

advocare

Surgical Specialists
of Washington Township

Bariatric Surgery Options

Jefferson Health

Dr. Louis Balsama



- *First Surgeon to perform Single Incision lap gastric band surgery at Kennedy Hospital*
- *Performs Lap gastric band and Lap sleeve procedures with single incision in select cases*
- *Served as Assistant Professor of Surgery at UMDNJ-School of Osteopathic Medicine for many years*
- *Director of UMDNJ Residency program*
- *Voted South Jersey Magazine 'Top Doc' 2011 - 2014*
- *UMDNJ-SOM Director of Surgical Residency*
- *1000 bariatric surgeries!*

Dr. Louis Balsama
Not your 'every day' surgeon!

What is obesity?

Today, rather than using tables and “body types” to determine who is overweight, we use a simple calculation called **Body Mass Index or BMI**. BMI relates a person’s weight to their height.

Weight Guidelines

Overweight	BMI more than 25 kg/m ²
Obese	BMI 30 to 34.9 kg/m ²
Severely Obese	BMI 35 to 39.9 kg/m ²
Morbidly Obese	BMI more than 40 kg/m ² or BMI 35 to 39.9 kg/m ² with associated medical problems (diabetes, high blood pressure, etc)

Who Qualifies for Consideration for Surgery?

- Meet the BMI Criteria
 - At least 18 years old
 - Have been overweight for more than 2 years (meet diet criteria)
 - Have had only short-term success with serious weight-loss attempts
 - Are prepared to attend regularly follow-up sessions and make lifestyle changes
 - No psychiatric contraindication
 - Need to be screened for everything
 - No current addiction
 - No current pregnancy
 - GI disorders will predict which surgery is better
-

Professional Staff

Kathleen McKeever
Bariatric Coordinator
856-589-0600



Chris Arroliga RN, CDE, SMC, CBN
Certified Bariatric Nurse
Contributing bariatric exam test writer
Christine@drbalsama.com
856-701-8668





Jefferson Program
856-346-6470

Bariatric Program

- 856-589-0600
- 701-8668 Chris- bariatric nurse
- Support groups
 - Two support groups

Nutrition counseling

- Pre and post visits with bariatric nurse and dietitian
 - Kennedy pre-op class
 - Continued follow-up as needed with a mental health professional
 - Join our Virtual walk/run exercise group on the free RUNKEEPER app.
-

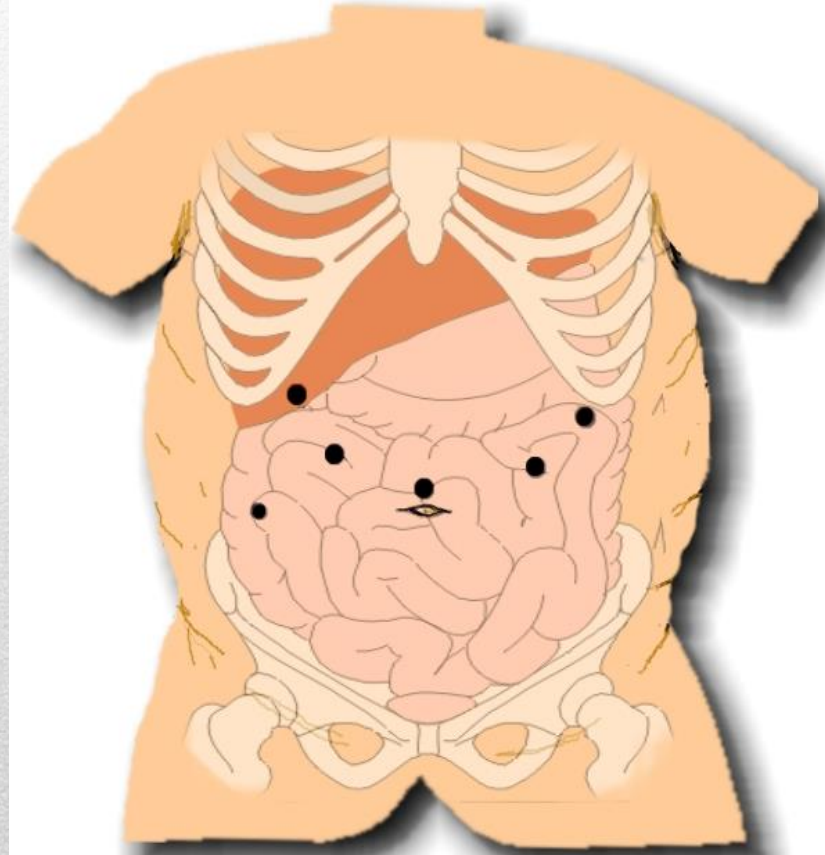
The Surgeries

- Sleeve gastrectomy
- Gastric bypass
- Revisional surgery

<https://www.youtube.com/watch?v=JdmzPvoV6OQ>

Laparoscopic Procedure

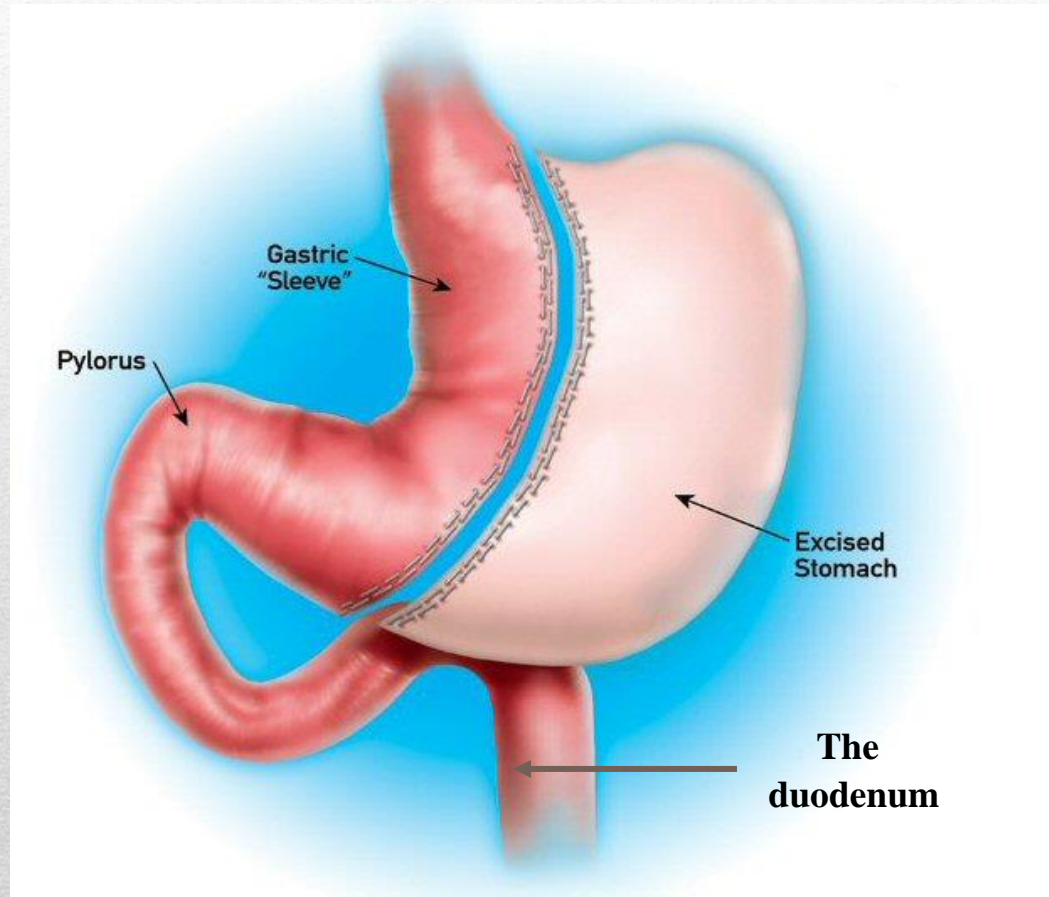
- 4 to 6 $\frac{1}{4}$ - $\frac{1}{2}$ inch incisions are made to allow the surgeon to place a camera and instruments into the abdomen to complete the surgical procedure. The benefits of using these small incisions rather than 1 large one are:
 - Less Pain
 - Quicker recovery
 - Fewer complications
 - Less noticeable scar
 - Shorter hospital stay



Sleeve Gastrectomy

Restriction

Stomach is
approx 7oz



Appetite
suppression

Benefits

1. No re-routing of organs/no mal-absorption
2. Easy to perform
3. Low complication rate
4. Good weight loss
5. Appetite suppression

Sleeve Gastrectomy

Best for :

- Medication absorption
- Food tolerances
- Arthritis
- Slower weight loss

Worse for:

- Acid reflux
- Barretts esophagus

Sleeve Gastrectomy

The Laparoscopic Roux-en-Y Procedure

Mal-absorption

Restriction



Appetite
suppression

Feedback



Benefits

1. Longest track record in the US
2. Bio-feedback
3. Initial quick drop in weight
4. No implanted devices

The Laparoscopic Roux-en-Y

Best for:

- Diabetes
- Maximum weight loss
- Acid reflux
- Barretts esophagus
- Carb addiction

Worse for:

- Arthritis
- Too many adhesions
- Chronic anemia

Gastric Bypass

The conversion of one bariatric procedure for another due to failure of first surgery.

Examples:

- Lap-band to sleeve gastrectomy, gastric bypass
- Sleeve gastrectomy to gastric bypass
- Proximal gastric bypass to distal gastric bypass

Revisional Surgery

- National Institutes of Health (NIH) study found the risks of bariatric surgery have dropped dramatically and now are no greater than gallbladder or hip replacement surgery
- Risks are lower than the longer-term risk of dying from heart disease, diabetes and other consequences of carrying more weight than a person's organs can tolerate. As a matter of fact, you may add another 20 years to your life!
- At 30 days post-surgery, researchers found the mortality rate among patients who underwent a *Roux-en-Y gastric bypass or sleeve gastrectomy 0.3% or laparoscopic adjustable gastric banding to be 0.1% or a Duodenal Switch 0.7% (Heart surgery carries a risk of 3.0%)*

Safety in Bariatric Surgery

Reference: <http://asmbs.org/guidelines-statements>

Potential Complications of ANY Surgery

- Infection
 - Pneumonia
 - Clots
 - Dehydration
 - Leak
 - Bleeding
 - Death
-

- One night in hospital
- Up walking halls immediately
- Clear liquids
- Contact RN once home if you don't hear from her
- Back to work in 2 to 4 weeks
- On regular diet in approximately 5 to 6 weeks
- Shower when you get home if you'd like
- Go to mall and walk or enjoy nice days outside

RECOVERY

Decisions

- One size does not fit all
 - Risks vs. Benefits
 - Overall weight loss
 - Follow-up
 - Recovery
 - Feedback
 - Age
 - Health
-

Benefits

- HEALTH and longer life!
 - Long term weight loss maintenance
 - Resolution of disease
 - Crossing your legs
 - Feeling comfortable on an airplane
 - Fitting into a booth
 - Getting on and off the floor
 - Being around for grandchildren
-

*Question and Answer
Discussion*

www.Drbalsama.com

Facebook/[drbalsama.com](https://www.facebook.com/dr balsama.com)

Thank you!
