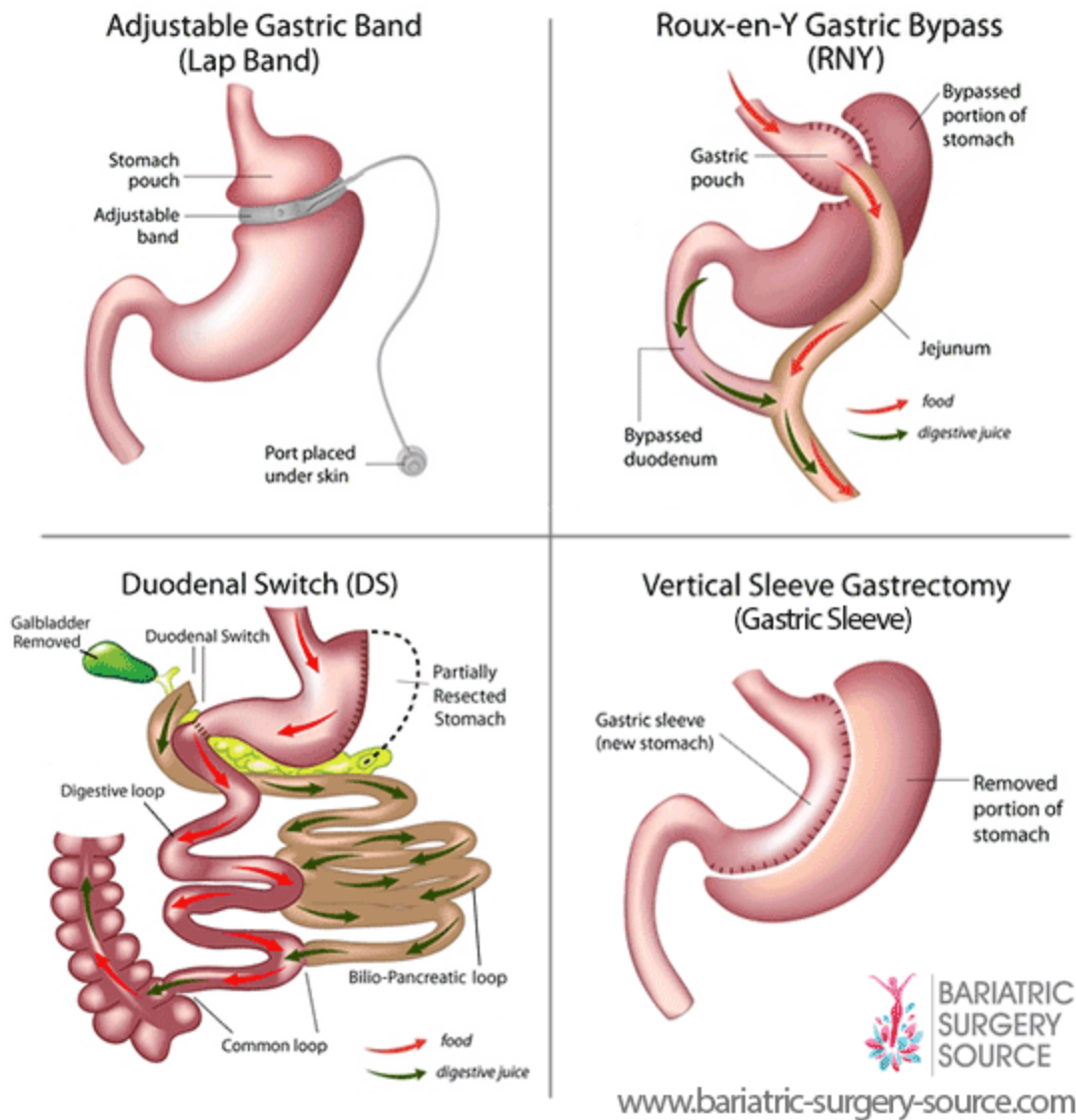
- **Restrictive surgeries** shrink the size of the stomach which reduces the amount of food it can hold. This makes you feel full much sooner after eating than you did before surgery. The established restrictive procedures include...
 - Adjustable gastric banding (e.g., Lap Band)
 - Gastric sleeve
- **Malabsorptive-Restrictive Combination surgeries** rearrange and/or remove part your digestive system which then limits the amount of calories and nutrients that your body can absorb while also restricting the amount of food that your stomach can hold. Treatments with a large malabsorptive component result in the most weight loss but tend to have higher complication rates:
 - Gastric bypass (more malabsorption than the restrictive procedures listed above, but works primarily through restriction)



- Duodenal switch (more malabsorption - the sleeve stomach is the restrictive portion and the intestinal bypass (duodenal switch) is the malabsorptive component)

Following is a comparison of the established types of bariatric surgery (in no particular order)...

4 Most Common Weight Loss Surgery Procedures in the United States

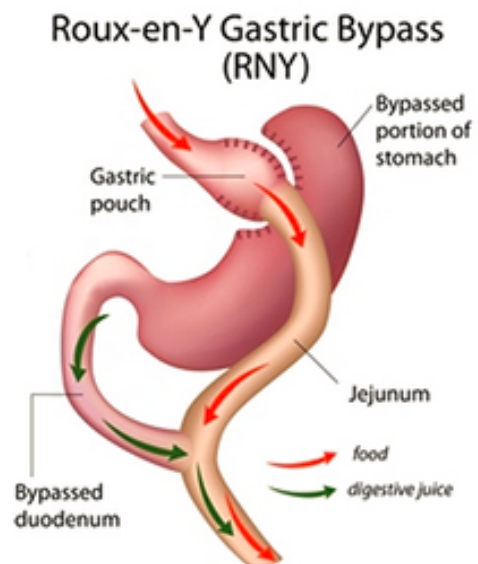


A. Roux-en-Y Gastric Bypass

Roux-en-Y gastric bypass surgery is both restrictive and malabsorptive in nature, but the restrictive aspect is the main reason that it's so effective.

To perform gastric bypass surgery, the surgeon...

1. Cuts and staples the stomach to create a small pouch (about the size of a golf ball and able to hold around an ounce of food) at the end of the esophagus
2. Leaves the remainder of the stomach attached to the top of the small intestines
3. Goes further down the small intestine, cuts it, and attaches it to the new stomach pouch. This will cause the food to "bypass" both the remainder of the stomach and the top part of the small intestine.
4. Takes the end of the small intestine that is still connected to the "detached" portion of the stomach and attaches it to the bottom of the "Roux limb." This allows the digestive juices produced by the stomach to meet up with the food in the intestines.



In addition, there are 2 catheters (tubes) used to keep both portions of your stomach clear – the first is inserted through your mouth and into the pouch. The second is for the larger portion of the stomach and is threaded through an opening in the side of your abdomen.

The procedure itself takes about 4 hours to complete. Most patients remain in the hospital for 2 to 3 days following surgery.

Patients typically don't lose as much weight after laparoscopic gastric bypass surgery as they do after the more complicated duodenal switch, but 60 to 70% of excess weight lost after gastric bypass is substantially better (and more consistent among patients) than what is expected following gastric banding.



The presence of **dumping syndrome** is a significant difference versus other procedures (symptoms are usually present after eating something you shouldn't and range from nausea to diarrhea to fainting). While the symptoms are extremely uncomfortable, many patients feel that they help to keep their diet and long-term weight loss on track.

In addition, the malabsorptive component of gastric bypass can lead to malnutrition issues, so careful and ongoing attention should be paid to diet supplementation. However, malnutrition risks are much less after gastric bypass than after the duodenal switch.

[Click here to learn more about gastric bypass surgery.](#)

B. Adjustable Gastric Banding (Lap band Surgery)

Lap band surgery works by wrapping a silicone and Silastic band around the top part of the stomach and sewing it into place.

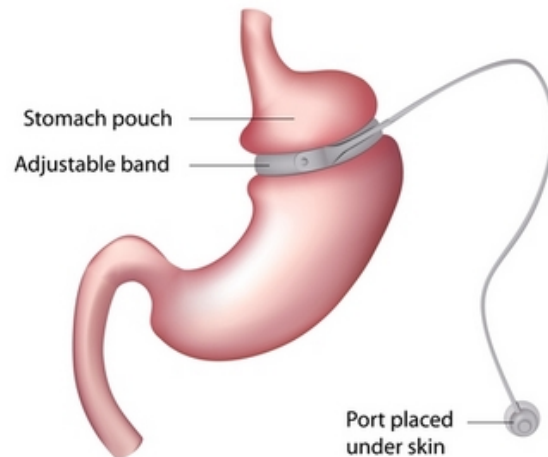
The inner surface of the band has a balloon attached (imagine the inside of a bicycle tire) which is connected to a tube that leads to a half-dollar-sized port above the abdominal muscles (but below the skin). This balloon is where saline solution will be "filled" and "unfilled" during the recovery period until your ideal tightness is found.

Because the procedure works by shrinking your stomach to make you feel full sooner, it is known as "restrictive".

The entire procedure usually takes about an hour to complete, and the procedure is either performed on an outpatient basis (go home the same day) or inpatient basis with one night in the hospital.

Lap band surgery has an impressively low rate of serious complications and is the only well-researched surgery that is completely reversible (note: we're also keeping an eye on the investigational gastric plication surgery).

Adjustable Gastric Band (Lap Band)



While the average 50% of excess weight lost is a decent percentage, the amount each patient could lose ranges from below 25% to over 80%. It also has a much higher rate of minor complications and reoperations than any other procedure.

The number of doctor visits after surgery is another consideration. Patients see their surgeon up to 10 times or more in the two to three years following surgery for band adjustments.

Concerningly, longer-term research is showing a very high rate of lap band failures and required reoperations - as many as one in three patients. For these reasons, some surgeons are choosing to no longer perform adjustable gastric banding surgery.

However, Lap Band surgery still has many champions due to the fact that it's (a) reversible and (b) much less invasive than the other established procedures.

[Click here to learn more about Adjustable Gastric Banding \(Lap Band Surgery\).](#)

C. Duodenal Switch

This 3 1/2 to 4 hour procedure could be classified as a Gastric Bypass/Gastric Sleeve combination with a twist. It is one of the most difficult and complex procedures to perform, but it's also associated with some of the best results. And while it is still sometimes performed as an open surgery, it is routinely performed laparoscopically.

Imagine your digestive system as a series of pipes that food and digestive juices must pass through. Before surgery, food is swallowed and goes down a tube (the esophagus) to your stomach. From your stomach it passes through a small chamber called the duodenum, then through your 11 to 40 feet of small intestines (the small intestine length can vary from person to person by almost 30 feet!).

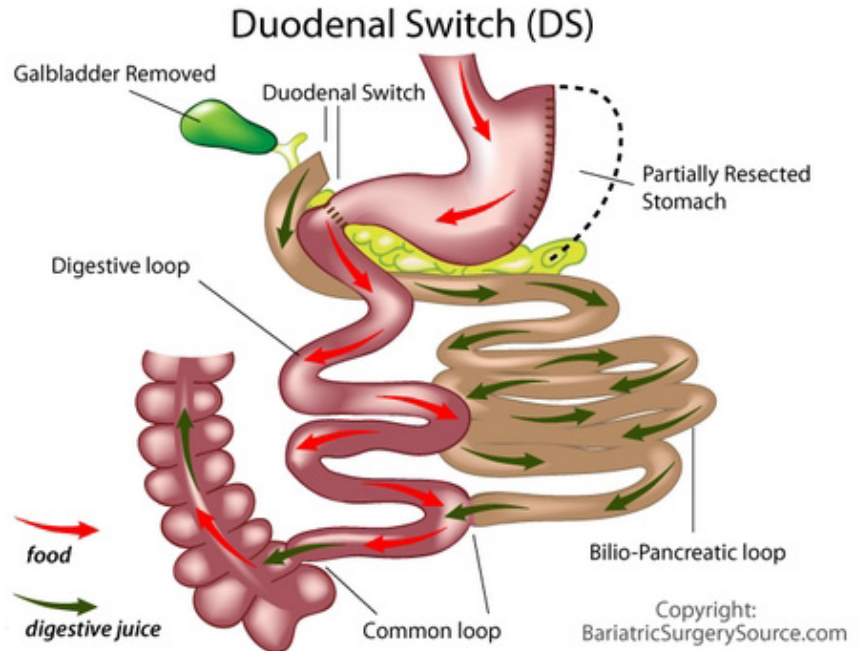
While in your small intestines, your food is mixed with digestive juices that break it down to help your body absorb nutrients. The food and digestive juices then pass into the large intestines (colon) and out of your body.

With the duodenal switch ("DS" for short)...

1. A large portion of the stomach is removed to create a cylinder-shaped pouch connecting the esophagus to the top of the small intestine.



2. The top of the small intestine is cut, but the surgeon leaves part of the duodenum (the top part of the small intestine where most chemical digestion occurs) attached to the stomach.
3. The surgeon then cuts the small intestine several feet up from the end where it meets the large intestine/colon. The part that is still attached to the large intestine (colon) is connected to the duodenum.
4. The "lower" end of the disconnected portion of the small intestine is then attached to the bottom part of the "still connected" small intestine, allowing the digestive juices it creates to mix with the food coming from the stomach in roughly the last 15 - 20% of the small intestine.



Since the stomach is shrunk and only a small portion of the intestine has a chance to digest food before the food enters the colon, this procedure is both restrictive and malabsorptive. The DS is effective both from the restrictive component AND the malabsorptive component. In fact, most of the early weight loss comes from the restriction and the long term weight loss maintenance (lack of weight regain) is from the malabsorption.

This procedure deserves more credit and attention than it's been given. On average, it results in more weight loss than any other procedure. And although it carries the highest risk of complications, it's mortality risks are on par with other procedures. It may also be the best procedure for those with a body mass index of 50 or over ("super-obese") in terms of average weight loss and elimination of obesity health problems.

However, its higher rate of serious complications and the amount of malabsorption that it causes command careful consideration by the patient and surgeon before moving forward.

[Click here to learn more about Duodenal Switch surgery.](#)



D. Gastric Sleeve (Vertical Sleeve Gastrectomy)

To perform the gastric sleeve operation, the bariatric surgeon will remove the fundus (the part of the stomach to the left and above the level of the opening of the esophagus) along with most of the stomach. The 10-20% of the banana-shaped stomach that remains continues to connect the esophagus to the top of the small intestines exactly the way it did before surgery.

Gastric sleeve surgery has recently caught up with gastric bypass in terms of popularity and adoption by surgeons; several studies have shown it to carry the low risks of gastric banding with the higher weight loss associated with gastric bypass.

Compared with gastric bypass, it also appears to carry a lower rate of complications and reoperation. But recent research shows that it may not be as effective at resolving obesity-related health problems such as type 2 diabetes mellitus, hypertension, hypercholesterolemia, gastroesophageal reflux disease, and arthritis.

The main long-term concern of gastric sleeve surgery is that the pouch could stretch over time, although there are several minimally invasive options available for reducing the pouch size down the road if necessary.

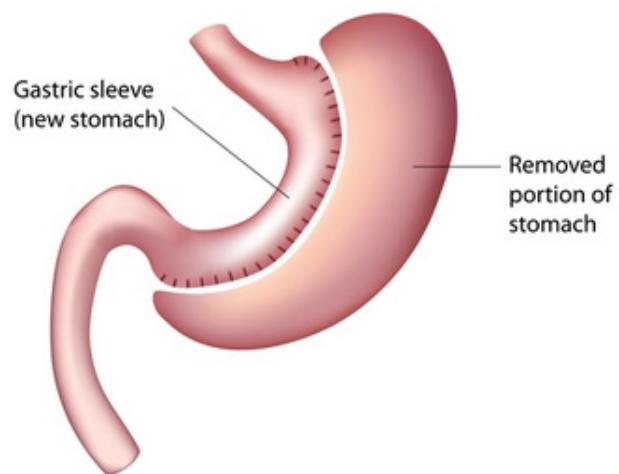
[Click here to learn more about gastric sleeve surgery.](#)

E. Summary Comparison

Your individual situation will determine which types of bariatric surgery are right for you, but following is a general summary...



Vertical Sleeve Gastrectomy



Roux-en-Y gastric bypass has a relatively low complication rate compared with its high levels of excess weight loss and significant improvement in co-morbidities. Its popularity also means that there are more surgeons out there with enough procedures under their belt to improve your chances for a good outcome.

However, **lap band surgery** may be a better option for some mentalities. It has a lower risk of serious complications, and for those who are not 100% sure that they're ready to permanently change their body, it is the only established procedure that is completely reversible; it can be relatively easily converted into a more elaborate procedure at a later date.

Unfortunately, lap band surgery has a very high variability in weight loss from patient to patient, and is associated with more minor and annoying complications.

Most concerningly, lap band surgery is much more likely to require reoperation over the long-term as a result of permanent failure.

The **duodenal switch** is probably the most effective procedure for the super-obese. It has been proven to be successful (result in at least 50% of excess weight loss) for about 85% of patients after 3 years.

It may also be the most effective procedure for treating obesity-related health problems. For example, in one study duodenal switch surgery cured 100% of diabetic patients.

The amount of long-term weight loss after DS also appears to be better than any other procedure, but that comes with the highest rate of serious complications and the most intensive bariatric vitamin adherence requirements due to the level of malabsorption.

Gastric sleeve surgery is the newest addition to many bariatric surgeons' list of available surgeries. It is less complicated than gastric bypass and duodenal switch and leads to similar weight loss.

While not reversible or easily adjustable like the lap band, it carries a much higher weight loss and much lower risk of reoperation.

Gastric sleeve surgery appears to be a bit safer than gastric bypass in terms of reoperation and complications, but gastric bypass seems to have a better effect on many obesity-related health problems.



The majority of practicing surgeons are now recommending gastric sleeve surgery more often than any of the other more established procedures.

5. Financial Considerations

The average cost of bariatric surgery in the United States without insurance ranges from \$15,000 to \$27,000 for the four most common procedures: gastric sleeve surgery, gastric bypass surgery, gastric banding (e.g., Lap Band) and duodenal switch.

Fortunately, there are several ways to make surgery more affordable. This chapter will cover the following...

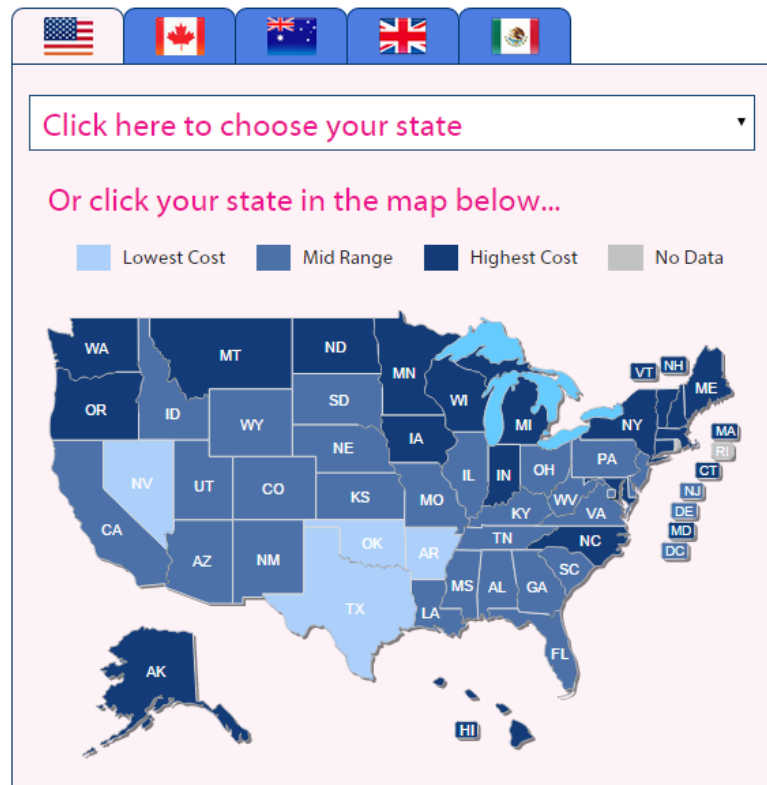
- A. Cost by Procedure
- B. Insurance Considerations
- C. Financing Options
- D. Discounts, Savings Opportunities & Other Financial Considerations

A. Cost by Procedure

The cost of weight loss surgery varies widely depending on a number of factors including procedure chosen, location, surgical clinic and hospital in which the procedure is performed. Overall costs depending on each of these factors can range from less than \$10,000 to close to \$60,000.

Following are the average costs for each of the big 4 procedures in the United States:

- Gastric sleeve: \$19,000
- Gastric bypass: \$24,000



- Gastric banding (Lap Band): \$15,000
- Duodenal switch: \$27,000

[For state- and region-specific averages for each procedure, click here.](#)

B. Insurance

Even if bariatric surgery is covered by your plan (we'll help you figure that out in a moment), there's no guarantee that you'll get approved - even if you meet the weight and health requirements.

For example, most insurance companies require the following for adults prior to approving surgery, many of which must be submitted in a very particular, insurance-company-specific way:

- BMI (body mass index) above 35 with obesity-related health problems (or BMI above 40 without health problems)
- Participation in a "clinically supervised" weight management program
- Letter of Medical Necessity
- A recommendation from a doctor other than your surgeon
- Medical clearance
- Clearance for surgery from a mental health physician
- Nutritional evaluation from a Registered Dietitian
- Coordination with an insurance company Medical Case Manager

That's a lot for you to deal with on your own.

What's worse, if you get anything wrong and your insurance denies your coverage as a result, the process to get that denial reversed can take months.

So here's the secret: Most bariatric surgeons will hold your hand through the entire process as part of their standard service. They'll even contact your insurance company for free to confirm your coverage even if you haven't yet decided to move forward with surgery.

They have probably worked directly with your insurance company for hundreds of patients, and they'll know what it takes to get surgery approved.

Bottom line: Instead of starting the process on your own, [contact a local surgeon from the outset.](#)



Determining If Bariatric Surgery Is Covered By Your Plan

Bariatric surgery insurance is provided by most insurance companies in the United States, but whether or not you're covered will depend on your specific policy.

Before searching for your insurance company's specific coverage requirements for weight loss surgery, you need to know whether your specific policy covers it.

To figure out whether your insurance plan covers bariatric surgery, review the upcoming section for the type of coverage or situation that you have...

- Individual or Family Insurance
- Through Work: Small Group (50 or fewer full-time employees)
- Through Work: Large Group (More than 50 full-time employees)
- Medicare or Medicaid
- Appealing a Denial

Note: If you find out that bariatric surgery insurance is NOT included under your plan, there are still several ways to reduce your out of pocket costs such as:

- **Getting part of your weight loss surgery expenses covered** by your insurance company (even though surgery itself isn't covered) including pre-op work and post-op follow-up visits
- You may be able to **deduct the cost of your surgery** at tax time
- Potential **self-pay discounts** offered by surgeons and hospitals
- Buy "**complications insurance**" that will cover the cost of any complications that may arise
- Asking your surgeon **which hospitals** they can perform the operation. The hospital portion of the bill is by far the largest when it comes to weight loss surgery (much larger than the surgeon portion), and like all businesses some hospitals charge much more than others despite no difference in quality.
- If you have **short term disability insurance** through your employer, you may be able to receive portion of your monthly salary while you're having and recovering from surgery

We'll review each of these points and others in the Financing section further down the page.



Individual or Family Insurance

Due to the passage of the Affordable Care Act (Obamacare), insurance companies in 23 states are REQUIRED to cover weight loss surgery for all Individual Plans, Family Plans and Small Group Plans (employers with fewer than 50 full-time employees).

[For more about Obamacare and weight loss surgery, including an updated list of covered states, click here.](#)

To confirm your coverage, you have a couple of options:

- **Option 1 (recommended):** Your local surgeon will contact your insurance company to confirm your benefits for free (even if you don't move forward with surgery). Their office will be very familiar with your insurance company's requirements and approval process, so it's usually a good idea to let them do the leg work for you.
 - [Click here to find a top bariatric surgeon in your location of choice.](#)
- **Option 2:** Contact your insurance company yourself (using the phone number on your insurance card) and/or check your Summary Plan Description (SPD).

If you find out that weight loss surgery is not covered, you still have several options for financing bariatric surgery to make treatment more affordable and to potentially reduce your out of pocket expenses. We'll get into those options further down this chapter.

Through Work: Small Group (50 or fewer full-time employees)

Weight loss surgery insurance coverage guidelines for Small Group (50 or fewer full time employees) are the same as for Individual/Family Plans (e.g., Obamacare applies; see above).

To confirm your Small Group bariatric surgery insurance coverage, you have a three options:

- **Option 1 (recommended):** Your local surgeon will contact your insurance company to determine your coverage details for no charge (even if you decide not to have surgery). Their office has been through the approval process with your insurance company many times, so let them work on your behalf to make the process go as smoothly as possible.
 - [Click here to find a top bariatric surgeon in your location of choice.](#)



- **Option 2:** Ask your Human Resources (HR) Department whether or not weight loss surgery is an included benefit under your plan.
- **Option 3:** Contact your insurance company yourself and/or check your Summary Plan Description (SPD).

Through Work: Large Group (More than 50 full-time employees)

If you get your insurance through your work and your employer has 51 or more full time employees, it is completely up to your company to decide whether or not to cover weight loss surgery.

To confirm your coverage, you have a three options (same as with Small Group plans):

- **Option 1 (recommended):** Your local surgeon will contact your insurance company to confirm your benefits for free. Their office will be very familiar with your insurance company's requirements and approval process, so it's usually a good idea to let them do the leg work for you.
 - [Click here to find a top bariatric surgeon in your location of choice.](#)
- **Option 2:** Ask your Human Resources (HR) Department whether or not weight loss surgery is an included benefit under your plan.
- **Option 3:** Contact your insurance company yourself and/or check your Summary Plan Description (SPD).

Medicare / Medicaid

If you are on Medicaid, whether or not you have bariatric surgery coverage will depend on your state. [Click here](#) to find your state's Medicaid contact information.

If you have traditional Medicare coverage, bariatric surgery is covered. You'll need to choose a facility that meets the CMS's minimum facility standards and certification requirements for Medicare bariatric surgery.

If you have Medicare Advantage, bariatric surgery is covered but you'll need to verify that your chosen surgical team and their hospital are in your insurance company's network. Call your insurance company directly to find out.



Note that not all practices accept Medicare/Medicaid patients because the reimbursement rates (fees the surgeon receives) are often far less than the rates paid by insurance companies or self-pay patients.

If your plan covers weight loss surgery and you find a surgeon that accepts your coverage, the Centers for Medicare and Medicaid Services (CMS) has determined that bariatric surgery is appropriate for the treatment of obesity as long as the patient has...

- A body mass index (BMI) greater than 35, **AND**
- At least one co-morbidity related to obesity, **AND**
- Has documentation in their medical records confirming that previous attempts at medical treatment for obesity have been unsuccessful

If all of the above apply, the surgery must be one of the following types...

- Gastric bypass surgery (open or laparoscopic)
- Gastric band surgery (laparoscopic only) (e.g., Lap Band surgery)
- Gastric sleeve surgery (laparoscopic only)
- Biliopancreatic diversion with duodenal switch (BPD/DS) (open or laparoscopic)

To get approved, you'll need to be referred by your primary care physician or other attending doctor (probably not just a self-referral from a bariatric surgeon). In their referral to a bariatric surgeon, your physician should refer to the obesity health problems that are expected to improve after surgery.

Regardless of which Medicare/Medicaid plan you have or are applying for, [talk with your surgeon to find out if they accept your plan](#). They may have some especially useful tips on how to streamline the process in your area. nsurance Company Denial

Appealing a Denial

Health insurance companies are for-profit businesses, which means that their decisions are all geared either directly or indirectly towards making money.

By nature, insurance companies charge their customers high enough premiums to pay everyone's health claims, cover their expenses AND make a profit.



$$\begin{array}{c} \text{All Customer Health Insurance Claims + Expenses + Profit} \\ = \\ \text{All Customer Premiums Collected} \end{array}$$

When you or your employer signed up for insurance, a certain coverage level or plan was chosen which determined how much it would cost. Generally speaking, the more benefits that are covered, the more expensive the premiums will be.

In theory, if you receive treatment in a way that's inconsistent with the insurance contract that you or your employer chose to pay for, your insurance company can decide not to pay.

In practice, treatment decisions are not always so "black and white", which is where the appeals process comes in.

When beginning and moving forward through the appeals process, it's important to consider the insurance company's perspective in order to succeed in overturning their denial. Following are common reasons for denial:

- Missing/incorrect information
- Benefit not covered under the plan
- Pre-existing condition
- Treatment is not "medically necessary"
- Investigational or experimental procedure

[Click here for a full explanation of each reason along with your insurance company's reasoning and how bariatric surgery applies.](#)

If your insurance company denies your claim, it is possible to get them to **reverse their decision**, although this can be a time-consuming and difficult process.

[Click here to review the full Health Insurance Appeals Process.](#)

C. Financing

Financing bariatric surgery makes the treatment possible for the more than one-third of bariatric-surgery-eligible patients who are either uninsured or underinsured. There are several financing options available to you, depending on your surgeon...



1. Payment Plan Through a Qualified Bariatric Surgeon

Many surgeons offer some kind of payment plan to make treatment affordable. Some allow you to pay them interest-free over time, while others will agree to charge you a very low interest rate.

While you are negotiating, do not be confused by doctors offering a payment plan through unsecured credit card companies – this is not the same thing (more on this in the "Unsecured Loan" section below).

If your surgeon is willing to work with you, your financing plan will almost always be set up on a one-off basis. Always negotiate a fully packaged up-front price for all services so there are no surprises down the road.

A packaged price will typically include:

- Hospital fee – be sure to confirm how many nights in the hospital are included. Up to 2 nights is common.
- Surgeon fee
- Anesthesia fees
- Routine follow-up visits (including fills for the lap band) – the timeframes will vary, but including follow-up visits for the 12 months following surgery is standard.

Services often not included in the packaged price (that you will have to pay for on top of the packaged price) include:

- Pre-operative testing – note that some surgeons DO include this in the packaged price.
- Pre-operative visits, including consultations with the surgeon, dietitian or nutritionist, fitness consultant, psychologist and other professionals.
- Surgical assistant fees
- Radiologist fees

Even though these may not be included, your surgeon can still provide you with an estimate of what they will cost. The information they provide may not be all-inclusive, so talk with them about what other charges may arise. These estimates can also be taken into consideration when seeking other options for financing bariatric surgery.



2. Friends & Family

This option is obviously going to vary widely from person to person, but it should be considered.

Financing bariatric surgery by borrowing money from friends and family can save you the interest that banks will charge which can amount to thousands of dollars over the life of the loan. And you may be surprised how willing your loved ones are to help, especially after you educate them about bariatric surgery's impact to your obesity health issues.

3. Secured Medical Loans

A secured medical loan is a loan from a bank or credit union that you back with some sort of collateral. If you don't pay the loan back, the financial institution has a right to take ownership of whatever collateral you used.

By far the most commonly accepted form of collateral is your home (also called a mortgage loan).

If you own your home and have at least 10 to 20% of equity built up, a secured loan may be an option for you.

However, due to the complexity of a secured loan (they require a refinance of your home), many patients choose unsecured medical loans instead (discussed further down this section), especially for loan amounts of \$15,000 or less.

4. Retirement Plan Loans

Generally speaking, you should never touch your retirement savings if at all possible. There's no telling how long Social Security will be around, and either way, you will most likely need more than what Social Security will pay you to maintain your current lifestyle.

In addition, whatever money you take out of your retirement plan will no longer have the potential to make money for you in the form of investment returns, and when compounding interest is factored in, it really makes taking money out feel painful.

On the flip side, what is the point of having money in the bank if you're not around to spend it due to obesity-related health problems?



After you crunch the numbers and compare interest rates and long-term costs (and potential lost retirement plan returns depending on how aggressively you're invested), you may discover that this is the best option for financing bariatric surgery.

Your first step is to contact your HR department to find out whether your plan allows "hardship withdrawals." Hardship withdrawal provisions allows you to take out money from your retirement plan for unreimbursed medical expenses for you, your spouse or your dependents.

The IRS discourages these withdrawals by imposing a 10% early withdrawal penalty (they keep 10% of whatever funds you withdraw) and by applying your withdrawal amount to your taxable income.

However, you may be able to get the 10% penalty waived in certain situations such as:

- Becoming totally disabled
- Being in debt for medical expenses that exceed 7.5% of your adjusted gross income

5. Permanent Life Insurance Loans

The main purpose of life insurance is obviously the death benefit. But a form of life insurance called "permanent" life insurance also offers benefits while you're alive. One of those benefits is the accumulation of a "cash value" that can be borrowed against.

If you already have permanent life insurance, this may be an option for financing bariatric surgery. If you don't, it will probably take years to accumulate enough cash value to pay for the surgery so this may not be an option for you.

6. Brokers, Direct Lenders and Credit Cards (Unsecured Medical Loans)

Unsecured medical loans are one of the most popular financing option for bariatric surgery patients.

Unlike secured loans, unsecured loans allow you to borrow money without putting up any collateral. The trade off comes in the form of an interest rate that you pay back to the bank over the term of your loan.



There are three ways to obtain an unsecured medical loan, including:

- Brokers, who work with multiple lenders on your behalf
- Lenders (directly)
- Credit cards (typically the most expensive kind of unsecured loan)

Many surgeons partner directly with brokers and/or lenders, so first [contact your surgeon to learn what kind of deals they've already worked out](#).

[Click here for more information about Unsecured Medical Loans](#).

D. Discounts, Savings Opportunities & Other Financial Considerations

Following are some additional tips we've uncovered over the years to help you save as much as possible and avoid potential surprises...

Self-Pay Discounts - Most programs will offer some sort of self-pay discount to patients who don't have insurance. However, discounts vary widely and don't always extend to every part of the the price.

Other Discounts - Some practices offer additional discounts based on when full payment is received. For example, you may receive a discount if you pay the full fee up front (note that some practices require full up-front payment).

Same Surgeon, Different Hospitals - Some surgeons have operating privileges at more than one hospital in the area. Since hospital charges are usually out of the surgeon's control (and are by far the most costly component of surgery), find out if the surgeon can perform your surgery at more than one hospital and, if so, whether there is a difference in the hospital fee between hospitals.

For example, one office we contacted quoted a difference of more than \$10,000 between hospitals.

Keep in mind that this does not change where your pre-op and post-op visits will take place; it ONLY affects where your actual surgery is performed.

Taxes - When asking your surgeon about prices, be sure to find out whether taxes are included in the cost.



You may also be able to write off your total costs for surgery, effectively reducing the cost of surgery.

Bariatric surgery IS tax deductible which can have a big impact on the total cost. In fact, throughout the United States, tax subsidies reduce medical costs for the non-elderly by over \$208 Billion annually.

The official IRS rules state that you're allowed to deduct medical expenses as long as the costs are higher than 10% of your adjusted gross income.

In order to receive the deductions, you'll need to complete Schedule A of the IRS Form 1040. You'll also need to save your medical bills and payment statements as proof. Note that any reimbursed amounts (such as the amount that insurance paid) cannot be included.

Finding a good accountant or using effective tax software will make this process much easier. These guides can also help ensure that that you deduct as much as possible without violating any IRS laws.

What if Complications Arise During or After Surgery? Each practice takes their own approach to covering the cost of complications; some pledge to pay for them should they arise (via programs like BLIS or other arrangements) while others ask patients to pay. Ask your surgeon ahead of time so there aren't any surprises.

Getting partial insurance coverage - If you have insurance but it doesn't cover bariatric surgery, you'll probably be able to get some of your expenses covered.

According to several surgical practices we interviewed during our Annual Weight Loss Surgery Cost Survey, it's all about how your doctor and hospital submit your claims to your insurance company. As long as your doctor files the claim using a covered "CPT Code" (Current Procedural Terminology Code), then your insurance company will likely cover it as long as the code used accurately reflects the treatment provided.

For example, there are many non-bariatric surgery reasons for your doctor to recommend:

- Lab work
- Psychological exam
- Cardiology exam
- Sleep study
- Medically supervised diet program



Regardless of who pays, each of these are also essential steps required before your surgeon will perform your surgery.

If your surgeon or primary care physician submits the above claims using a weight loss surgery CPT code, your insurance is unlikely to cover it.

However, if your doctor submits the above claims using a NON-weight loss surgery CPT code, the claims will likely be considered covered benefits.

While this may sound "sneaky", in actuality it is a very ethical practice. Services like those listed above are performed as a result of an existing medical condition... some are exploratory and intended to accurately diagnose the patient, others are treatments intended to improve the patient's health.

Whether or not they are ultimately used to facilitate weight loss surgery is irrelevant. In other words, the results of any of this work will be beneficial to the patient regardless of whether or not the patient is interested in obesity surgery.

Short Term Disability Insurance & Weight Loss Surgery - Disability insurance (DI) pays you a percentage of your monthly income if you are unable to work. Short term disability insurance (STD) most commonly pays 66 2/3% of your salary for the first 90 or 180 days of disability or sickness (also known as your disability period for bariatric surgery).

Unfortunately, it is usually only available through an employer, although you can continue coverage as an individual if you leave the company.

Just like health insurance, disability insurance includes pre-existing conditions limitations. In other words, insurance companies won't let you buy coverage one month and go out on disability the next for something that you knew about before you signed up.

The best way to get around this for bariatric surgery is to enroll with your employer during the initial enrollment period (i.e. when you're hired). You may not be allowed to enroll at any other time.

You must then remain enrolled for the entire "pre-existing conditions exclusionary period," which usually lasts between 6 and 12 months. Call your insurance company, talk with HR or review your plan documents for details.



6. Finding a Surgeon

Honing in on the best weight loss surgeon and team of bariatric professionals requires specific knowledge and proper guidance.

This chapter explains the 4 steps required to find the surgical team that's right for you...

1. Create your list of surgeons
2. Verify credentials
3. Narrow your list
4. Choose your surgeon

Step 1: Creating Your Initial List of Potential Bariatric Doctors & Bariatric Weight Loss Centers

There are hundreds of great bariatric doctors to choose from around the country and world, some that may have convenient locations right down the street and others located literally on the other side of the world.

The goal of Step 1 is to find at least two surgeons that have the necessary qualifications. Following are things to consider...

- How you pay for surgery
- Finding top bariatric surgeons

How You Pay for Surgery

In the United States, if you have insurance that covers weight loss surgery you'll need to focus on surgeons that are either:

- Already in your insurance company's network, or
- Willing to join

After verifying that your insurance covers weight loss surgery (as [reviewed in a previous chapter](#))...



1. Go to your insurance company's website ([click here for a full list of insurance company's and links to their site](#)) and search their list of in-network bariatric surgeons.
2. Insurance company lists are not always up-to-date, so use the next two sections to find additional qualified surgeons, then contact their offices to find out if they'll accept your insurance.

If you will be paying for all or part of your surgery on your own, which surgeon you choose will likely depend - at least in part - on their costs and financing options.

Finding Top Surgeons

There are a couple of easy ways to find a top weight loss surgeons:

- [Click here to search the Bariatric Surgery Source surgeon directory](#) of top surgeons around the country and world
- **Ask your primary care physician or other trusted physician** for a referral



Don't necessarily limit yourself to surgeons in your immediate vicinity. For example, if a similarly qualified out-of-town surgeon is willing to offer you interest-free financing and/or lower costs while a surgeon down the street is not, it may make sense to be treated outside of your home town.

However, you will require follow up visits following surgery. If the surgeon you choose is not within driving distance of your home, be sure you have a local doctor or surgeon willing to work through any follow up issues with you in coordination with your chosen surgeon (ask your chosen surgeon for help finding the right local person).

Not all surgeons perform each of the top 4 procedures (gastric sleeve, gastric bypass, gastric banding and duodenal switch). Make sure that the surgeon you are considering performs the procedure(s) that you are most interested in. More on this in a moment.

Step 2: Verify that each of the weight loss surgeons on your list has the appropriate credentials.

To stay on your list past Step 2, your potential bariatric doctors should each have an up-to-date license from their state's medical board. Use the [Administration in Medicine's \(AIM\) DocFinder web site](#) for your surgeon's license status.



Following are the instructions for using that tool:

1. First use the search box on the left under "Participating State Licensing Authorities"
2. If you don't find your surgeon, find your state's link on the right side of the page under "States with links only", then follow the doctor search instructions on your state's website.
3. The list of bariatric doctors that you find with the same last name should provide clickable links to more information about each doctor. Click on your doctor's link to view his or her information.

In addition to confirming that each surgeon's license is active, the doctor information provided should tell you their:

- License type – should be both Physician and Surgeon
- License status – should be renewed and current
- Primary practice area – should be surgery-related
- Public record actions – look for surgeons who have none against them
- Board certification – only work with surgeons who have been board certified

Board Certification gives you confidence in your potential surgeon's focus on bariatric surgery because board-certified surgeons must, according to the American Board of Medical Specialties (ABMS)...

"Participate in an ongoing process of continuing education to keep current with the latest advances in medical science and technology in his or her specialty as well as best practices in patient safety, quality healthcare and creating a responsive patient-focused environment."

If any surgeons on your list have an outdated license, have public record actions listed against them or are not board certified, be on the safe side and remove them from your list.

Step 3: Narrowing your list to bariatric doctors to those with the highest likelihood of a successful outcome

During Step 2, you should have narrowed your list of potential bariatric doctors down to one or two well-qualified surgeons. Now it's time to dig a little deeper...

Step 3 determines which bariatric doctors on your list are worthy of face-to-face interviews. Here's what to do next...



1. Call each surgeon's office and sign up to attend their next free seminar
2. [Click here and print out our Bariatric Surgeon Questionnaire](#) (one for each surgeon on your list).
3. While attending the seminar, take notes on the printed questionnaire, and be sure to ask any of the questions that are not covered

In addition to meeting the surgeons and learning more about their practice, responses to the following questions (also provided on the questionnaire with blank spaces for your notes) will either remove a weight loss surgeon from your list.

Following are the questions to have answered during the seminar...

What percentage of your practice's patients are bariatric surgery patients?

The higher the percentage, the better. Bariatric surgery is a complicated procedure that demands complete attention and expertise. Finding a practice that is primarily focused on bariatric medicine and related treatment ensures that their expertise is not spread too thin.

What types of weight loss procedures does the surgeon perform?

Find out not only which procedures they focus on but whether they perform the majority of them open or laparoscopically. Laparoscopic surgery is generally preferable, although there are circumstances where open surgery may be necessary.

During your preliminary research, you should have honed in on one or two weight loss surgery procedures that you feel fit you best. If one of the bariatric doctors on your list focuses primarily on surgeries that you are not interested in, remove that surgeon from your list.

How many bariatric procedures of each type does your practice AND the surgeon perform per year?

To meet the Surgical Review Corporation's Bariatric Centers of Excellence criteria, each bariatric weight loss center must conduct at least 125 weight loss operations per year and have at least two credentialed and experienced bariatric surgeons who perform at least 50 weight loss operations per year.

What's more, it appears that the more cases a surgeon performs per year, the less likely the patient is to experience complications.



One study of over 3,400 patients and 31 surgeons found that for each additional 10 surgeries per year a surgeon performed, the risk of a serious complication decreased by 10% (Smith et al. 2010).

In another study, a surgeon was evaluated over his first 300 patients. When comparing patients 201 to 300 with patients 1 to 200, the 201-300 group had 89% fewer reoperations (1 vs. 9), 50% fewer conversions to open surgery (1 vs. 2) and was in surgery for 69 fewer minutes on average (Pournaras DJ, et al. 2010).

What are the surgeon's complication and mortality rates?

In general, the rates should be in the same range as the rates reviewed on [our Bariatric Surgery Complications page here](#). Keep in mind that some surgeons specialize in treating higher risk patients (i.e. patients with a body mass index over 50), and those specialists understandably have higher complication and mortality rates.

How long will you have to wait for surgery after you get approved?

Depending on your level of urgency, a long wait time may be unacceptable. However, you might want to consider that a long wait time could be due to the surgeon's good reputation and therefore a positive thing

Are the professionals on the surgeon's pre- and post-care team well-qualified?

Following are the professionals you will be working with in addition to your weight loss surgeon:

- [Bariatric program coordinator/director](#)
- [Bariatric nurses](#) supporting the surgeon before, during and after surgery
- [Anesthesiologist](#) - how many years and how successfully has the anesthesiologist worked with obese patients? Get the anesthesiologist's name and click here to confirm that they have been certified by the American Board of Anesthesiology (ABA).
- [Psychologist](#) – make sure there is one on staff or in close partnership with your surgeon and that they specialize in bariatrics. The psychologist will work with you before surgery and should be available for counseling afterwards.
- [Dietitian or nutritionist](#) – ensure that your surgeon works closely with a registered dietitian or nutritionist for pre- and post-surgical consultations. They are an extremely important resource for both helping you establish your short and long-term diet plans and overcoming any bariatric diet related obstacles.



- Fitness advisor – do they work directly with anyone who can help you establish an appropriate weight loss surgery exercise program or, at a minimum, refer you to a personal trainer experienced in working with bariatric patients.
- Weight loss surgery support group – does their office have pre- and post-surgery support groups in place? If so, is there just one, or are there different groups for different needs (i.e. diet, exercise, recovery, procedure-specific, etc.).

A Note About Support Groups

Patients who regularly attend support groups have been shown to have better long-term outcomes. While you can and should find additional offline and online weight loss support on your own, working with a surgeon or bariatric weight loss center that has their own programs will make finding and joining one near you much easier.

- Insurance coordinator (if you have insurance) – as reviewed in the Insurance section, getting surgery approved is often a grueling process. Offices with a coordinator on staff can make the process a whole lot easier.

Will another doctor be assisting the surgeon during surgery? If so, what are the assistant's qualifications and how involved will he/she be in your treatment?

Make sure that the surgeon will be the one coordinating and performing the surgery. In addition, any staff or nurses assisting the surgeon should be primarily focused on assisting bariatric surgery patients (again, you don't want the professionals operating on you to be spread between multiple areas of expertise) and be taking continuing education classes relating to the care of bariatric patients.

Does the surgeon have a short and long-term follow up program to work with you after surgery?

There should be a detailed plan in place to help you transition to and maintain a healthy life after weight loss surgery with the involvement of many of the professionals listed above.

Are your facilities equipped to handle obese patients?

Not only will things like bigger waiting room chairs and hospital beds along with a staff trained in obesity empathy make you feel more comfortable and relaxed, they also show you that you are dealing with a compassionate surgeon who has your best interests in mind.



During Step 4, you will interview each of your remaining surgeons in person in order to choose the one that's right for you.

Step 4: Interviewing the remaining bariatric doctors on your list and choosing your surgeon

In all likelihood, each of the surgeons that passed Steps 2 and 3 will be an excellent choice. Step 4 is all about:

1. Choosing the surgeon and bariatric weight loss center that "just feels right" and
2. Learning more about what to expect

To begin Step 4, find out if you can attend a bariatric surgery support group offered by the surgeon's office. In addition to giving you a first hand account of what it was like for other patients to be treated by your surgeon, attending a support group meeting will give you a much better understanding of what's to come.

After you attend the support group meeting, it's time to schedule your face-to-face interview with each surgeon. The purpose of your interview is to get answers to your remaining questions and to get a better feel for the surgeon.

The questions in the Face-to-Face Interview section on the [Bariatric Surgeon Questionnaire](#) will get you started, but they are only a general guideline. Ask any and all questions that come to mind. Good bariatric doctors will be glad that you are doing your research and will be happy to provide answers.

Procedure-Specific Questions

Consider asking these additional questions depending on which procedures you are interested in...

Roux-en-Y gastric bypass surgery: What steps do you take to ensure that no leaks occur after surgery? In order to prevent leaks, your surgeon should check the surgical connections a number of different ways before completing the operation, including (1) blowing air into the connection and observing whether any gets through and (2) using a dye to check for a leak.



Lap band surgery: I've read that lap band surgery results in a very high reoperation/removal rate (many patients eventually have their bands removed because their body cannot tolerate it). What are your thoughts about this?

Duodenal switch (DS) surgery: I've read that DS surgery can be especially appropriate and effective for the super-obese, but its higher complication rate coupled with a super-obese patient's increased risk for complications demand careful consideration. What is your feeling about this? Also ask about leaks as indicated under gastric bypass above.

Gastric sleeve surgery: Since there is less long-term research available for gastric sleeve surgery (as compared to the surgeries above), can you help me understand why you think this procedure will continue to be effective over the long-term? What procedures are you familiar with for tightening a stretched stomach? Also ask about leaks as indicated under gastric bypass above.

After interviewing each of the bariatric doctors, how do you decide which one to choose? It comes down to how personally comfortable you are with each surgeon.

Maybe one office was more relaxing and their staff more welcoming. Maybe one of their aftercare plans seemed more well-planned and thorough. Maybe one surgeon's former patients seemed more pleased with their experience. Maybe one surgeon "just felt better."

Regardless of which one you choose, if they passed the above 4-Step process, their support group had positive things to say and you felt good about them during their seminar and the interview, you should feel confident that you have chosen a great surgeon.



7. Preparing for Surgery Day: Essential Checklists

Effectively preparing for weight loss surgery will reduce stress, save money, minimize your risk of complications, increase the amount of weight you will lose and make you much more likely to keep the weight off over the long term.

This chapter will review the specifics about what you need to do in the months, weeks and days leading up to your surgery, including....

- A. Why Preparing Is Essential
- B. Bariatric Surgery Checklist: 3 to 6 Months Out
- C. Bariatric Surgery Checklist: 2 Weeks Out

A. Why You Should Start Preparing Early

Patients who lose weight before surgery:

- 1. Tend to lose more weight after surgery
- 2. Are less likely to experience complications during surgery

For example, a Stanford University School of Medicine study of 90 gastric bypass patients found that for every 1% of weight loss before surgery, a patient can expect to lose 1.8% more weight at one year post-op. (Alvarado, R, et al. 2005)

They also found that patients with pre-op weight loss in excess of 5% had a 36 minute shorter operating time on average. In other words, lower weight made it easier for the surgeons to perform the procedure. Less operating time means lower risk of complications.

Another study of 881 gastric bypass patients found a direct correlation between pre-op weight loss and complication rates; the more weight patients lost before surgery, the less likely they were to experience complications. (Benotti, et al. 2009)

The other big reason for preparing for weight loss surgery early is reversing poor habits. Habits take time to change, and weight loss surgery will not work over the long term if you don't change your habits.

This is worth repeating...



Your weight loss surgery **will not work** over the long term if you do not change your habits.

If you go back to your old ways following surgery, you **will** gain the weight back and you **will** experience a relapse in your obesity-related health problems.

Just as a runner would never attempt a marathon without months of conditioning, a bariatric surgery patient should not go into surgery without significant preparation.

The sooner you start preparing for the big day, the more likely you will be to establish the habits required to achieve the long-term weight loss and health improvement goals you set ahead of time.

B. 3 to 6 Months Out: Preparing for Weight Loss Surgery

There are two separate "to do" lists for the 3 to 6 months prior to surgery...

1. Medical Care, Payment & Logistics
2. Lifestyle Changes

1. Medical Care, Payment & Logistics Bariatric Surgery Checklist: 3 to 6 Month Out

- **Start working with your surgeon's team** - From insurance and financing considerations to required pre-op testing to pre-op instructions specific to your situation, there are a variety of issues your surgeon will help you address before your surgery. [Attend your surgeon's next free seminar](#) to learn more about your options, to get a better handle on what to expect and to learn how to best work with their team.
- **Understand payment options and savings opportunities**
 - **If you have insurance**, ask your surgeon to confirm your insurance benefits and find out what your insurance company requires.
 - **If you don't have insurance** and can't pay the full cost up front, arrange financing (discussed in previous chapter).
- **Schedule pre-surgery tests and consultations/physicals** to confirm that you are a good candidate for surgery
- **Arrange and begin your physician-supervised diet program** (if required by your insurance company or surgeon)



- **Schedule your initial consultation with your surgeon** and find out what paperwork and medical history you'll need to move forward (e.g. Letter of Medical Necessity and Letter of Medical Clearance, medical records, psychological evaluation, etc.)
- **After evaluating all tests and completing all paperwork and requirements**, the surgeon's office will confirm that you are clear to proceed with surgery and will obtain pre-authorization from your insurance company (if applicable)
- **Your surgeon's office may require you to participate in other preparatory steps or educational meetings** and will guide you following pre-approval

2. Lifestyle Changes Bariatric Surgery Checklist: 3 to 6 Month Out

For long-term weight loss and health improvement following surgery, you must start living as if you've had the surgery at least 3 months in advance:

- **Begin eating for health and not just flavor and pleasure** - Your smaller stomach after surgery will prevent your body from processing as much food as you're used to. This is great for weight loss but bad for getting the nutrition your body needs to function properly. If you fill up with junk food and don't get the nutrients you need following surgery, you'll risk suffering from one of the many horrible effects of malnutrition - not to mention uncomfortable side effects like dumping syndrome.
 - This will be difficult to do before surgery but should get easier post-op. Your taste buds can be retrained and you will be able to eat things you never thought possible. Also, your taste buds will go through some changes after surgery and things you enjoyed before will no longer be appealing to you.
 - [Click here to review our Top 5 Long-Term Bariatric Diet Success Factors for more information.](#)
- **Eat protein, protein and more protein** - Protein is essential for weight loss as it helps you to feel full sooner and for a longer period of time. It will also help you preserve muscle during your rapid weight loss following surgery.
- **Eat slow, chew each bite and watch the portion sizes** - The feeling of satiety (fullness) takes 20 to 30 minutes to reach your brain. Eating slowly and chewing thoroughly helps you to stay in touch with your body so you don't overeat and stretch your new stomach/pouch. Practising this before surgery will help you lose weight.



- **Start taking a multivitamin** - Since bariatric patients don't absorb nutrients as well due to changes in the digestive system and from consuming less food, you'll need to take supplements after surgery. Start building that into your routine now... talk with your doctor about which multivitamins they recommend.
- **Don't drink anything with your meals** - Following surgery, you'll need to wait at least an hour after meals before you drink anything. Liquids can flush food through your smaller post-op stomach causing you to feel hungry sooner and leading to weight regain.
 - In addition, after surgery you will not have as much space in your stomach for food and fluids (your stomach will be smaller) and you can end up dehydrated or malnourished if you don't eat and drink separately. This step is very important, especially early after recovery when you are still healing.
- **Ditch the sugared beverages and drink more water** - Provided you don't have any fluid restrictions, start drinking 64 oz of water or more per day. Drinking water helps bariatric surgery patients in a few important ways such as giving you an early feeling of fullness (thus promoting pre-op weight loss), keeping you well-hydrated and flushing out your kidneys in order to reduce the chances of kidney stones that can develop with rapid weight loss following surgery.
- **Careful with the coffee** - Coffee in small amounts is fine but eliminate the unhealthy calories that come from sugar and cream. To ease the transition, high-caffeine tea with a small amount of honey may be a good alternative.
- **Stop drinking alcohol** - Due to the changes to your digestive system after surgery, alcohol will have a much different effect on your body. It will be much easier for you to become intoxicated meaning you'll be more likely to give into food cravings. Alcohol after surgery can also cause your blood sugar to go haywire resulting in weight regain and will put you at a higher risk of several health problems, some of which are severe.
- **Exercise just a little bit more** - Start slow, do something you enjoy, just start moving. Ideally you can tolerate moving for up to 20 to 30 minutes each day. This will reduce the risk of complications during surgery, assist with weight loss before surgery and get you into a habit that will lead to long-term weight loss.
- **Stop smoking** - smoking increases the risk of blood clots during surgery and those risks stay with you for up to 6 weeks after your last inhalation of smoke.
- **Start attending in-person support group meetings** - The importance of hearing other patients' real-world experiences can not be understated. Other patients will give you



first-hand insights that your surgical team may not be able to provide directly and will let you build relationships that will continue to help you succeed following surgery. Your surgeon can provide details about how to find a local bariatric surgery support group.

We know these changes won't be easy, which is why you're starting early. Be patient with yourself... practice self management and forgiveness. As you slowly start changing your routine, the adjustments will become easier and easier.

C. 2 Weeks Out: Preparing for Weight Loss Surgery

By 2 weeks out you will have completed your pre-op tests, your physical, and whatever else your surgeon and/or insurance company have asked. You should have your authorization from your insurance for payment for the surgeon and hospital.

You are eating and drinking as if you've had surgery.

You are walking or exercising at least 20 minutes per day.

Your surgery date and time have been set and you know what time to arrive to the hospital.

In the week or two leading up to surgery you'll be seeing the hospital pre-surgery department for an EKG, blood work (blood typing) and any last minute instructions. You'll see the surgeon one more time for consents, a pre-operative physical and any last minute details.

The night before surgery you'll be asked to not eat or drink anything starting at midnight.

Following is a checklist of things to have ready before the big day...

- Make sure you have planned for time off from work. You need time to recover, to adjust to your new stomach, and to figure out what your body can and cannot tolerate, so 4 to 6 weeks is wise.
- Have your child care worked out
- Have someone to take you to and pick you up from the hospital
- You'll need someone to be with you for at least the first week of your recovery. That person should be there to help you 24/7 if needed, so be sure they've requested the time off work as well.
- Start preparing the food and vitamins that you will eat after surgery or make a shopping list for someone to buy those items for you so you have things ready once you get home.



- Set up a comfortable sleeping arrangement as you will likely be sore following surgery
- Comfort items to consider for your hospital stay and ride home (you're hospital may have some of these... you may want to call ahead to find out if any of these items are important to you):
 - Sleep Aids:
 - Ear plugs
 - Sleep mask
 - Entertainment:
 - Music player, DVD player, laptop, tablet, smart phone, etc.
 - Batteries/Charger electronic devices
 - Books, magazines or other reading material
 - Clothes:
 - Slippers
 - Clean robes (the hospital will also provide these)
 - A loose-fitting gown, robe, jumper or dress to wear home
 - Flip-flops to wear in the shower
 - Clean underwear and socks
 - Hygiene:
 - Toiletries such as toothbrush, toothpaste, mouthwash and hair brush
 - Female sanitary towels (tampons may be too uncomfortable to use/apply)
 - Deodorizing body wipes
 - Bottom wiper (to help you reach)
 - Soothing wipes and/or vaseline to use after bowel movements
 - Other:
 - Notebook and pen to take notes and help remember questions to ask
 - Pillow for the ride home and in case hospital pillows are uncomfortable
 - Sports bottle for easy no-spill drinking
 - Throat lozenges
 - Chapstick for dry lips after surgery
 - Gas relief medication - talk with your surgeon about how to relieve potential gas pain following surgery

That just about covers everything. Next up... the big day!



8. Bariatric Surgery Hospital Stay: What to Expect

It's normal to be nervous before your bariatric surgery hospital stay. But you have chosen your team of doctors and hospital well and you have everything in place, so please try to relax.

This chapter will review every stage of your hospital stay, including...

- A. Pre-Op
- B. Operating Room
- C. Post-Op
- D. Recovery
- E. Discharge

A. Pre-Op Stage of Your Bariatric Surgery Hospital Stay

Once you arrive at the hospital, your team of nurses will prepare you to go to the operating room. You will meet with the anesthesiologist and your surgeon before surgery. The nursing staff will talk with you and let you know what to expect and will check your vital signs.

There's usually a wait of at least 2 hours before you're taken into (or asked to walk to) the operating room. Try to get up and take a couple of short walks while you're waiting.

B. Operating Room Stage of Your Bariatric Surgery Hospital Stay

After you walk or are rolled into the operating room on your moveable bed, you will be transferred over to the operating room table. Your team will put warm blankets on you to keep you warm.

The anesthesiologist will give you the anesthesia that will keep you fast asleep during surgery.

Your surgery can last from 1 to 4 hours depending on your procedure and your health condition:

- Gastric sleeve surgery: Averages 2 hours
- Gastric bypass surgery: Averages 4 hours



- Gastric banding surgery (e.g. Lap Band): Averages less than 1 hour
- Duodenal switch surgery: Averages 3.5 to 4 hours

Your surgical team will update your family members or friends who are waiting.

C. Post-Op Stage of Your Weight Loss Surgery Hospital Stay

During your initial 2 to 3 hours of recovery, you will receive one-on-one attention to manage your pain and monitor your vital signs. You will likely not remember this part much, if at all.

D. Recovery Stage of Your Bariatric Surgery Hospital Stay

The average hospital stay is 1 to 3 nights which varies depending on type of surgery and your overall condition.

You can expect to have some pain at your incision site(s), and your muscles may be sore from lying on the operating table. Not to worry...your surgeon will prescribe pain medications through your IV. They may even provide the ability to "self-administer" the pain medication as needed by pushing a button connected to your IV.

To minimize pain, it's best to stay ahead of it. In other words, don't wait until the pain begins before asking for medication - ask for it ahead of time.

You can also expect to have antibiotics, IV fluids, plastic tubes that will deliver oxygen through your nose, a urinary catheter to drain your urine and an abdominal binder to help your incisions heal. Your nurses may also have you wear compressive devices around your legs to help prevent blood clots.

Your surgeon will probably order nothing to eat or drink for the first 24 hours.

You will have get up and walk after surgery, usually within the first 8 to 10 hours and then several times per day thereafter. This very important step helps to prevent blood clots, wakes your body up from anesthesia, gets your intestines to start working again and improves breathing.



Your nurses will also help you through other exercises to reduce the risk of complications such as breathing, coughing and leg exercises.

Your doctors will check in on you every day to make sure you are healing properly. As soon as you're able to start sipping water, your IV will be removed.

The day after surgery, many surgeons will order a "leak test" for you to make sure your digestive system is functioning well. Once you pass this test, you can begin drinking clear fluids.

All in all, your team will make sure you're well-prepared ahead of time and that you know exactly what to expect. But if you have any questions or concerns, let your nurses know. They'll be able to provide the medication necessary, will help put your mind at ease and will know when to call the surgeon if any issues come up.

E. Discharge from Your Bariatric Surgery Hospital Stay

Congratulations... you did it! You're on the road to recovery and your new life.

Any pain will slowly diminish and you'll start feeling a little better each day.

Don't forget to pick up your pain medications on the way home if you don't already have them. If your ride home is a long one, stop at least once every 2 hours to get out and stretch.

Up next... the at-home portion of your bariatric surgery recovery.



9. Recovering from Surgery at Home

A successful, complication-free bariatric surgery recovery requires close adherence to your surgeon's advice, a strict dietary regimen and proper incision care.

Regardless, you'll still face some challenges just like you would after any major surgery.

This chapter will review what to expect during the weeks after you arrive home, including...

- A. Your surgeon's advice
- B. Diet during recovery
- C. Caring for your incisions
- D. Short-term difficulties and side effects

A. Your Surgeon's Advice

The first month and a half of your bariatric surgery recovery will include some big changes. The best thing you can do is exactly what your surgeon tells you.

This is the most important advice we can give you, so it's worth saying again...

The key to success is following your surgeon's instructions to the letter.

To keep you on track, your surgeon will want to see you periodically after surgery. While each surgeon's follow-up visit requirements are different, you will typically schedule your first check-up a week or two after surgery followed by less and less frequent visits as time goes on (may be more frequent with gastric banding due to the need for band adjustments).

B. Diet During Weight Loss Surgery Recovery

In order to let your stomach heal, you won't be able to eat for the first few days following bariatric surgery. Your doctor will start you on a liquid diet and have you slowly transition back to solid foods. Your calorie consumption will be about 1/4 of what it used to be, and your diet will be completely different.



It is also important that you drink a lot of fluids... between 48 and 64 ounces per day. That's equal to about 8 cups or 1/2 a gallon. You may find this tough to keep up with considering the size of your new stomach.

Try to always have a low-calorie drink next to you and sip a little every 15 to 20 minutes. To make sure you're getting enough, designate a special container, measure out your daily amount of fluids every morning and put it in the fridge. Spread your consumption throughout the day so that the container is empty before you go to bed.

Do not drink any liquids during your meals or within an hour afterwards. This can flush your meals through your new stomach which can cause you to eat more and contribute to malabsorption. Your surgeon-recommended dietitian or nutritionist will also have you on a detailed bariatric surgery diet plan for the first several weeks after surgery. Following their advice exactly will promote healing and start you on your permanent (and more enjoyable) bariatric diet while minimizing negative side-effects...

As mentioned, you'll only be able to have liquids for the first couple of days following surgery. Hospital meals will probably include broth, water and possibly juice, although you may find that juice upsets your stomach at first.

Your liquid bariatric diet may only be an ounce at first. Yes, an ounce! That's about the equivalent of two tablespoons.

Blend It!

Starting around week 2, your blender will become an integral part of your meal preparation. Even after you're completely healed, smoothies and pureed meals will compliment your bariatric diet well and are a great place to include your extra protein if necessary.

If you don't have a great blender already, we strongly recommend investing in one.

Adding powdered protein to your diet will follow your liquid-only diet for a week or two, but the mixture should still be water-like. Certain soups will probably be okay as long as they don't have any solids in them. During the first week, your doctor will most likely recommend that you sip a few ounces of your liquid meals every hour or so.



From the 2nd through the 6th weeks your liquid meals will get thicker and thicker (but still completely pureed with no small bits remaining). Solid foods will be out of the question. Eating 4 to 5 three ounce meals a day is normal. Your tiny stomach won't be able to hold much, so expect to feel full very quickly. Foods appropriate for this stage include cream soups and yogurt-based smoothies.

As soon as possible, your doctor will have you eating solid foods which will make you feel full sooner. This could happen as soon as the fourth week, although the average patient gets there between 6 and 8 weeks. At that point, your bariatric diet will consist of 3 four-ounce "normal" meals per day.

Introduce foods back slowly to figure out which foods your system can and can't tolerate. Anything too fibrous, such as raw vegetables, may be too much for your system to handle at first. You'll need to cook everything well and chew it thoroughly before swallowing.

After 6 to 8 weeks or so, you'll be fully transitioned into your new permanent bariatric diet.

IMPORTANT: For the first few months following surgery you need to be very mindful of avoiding dehydration. Your body will need about 8 cups (1/2 gallon!) per day.

Not getting enough can lead to nausea and persistent vomiting which, in turn, can lead to vitamin deficiencies and put you back in the hospital.

C. Careful with Those Incisions

Your incisions will be healing, so you'll need to be mindful about keeping them clean and covered. A simple process of gently washing your incisions with soap and water (no scrubbing) then drying them gently but thoroughly is recommended. Swelling, bruising and leaking a little bloody fluid is normal, but if your incisions turn bright red, start to leak excessively or if the fluid changes color or thickness you should call your surgeon right away.

After the wounds have completely closed (usually takes about 2 weeks), you can start applying special lotions to minimize the scarring.

Also remember to use sunscreen on your scars when they are exposed to the sun.

It's important that you not rush back into your normal daily routine immediately after surgery, but you should get up and move around as much as possible. Don't lift anything heavy for at least a



couple of weeks. Having sex is okay as soon as you feel up to it, but be extra careful with your healing incisions.

More strenuous exercises such as lifting weights, jogging, riding a bicycle and swimming should not begin until you are completely healed on both the inside and outside of your body. If you're not sure whether or not you're ready for a specific activity, talk with your surgeon to be sure.

D. Short-Term Difficulties and Side Effects

At first, you may experience discomfort in a number of areas which may sound unpleasant, but these side effects will usually pass with time or changed behavior...

- **Nausea or vomiting** is especially common within the first few months following weight loss surgery. After your stomach is fully healed, you'll quickly learn what your stomach can and can't handle. How you eat is as important as what you eat when it comes to preventing nausea and vomiting... avoid eating and drinking too quickly or too much, take small bites and chew your food thoroughly.
- **Body aches** – should pass with time. If they become too uncomfortable, talk with your doctor about which pain relievers are safe. You should typically avoid NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen or Aleve.
- **Weak or tired feeling** – should also pass with time, especially once your new bariatric diet is in place and, as soon as you are feeling up to it, your exercise program has begun.
- **Feeling cold** – this is caused by metabolism and weight loss and the fact that you have less fat insulating your body.
- **Constipation** – drinking more fluids, eating fibrous foods or taking fiber supplements and moving around regularly should help.
- **Diarrhea or loose stools** - usually diet related and requires the avoidance of "trigger" foods that disagree with your stomach.
- **Gas** – also diet related.
- **Dumping syndrome**, especially after gastric bypass, is caused by rapid emptying of your stomach after a meal. Symptoms include weakness, dizziness, flushing and



warmth, nausea and palpitation immediately or shortly after eating. If you don't adopt the right habits, this problem can continue over the long-term.

- **Gurgling noises** – not necessarily uncomfortable, but it's worth noting. Gurgling noises are completely normal and are due to the different way your new digestive system pushes air through. The best way to prevent gurgling noises is to avoid swallowing air (i.e. avoid carbonated beverages, sipping through a straw, eating or drinking too quickly and chewing gum).
- **Thrush (yeast infection)** – this can be a side effect of the antibiotics you are on to prevent infection. Symptoms include changes to your tongue such as a white coating, redness or inflammation. Thrush is easily cured with medicine, so let your doctor know if it starts to develop.

Your emotional state may also be a little shaky immediately following surgery. It's common for patients to feel scared, uncertain or moody due to hormonal changes and to the emotional effects of adjusting to a new life after weight loss surgery. The Support Group section will address the best way to overcome any difficult emotional issues.

Other things you may experience include...

- **Skin changes** such as acne or dry skin occur with some patients. The right bariatric diet and bariatric vitamins are your best defense. There are also many over the counter creams and lotions that can help. Worst case, partner with your dermatologist to find a treatment that works.
- **Hair loss** – this can be an alarming side effect of rapid weight loss, but it is only temporary. It happens in about half of all patients in the year following surgery. Proper nutrition is the best defense, including protein and the right bariatric vitamins. Several other treatments can also help, including the application of special shampoos and oils (Nioxin shampoo, flax seed oil, biotin tablets or powder).

It typically takes patients anywhere from two to six weeks to start feeling balanced and back to normal again.

Next we'll talk about what to expect in the months and years ahead...

10. Life After Surgery



Life after weight loss surgery will be a 180 degree turn from what you are used to. As you've learned by now, despite what many people think bariatric surgery is not an "easy way out".

But even though it can be difficult at times, most patients say it was the best decision they have ever made. This chapter will discuss the highs and lows of life after surgery, including...

- A. Weight & Health
- B. Diet
- C. Exercise
- D. Support Groups
- E. Relationships
- F. Plastic Surgery (to Remove Excess Skin)
- G. Weight Regain

A. Weight & Health in Your Life After Weight Loss Surgery

Depending on which types of bariatric surgery you are considering, a successful procedure will cause you to lose anywhere from 50% to 90% of your excess weight. By completely eliminating obesity discrimination and improving your quality of life, your mental health will be better than ever.

Improvements to your physical health can be equally as impressive.

The following conditions have been shown to get better or completely go away following bariatric surgery...

- Asthma
- Cardiovascular disease
- Depression
- Diabetes (type 2)
- Dyslipidemia hypercholesterolemia
- Gastroesophageal reflux disease (GERD)
- Hypertension (high blood pressure)
- Metabolic syndrome
- Migraines
- Non-alcoholic fatty liver disease
- Orthopedic problems or degenerative joint disease
- Polycystic ovarian syndrome
- Pseudotumor cerebri



- Sleep apnea
- Stress urinary incontinence
- Venous stasis disease

Despite all of these positive outcomes, you'll need to develop **permanent long-term habits** in order to maintain your weight and health goals. **Otherwise, you will gain your weight back.**

And it is next to certain that you will **NOT** be able to do this on your own; they direct support of family, friends and your weight loss surgery team will be integral to your long-term success.

For example, one study of 380 patients found that (Peacock, J, et al. 2011)...

- The more services a patient received after surgery, the greater their percentage of excess weight loss
- Patients who completed group exercise sessions and nutritional consultation after surgery lost more weight than did those who did not complete these services

Moreover, if you let your post-surgery habits slip and find yourself putting weight back on, you'll be more likely to experience a recurrence of your former health problems.

For instance, most patients with diabetes experience a complete remission of the disease following bariatric surgery. But as many as one out of five of these patients see their diabetes return, due in part to having a higher body weight as time goes on following surgery.

The following sections dive into the importance of diet and exercise during life after weight loss surgery.

One final important note about long-term health...

Be mindful of abdominal pain. Bariatric surgery complications can develop at any time, so if you notice anything that feels a little "off", play it safe and schedule a visit with your surgeon.

B. Diet in Your Life After Weight Loss Surgery

Get ready for some significant changes to both **what** you eat and **how** you eat.



Don't worry... it may not be as hard as it sounds. Many patients find that their unhealthy food cravings completely go away, plus your new stomach will cause you to feel full much sooner than before surgery.

This section will review...

- Long-term bariatric diet: What NOT to eat
- Long-term bariatric diet: What you SHOULD eat
- HOW you eat is as important as WHAT you eat
- Bariatric vitamins & supplements

Long-term Bariatric Diet - What NOT to Eat

First, let's talk about what not to eat.

You'll notice the term "trigger foods" throughout our site. This refers to foods that upset your digestive system (cause digestive issues such as difficulty swallowing, vomiting, diarrhea or constipation).

As you transition into your long-term bariatric diet, certain foods will need to be put on the back burner until your stomach is ready for them while others may upset your stomach forever. You may be able to avoid the trigger by reducing their amounts, but there is also the chance you will need to give the food up altogether.

According to the American Society for Metabolic and Bariatric Surgery, following are the foods may or may not be okay depending on your body and the type of surgery you choose...

- Carbonated beverages
- Soft "doughy" bread
- Pasta, Rice & Bread - Starches and carbohydrates, when eaten too much, can also block up your digestive system. Keep bread, pasta and rice at levels that your body can manage.
- Tough, dry, red meat - Tough meat can get stuck and cause vomiting. Meat is very important to your bariatric diet for the protein that it contains, but you may need to cook it in a way that keeps it soft, choose more tender cuts or chew it more thoroughly before swallowing.
- Nuts
- Popcorn



- Certain fruits and vegetables & other fibrous foods that are more difficult to digest (such as celery, raw vegetables, dried fruits and fruits with skins) may cause problems including vomiting, gas or abdominal cramping.
- Caffeine in moderation
- Milk products - Milk products give certain patients problems after bariatric surgery which is due to lactose intolerance. Bloating, gas, cramps and diarrhea are common symptoms. If you find that you are lactose intolerant, you may not have to give milk up all together... give low-fat milk a shot (you should be using low-fat milk and dairy products either way!). If you still have problems, lactose-free milk, soy products or lactase enzyme pills should do the trick.
- Alcohol in moderation (more on this in the Alcohol section below)

Food intolerance affects different people in different ways.

Assuming you're eating appropriately (covered in the **how** to eat section that's coming up), the above list are foods to keep your eye on. Reduce how much you eat or eliminate them altogether as necessary.

The following foods should be eliminated from your diet forever...

- Sugar, sugar-containing foods and concentrated sweets
- Fruit juice
- High-saturated fat
- Fried foods

Alcohol & Your New Bariatric Diet

Many types of bariatric surgery alter the way your digestive system works by either removing part of your stomach, rearranging things or both. As a result, alcohol will have a much different effect on your system after surgery.

Here are the reasons why:

- Your stomach no longer metabolizes the alcohol as well (because part of it is gone or bypassed).
- Most of the alcohol absorption takes place in the small intestines. Rather than being partially absorbed by the stomach, after bariatric surgery most of the alcohol passes quickly into the small intestines.



- The longer the food stays in the stomach, the less drunk you get. This is why you get intoxicated faster on an empty stomach... the alcohol is not slowed down by any food and passes more quickly into the small intestines. With a smaller and/or bypassed stomach, the alcohol passes through much faster. To make matters worse, you're not supposed to drink anything during or an hour after meals. As a result, when you drink alcohol you're always drinking on an (at least partially) empty stomach.
- With procedures that bypass the connection between your stomach and small intestines, there is no regulation of fluids flowing into your small intestine. This is yet another reason alcohol gets there so fast.

Several issues can arise if you decide to drink alcohol.

First, the sugar and carbohydrates found in alcoholic beverages can derail your daily goals, cause your blood sugar levels to get away from you and cause you to gain back weight.

There are also alcohol-related health issues that you'll be at greater risk for after surgery (some of which can lead to death), including...

- Acid reflux disease
- Gastric and esophageal cancers
- Gastritis
- Heart problems
- Hypoglycemia
- Intestinal tract inflammation
- Irreversible brain and nerve damage and potential coma by preventing the appropriate vitamin absorption
- Liver damage
- Neuromuscular and cognitive dysfunction
- Pancreatitis

Finally, with alcohol in you, you are much more likely to give in to food cravings. In addition, you open yourself up to other problems such as drunk driving or behaving in a way that you may regret the next day.

If it all possible, keep things simple... keep alcohol out of your bariatric diet after surgery.

If you absolutely must drink, always be on the safe side...

- Don't drink any alcohol for at least a few months after surgery.
- Don't drive after drinking anything (even after small amounts).



- Eat a meal before you drink (remember to wait at least an hour after eating).
- Avoid alcoholic beverages with additional sugars and carbohydrates (such as some mixed drinks and certain kinds of beer).

Long-Term Bariatric Diet: What You SHOULD Eat

Now that we've gotten what NOT to eat and drink out of the way, let's talk about your new diet. A good long-term bariatric diet follows 5 basic principles...

1. Eat healthy
2. Protein first
3. Keep your blood sugar stable
4. Drink the right amount of water at the right times
5. Don't snack

Eat healthy

Healthy bariatric eating has two angles... what you eat and how you eat. Here we focus on what you eat. We'll get into the "how" further down the page.

The creative packaging in the supermarket can make it difficult to distinguish between the healthy and unhealthy foods. In general, your bariatric diet should only consist of FOG foods...

- **F**arm – The food is raised on a farm (i.e. chicken, turkey, eggs, dairy products)
- **O**cean – It comes from the ocean (i.e. fish)
- **G**round – It is grown in the ground (i.e. fruits, vegetables, nuts, whole grains)

When possible, avoid anything that was modified by humans in any way. A good rule of thumb can be applied by reading the label... if there are more than 3 to 5 ingredients or if there are any ingredients that you can't pronounce, don't buy it.

How you prepare your food is as important as what you buy...

- When cooking, bake, grill, poach or broil...don't fry.
- Use skim milk instead of whole milk.
- Use chicken or vegetable broth instead of oil.
- Replace oil in recipes with applesauce or yogurt.
- Add spices or lemon juice to add flavor instead of olive oil or butter.



We know, we know... how boring, right?

Give it a shot. Not only will you eventually get used to the change, you will probably start to be turned off by not eating this way.

Many patients have said that after a while they actually became repulsed at the thought of unhealthy food because of how it made them feel compared to their new bariatric diet.

In addition, many patients' taste for unhealthy food changes after surgery.

Protein first

Protein is one of the most important nutrients for your body, and you need a lot of it in order to stay healthy... up to 80 grams a day.

With your old stomach, this was no problem. But now that your stomach is down to the size of a golf ball, 80 grams is a big percentage of the available space.

Your body's going to do all it can to get the adequate amount of protein, so if you're not eating enough your body will begin to break down muscle. This can cause you to feel nauseous, irritable, weak and tired. If lack of protein intake goes on too long it can ultimately cause general swelling, hair loss and skin problems, worsen your immune system and increase your risk of infection.

So eat your protein first.

It can be found in many foods, including meat, fish, soy and dairy products, legumes and nuts. When you're picking your protein, be mindful of fat content as many protein sources contain ample amounts of it. Always opt for the lean or low-fat option.

If you're having a tough time getting enough, it may be necessary to supplement your bariatric diet either every day or as needed. For example, a daily supplement can be taken in the form of a pill or powder, or you can make yourself a protein shake at the end of a low-protein day.

Keep your blood sugar stable

Stable blood sugar leads to stable hunger and stable relationships (no mood swings).



In order to keep your blood glucose level in check...

- Avoid simple carbohydrates. Foods with simple carbs include white bread, potatoes, white rice, corn, peas and anything that is obviously full of sugar like candy, ice cream or donuts.
- Eat good carbs in small portions (along with your high amounts of protein), including vegetables, apples and the "brown foods" like whole-grain bread and brown rice. In addition to being good for your blood sugar level, they are often high in fiber which makes you full faster and helps to regulate your bowel movements.

Drink the right amount of water at the right times

It is also important that you drink a lot of fluids... between 48 and 64 ounces per day. That's equal to about 8 cups or 1/2 a gallon. This may be tough to do considering the size of your new stomach.

To make things more difficult, you can't drink with your meals and need to wait at least an hour after you eat before drinking anything. If you don't, the liquids will quickly flush the food through your stomach. This can affect digestion, make you feel hungry and lead to weight gain after bariatric surgery.

To meet your liquid intake goals, keep some liquids next to you at all times and sip a little every 15 to 20 minutes outside of meal time. Stay on track by getting a special container, measuring out your daily amount of fluids every morning and putting it in the fridge (or on the counter if you prefer your liquids at room temperature).

Spread your consumption throughout the day so that the container is empty before you go to bed.

Don't Snack

Snacking between meals is the quickest way to halt your weight loss progress and to gain your weight back after you hit the low point.

Don't do it.



By far the best way to keep you honest is to keep a good free diet journal (of which there are several). Plan all of your meals ahead of time. When you go to the grocery store, only buy the foods that you have planned. Then only eat what you've planned, when you've planned.

HOW You Eat Is As Important as What You Eat

The right bariatric eating techniques can prevent complications and weight regain and ensure that your body gets the nutrients it needs...

- Food preparation & food buying tips
- Portion sizes
- How fast you eat and how you chew your food
- Drinking with meals
- Signs of a problem

Food preparation for bariatric eating

Preparing your own food is one of the best ways to avoid harmful ingredients and stay on the path towards your goal weight. It's also a great way to make your new bariatric diet taste good!

If you don't know how to cook, we strongly suggest taking an entry level cooking class to learn the basics. Some weight loss surgery clinics offer cooking classes for their patients, so talk with your surgeon to see if your team offers them. If they don't, they may know of a nearby team with classes you can join.

There are also several good cook books specifically written specifically for the bariatric surgery patient.

If pouring a bowl of cereal is the extent of your meal-preparation ability or if you prefer having pre-made meals readily available in your freezer, there are several reliable services that will deliver high-quality custom meals right to your doorstep for a reasonable price.

When you're ready to hit the kitchen or order your food...

1. Use a good free diet journal to plan and record your meals. A food journal is an invaluable tool that will let you...
 - a. Plan all of your meals ahead of time
 - b. Set goals and record your progress
 - c. Identify and avoid "trigger foods" that cause problems



- d. Work more effectively with your dietitian or nutritionist
2. When you go to the grocery store, only buy the foods that you have planned. If you don't buy it, you can't eat it. To help yourself through this, do not go to the store when you're hungry.
3. Only eat what you've planned, when you've planned.
4. Again, your journal should be your place to plan your meals. There should be absolutely no snacking allowed between meals unless it is approved by your dietitian or nutritionist (one scheduled healthy snack a day may be okay). Straying from your plan is a sure-fire way to experience weight gain after bariatric surgery.
5. Use a scale to measure your ingredients and portion sizes. With a stomach the size of a golf ball, you'll need to make sure that you're getting all of the nutrients you need before you get full. A good scale is the only way to be sure.

Portion Sizes

Every patient's stomach size is a little different after bariatric surgery, but it's likely that you'll be eating around 4 ounces of food per meal (if you're a lap band patient and can eat more than this, you may need a fill). That's equal to about one cup.

The trick is to stop eating before you feel full, which can be tough at first considering how small your meals are compared to what they used to be.

If you do not stop eating before you feel full, there's a good chance you'll experience problems such as vomiting, diarrhea, constipation or difficulty swallowing. It can also cause your stomach to stretch and lead to weight regain.

Learn the amount you can eat comfortably at each meal **without feeling full** and weigh your portions out using your scale.

Want to try an extremely effective mind game? Tiny amounts of food on a normal-sized plate will make your mind think that it's not getting enough. Use small plates and small utensils while eating – you'll be surprised how much it helps.

And while eating with your new mini-ware, take your time...



How fast you eat and how you chew your food

Eating sloooooowly and chewing your food thoroughly has a few big advantages...

- Gives your stomach time to send "full" impulses to your brain.
- Allows you to savor the food you eat.
- Breaking the food down before swallowing gives your digestive system a head-start. This means more nutrient absorption and fewer bowel function problems.
- Eliminates awkwardness while eating with family or friends. If you inhale your 4 ounces of food, you'll be sitting there with an empty plate while everyone else eats.

Take your time, cut tiny portions, chew well (your food should have no hard or stringy parts when your done chewing) and put down your fork between bites. Synchronizing the amount of time it takes to eat your meals with others at the table is a good way to keep a healthy pace.

Drinking with Meals (Don't do it.)

Do not drink during meals or an hour afterwards... ever.

It will wash your small meals right through your stomach and leave you feeling hungry. It can also cause unpleasant side effects like dumping syndrome.

However, drinking a cup of cool water 15 to 20 minutes before your meal can be a good thing. It can make you feel full sooner after you start to eat.

Signs of a Problem with Your Bariatric Eating

Sometimes it takes a while to hone in on the right portion sizes and to figure out which foods don't agree with your new stomach. Pay attention to the following symptoms if they come up and adjust your bariatric diet accordingly...

- **Feeling full** – in the time before surgery, feeling full was a normal part of eating. After surgery you want to avoid it. Stop eating before you feel full to prevent vomiting and other problems.
- **Chest discomfort, pain or pressure** – if you experience these, immediately go to your food journal and note exactly what you ate and how much you ate of each ingredient. If the feeling doesn't go away quickly or if you continue to experience it after your meals despite reducing your portion sizes or what you eat, call your doctor right away.



- **Nausea or vomiting** – if this happens on a one-off basis and subsides quickly, it's probably due to something you ate or dehydration. If it comes after a meal, again, jot down what you ate for later reference. Dehydration could occur if you don't get your 64 ounces of fluids per day. Adjust your fluid intake accordingly. Swallowing nasal drip could also be the culprit. If your sinuses are dripping after surgery, several over the counter medications can address it. Call your doctor for recommendations, as many medications can be harmful to your new stomach.
- **Gas, Bloating and/or Cramping** – can also be caused by certain foods. You'll need to determine the cause and either keep that food out of your diet or prepare it differently.
- **Continual vomiting and/or abdominal pain** – call your doctor right away. It may be nothing, but it could be one of several bariatric surgery complications that requires immediate medical attention.



Bariatric Vitamins & Supplements

Bariatric vitamins vary by procedure and patient, but almost every patient will need to take them for the rest of their lives to avoid potentially serious complications and to maximize weight loss...

- Why vitamins are important after surgery
- Which vitamins you will need
- What happens if you don't take them
- 7 tips to prevent problems and increase weight loss
- Who can help
- How much good vitamins cost & where to find them

Why Bariatric Vitamins are Important After Surgery

It has become common knowledge that taking vitamins is beneficial to your health. But not many people really understand why... we just do it because we're "supposed to".

Simply put, your body must have the right amounts of the right vitamins and minerals to function at its full potential. In addition to keeping you healthy, their benefits directly relate to achieving weight loss goals.

Vitamins regulate your body's core processes such as...

- Appetite and hunger
- Brain activity
- Nutrient absorption
- Metabolic rate
- Fat and sugar metabolism
- Thyroid and adrenal function
- Energy storage

After bariatric surgery, your body is especially vulnerable to vitamin deficiencies because surgery either...

- Reduces your body's ability to absorb vitamins (malabsorptive procedures)
- Doesn't allow your body to hold as much food from which to draw vitamins (restrictive procedures), or
- Both of the above



In addition, many bariatric surgery patients don't get enough vitamins before surgery, so the right bariatric diet and bariatric vitamins are that much more important following surgery.

Making sure your body has the right amount of each vitamin will keep you healthy, help you lose weight and help your body keep the weight off.

The next section will reference "malabsorptive" and "restrictive" procedures. For a refresher on these concepts you can [click here to head back to the procedures chapter](#). Here's a reminder of which procedures fall into each category...

Primarily Malabsorptive:

- Duodenal Switch
- Laparoscopic Gastric Bypass Surgery (also has restrictive component)

Primarily Restrictive:

- Adjustable Gastric Banding (Lap Band Surgery)
- Gastric Sleeve Surgery

Which bariatric vitamins you will need for each type of weight loss surgery

All types of bariatric surgery will likely require some sort of vitamin and mineral supplementation for the rest of your life.

With that said, certain procedures put you at a much greater risk for deficiency, namely the malabsorptive procedures like the duodenal switch and gastric bypass procedures. But the same changes that can cause vitamin deficiency also reduce the amount of calories that your body absorbs which usually results in more weight loss.

Weighing the upside of extra weight loss with the downside of potential vitamin deficiency is a big part of choosing between the different types of bariatric surgery. For example, if you already have deficiency problems, that may be the deciding factor for going with a restrictive procedure.

While restrictive procedures don't affect nutrient absorption to the same extent, they still carry a risk of deficiency by...



- Limiting the amount of food you can eat (and therefore the amount of vitamins and minerals you consume)
- Causing intolerance to certain nutrient-rich foods

For restrictive procedures, you'll probably be taking a multivitamin that contains at least 100% of the normal recommended daily value for most vitamins and nutrients. The malabsorptive procedures will most likely require at least 200% of the normal recommended daily value.

On top of your multivitamin, your dietary professional may recommend additional supplementation depending on your body and the surgery you choose.

What happens if you don't take your bariatric vitamins as prescribed?

There's no way to put this lightly: not routinely having your blood tested or ignoring your doctor's supplementation guidelines can lead to significant problems up to and including death...

- Calcium deficiency – leads to osteoporosis.
- Iron deficiency – can cause anemia (when your body does not have enough red blood cells to carry oxygen throughout the body), increased feelings of fatigue and hair loss.
- Folate (folic acid) deficiency – can also lead to anemia.
- Protein deficiency – protein is one of the most important components of your body as it makes up most of your major organs. Not getting enough can lead to a myriad of problems, including muscle deterioration, organ failure, gallstones and even death.
- Thiamin (Vitamin B1) deficiency – affects the heart, digestive system and nervous system. If not caught and treated quickly, learning and memory could be permanently affected. Ultimately, coma and death could be the result.
- Vitamin A deficiency – can lead to night blindness and increases the risk of disease and death from severe infections. During pregnancy after weight loss surgery, it increases the risk of night blindness and child mortality.
- Vitamin B12 deficiency – can cause fatigue and tingling in the hands and can eventually lead to anemia and neurological disorders.
- Vitamin D deficiency – can lead to liver and kidney disorders and bone softening diseases.
- Vitamin E deficiency – causes neurological problems, anemia and can cause wounds to heal more slowly.
- Vitamin K deficiency – increases the risk of osteoporosis and heart disease and can cause you to bruise more easily.
- Zinc deficiency – will give you brittle nails and can lead to hair loss.



The only way to catch some of the above deficiencies is through regular blood tests. Symptoms that start to show are often confused with other bariatric surgery side effects, and even a physical exam from your doctor may not be enough for a diagnosis.

In short, **take bariatric vitamins very seriously**. If you're not prepared stick to a strict regimen forever, don't move forward with surgery.

Bariatric Vitamins Tips to Prevent Problems and Increase Weight Loss

So far we've reviewed the importance of keeping your vitamin levels where they should be for reasons of health and weight loss. To completely avoid the risk of deficiency and to improve your chances for hitting your weight loss goals...

1. **Get blood work done before surgery** to establish your baseline vitamin and nutrient levels in your body. This will allow you to compare levels after surgery to determine whether or not any deficiencies are a result of the surgery.
2. **Take your supplements exactly as they are prescribed.**
3. **All supplements should have the initials USP** (U.S. Pharmacopoeia) or display the USP logo (see right) - USP regulates the quality, purity, strength and consistency of all over-the-counter and prescription medications and many health care products.
4. **Do not self-prescribe.** That includes vitamins and herbal supplements. Nothing should go into your body without your doctor or dietary professional's approval.
5. **Schedule regular blood work** to check for early signs of deficiency.
6. **Ask your doctor about taking probiotics**, which are supplements that contain "good" bacteria similar to the kind that's found in your body. A recent Stanford School of Medicine study found that weight loss surgery patients who took them had a better gastrointestinal quality of life, increased weight loss and even better breath following surgery.
7. **Document your vitamin intake with a good free diet journal.** Not only will keeping food journals help you tweak your overall diet to find what works for you, but the reviewing your detailed vitamin and diet history information will help your dietitian or nutritionist provide recommendations to help you avoid vitamin deficiency.



How Much Good Bariatric Vitamins Cost & Where To Find Them

The amount you spend on vitamins depends on three things...

1. Which surgery you have

You'll probably need the most bariatric vitamins after duodenal switch surgery. It's not uncommon for DS patients to pay \$125 or more per month following surgery. Gastric bypass is next in line at around \$35 to \$55 per month.⁵ The restrictive procedures (AGB, Gastric Sleeve and VBG) will usually cost you between \$20 and \$35 per month.

2. Your body and any preexisting deficiencies

If you already have vitamin deficiencies before surgery, you may need more afterwards to get your body up to the right levels. Some patients' bodies metabolize vitamins differently which requires additional supplementation of certain vitamins.

3. Where you choose to buy bariatric vitamins

Smart shopping applies to bariatric vitamins just as it does with other buying decisions in your life. But now is not the time to "go cheap".

Rather than choosing a general supplement, we recommend taking vitamins that have been specifically formulated for bariatric surgery patients.



C. Exercise in Your Life After Weight Loss Surgery

Exercise for bariatric surgery patients is often the first part of a patient's long-term plan to get skipped following surgery. In reality, it is almost as important as your diet. This section explores why along with the best weight loss surgery exercise options, including...

- Why it's important
- When is it safe?
- General post-weight loss surgery exercise guidelines
- Best exercises
- 8 tips to keep you on track

Why Exercise for Bariatric Surgery Patients is Important

The successful bariatric surgery patient regularly takes part in three main activities in their life after surgery:

1. Follows an appropriate bariatric diet plan
2. Actively participates in weight loss surgery support groups
3. Follows a consistent and progressive exercise routine

Two of these are easier to adhere to...

If you don't follow your diet plan, you will most likely get sick... ranging from trouble with digestion to vitamin deficiency. This risk – or actually getting sick as any patient who has had dumping syndrome can tell you – keeps most patients in line regardless of their motivation.

Participating in weight loss surgery support groups is the next easiest thing to keep consistent. They're interactive and fun, and if time is an issue there are great at-home options available in the form of online weight loss support.

Not surprisingly, exercise is often the component that slips. It can seem daunting, especially after a long day at work or an especially difficult week.

But you **must** make it a priority for two big reasons:

1. You will lose more weight
2. The benefits to your physical and mental health are astounding



Exercise for Bariatric Surgery Patients Causes More Weight Loss

We'll let the research do the talking...

- A recent meta-analysis found that consistent exercise for bariatric surgery patients leads to a 4.2% lower body mass index. (Livihits, et al. 2010)
- Another study compared the weight loss of gastric bypass surgery patients who completed moderately intense physical activity for a minimum of 2 ½ hours per week against those who did not. The 2 ½ hours+ per week patients showed significantly greater weight loss (Evans, et al. 2007) :
 - 6 months after surgery – 5.5% greater excess weight loss (56.0% vs. 50.5%)
 - 12 months after surgery – 5.7% greater excess weight loss (67.4% vs. 61.7%)

Still not convinced?

A third study evaluating 200 bariatric surgery patients found that physical activity adherence was the sole significant behavioral predictor of weight loss outside of dietary habits. In other words, other than sticking to your diet plan it's the main thing you can do to achieve and sustain your weight loss goals. (Welch, et al. 2008)

So how does exercise contribute to weight loss?

As you probably know, it burns calories. But this is not the main reason it works. After all, if you weigh 275 pounds, you will burn 200 calories per mile walked at a pace of 5 mph. One cup of dried apples has over 200 calories, let alone your entire daily intake. Exercise will only directly burn a small portion of your daily calories.

The more important reason exercise for bariatric surgery patients works is by boosting your metabolism, which is especially important considering your body's natural tendency to slow down your metabolism as you lose weight. A higher basal metabolic rate means that your body will automatically burn calories at a faster rate even while you are resting, thus leading to additional weight loss.

Exercise for Bariatric Surgery Patients Leads to Superior Physical and Mental Health

To determine exercise's impact on weight loss surgery patients, one study divided 60 morbidly obese gastric bypass patients into two groups:



1. Low-exercise (worked out 1 time for 1 hour per week)
2. Multiple-exercise (worked out 2 times for 1 hour each per week)

In addition to quicker weight loss, the multiple-exercise group had significantly earlier resolution or improvement of obesity health problems. (Shang, et al. 2010)

In fact, exercise for bariatric surgery patients and obese individuals alike has been shown to improve a vast array of physical and mental issues, including:

- Physical Improvements Caused By Exercise for Bariatric Surgery Patients
 - Increased life expectancy
 - Reduced abdominal fat
 - Stronger heart, muscles, bones and lungs
 - Reduced risk of heart disease
 - Lower blood pressure
 - Reduced triglycerides
 - Increased good cholesterol and reduce bad cholesterol
 - Improved blood sugar control
 - Improved insulin control
 - Reduced risk of cancer
 - More energy
 - Improved balance
- Mental Improvements Caused By Exercise for Bariatric Surgery Patients
 - Improved appearance
 - Improved motivation and mental "sharpness"
 - Improved libido

When is Exercise for Bariatric Surgery Patients Safe?

Check with your surgeon to be sure, but exercise for bariatric surgery patients can generally begin within three to six weeks following surgery.

But as reviewed previously, you should begin walking for 20 to 30 minutes per day as soon as you get home. Start with a slow pace and gradually increase the speed at which you walk as your endurance improves.

At first, it's probably best to spread this out over the day instead of doing it all at once. For example, try going for a 10 minute stroll in the morning, midday and in the evening.



By the time you reach six weeks post-op, you should be able to complete three 10 minute walks per day while walking at a relatively quick pace. After week six, it may be time to begin a more intensive exercise routine including strengthening, flexibility and more aggressive endurance exercises.

Exercise for Bariatric Surgery Patients: General Guidelines

First, recognize that your ultimate goal is NOT to exercise like a young, lean person. Not only will this make your goals feel more achievable, but it's simply not necessary.

This stance was confirmed by researchers studying the exercise habits of 100 people: 50 of normal weight who exercised regularly vs. 50 post-gastric bypass patients who achieved 80% or greater excess weight loss. They found that compared to the normal-weight group, the weight loss surgery group maintained a similar body mass index with less rigorous but equally consistent exercise.⁶

In short, you need to stick to a routine, but you don't need to win Cross-Fit Trainee of the Year to achieve and maintain a normal BMI.

Now that that's out of the way, let's set the foundation for safe and effective exercise for bariatric surgery patients:

- **Start slowly and work your way up.** At best, the soreness and fatigue caused by getting too aggressive out of the gate will discourage you. At worst, you could get injured, leaving you unable to exercise for months. Be patient!
- **Prevent skin problems.** As you lose more and more weight, loose and sagging skin may present a problem. Short of plastic surgery after weight loss, there are a few things you can do to keep the chafing under control...
- **Apply gels** such as Bodyglide to sensitive areas or skin folds to reduce friction.
- **Wear supportive clothing or undergarments** that keep the skin tight (but not too tight) against your body.
- **Drink plenty of water** – your smaller stomach following surgery can make it tough for your body to absorb the water it needs... especially during and after exercise. Always have water by your side and drink regularly. (See Water After Weight Loss Surgery)



- **Wear good shoes** – no one shoe is right for everyone, despite a high price tag. Only buy a pair of shoes if they feel great INSTANTLY after trying them on. In other words, don't buy a pair hoping to "break them in".
- **Warm up before exercising and cool down afterwards.** The goal of your warm-up is to slowly get your heart rate and breathing up and your muscles loosened in order to prevent muscle injury and maximize the effectiveness of your workouts. Your cool down will bring your heart rate and breathing down slowly to prevent dizziness or fainting and to remove waste products from your muscles such as lactic acid. Cooling down may also help to prevent or reduce the severity of sore muscles.
- **Keep your heart rate within the proper range** – Your maximum heart rate is a function of your age – the younger you are, the higher it is. According to the American Heart Association (AHA), you should measure your pulse periodically as you exercise and keep your heart rate within 50% to 85% of your maximum heart rate (charts available online at the [AHA's website](#)).

Immediately following weight loss surgery (and until you are less than 50 pounds overweight), stay towards the lower end of your range and slowly work your way up as your fitness level progresses. There are two ways to track your heart rate while you exercise:

- **Use a heart rate monitor** – this is the easier option, as all you have to do is read the screen.
- **Manually take your pulse** – place the ends of your index and middle finger on the inside of your other wrist just below your thumb pad muscle. Pressing softly, move your fingers around until you feel your blood pulsing below the skin. Count the beats you feel for 10 seconds using a clock or watch with a second hand as a guide, then multiply your count by six to determine your heart rate per minute ([click here for target heart rate by age](#)).

The AHA also suggests using a "conversational pace" to keep your heart rate within range in the absence of a monitor or knowledge of how to take your pulse. They advise that "if you can talk and walk at the same time, you aren't working too hard", but "if you can sing and maintain your level of effort, you're probably not working hard enough".

- **If you feel pain, STOP IMMEDIATELY.** Do not try to work through it. Instead, choose exercises that do not irritate the affected area. For example, if walking hurts your knees, try using a stationary bicycle or elliptical machine.



Feeling Sore from Exercise?

It's normal! You may even feel more sore two days after exercising. The best way to reduce soreness is to get blood flowing to your muscles by moving and drinking plenty of water... sitting on the couch may only make it worse.

And remember... weight loss surgery patients should typically avoid NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen or Aleve.

The Best Exercise for Bariatric Surgery Patients

The best exercise for bariatric surgery patients achieves a balance of three fitness keystones:

1. Endurance
2. Flexibility
3. Strength

Endurance Exercise for Bariatric Surgery Patients

Walking should be the first exercise for bariatric surgery patients and is a perfect first step (no pun intended) towards a robust exercise routine.

Begin your walking plan by setting an initial daily goal. Then increase the goal by 10% each day that you walk.

A great way to go about this is to count your steps using a pedometer. To set your baseline goal, clip on your pedometer and walk for 20 or 30 minutes throughout the day.

Spread your walks throughout the day so you don't get too tired... three 10 minute walks, for example.

At the end of the day, take a look at your pedometer and write down the number of steps you took (use your free diet and exercise journal so you can track your progress over time). This will



include both the steps taken during your planned walks and steps taken throughout your regular daily activities.

Next, multiply the total steps listed on your pedometer by 1.1 to determine your daily goal for the next day. Continue this process each day, making sure that your pedometer reads the new higher number (your ongoing new goals) at the end of each day.

After a few weeks, you'll be well on your way to better shape and will be ready to take your endurance routine to the next level...

As the walking gets easier increase the difficulty of your daily steps. First, start taking the stairs instead of the elevator whenever possible, or walk hills instead of flat ground if you have them in your area.

Next, consider moving on to **marching (not jumping)** on a mini trampoline. Mini trampolines provide great exercise for bariatric surgery patients for a few reasons: they give you a good indoor workout option when the weather won't allow you to walk outside; they're a better workout than walking on the ground; and they improve your balance and core strength... a perfect lead in to your endurance and strength exercises.

As you progress, you can continue to increase the difficulty of your endurance training by **riding a stationary bike** at home or in the gym.

For a cheaper and more convenient alternative, consider using a **pedal exerciser**. As you would expect, it won't give you nearly the workout that a full-sized bike will give you and they are much less stable, but their convenience and much lower price tags make up for it - especially for beginners.

Another effective and inexpensive (and fun!) exercise for bariatric surgery patients is a **hoola hoop**. In addition to improving your endurance, it's an excellent way to strengthen your core, arm and leg strength. Exercise by swinging the hoola hoop around your waist, arms and legs.

The last but certainly not least recommended exercise for bariatric surgery patients is **swimming**, especially while you are still overweight or obese. It contributes to endurance, strength and flexibility with minimal impact on the joints and works virtually every part of your body.



Flexibility Exercise for Bariatric Surgery Patients

The benefits of stretching and becoming more flexible can not be overstated and are an essential part of your overall exercise plan. Try it just once, despite the burn... when you're done, it's difficult to deny the slight euphoria you feel. That "good feeling" only multiplies over time, and it leads to a better mental state and lower stress.

Just as importantly, flexibility exercise for bariatric surgery patients improves coordination, increases blood flow to your muscles resulting in less soreness and more energy and improves chronic problems such as lower back pain.

To stretch properly, you should go far enough to "feel the burn" but not so far that it hurts. Hold the stretch for at least 10 seconds while feeling the burn, **breath deeply and consistently, and don't bounce.**

To get started, we highly recommend a **beginner's yoga class.**

What's the matter? Can't get the image of a contortionist out of your brain?

While the stereotype can make yoga seem intimidating, don't let it dissuade you from giving it a shot. Beginner's yoga will ease you into stretching and teach you all of the proper stretching techniques for each muscle in your body.

Yoga also goes a long way towards building strength. After all, holding those stretches takes muscle!

Strengthening Exercise for Bariatric Surgery Patients

Strengthening exercises are the third leg of your three-legged exercise routine and should be started only after your endurance and flexibility routines are well underway.

As mentioned above, good transitions into strengthening exercises include walking up and down hills or stairs, swimming, yoga and using a mini trampoline, stationary bike, pedal exerciser or hoola hoop.

We recommend three avenues to begin building strength:

- **Exercise balls** – these provide a great low-impact workout for core strength. Just sitting on them while watching TV or working at your desk will work your abs, sides and lower



back. As you get stronger, start to incorporate exercises. The size you need depends on your height:

- Under 5 feet - 45 cm
 - 5'1" - 5'8" - 55 cm
 - 5'9" - 6'2" - 65cm
 - 6'3" - 6'7" - 75cm
 - Over 6'8" - 85cm
- **Bodyblade** – the Bodyblade is a flexible handheld bar that uses inertia and low level vibration to force your muscles to contract quickly, leading to strength along with balance and coordination. To use it, you simply grip the center of one or both of the blades with one or two hands and shake the blade(s) back and forth while doing one of many exercises.
 - **Weights** – to begin, use very light weights... a set of one to five pound dumbbells is perfect.

In addition to using them on a dedicated basis (standing arm curls, for instance), you can also incorporate them into your other routines which is a great way to pack the most exercise into the least amount of time.

For example, start carrying one pound weights with you on your walks or start doing arm and shoulder exercises with them while you march on the trampoline or use the bike. Increase the weight you're using when you're able to do three sets of 15 or 20 repetitions.

Now that you know the equipment you need and have some good endurance, flexibility and strengthening exercise ideas, you're ready to get started. Before you do, understand that regardless of how fired up you feel now, there will be times that exercising is the last thing you feel like doing.

But you must fight through it and stick to your routine no matter what! Following one or more suggestions in the next section will help...

Tips to Keep Your Weight Loss Surgery Exercise On Track

Everyone feels the urge to let their routine slip from time to time. The following will help keep you on track...



1. **Set and track goals** – If you only do one thing on this list, make it this one. Goal setting and tracking not only helps to keep you motivated by proving your progress, but it provides an easy way to share your progress with your surgical team to help them if a problem arises.
2. **Work out with a partner** – This is a close second to goal setting and tracking, as it can automatically incorporate the rest of points on this list. If you can afford it, a personal trainer is ideal. They are trained to know how to push you to just the right level with each workout. The trainer you choose should have experience working with overweight people, so ask your surgeon's office for a referral if you are unable to find one on your own. A committed family member or friend is also a good idea with or without a trainer. You'll be less likely to bail out of a scheduled workout if you know someone is counting on you to be there!
3. **Mix it up.** Constantly doing the same exercise can get boring, and being bored can reduce your motivation. If you start to feel bored, change up the routine. Listening to music, reading a book or magazine or watching TV while working out can also help.
4. **Keep the timing of your workouts consistent.** For example, you could start with 15 minutes of strength and flexibility exercise (on top of your daily walking goals) Monday, Wednesday and Friday mornings to "get it out of the way" at the beginning of the day. Making your exercise a part of your routine will quickly cause it to feel "weird" or at least noticeable if you don't work out.
5. **Share your progress** and how you stack up against your goals with your surgical team and support groups. Print your charts and calendar from your online journal and take them with you to your in-person weight loss surgery support group meetings, or share them in your online weight loss support forum. It will help you (and your peers) stay motivated!
6. **Don't stop pushing yourself.** Easier-feeling workouts mean you're getting in better shape, but you'll need to continue to push yourself in order to improve. Increase the time spent working out, the intensity of your workouts or both (but don't forget to keep that heart rate within range!).
7. **Consider joining a gym.** Gyms are great for several reasons...
 - a. They give you access to all of the equipment you'll ever need without having to buy it for yourself.
 - b. Limited distractions. At home, there are 101 things that can cut your workout short or cause you to skip it altogether – pets, kids, the phone, email... you name



- it. If you make going to the gym part of your routine (on the way to or home from work, for example), it will be easier to follow through.
- c. Trainers are usually available for free advice such as how to use machines, ideas about new exercises, etc.
- d. They may have a pool, and as mentioned above, swimming is a GREAT weight loss surgery exercise.

If you're feeling self-conscious about attending a gym, there's a good chance that there's a female-only gym or personal training studio near you. Since they tend to be more expensive than a standard fitness center, call your local gym first, find out the time of the day when they're the least busy, and head over during that time to check it out.

You may be surprised to find a relatively empty gym along with others working out who have a similar body type as yours.

8. **If you decide to work out at home**, do it outside if the weather permits or do it in a designated part of the house. It will help you establish a routine and limit the distractions.

Also consider picking up a good workout DVD to guide you... there are countless to choose from depending on your goals, style and fitness level.



D. Support in Your Life After Weight Loss Surgery

Actively participating in a good weight loss surgery support group will not only make the tough times easier, but it has also been proven to result in significantly more weight loss and a lower body mass index.

This section will review...

- Purpose of support groups
- Weight loss differences of bariatric surgery support group attendees
- The support group experience – what to look for
- How to find the best support group for you

Purpose of Weight Loss Surgery Support Groups

The ultimate purpose of support group attendance is to help you achieve and maintain your goal weight in a way that is as physically and mentally healthy as possible.

But what's the point? Can't you get all of the support you need from friends and family?

To answer these questions, consider the interactions in other areas of your life. For example, when discussing child care, would you rather talk with another parent or one of your single friends? When venting about something that really frustrates you at work, would you rather the listener be a work colleague or your next door neighbor?

While many patients have partners and family who offer unending support, talking with someone who is intimately familiar with your struggles is essential. Despite its many advantages, weight loss surgery will bring about one of the most challenging times in your life and there will be times when you need encouragement and advice from people who have been in your shoes.

Common areas that bariatric surgery patients choose help from their weight loss surgery support group over help from friends and family include...

- Fear before surgery
- Questions about the future
- Temptations and how to overcome them



- Impatience or frustration regarding how quickly the weight is coming off
- Learning how to interact with the world in your new body
- Overcoming depression relating to your new diet and changes to existing relationships (both in and out of the home)
- Diet and recipe tips
- Relationship advice for at-home and work relationships

In addition to working with others who are sharing your experience, good weight loss support groups are moderated by a bariatric professional who can provide medically accurate advice to questions that come up. Guest speakers ranging from other patients to medical professionals are also common.

Weight loss differences of those who attend a Bariatric surgery support group

Participating in support groups goes well beyond sharing experiences and advice... in addition to the invaluable encouragement and support attendees receive, they also result in more weight loss.

Several studies have shown that regular weight loss support group attendees lose as much as 12% more excess weight than patients who do not attend support groups.

The weight loss surgery support group experience: what to look for

First, know that there are good support groups and not-so-good support groups. During your search for an in-person support group, the following 4 points are a must...

1. Meetings are regularly scheduled (i.e. the first Monday of each month).
2. Led ("moderated") by a medical professional. Common moderators include a dietitian or nutritionist, bariatric nurse or mental health counselor.
3. Encourage participation from all participants and not dominated by a small percentage of attendees. Effective moderators are good at getting everyone to share their opinions and experience.
4. Geared towards the positive. Talking about problems and challenges will be an important part of your meetings, but negativity should not be the overarching feeling when you walk away. A good moderator is effective at keeping the meeting upbeat and encouraging.

If the initial group meeting you attend does not have each of the above, move on to a different one.



A good weight loss surgery support group may also have one or more of the following...

- Guest speakers with expertise relating to discussion topics
- Contact information of other group members or a "buddy system" that pairs you up with an individual to call when times get tough.
- Referrals to other groups as you progress. For example, at 2 years after surgery, you may want to focus on your current issues rather than issues related to surgery and recovery.
- Clothing Swaps. You will be shedding the pounds quickly for at least the first year, and buying new clothes to keep up with your weight loss can be time consuming and expensive. Some support groups encourage clothing swaps that allow members to share clothes that no longer fit with other patients.

If a group you find and like does not have the above, consider taking the initiative to get them added.

How to find the best in-person weight loss surgery support group for you

In-person weight loss surgery support groups are not "one size fits all." You'll need to apply your own preferences to find the one that's right for you.

In addition to the "must-haves" listed in the previous section, consider the following...

How many participants?

The bigger the group, the less time each participant will have to discuss their issues and the more anonymous each will be. The smaller the group, the more attention and direct feedback you will receive.

How specialized?

Some groups have attendees at all stages of their new life while others focus on specific areas such as diet or nutrition or specific timeframes like 'more than 6 months after surgery.' Groups with a broader focus can be good from an educational perspective, but once you learn the ropes you may find that a focused group is more beneficial.



Do you feel welcomed and comfortable?

The weight loss surgery support group you choose should feel like a warm and inviting place where you can share your troubles and offer advice freely and openly. If the group has most of the above points covered but "just doesn't feel right," move on.

Now you know what to look for in a weight loss surgery support group, but how do you actually find them?

First, talk with your bariatric surgery team. There is a good chance that your surgeon's office...

- Coordinates their own groups,
- Works with a hospital that coordinates group meetings or
- Can refer you to one or more unaffiliated bariatric surgery support groups

If you have given your surgeon's groups a shot and feel that they are not a good fit, try calling other hospitals and other weight loss surgery centers in your area. Even though you were not treated by them, they should be happy to have your attendance.

- [Click here to find and contact other local weight loss surgery centers to ask about their support groups](#)

If you are still unable to find a group that feels right after working with all of the hospitals and bariatric surgeons in your area, consider starting your own group. Your surgeon may even allow you to use their facilities and may be willing to include a professional on their staff as your moderator.



E. Relationships in Life After Weight Loss Surgery

Relationship changes are another great reason to participate in a bariatric surgery support group. These changes often go overlooked by people considering bariatric surgery, and they can be both positive and negative depending on the situation.

On the positive side, you look better and you feel better. People you don't know may start to treat you with more respect. You may be treated more favorably at work. People may be more physically attracted to you.

On the negative side, weight loss patients are keenly aware of overweight discrimination against others, which can lead them to wonder... would this person be treating me the same way if I hadn't lost all of this weight? How do I handle obesity discrimination now that I'm on the "other side"?

In addition, people who you've known for a long time will not be used to the way you look. Could that promote awkwardness from overweight friends or family members? Could your spouse or partner become jealous now that others are noticing you more?

Talk about these issues with your support group to better understand what to expect and how to deal with these challenges.



F. Plastic Surgery Following Bariatric Surgery (for Excess Skin)

Bariatric plastic surgery after weight loss is done for medical reasons as much as or more than for aesthetic reasons.

Whether considering reconstructive plastic surgery after bariatric surgery or dramatic weight loss from another rigorous program, this section will help you understand...

- Is plastic surgery right for you? If so, when?
- Risks, complications and side effects
- Cost, insurance and financing
- Recovery
- Scar tissue after surgery
- Types of surgery / areas of the body

Is Plastic Surgery After Weight Loss Right for You?

More than 4 out of every 5 weight loss surgery patients report problems with excess skin, the most common areas being the abdomen, upper arms, and the inside of the thighs.

Other problem areas reported include the back, the cheek and over the knees.

To decide whether you should move forward with bariatric plastic surgery after weight loss, ask yourself...

- Am I at my low weight?
- How is my current physical and mental health?
- Would I have surgery for mental reasons, health reasons or both?
- Do the rewards outweigh the potential risks and side effects?
- Can I afford it? Cost, Insurance & Financing

Am I at my low weight?

Before having bariatric plastic surgery after weight loss, you must wait until you're at your low weight and have stayed there for at least a few months. If you had weight loss surgery, you'll need to wait at least one year, preferably two.



If you don't wait and continue to lose weight after plastic surgery, the excess skin that develops as a result of the additional weight loss may require another procedure to achieve your desired results.

How is my current physical and mental health?

The better your overall physical health, the less likely you are to experience complications. Work with your primary care physician (PCP) to determine if your physical health is appropriate for plastic surgery.

Diet is also important. For example, if you don't eat enough protein, your body could have trouble healing. If you have any doubts about your diet, ask your PCP to recommend a nutritionist.

In addition, mental health is a big consideration. Surgery preparation and recovery can be a lengthy process, and you must have the proper mindset going into it.

Would I do this for mental reasons, health reasons or both?

For some, the positive effects of extreme weight loss on their mental and physical health are all they could have ever hoped for. You look better in clothes, you have more energy than ever before and many of your obesity health problems are a thing of the past.

But for many successful 'losers', the excess skin resulting from years of obesity presents a new set of mental and physical challenges.

Mentally, the saggy skin may cause you to feel embarrassed both with and without clothes on.

Physically, it can cause a myriad of issues ranging from annoying to potentially serious, including...

- Difficulty getting dressed
- Difficulty exercising, which may impact long-term weight maintenance and health
- Skin fold rashes or breakdown of skin
- Skin fold infections

The severity of the mental and physical issues caused by your excess skin should be weighed against the risks and side effects of surgery along with how much it will cost...



Do the rewards outweigh the potential risks and side effects?

The specific risks and side effects depend on the procedure(s) that you receive and your overall physical health and diet, but in general here's what you're up against:

- **Bariatric plastic surgery after weight loss carries the risk of any other major surgery**, including the risk of bleeding, infection, deep vein thrombosis or (rarely) even death. After reviewing the rest of this page, learn the risks specific to your chosen procedure by clicking the links in the Types of Plastic Surgery section below.
- **Losing more than 100 pounds increases your risk of complications by up to 2%**. A study of 450 weight loss surgery patients found that patients with 50 to 100 pounds (22.7 to 45.4 kg) of weight loss did NOT have increased risk of complications. However, risk level went up for patients losing over 100 pounds.
- **Risks after malabsorptive vs restrictive procedures**. The study referenced above also found that patients undergoing malabsorptive procedures (like gastric bypass) have a higher risk of complications than those undergoing restrictive procedures (like gastric sleeve or lap band surgery).
- **Patients typically lose sensation in the area treated**. Most patients regain full sensation several months following surgery, but there is a possibility that the sensation loss will be permanent. You must be careful to avoid injury to the affected area until sensation returns as you will not feel the effects of burns, including sunburn or frost bite.
- **If you are a smoker or a diabetic**, there is a very good chance that you will develop wound problems. With the loss of so much weight, diabetes is often resolved or greatly improved. But if you are unwilling to stop smoking for at least a couple of months before surgery (stopping any closer to surgery will greatly increase your risks), it may be a big enough reason not to move forward. Smoking greatly increases your risk of complications and hinders the healing process.
- **Scarring is unavoidable** and may be significant (further discussed below).



Can I afford it? Cost, Insurance and Financing

Cost of Bariatric Plastic Surgery After Weight Loss

The cost of bariatric plastic surgery, which ranges from \$3,500 to \$30,000 or more, will completely depend on your location and the procedure(s) performed. Metropolitan areas are more expensive than rural areas, and more involved procedures requiring longer operating times and hospital stays are more expensive than less involved procedures.

Insurance for Bariatric Plastic Surgery After Weight Loss

If your chosen surgery is not being done for health reasons, you will almost certainly not get insurance to cover the treatment, although getting it covered will be difficult either way.

Unfortunately, insurance companies' policies tend to list most plastic surgeries as "cosmetic" rather than health-related. Even if you can present credible information to the contrary, insurance companies often fall back on the language in their contracts which calls for a denial.

With that said, the savings you could realize may be worth the fight. Before contacting your insurance company about covering bariatric plastic surgery after weight loss, have your ducks in a row including:

- **Letters from your doctors and surgeons regarding the medical necessity of the procedure.** While a letter from your plastic surgeon may be helpful, letters from your primary care physician and/or bariatric surgeon will be more impactful since they don't stand to gain financially from the decision. Have them include anything that would cost the insurance company money down the road if you don't get plastic surgery, including mental health issues (i.e. prescription drug expenses, visits to the psychologist) and problems you have already experienced or are likely to experience due to your excess skin (i.e. inability to exercise and the resulting health effects, skin fold problems such as infection and rashes, etc.).
- **A detailed letter from you** regarding the impact surgery will have on your life may also help. Explain the difficulties caused by your excess skin, such as trouble sleeping, personal hygiene, mental health issues, physical problems, etc.
- **Letters from other professionals** (i.e. psychologist and physical trainer) confirming the issues included in the other letters.



Even with the best letters from your doctors, there is still a very good chance that insurance will not approve the procedure.

If insurance won't cover it, fortunately there are very affordable and relatively easy options for financing plastic surgery after weight loss...

Financing for Bariatric Plastic Surgery After Weight Loss

There are several ways to secure financing for plastic surgery (or to reduce its cost), including...

- Financing directly through the plastic surgeon's office
- Secured loans
- Friends and family
- Retirement plan loans
- Permanent life insurance loans
- Plastic surgery loans
- Plastic surgery abroad

[Click here to jump back to the financing section of this book for more information.](#)

Recovery from Plastic Surgery After Weight Loss

Recovery from plastic surgery after weight loss depends on the procedure and your overall health and diet.

Some surgeons will allow the less involved procedures to be performed on an outpatient basis (allow you to leave the same day). But for the more involved procedures you should stay at least one night and possibly up to a week for evaluation.

Procedures such as a tummy tuck require drains to be left in for a week or more to reduce the amount of fluid that builds up under the skin which may lengthen hospital time.

Scar Tissue After Plastic Surgery

While the incisions are strategically placed and the stitching techniques often perfected, even the best plastic surgeons leave scars after bariatric plastic surgery. Before moving forward it's



important to have a clear understanding of how the scars are likely to look after you've fully healed.

Ask your plastic surgeon to share before and after photos of their other patients who have undergone the same procedure. This will give you a good idea of what to expect and about the kind of work they've done in the past.

You should also be aware of the scarring risks. While about 95% of patients heal with "good-quality" scars, a small percentage of patients get "hypertrophic" scars that are hard and red and can last years. Less than 1% of patients' scarring results in keloids (tumors of the scar tissue), with Asians and people of African descent being the most likely to get them.

In addition to working with an experienced plastic surgeon, there are several things your doctor may recommend to improve the ultimate appearance of your scars, including...

- Applying consistent pressure to the wound using an elastic bandage or special compression garments. For best results, they should be worn for six to 12 months.
- Treat scars with silicone gel, cream or bandages for 12 hours per day for at least six months.
- Special over-the-counter creams can also be effective.
- Steroid injections into hypertrophic or keloid scars may flatten the scars and soften their appearance.
- Laser treatments have been shown to both improve and prevent abnormal scarring.

Types of Bariatric Plastic Surgery After Weight Loss

Following are the most common types of plastic surgery after weight loss...

- Abdomen (affordable tummy tuck, also called "abdominoplasty")
- Back (combined with tummy tuck in a "belt lipectomy")
- Body (total body lift, upper body lift or lower body lift)
- Breasts (breast lift, also called "mastopexy" and/or breast augmentation)
- Neck or face (neck lift or face lift)
- Thighs (thigh lift plastic surgery, also called "thighplasty")
- Upper arms (upper arm lift, also called "brachioplasty")

For patients who need multiple procedures, it may be appropriate to combine them into one operation as with a 'belt lipectomy' (abdomen and back) or body lift.



Other patients who require more than one procedure may be required to spread their surgeries out over several months in order to reduce the risk of complications and improve the appearance of each area.

G. Weight Regain After Bariatric Surgery

Are you likely to experience weight gain after bariatric surgery? It depends on factors both in and out of your control.

- How much do patients gain back on average?
- 7 ways to minimize weight regain after bariatric surgery
- Surgical options to reverse weight gain after weight loss surgery

How much weight gain after bariatric surgery should you expect?

The procedure you choose will play a large part in determining how much weight you will gain back after you hit your low point.

Patients who undergo primarily restrictive procedures (i.e. procedures that are not calorie malabsorptive, including gastric bypass surgery, mini gastric bypass surgery, gastric sleeve surgery and lap band surgery) usually gain around 8 to 10% of their weight back.

Malabsorptive procedures such as duodenal switch surgery have been shown to result in greater maintained excess weight loss over the long-term. After any weight regain, patients who undergo malabsorptive procedures experience at least 10% to 15% greater excess weight loss than restrictive procedures.

Regardless of which procedure you choose (or chose), the possibility for weight gain after a bariatric procedure will remain present throughout your life.

Remember... **bariatric surgery is only a tool**. You'll need to continue doing the right things and making the right choices for the surgery to be effective over the long run...

7 ways to minimize weight gain after bariatric surgery

The key to preventing long term weight regain and reducing your risk of bariatric surgery complications is to learn and address potential pitfalls early on.



Seven behaviors have been proven to reduce the chance of weight gain after bariatric surgery:

1. **Stop binge eating well before surgery** – Patients with binge eating disorder (BED) tend to lose less weight after surgery. Receiving treatment for BED prior to surgery will lead to less weight gain after bariatric surgery.
2. **Lose as much weight as possible prior to surgery** - Your body mass index (BMI) prior to surgery directly relates to how much weight you'll lose and keep off. For example, one study showed that morbidly obese patients (BMI between 40 and 49.9) had a 15% higher likelihood than super obese patients (BMI of 50 or more) to keep off at least half of their excess weight 10 years after surgery.
3. **Address alcohol and drug abuse problems** as they will cause weight gain after bariatric surgery and potentially lead to bariatric surgery complications. Your surgeon and bariatric surgery insurance company will both require a psychological evaluation before they approve surgery and the evaluation will include this topic. Be prepared to be honest with your psychologist and work with them to get any problems under control.
4. **Follow your bariatric doctors' advice to the letter** – this may sound obvious, but you'd be surprised how many patients follow their doctors' orders for the first year or two and then slowly begin to slip back into their old habits. The best bariatric doctors are not only good in the operating room but are also trained and experienced in helping patients keep the weight off long-term.
5. **Join and participate in a good weight loss surgery support group** – weight loss surgery patients who actively participate in support groups have roughly a 10% lower body mass index than patients who do not.
6. **Address food urges and lack of well being** if you start to experience them after surgery - If you begin to experience increased food urges, depression or other emotional problems following surgery, talk with your bariatric doctors right away and bring these issues out in the open with your family and support group. Patients who experience these feelings and don't address them usually gain more weight back.
7. **Continue to get nutritional counseling** – patients who continue to monitor their diet with the help of a professional (your surgeon-referred dietitian or nutritionist) have better long-term results. Good bariatric doctors partner with or will refer you to a nutritionist or dietitian, so you should not need to find one on your own. The key is to never stop



seeing them. For DS patients, diet and exercise works especially well and is very effective towards losing weight after any weight regain.

Surgical options for reversing weight gain after bariatric surgery

The first path your doctor will have you take to reverse weight gain after bariatric surgery is good old-fashioned diet and exercise.

If these are not effective towards keeping the weight off after surgery, it may be because your new stomach (and possibly the digestive openings made during surgery) has stretched which allows you to eat more before feeling full.

There are several "revision surgery" options depending the surgery you had and the reason for your weight regain, including:

- Revision to gastric band
- Revision to gastric sleeve
- Revision to gastric bypass
- Revision to duodenal switch
- Shrink stoma (opening between stomach and small intestines) by injecting a sclerosant
- Shrink stretched stomach pouch by creating permanent folds in lining of stomach
- Lengthening the Roux limb (for gastric bypass patients)

Should weight regain become an issue, it's best to [talk with your surgeon about which options may be right for you.](#)



Next Steps

Congratulations on completing The Bariatric Surgery Patient's Essential Guidebook! You now have the knowledge necessary to move forward on your weight loss and health improvement journey.

The next step is to find a top surgeon and sign up for their next in-person or online seminar.

 [FIND A LOCAL SURGEON](#)

As reviewed in the Finding a Surgeon chapter, the seminar is an important next step because it:

1. Allows you to meet the surgeon and team to ensure that you are comfortable with them
2. Learn specifics about the surgical, financial, and other options available to you
3. Gain an even better understanding of what to expect before and after surgery
4. Ask questions and hear questions asked by others who attend

Plus, most surgeons offer their seminars completely **free of charge**.

[Click here to find a surgeon and review upcoming seminar dates.](#)

We also need your help...

We've put a lot of time and effort into developing this guidebook, but we know there's always room for improvement.

[Please click here to share your feedback](#) - positive, negative, constructive criticism, you name it. Your feedback will help us continue to improve this free resource so that we can help more and more patients like you make good decisions about weight loss surgery.

Sincerely,

Your Patient Advocates at Bariatric Surgery Source



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