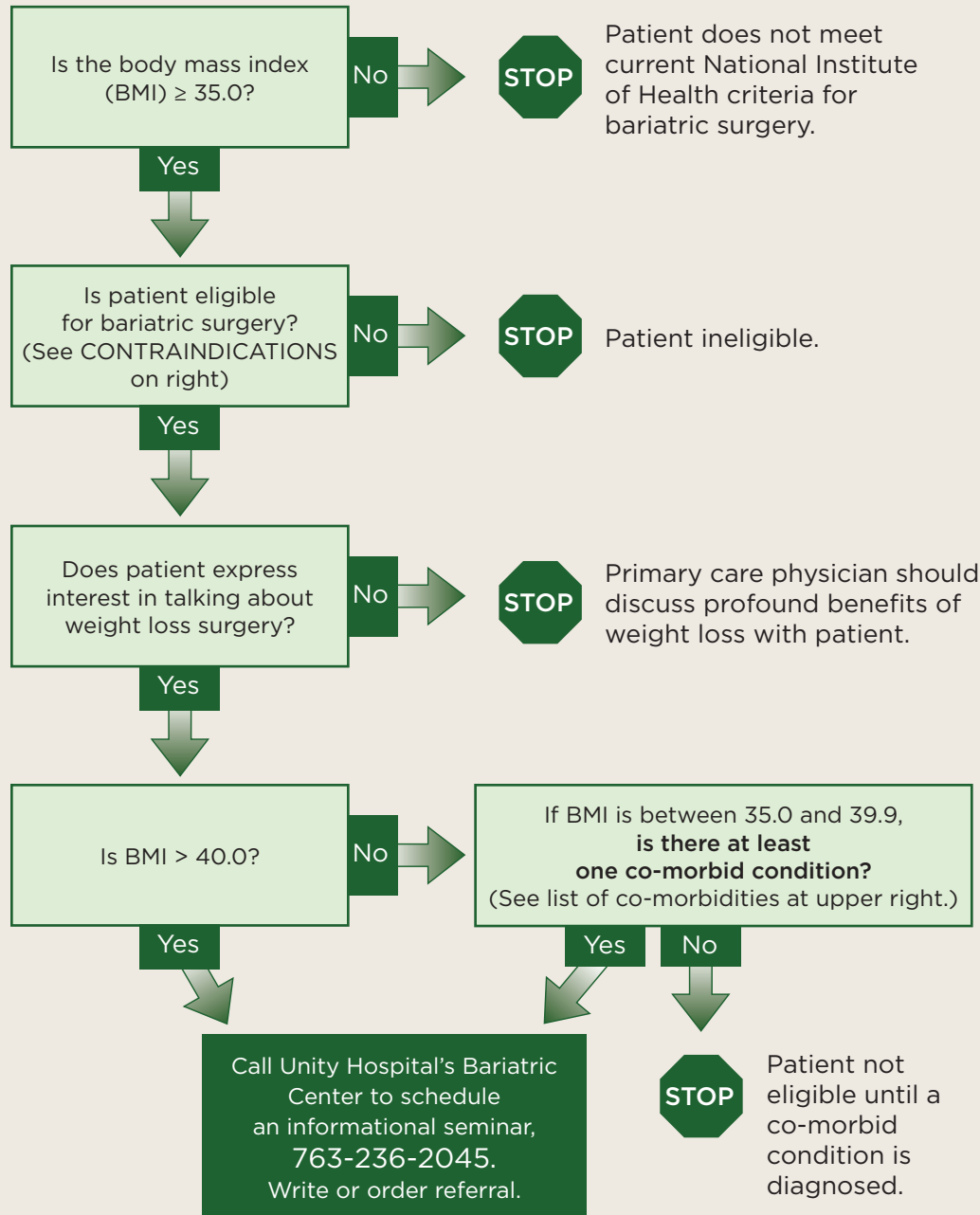


UNITY HOSPITAL BARIATRIC CENTER



Who is ELIGIBLE for Surgery?

Patients who:

- have BMI of 40 or greater (roughly 100 pounds overweight)
- have BMI of 35-40 plus co-morbid conditions:
 - obstructive sleep apnea
 - type 2 diabetes
 - severe joint disease
 - hypertension
 - heart disease
 - reflux esophagitis
 - dyslipidemia
- are prepared to commit to dietary, exercise and other lifestyle changes that will be necessary following surgery.

CONTRAINDICATIONS for Bariatric Surgery Include:

- alcoholism and other chemical dependency issues
- some psychiatric conditions as determined by a licensed psychologist or psychiatrist
- active hepatitis
- inability to comply with instructions and program guidelines
- pregnancy
- lack of support system.

Obesity is Determined by BMI

| Category | BMI Range |
|----------------------|-----------|
| Healthy | 18.5-24.9 |
| Overweight | 25.0-29.9 |
| Obese | 30.0-39.9 |
| Morbidly Obese | 40.0-49.9 |
| Super Morbidly Obese | >50.0 |

Prevalence of Overweight and Obese in the US

| Weight Classification | BMI | Total |
|-----------------------|-----|-------|
| Overweight & Obese | 25+ | 66.3% |
| Obese | 30+ | 32.2% |
| Morbidly Obese | 40+ | 4.8% |

Source: Centers for Disease Control and Prevention, 2003-2004 National Health and Nutrition Examination Survey (NHANES).

UNITY HOSPITAL BARIATRIC CENTER

Bariatric Center Staff

Bariatric Surgeons:

Jeffrey Baker, MD and Fredrick Johnson, MD

Program Manager:

Mary Silberschmidt, RN, BSN

For More Information

Call Unity's Bariatric Center at **763-236-2045** or visit **AllinaUnity.com** and look for the Bariatric Center under Featured Programs.

Co-morbidities of Obesity

- diabetes
- gallbladder disease
- hypertension
- hypercholesterolemia
- insulin resistance
- breathlessness
- sleep apnea
- coronary heart disease
- osteoarthritis (knees)
- hyperuricemia and gout
- cancer (breast cancer in postmenopausal women, endometrial cancer and colon cancer)
- reproductive hormone abnormalities
- polycystic ovary syndrome
- impaired fertility
- increased anesthetic risk
- fetal defects arising from maternal obesity
- gastroesophageal reflux disease (GERD)
- asthma
- lower extremity edema
- vascular disease

Surgical Procedures for Weight Loss

Laparoscopic Adjustable Gastric Banding – an adjustable band is placed around the top of the stomach

- many patients go home the next day
- weight loss is slower, but durable
- adjustable
- 35-60% excess weight loss one year after surgery
- mortality rate is 0.1% nationally

Laparoscopic Roux-en-Y Gastric Bypass – creation of a small stomach pouch with Roux limb creation in the small intestine

- hospital stay is typically one or two days
- weight loss is more rapid
- 65-95% excess weight loss at one year
- some risk of malabsorption, and vitamin and mineral deficiencies if guidelines are not followed
- mortality rate is 0.5% nationally

Resolution of Medical Conditions after Weight Loss Surgery (all types)

| Diagnosis | Resolution/Improvement |
|---|------------------------|
| Diabetes-Type 2 | 82-98% |
| High Cholesterol | 63% |
| Sleep Apnea | 74-98% |
| Reflux Disease | 72% |
| Hypertension | 69% |
| Osteoarthritis/Degenerative Joint Disease | 41% |
| Improves Life Expectancy | Yes |

Source: Buchwald H, Avidor Y, Braunwald E, Jensen MD, Pories W, Fahrbach K, Schoelles K., Bariatric surgery: a systematic review and meta-analysis., Journal of the American Medical Association (JAMA), 2004 Oct 13.



Center of Excellence
BARIATRIC SURGERY



UNITY HOSPITAL

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