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Uncovering
Better Health in
Southeast Kansas



L-R: Angie Brooks, RN; Coty Johnson, RN; Missy Mulherin, RN; Chandroutie Latchman, DO; Dustin Ashmore, RN; Sherry Hughes, RN; Jeannie Peterson, CRNA; Kelci Newkirk, RN; Danna Carson, RN. Not pictured: Carol Diskin, RN and Director of Surgery; Peggy Kramer, dietitian; and Patty Shanholtzer, Patient Accounts Manager

Uncovering

Better Health in Southeast Kansas

By Jeanie Erwin

THE INCIDENCE OF obesity is steadily rising, and according to the *American Journal of Preventive Medicine*, 20 years from now we will see two out of five Americans experiencing obesity. Unfortunately for many of these people, changes in diet and exercise are not enough to help them see significant improvement.

Currently, bariatric surgical procedures such as sleeve gastrectomy represent one of the most effective surgical therapies for the treatment of obesity, says Girard Medical Center's Chandroutie Latchman, DO, who specializes in bariatric and minimally invasive surgeries.

"To date, the most common form of weight-loss surgery has been gastric bypass," Dr. Latchman explains. "However, patients considering

weight-loss surgery are increasingly choosing sleeve gastrectomy. The procedure is done laparoscopically, making it more beneficial for the patient's recovery."

Dr. Latchman, who is originally from a small town — Canal No. 1, Guyana — came to this country at the age of 10. She then attended medical school at Nova Southeastern University in Florida, completed surgical residency at St. John's Episcopal Hospital in Queens, New York, and completed a fellowship in bariatric and minimally invasive surgery in Akron, Ohio, at Summa Health System. She chose to come to Girard Medical Center (GMC) because she saw it as a team of individuals with the opportunity to bring the highest standards of medicine to the community, while still enjoying all the benefits of close-knit relationships and

retaining the deeply personal aspects of practicing medicine. Dr. Latchman, who is first a general surgeon and is also trained in robotic procedures, saw it as a wonderful opportunity to begin a program that would be a true asset to the community.

"GMC is a good fit for me because it offered me the job role that I wanted and has maintained that relationship," she adds. "I wanted autonomy and a chance to grow as the hospital grows with me. I like that the CEO, Mike Payne, has supported my efforts. I like his philosophy of an open-door policy where you can come in and speak up."

GMC maintains an inclusive culture that recognizes the many talents of its team and encourages all members to stretch and explore the possibilities.



Dr. Latchman visits with Bariatric Coordinator Kelci Newkirk, RN, regarding a procedure.

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“Bariatric weight-loss surgery is very beneficial to the community. Most patients are off their hypertensive medications in a year’s time. Even among people with diabetes, their condition is so much improved that their insulin is able to be decreased or eliminated.”

— Chandroutie Latchman, DO, Girard Medical Center

“We are extremely pleased that Dr. Latchman chose Girard Medical Center as the place she wanted to begin her practice as a general surgeon,” CEO Michael Payne says. “Her decision to start a bariatric sleeve program at GMC is a testament to the confidence she has in our staff and the facility. We have always felt our staff provides the highest level of care possible, and we are delighted that Dr. Latchman recognized their skills and cultivated an outstanding bariatric team.”

Addressing Community Needs

Because the incidence of obesity continues to rise, as does the incidence of comorbidities, there is a renewed interest in its surgical treatment. While the message of “Eat healthfully and increase levels of physical activity” remains, the problem persists for a great many individuals. Medical treatment for Type 2 diabetes does not adequately control the condition in a third of patients, leaving them at risk of developing complications such as retinopathy, heart disease, renal failure and amputation. In these circumstances, bariatric surgery is gaining increasing acceptance as a highly effective treatment not only for obesity but also for diabetes,

hypertension and obstructive sleep apnea.

The sleeve gastrectomy procedure was first developed a little over 10 years ago. It was meant to be an intervention for high-risk patients before they underwent Roux-en-Y gastric bypass. However, in a recent single-center study reported online by Ralph Peterli, MD, of Claraspital in Switzerland, in the journal *Surgery for Obesity and Related Diseases*, researchers found the procedure alone was effective for weight loss. Recently, the joint guidelines from the American Association of Clinical Endocrinologists, the Obesity Society, and the American Society for Metabolic and Bariatric Surgery were upgraded to reflect the value of sleeve gastrectomy.

The procedure performs two functions that no diet can: It decreases the size of the stomach and changes the endocrine pathways to remove particular hunger hormones.

“The sleeve gastrectomy is a restrictive procedure in which stomach size is greatly reduced,” Dr. Latchman explains. “It retains bowel continuity and lets food enter the stomach and pass through the small bowel normally. The procedure limits the amount of food a patient can

Patients entering the Girard Medical Center bariatric program have a partner and advocate in Bariatric Coordinator Kelci Newkirk, RN.

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Elisa, one week prior to surgery and six months post-surgery

eat, while changing the hormonal feedback for satiety, which some feel is the primary cause of weight loss.”

Proven and Promising Results

Bariatric surgery leads to a weight reduction ranging from 50–75 percent of excess body weight. A recent closely followed clinical trial known as STAMPEDE, or Surgical Treatment and Medications Potentially Eradicate Diabetes Effectively, found that patients who underwent sleeve gastrectomy lost more weight, had better kidney function and improved symptoms of diabetes and high blood pressure, and saw greater improvements in their quality of life than those treated with medications and lifestyle changes alone.

“Bariatric weight-loss surgery is very beneficial to the community,” Dr. Latchman adds. “Most patients are off their hypertensive medications in a year’s time. Even among people with diabetes, their condition is so much improved that their insulin is able to be decreased or eliminated. It also reduces

obstructive sleep apnea, and the overall patient outlook is improved. They love not having to take all these medications daily. The older patients are more energized and are enjoying being more active with their grandchildren, and in general they then tend to feel more motivated than restricted.”

Patient Support

Better health is a journey no patient should have to take alone. Patients entering the Girard Medical Center bariatric program have a partner and advocate in Bariatric Coordinator Kelci Newkirk, RN.

“I meet the patient at their initial consult with Dr. Latchman and get them started on the process of all of the pre-op testing,” Newkirk says. “This consists of scheduling appointments, requesting records from previous appointments if needed and writing orders for procedures. Once the patient has completed all of the pre-op requirements, I schedule the surgery and start them on their pre-op diet. I work closely with the dietitian to ensure that they have a clear

understanding of the pre- and post-op diets. If the patient has bariatric coverage, I work with their insurance company to find out requirements for medical necessity, and obtain the documentation from their providers. The patient accounts manager and I work together to make sure all insurance requirements are met.”

Her support continues even after the surgery.

“I am in the surgery and the recovery room, and I coordinate the care on the floor when the patient arrives in a room,” Newkirk adds. “I see the patient with Dr. Latchman the day after surgery and discharge them home when they’re ready. This includes education and coordination of care after the patient goes home. I follow up with the patients and keep in close contact with them for the first few months at all of their follow-up appointments with Dr. Latchman. I set up support groups for the patients to meet on a monthly basis and seminars every three to four months for people who are interested in learning about weight-loss surgery.”

Dr. Latchman explains that many patients would benefit from the procedure but hesitate to consider it because they have many questions about whether it is a good fit for them or about their ability to get back to work and normal life in a timely manner.

“I want patients to know that anyone can come in for a free consultation and to be evaluated for this procedure,” she says. “We will spend the time and educate them and answer all their questions and guide them in the right direction. We are excited about our program and taking care of the community.”

Dr. Latchman, along with GMC, is honored to offer positive interventions that help patients avoid other life-altering possible eventualities, such as amputations and coronary bypass procedures. For Dr. Latchman, helping patients live longer, healthier lives is the most gratifying aspect of medicine.

For more information, please call Kelci Newkirk at 620-724-5116 or visit www.girardmedicalcenter.com. ■