Weight Loss Center
New Patient Orientation
Obesity Defined

Overweight and obesity are defined as body mass index (BMI) ranges above what is considered healthy.

- Healthy = BMI 18.5-24.9
- Overweight = BMI 25-29.9
- Obese = BMI 30-39.9
- Morbidly Obese = BMI 40 and above (sometimes BMI 35-39.9 with co-morbidities)

SHC ValleyCare Weight Loss Center offers treatment for obese and morbidly obese patients.
Health Risks of Obesity

- Hypertension
- Stoke
- Hyperlipidemia
- Coronary Heart Disease
- Metabolic Syndrome
- Diabetes
- Obstructive Sleep Apnea & Asthma
- Gallbladder Disease
- Urinary Incontinence
- Certain Cancers
- Infertility & Pregnancy problems
- Osteoarthritis
- Non-alcoholic Fatty Liver

Source: www.rethinkobesity.com
Factors Affecting Weight Control

- Genetics (40-70%)
  - Appetite and fullness signals
  - Tendency to store or burn body fat
  - Energy level for activity/exercise

- Behavior (Diet and Exercise Habits)

- Environment (Commute, Job setting, Finances, Living situation, Stress, etc.)
Benefits/Goals of Weight Loss

- 3-5% weight loss may lower cardiovascular and other disease risk factors, reduce joint pain, and improve overall health and quality of life.
- 5-10% may lower blood pressure, improve diabetes control, sleep apnea, blood lipids, and other weight-related health problems.
- 5-10% weight loss at 6 months is targeted goal, with continued involvement for at least 1 year to prevent weight regain.
- Achieving BMI < 25 minimizes all weight-related medical problems.
Stanford Healthcare ValleyCare

Weight Loss Programs

- Medical Weight Loss (Non-surgical)
- Bariatric Surgery (Surgical)
Non-Surgical Obesity Treatment: What Works?

Lifestyle Intervention Counseling produces best weight loss and health improvements
1. High-intensity (In-person, Individual & group, ≥ 14 sessions in 6 months)
2. Diet and exercise guidance
3. Behavioral strategies aimed at skill development, meal planning, stopping emotional eating and maintaining motivation
4. Support groups
5. Weight loss medications may be added to assist individuals with diet and behavioral changes

*Per 2013 AHA/ACC/TOS Guidelines*
Components of Medical Weight Loss Program

- Doctor Referral needed
- Questionnaire completed
- Medical evaluation by Nurse Practitioner (NP)
- Group class introduction to diet by registered dietitian (RD)
- Regular 1:1 visits with NP and/or RD
- Support groups and class instruction offered
- Pharmacologic (medication) therapy considered
Dietary Approach: Low Carb, Real Foods Diet

- Generally starts with a very low carb diet
  - May be individualized based on assessment
- Emphasis on protein, non-starchy vegetables, and healthy fats
- Gradual expansion to include more “real foods” containing some carbohydrate
- Role of portion sizes and timing of meals
- Recipe ideas and resources
- No required supplements to purchase
Skills Development Training

- Low carb meal planning
- Role of exercise in weight management
- Dining out strategies
- Grocery shopping & label reading
- Managing emotional eating & food cravings
- Staying motivated
- Monitoring changing health conditions
- Creating long term habits to maintain lost weight
Obesity Insurance Coverage

- In June 2013, the American Medical Association labeled obesity as a medical condition/disease.
- Screening and counseling for obesity may be covered by your insurer, but is highly variable.
  - Check with your insurer for the specifics of your coverage.
    - Call the 800 number on your insurance card OR check the website.
    - Ask if obesity treatment (medical or surgical weight loss) is a “covered benefit”?
    - Ask what portion of the cost will be covered?
    - Coverage usually stops when BMI falls below 30.
- If your visits are not covered by insurance, contact our front office for cash pay prices.
Weight Loss Surgery Program

Surgeons
- Dr. Mary Estakhri
- Dr. Andrew Lee

Surgery Options
- Roux-En-Y Gastric Bypass (RNY), Sleeve Gastrectomy (SG)
- Both surgeries help you to get full on smaller portions and decrease appetite
- Almost all surgeries are done laparoscopically
- 1-2 night hospital stay
- LapBand may be considered if BMI < 35
RNY Gastric Bypass

Before Surgery

- Stomach
- Duodenum
- Jejunum
- Small intestine

After Surgery

- Pouch
- Stomach (bypassed)
- Jejunum
- Duodenum (bypassed)
RNY Gastric Bypass

- 18.7% of all bariatric surgeries in US (216,000 total surgeries in 2016)
- Stomach & small intestines are reconfigured to create a small pouch of 1-2 oz. Bypasses most of stomach & first part of intestines.
- Reduces appetite and enhances satiety; Long-term meal size usually 1-1.5 cups/meal
- Certain vitamins & minerals are malabsorbed, but V&M supplements taken consistently will compensate, allowing for good nutritional health.
- Initially 60-80% excess weight lost; with >50% maintained long-term.
- Requires adherence to dietary recommendations, life-long vitamin/mineral supplementation, and follow-up compliance
Sleeve Gastrectomy
Sleeve Gastrectomy

- 58.1% of bariatric surgeries in US (216,000 total in 2016)
- 80-85% of the stomach is removed leaving a tube or “sleeve” of 2-5 oz. between the esophagus and pylorus.
- Reduces appetite and enhances satiety; Meal size is typically $\frac{3}{4}$-1 cup/meal.
- Initial weight Loss is very comparable to RNY gastric bypass
- >50% excess wt loss maintained 3-5+ years
- Procedure is not reversible
Lifestyle after Bariatric Surgery

- Surgery is just one tool to help with weight loss
- A nutrient-dense diet with adequate protein & fluids
- Consistent intake of vitamin & mineral supplements
- Commitment to no smoking, minimal alcohol and medication restrictions
- Regular exercise or physical activity
- Ongoing monitoring of health conditions
- Attention to changes in mental health, relationships
- Healthy sleep hygiene and successful stress management
- Consideration of support groups
Surgical Consult

Nutrition Evaluation (1.5 hours)

Psychological evaluation

Team Conference

Complete required group class and written education

Surgery

Complete questionnaire prior to initial evaluation

Surgical, Nutrition and Psychological consults may be done in any order. Consults, education, & surgery billed to insurance. Some insurers may not cover all expenses.
Surgery Insurance Coverage

- A covered benefit under most insurance plans, including Medicare and HMOs
- Be sure to check with your insurance company: What is their criteria for coverage?
  - Most insurance plans require patients to provide documentation of a recent medically-supervised weight loss effort, which may be completed at Stanford Health Care OR with a doctor of your choice.
How to Get Started

- Call our office at **925-416-6720** to schedule evaluation appointments or with additional questions.
  - Contact information for surgeons and psychotherapists will be provided.
- Complete Patient History Questionnaire prior to first appointment. This must be completely filled out before you arrive!!