

## Surgical Associates Guide to Weight Loss Surgery

Dr. Mecenas performs two types of Weight Loss Surgery, the Roux-en-Y gastric bypass and the LAP-BAND.

**Warning:** Failure to read this document and follow instructions given to you by Surgical Associates could severely delay the process. Do not return this form with your history and insurance forms.

### How our program works:

- Patients need to fill out both history forms and the insurance form then mail them to our office with the registration fee. When we receive the forms we will review them and then call you to schedule an appointment.
- The forms must be **complete**. If you neglect to fill out each form appropriately you will **not** be called for an appointment.
- Your first visit will last about two hours. You will first watch a 45 minute video and then you will meet with our Nurse Practitioner or Physician's Assistant.
- If you are still interested and you meet the criteria you can schedule an appointment to see Dr. Mecenas. Your appointment with Dr. Mecenas will need to be at least one week after your first visit.
- You will receive information regarding appointments you need to schedule and support groups you must attend.
- Please do not try to rush things; this is an elective surgery **not an emergency**.
- It is important that you have the support of your family when going through this process especially after surgery.
- Please **DO NOT** ask your family members to call our office for you. Phone calls regarding appointments and questions about the program need to be made by you. Part of being considered a good candidate includes being able to show your interest by making any necessary phone calls to Surgical Associates yourself.

**Are you a Candidate?** Patients have to meet the criteria set by Dr. Mecnas and their insurance company in order to qualify for surgery. Here are the most common criteria:

- 1) BMI must be **35 with two major co-morbidities such as sleep apnea, hypertension, or Diabetes** or a BMI of **40** or above without co-morbidities.
- 2) Ages 18-65
- 3) You must have been **obese** for at least **5** years(your primary care physician must be able to document this)
- 4) No history of drug or alcohol abuse.
- 5) No tobacco use
- 6) You must have tried several attempts at weight loss (most insurance companies require that this be supervised by your PCP)
- 7) No liver, kidney, or gastrointestinal disease.
- 8) No untreated mental illness.
- 9) No glandular problems such as thyroid or adrenal disease causing your obesity.
- 10) Must be willing to be observed over a long period of time.
- 11) Patients must have a clear understanding of the surgery and its risks. It is the patient's responsibility to educate her/himself.
- 12) Patient's must be ambulatory (be able to walk).
- 13) Maximum weight= 450 pounds (This doesn't mean that we will not work with you if you are over 450 pounds)

## **BMI= Body Mass Index**

You will need to be able to calculate your BMI for your history form. We will use this information to determine whether or not you are a candidate for surgery.

The formula for calculating your **BMI** is:

Weight (lb) x 703 ÷ height (in)÷ height (in) = BMI

Example: 300 x 703 ÷ 66 ÷ 66 = 48.4

## **Testing**

Depending on which surgery you choose, you will need to have various tests completed before surgery. Some of these tests are needed for Dr. Mecnas and some for your insurance company. **Do not schedule any of these tests until Dr. Mecnas has given his OK.** Other patients may be telling you how to “work the system” but don't listen. Such behavior may disqualify you from having surgery.

## Risks

There is a risk anytime you have surgery. You will be under general anesthesia. Risks include but are not limited to:

- 1) Death
- 2) Blood clots
- 3) Excessive bleeding
- 4) Slippage (Band Only)
- 5) Respiratory problems
- 6) Leaks or blockage at site where tissue is sewn or stapled together
- 7) Nutritional deficiency
- 8) Infections
- 9) Scarring
- 10) Incisional hernia
- 11) Stricture
- 12) Gallstones
- 13) Depression
- 14) Excess skin
- 15) Weight loss failure or weight regain

## Pre-Op Instructions

**Exercise-** Just as important before surgery as it is after. You want your body to be in good physical condition so that your surgery goes as smooth as possible.

### **Avoid “last supper”-**

- You may be asked to lose weight before surgery (always a good idea) the purpose of this is to decrease to size of your liver and make your surgery easier and safer to perform.
- Anyone with a BMI of 50 or above should be prepared to lose weight before surgery due to the risks involved in operating on a patient this size.
- Your surgery will not be scheduled until you meet your weight loss goal set by Dr. Mecnas.
- Everyone will be referred to the nutritionist at the Cayuga Center for Healthy Living (CCHL) before surgery for a two week liquid diet.

**Smoking-** If you are a smoker you will need to quit. Your surgery will not be scheduled until you have.

**One week before surgery-** you will be scheduled for an office visit with our Physician’s Assistant or Nurse Practitioner for a brief history and physical.

**One month before surgery-** if you are taking oral contraceptives you must stop taking them.

**Post-op diet-** You should start to prepare yourself for after surgery by shopping ahead of time for things such as protein shakes. Review your handout from the Nutritionist to make sure you know what you can and can't have. If you are having a gastric bypass you should also shop for vitamins and minerals that are liquid or can be crushed.

**Medications-** It is important that you speak with your Primary Care Physician before surgery about having your medications changed to a liquid or crushable form. You should pick up these prescriptions at the pharmacy before surgery so that you will have them when you get home.

## **The Day of Surgery**

Remember to pack things such as slippers and comfortable clothes to wear home. When you wake up from surgery don't be surprised if you are in ICU and have drainage tubes in your abdomen. You will probably have one or more IV lines in place.

## **Post-Op**

- After surgery you should be attending support group meetings. These meetings will be able to help you get through the tough times. You may be having trouble with the diet; others can offer advice as to what worked for them.
- Depression is a common post surgical problem. If your depression is severe you may need medication or psychological counseling.
- You can call us at Surgical Associates any time you have questions or concerns.
- Refer to your post-op instructions given to you upon being discharged from the hospital for signs that you may need to be seen at Surgical Associates.

RNY- you will be seeing Dr. Mecnas every 3 months for the first year. You will need blood work before your visits at 6 months, 9 months, and 12 months, and yearly thereafter.

Band-you will be seeing Dr. Mecnas about once a month depending on whether or not you need a fill. Dr. Mecnas will let you know.

## Websites

It is important that you are well informed before surgery. If you do not have access to the internet at home, most libraries offer free internet access. Recommended sites are:

[www.obesityhelp.com](http://www.obesityhelp.com)

[www.asbs.org.com](http://www.asbs.org.com)

[www.sabariatric.com](http://www.sabariatric.com)

[www.gastricbypassfamily.com](http://www.gastricbypassfamily.com)

## Books

### For Gastric Bypass patients-

Weight Loss Surgery; Finding the Thin Person Inside You! By Barbara Thompson

### For LAP-BAND patients-

Laparoscopic Adjustable Gastric Banding; Achieving Permanent Weight Loss with Minimally Invasive Surgery by Jessie H. Ahroni, Ph.D.,  
A.R.N.P.