

# Laparoscopic Sleeve Gastrectomy



Informational Seminar

# Bariatric Surgery Coordinator

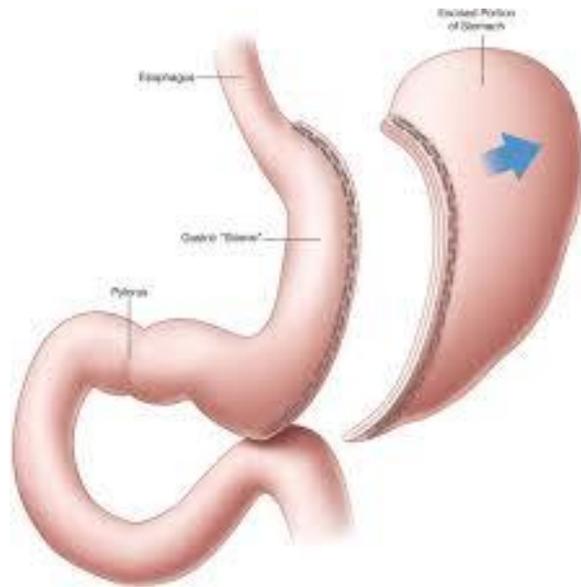


Janna Sartin RN.

- Started in January as Bariatric Surgery Coordinator.
- 9 ½ years Cardiology/ Medical/ Surgical/ Critical Care nurse
- worked at Girard Hospital for the last 6.5 years.
- worked with Dr. Latchman at the Hospital for the last 4.5 years
- I keep the ball rolling with the involved process of getting ready to have surgery.
- I also am your nurse once you are done with post-op till you are discharged during day shift (schedule allowing)

# What is the Laparoscopic Sleeve Gastrectomy?

The laparoscopic sleeve gastrectomy is a type of bariatric surgery in which a portion of the stomach is surgically removed. The procedure is to improve overall health, with respect to medical conditions made worse by obesity "co-morbidities" .



- diabetes
- Obstructive sleep apnea
- hypertension
- osteoarthritis
- elevated cholesterol

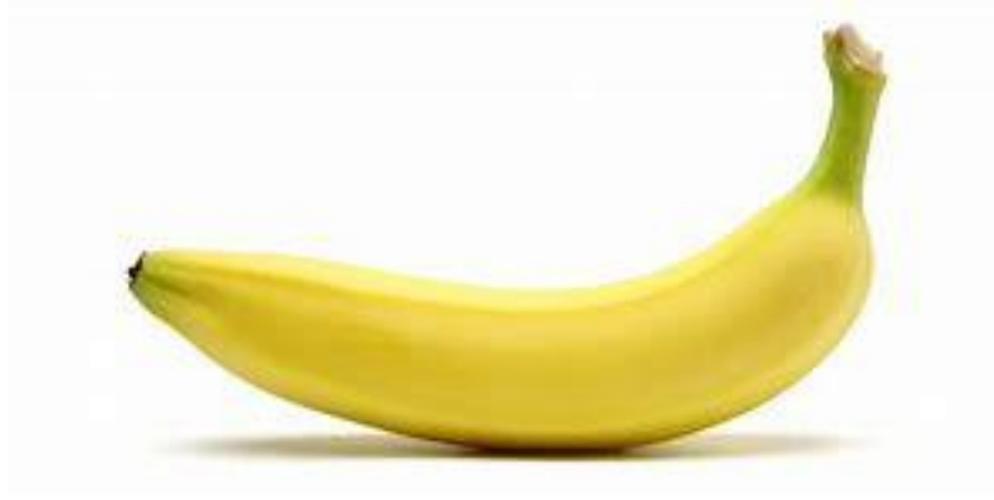
# What brought us here?

- **Obesity is not just a lack of motivation or self discipline.**
- **Some of it is generational, you have been a higher weight since childhood.**
- **Some of it is habit based, some of it lack of mobility, some of it metabolism.**
- **But many of you have repeatedly tried varied diets and behavior modifications to attempt to loose weight with unsatisfactory results.**
- **You need a new tool to help you reach your goal of health and vitality.**

<http://www.obesity.org/obesity/resources/facts-about-obesity/bias-stigmatization>

# The Procedure

It is performed laparoscopically and termed the 'sleeve gastrectomy' due to the sleeve that is formed by surgically stapling the edges of the stomach. The remainder of the stomach is removed. Due to the smaller stomach which resembles a small banana, person feels fuller after eating a small amount of food and body metabolism alterations reduce the craving for food.



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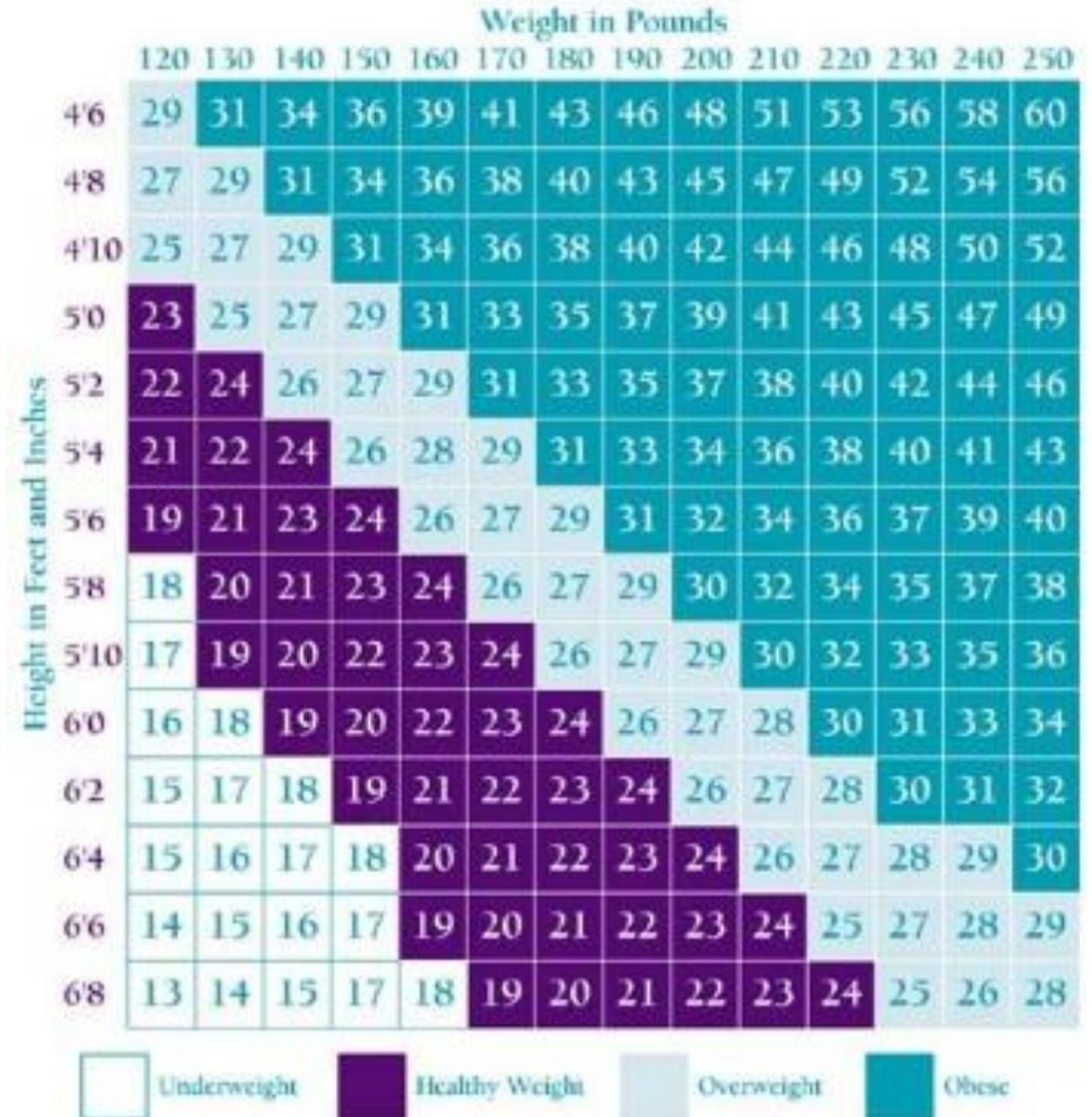
There is no altering of the gastrointestinal tract and therefore no malnutrition issues.

# Who is recommended for the surgery?

The surgery is typically recommended for people with

- BMI of 40 or more
- BMI of 35 or more with a co-morbidity.

\* BMI (body mass index) is a calculation using height and weight. \*

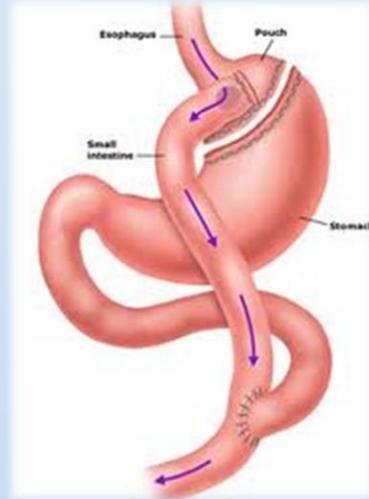


Note: This chart is for adults (≥ 20 years old)

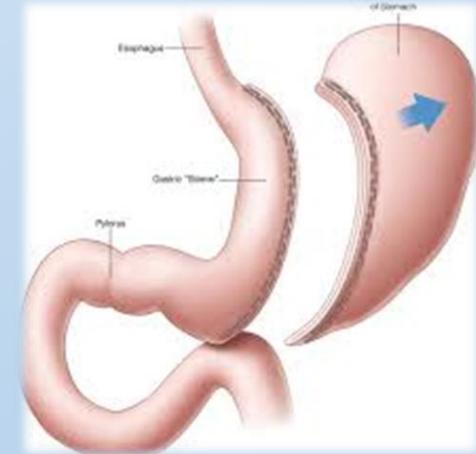
# Weight Loss Surgery Options



Lap Band



Bypass



Sleeve

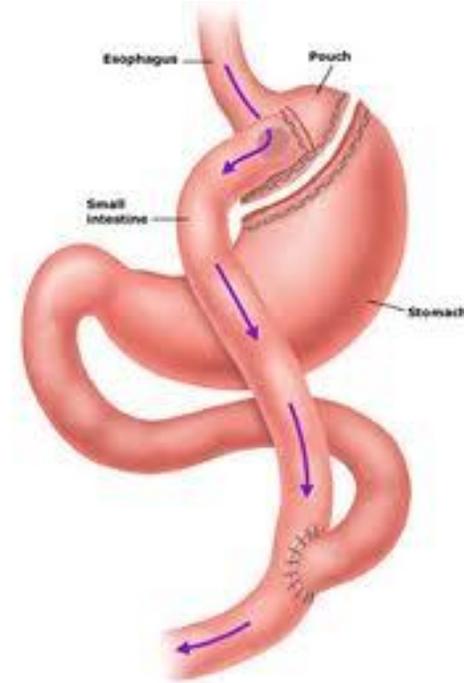
# Adjustable Gastric Banding “Lap Band”

- A band is placed around the top of the stomach, creating a small pouch that limits food intake
- Additionally, a small port is affixed inside the body that allows the band to be adjusted later to make the pouch smaller or larger
- 40% of excess body weight loss



# Gastric Bypass

- A small pouch is created using a surgical stapler
- The small bowel is divided, using a surgical stapler
- One end of the small intestine is raised and attached to the stomach pouch
- The other end of the small intestine, still connected to the non-functional stomach remnant, is reconnected to the intestinal tract
- 60-70% excess body weight loss

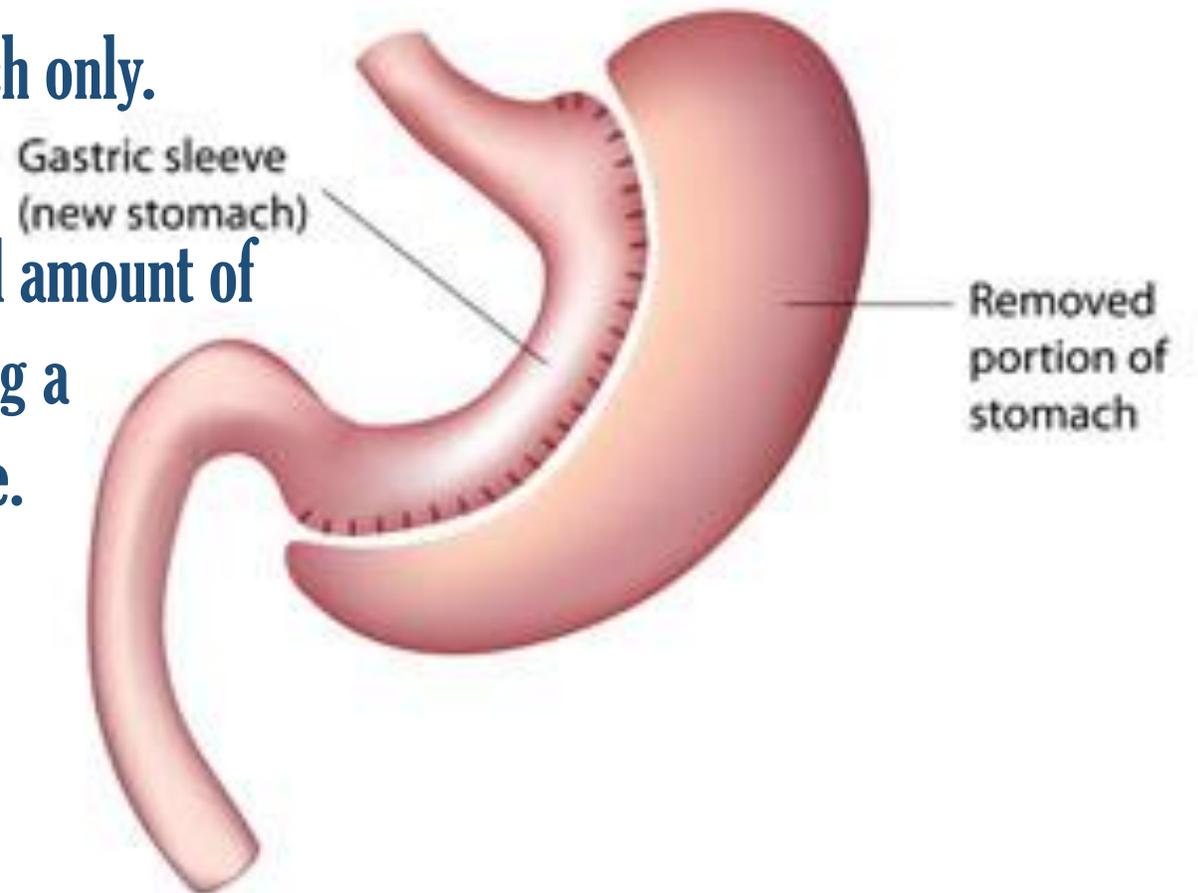


\*\*Patients with a BMI greater than 60 are recommended for this procedure\*\*

# Sleeve Gastrectomy

## Vertical Sleeve Gastrectomy

- This procedure involves surgery on the stomach only.
- It removes about two-thirds of the stomach.
- It restricts food intake by allowing only a small amount of food to be consumed in a single sitting, providing a quicker sense of fullness and decreased appetite.
- 50-60% excess body weight loss



# Informational Video on the Sleeve

<https://www.youtube.com/watch?v=ljxFjI69bEI>

# Insurance Information

Please Contact:

**GIRARD**  
Medical Center



Debbie Maxwell  
Patient Accounts Manager  
620.724.5156

- Interested in receiving an estimate of what the procedure would cost for you?
- Unsure if you have bariatric coverage through your insurance?

## **Your insurance may require additional preparation.**

- **Medicaid and many private insurances require a 6 month Physician guided weight management.**
- **You can find out if your insurance requires this many ways:**
  - **You can call the number on your insurance card and ask them what their requirements are**
  - **At your free bariatric consultation with Dr. Latchman your coordinator will check with your insurance on their specific guidelines (many we already have on file)**
  - **When you call Debbie – Patients Account Manager**

**In the mean time if you smoke, quit smoking now!**

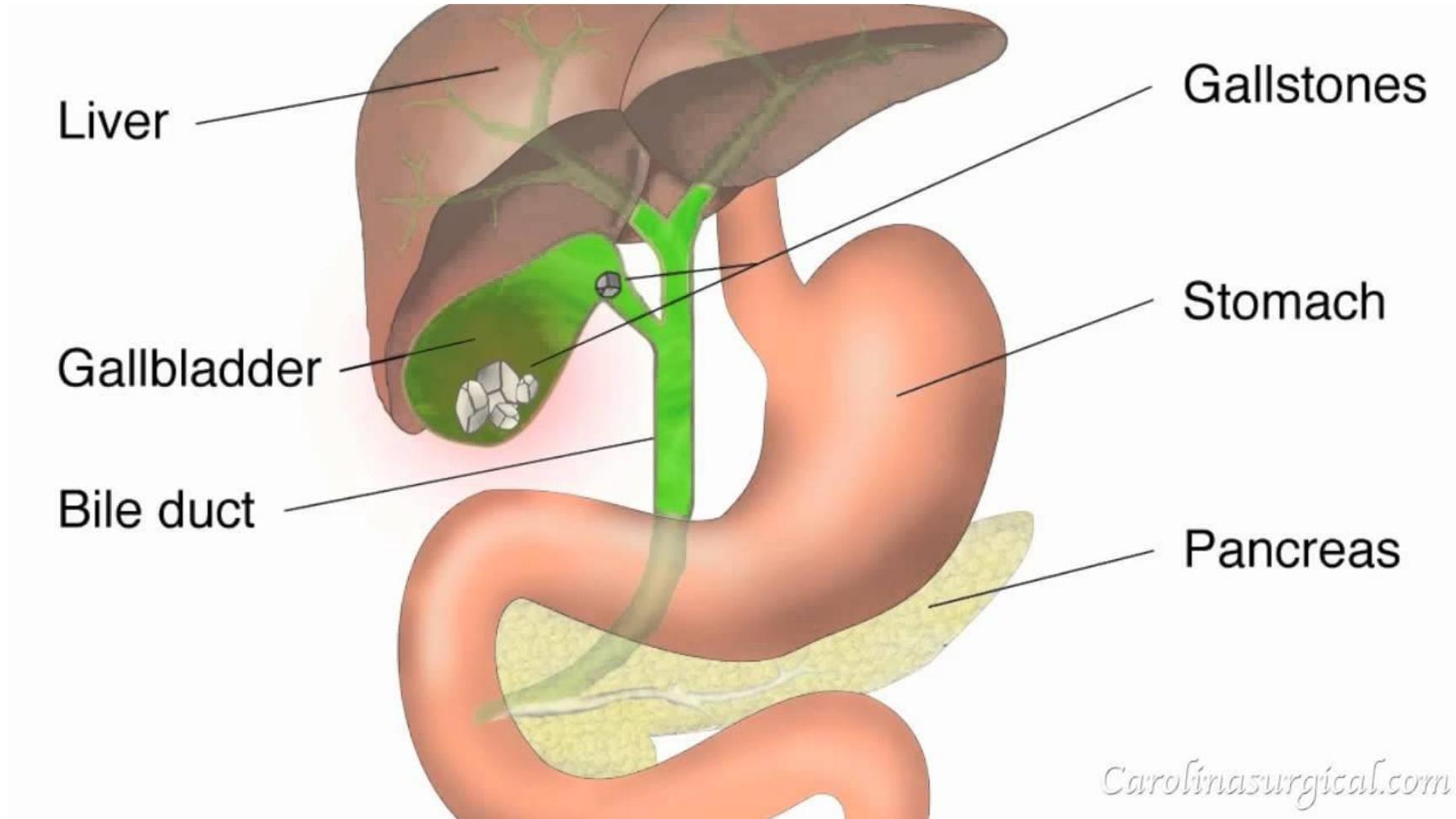
# Pre-Surgical requirements for Laparoscopic Sleeve Gastrectomy

**Gallbladder Ultrasound-** an ultrasound that evaluates gallbladder anatomy and gallstones. In addition, a hepato-biliary scan may be ordered for those patients with questionable symptoms without evidence of gallstones. (must not eat or drink after midnight. Done at Girard Hospital)

**Dietitian Evaluation-** pre-operatively all surgical candidates will need to meet with the dietitian to discuss and review pre-op and post-op dietary recommendations and restrictions. (Done at Girard Hospital)

**Psych Evaluation-** to rule out alcohol or narcotic dependencies, eating disorders, and assist in diagnosing clinical depression or other psychological illnesses and to assess surgical expectations. (Done at Community Health- Pittsburg)

# Why check the gallbladder before surgery?



# More Pre-Surgical workup for Laparoscopic Sleeve Gastrectomy

**Sleep Apnea testing-** this is an overnight sleep analysis to check your tendency to stop breathing during deep sleep. If sleep apnea is detected then a CPAP machine will need to be used at night.

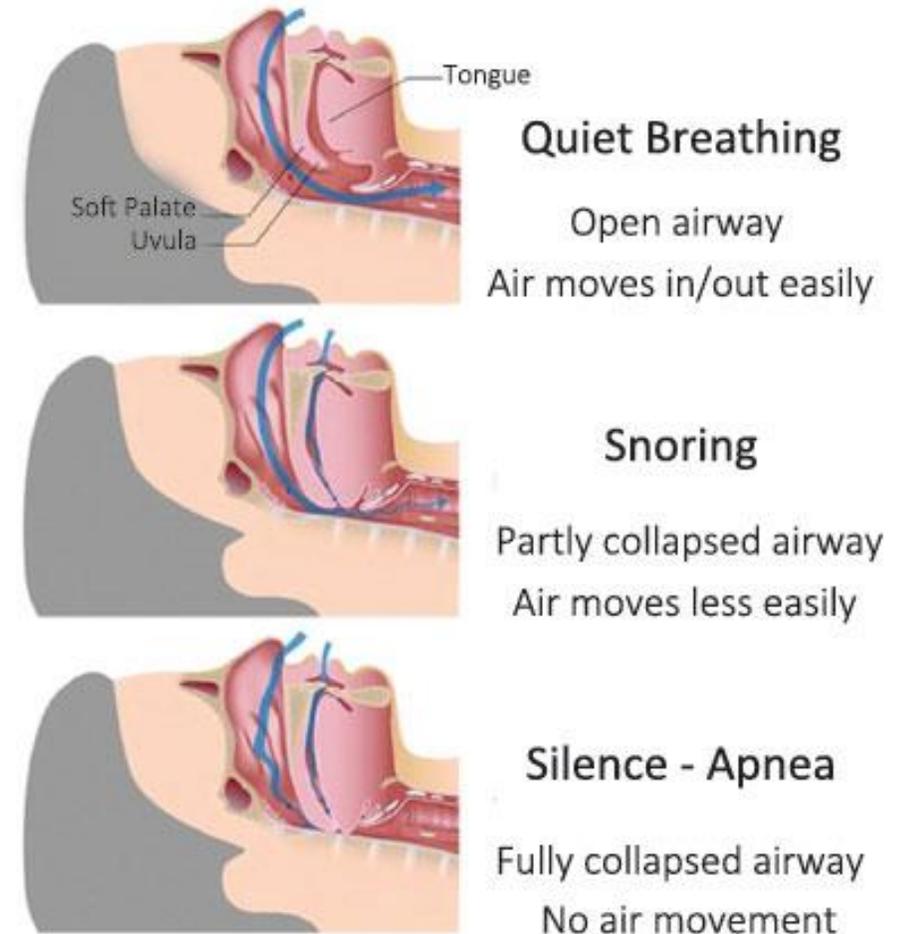
**Cardiac Clearance-** if the patient has previous history of heart disease or has high risk factors (long term smoker, elevated cholesterol, severe hypertension, long term diabetes, or history of heart attack) then a cardiology consult may be necessary and additional cardiac testing if needed.

**EGD-** done under sedation to evaluate evidence of: ulcer, reflux, tumors, and hiatal hernia. Done 1-2 months prior to surgery

# Why test for sleep apnea?

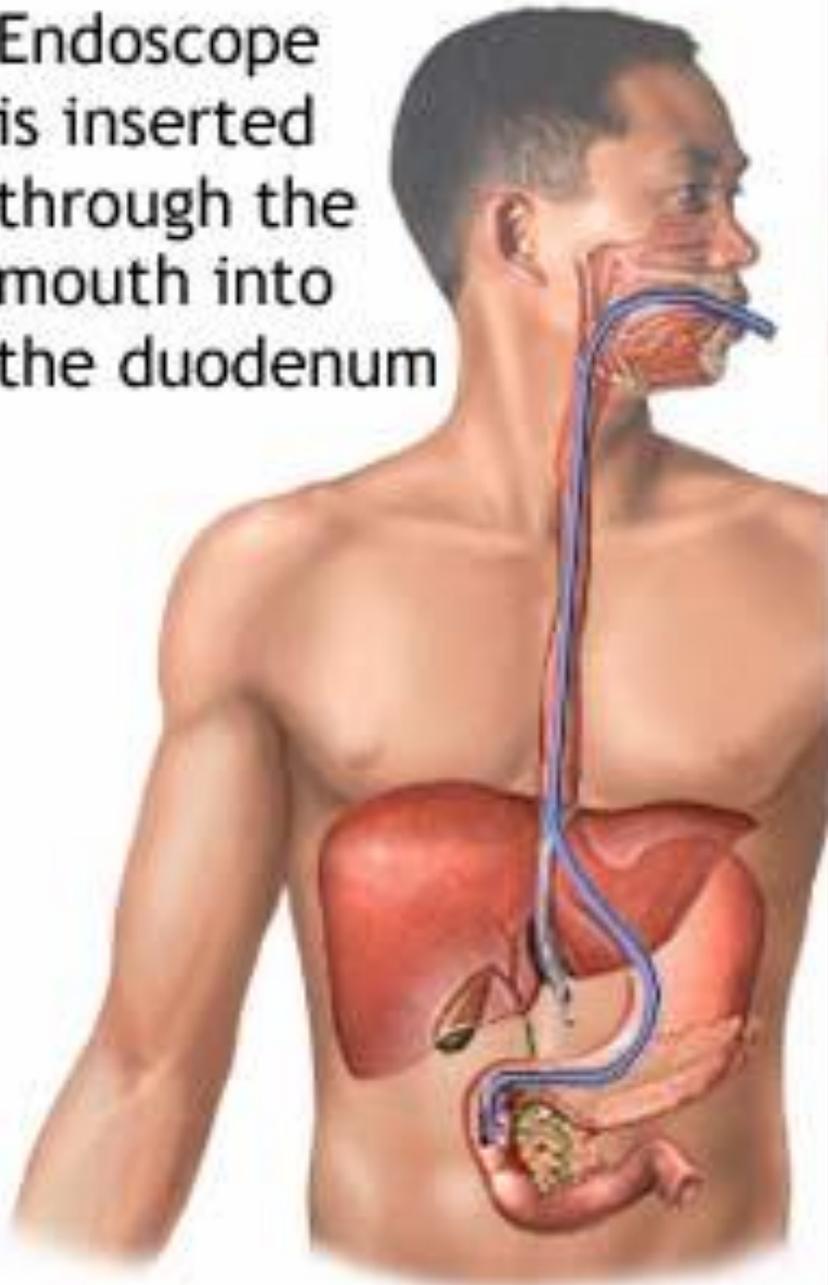
- When there is no air movement the amount of oxygen in your blood is decreased.
- When your new stomach is healing it is essential to have optimal blood flow and oxygenation. If not it increases risk of developing a hole in the suture line resulting in long ICU stay and increase risk of death.
- Also with post-surgical pain medication it decreases your respiratory drive decreasing overall oxygenation further making worse underlying untreated apnea and decreasing healing.
- **This is also why we want you to be nicotine free as smoking decreases blood flow to the healing site and increases the risk of the hole in the suture line. \*quit now\* ;)**

## The Obstructive Sleep Apnea Cycle



*This cycle is repeated over and over, robbing you of restful sleep.*

Endoscope is inserted through the mouth into the duodenum

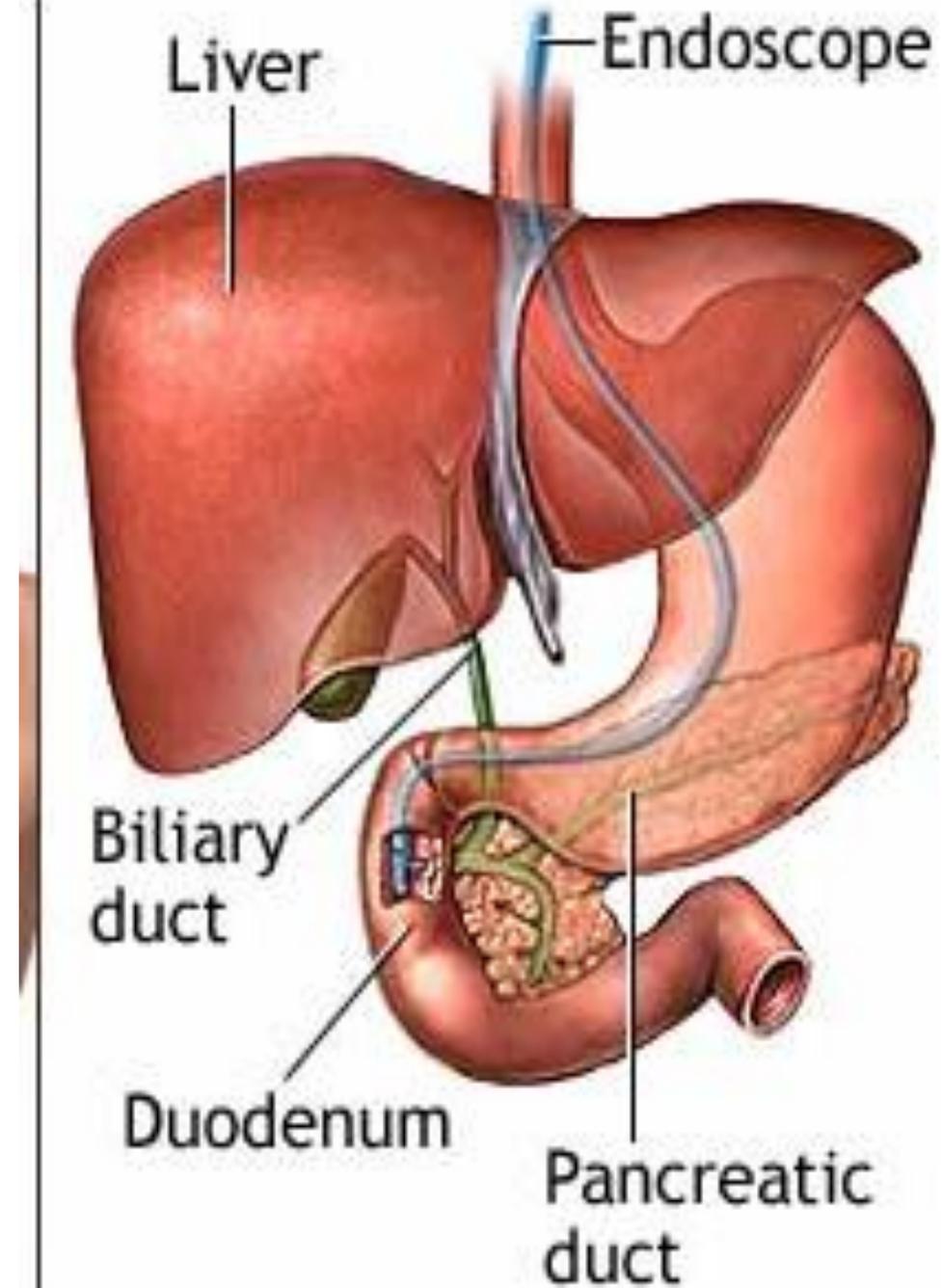


## EGD

**Esophago-gastro-duodenoscopy**  
esophagus  
stomach  
duodenum  
camera

To check and make sure everything is healthy before surgery. Done after all other evaluations in before sleeve.

Test for H-pylori - can cause stomach ulcers



# Nutritional Information



**Adele Bohn -Dietitian**

**[ABohn@girardmedicalcenter.com](mailto:ABohn@girardmedicalcenter.com)**

**1-620-724-5150**

**\*\*Patients will receive a handbook with all nutritional information, at their diet consultation\*\***

## **Diet Preparation Tips:**

- **Cut down on fried foods.**
- **Avoid drinking high calorie/high sugar drinks (pop).**
- **Avoid beverages with carbonation. Carbonated drinks tend to make you feel full/bloated faster.**
- **Avoid caffeine as it may be dehydrating.**
- **Focus on proteins FIRST.**
- **Cut out alcohol. Alcohol causes gastric irritation and can cause liver damage.**
- **Decrease portion size.**

- It is important to remember- weight loss surgery is not a magical procedure for losing weight. It is not a “quick fix”. It is a **TOOL** that will help make losing weight easier, but it will not work unless you make a commitment to permanently changing some of the behaviors and foods that have brought you to this point.
- Lifelong dietary behavior modification is necessary to ensure both an adequate nutritional status and long term weight loss success. The sleeve will help you to achieve these changes. Good nutrition through balanced meals is key.
- The most important components of your diet will be **PROTEIN, WATER, AND VITAMINS**

# Laparoscopic Sleeve Gastrectomy Diet Plan

- Pre op diet 2-4 weeks prior to surgery.
- Day before Surgery: Clear Liquids all day
- Day of Surgery: NPO (nothing by mouth)
- Day after surgery: clear liquids started. 30 cc of clear liquids every 15 minutes.
  - Week 1: Home from hospital on a Clear Liquid diet
  - Week 2: Full liquid diet
  - Week 3: Pureed
  - Week 4: Soft Foods with Moist Meats
  - Week 5: — Regular diet -- Your Journey Begins!!

This is a generalized schedule. This schedule will be individualized as stages and diets can change per your doctor's orders.

# **Pre-Op Diet**

## **(2, 3, or 4 weeks)**

**It is recommended by your surgeon and dietitian to follow a reduced carbohydrate, high protein diet at least 2 weeks before surgery. The purpose of this diet is to deplete your glycogen stores and make your liver smaller. A smaller liver will reduce the risk of bleeding and decrease procedure time. For this diet to shrink the liver it is very important to actually measure and weigh all of your food.**

**Start looking now for a liquid protein supplement you like. There are handouts on these at the table**

# Diet Descriptions

## Clear Liquids (week 1)

This stage is while you are in the hospital recovering from surgery until 1 week after surgery. You now have a suture line in your stomach we must protect and allow to heal. Clear liquids are liquids you can see through. It may not sound like much but you most likely will not have the feeling of hunger and we will be reminding you to drink enough liquids. **All liquids moving forward should be sugar-free and caffeine free. Anything you drink should not have carbonation because this will create extra gas in the stomach that can cause discomfort and nausea. No more straws, as this can also cause increased gas in the stomach.**

- Sips are encouraged at this time to prevent unwanted nausea. We will be monitoring your intake very closely and work with you on your fluid intake and adjusting. If you become nauseous or get a full feeling then stop sipping until the feeling passes. A High Protein Clear Liquid supplement will be sent home with you for this week after your discharge from the hospital. **All liquids this week room temperature: too hot or too cold can spasm the stomach and cause discomfort. Too cold shrinks blood flow to the stomach and decreases optimal healing environment.**

## Full Liquids (week 2)

This diet will consist of mostly protein Shakes, Creamy Soups, and Yogurts. Adding Protein powders to this is important. You can find protein powders that are unflavored you just add to your shakes. They also make flavored powders you can use with milk mixes. You will most likely not be very hungry during this stage either. Your stomach will still be adjusting to the changes and the lack of the hunger hormone. This is because your stomach is still in the healing process from the incision and we do not want to add anything with bulk that can cause a tear or a rip in the incision from the staples. During these liquids diet phases, you will want to continue to avoid the following:

- Coffee
- Carbonated Drinks
- High Fat Beverages
- High Sugar Beverages

This is a permanent habit change to be developed to aid in permanent weight loss.

**All liquids this week room temperature: too hot or too cold can spasm the stomach and cause discomfort. Too cold shrinks blood flow to the stomach and decreases optimal healing environment.**

## Pureed Diet (week 3)

During this stage, you may start having slightly textured foods. Aim for the consistency of baby foods. Eat protein rich food first and then move on to fruits and vegetables.

Foods in this stage may include:

- Pureed skinless fish, chicken, turkey and occasionally beef
- Baby food meats
- Yogurt (sugar-free, non-fat)
- Cottage Cheese Low fat or non-fat; (Pureed or smashed)
- Scrambled Eggs or Eggbeaters (Smashed)
- Mashed Potatoes (small serving)
- Vegetables and Fruits (Pureed )
- Soups with 1 jar of baby meat blended, if needed

\*\* If having a liquid meal, continue with approved supplements. \*\*

## Soft Foods with Moist Meat (week 4)

On this diet, your meals can now include fork tender cooked foods. It is recommended you eat small amounts (2 – 3 ounces) at a time while ensuring to chew your food well and take small bites. **The key here is to stop eating once you feel full.**

Food during this soft stage can include:

- Baked Fish
- Soft chicken or turkey
- Eggs
- Beans
- Bananas (avoid citrus fruits)
- Soft Vegetables

Foods to avoid, (mainly starches)

- Rice
- Potatoes (very small portions, OK)
- Bread or Crackers
- Fried or Greasy Foods

## Regular Diet (week 5)

Once you are ready to eat solid foods, you will want to focus on healthy, nutritious foods that are high in protein. This stage will continue for the rest of your life and what you do during this stage will decide how much weight you actually lose. Remember to eat slowly and stop eating as soon as you feel full. This will help prevent nausea, vomiting, stomach pain as well as preventing the stomach from stretching.



# Surgery Plan

When all pre-surgical requirements have been met:

- 1 week prior appointment with Dr. Latchman (photo)
- Pre-Op with GMC surgery staff 8-10 days prior to surgery (labs drawn)
- Surgery (Tuesday or Wednesday)
  - Day of Surgery:
    - NPO
    - PCA Pain Pump
    - Walking
  - Post-Op Day 1
    - Upper GI study
    - Clear Liquid Diet (30 ml every 15 minutes)
    - Home on Post-Op Day 1 or Day 2 (1 to 2 night hospital stay)
      - Discharge to home with JP drain

# Follow-Up Appointments

- 1 Week (JP drain removed)
- 1 Month (pictures and video)
- 3 Months (labs drawn)
- 6 Months
- 1 Year
- 18 Months
- Yearly



# Journey to Success

**You also need to work on a mind change! Some of you have been obese since childhood and as your body changes to a healthier you... you also need to help your mind change to a healthier you.**

## How to do this?

### Community!

- **Facebook closed group — GMC Sleeve Gastrectomy Patients**
- **GMC Weight Loss Support Group meetings at GMC first Tuesday of every month at 7pm**
- **Find a buddy that has walked this journey before or will be your personal honest cheer squad — sometimes we can't see our success but others can!**

### Mindfulness — being aware of your actions and their results

- **Journal! Either on paper or with a smart phone app: My Fitness Pal or Baritastastic**

### Connect to your team

- **With the Office, Coordinator, Dietitian!**

# Meet Our Patients!

- Go to [www.girardmedicalcenter.com](http://www.girardmedicalcenter.com)
- Click on the Bariatric Services tab
- Facebook group
  - let coordinator know if you want added

*1 week prior to surgery*



*1 month post-surgery*



*3 months post-surgery*



# Meet Brian

- in 6 months lost 62 pounds

“I used to get short of breath walking, now I can walk all I want.”

“No more blood pressure or diabetes medicine.”



Before

6 months after

# Meet Bambi

- BMI from 36 (severely obese) to BMI 25 (NORMAL)! – still! 3.5 years later.
- Lost 70% excess body weight
- “I have learned control over eating. I can eat one cookie instead of 6 cookies.”
- “I have more energy, feel better, and am much happier.”
- “I don't get short of breath with activity.”
- Went from a size 22 to 7/8!



Before

3 month

6 month



# Meet Lonnie

**Can it produce lasting results? YES**

- **He is down 75 lbs. at 2.5 years**
- **off his c-pap**
- **“It gave me back my life”**
- **“I could not hardly get in and out of my Semi and can now easily”**
- **“I am now able to get down on the floor with my grandkids and get back up again”**



# Meet Trudy

- 52 years old, 3 years ago sleeved
- Had trouble with feet, insulin resistant, exhausted, sleep apnea
- “I enjoy every aspect of my new life, & my healthy lifestyle. I only wish I had done it sooner.”
- “People, life is too short to have your life be restricted by the size of your body! Have the sleeve & get out there & live the life that you were meant to live!”



# Karen

- Lost 152 lbs. at 1.5 years.
- “I am living a life I never imagined I could live”
- “I have the utmost respect and appreciation for Dr. Latchman and the GMC team.”
- “Thank you for my wonderful new life which has improved at all levels.”
- That last picture is me running my first marathon in Chicago! I have run races in several states.



Before



1 ½ years out



3 years and RUNNING!

# Katy

- - 124 lbs. at 18 months
- “I never felt comfortable doing anything or being around anybody.”
- “Now am checking into joining the Air Force — which is now possible!”
- “It has changed my life and how I look at food.”



**If interested in scheduling a free consultation:  
Please contact Dr. Lachman's Pittsburg office at: 620.231.6160**

