

Your Guide to Weight-Loss Surgery

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Introduction

If you want to lose weight and have a body mass index (BMI) over 35, our weight-loss surgery (bariatric surgery) might be an option for you. Culver City Weight-Loss Program is a nationally accredited and recognized weight-loss surgery program that offers gastric sleeve, gastric bypass and revision procedures.

We are proud to be nationally accredited as a Comprehensive Center for Bariatric Surgery under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®). This is a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery, which ensures a high degree of quality.

As a nationally accredited center, Culver City Weight Loss Center offers pre-operative and post-operative multidisciplinary care designed specifically for obese patients guided by a dedicated program director who is available to answer questions and guide you through the surgical process. We serve the Greater Los Angeles area.

Studies have found that bariatric surgery can reduce the incidence of diseases associated with obesity, such as diabetes.¹ According to the American Society of Metabolic and Bariatric Surgery (ASMBS), nearly all individuals who have bariatric surgery show improvement in their diabetic state. Bariatric surgeries performed in more than 135,000 patients were found to lower blood sugar, thereby reducing the dosage and type of medication required. This improves diabetes-related health problems, among other benefits, according to the ASMBS.

Is Weight-Loss Surgery Right for Me?

Weight-loss surgery can produce significant and sustained weight loss, resulting in improved health. There are many procedures that can help you achieve your desired weight and health goals, but the decision to have surgery should not be taken lightly.

Typically, to be a candidate for either procedure, you must have a BMI of 35 with two comorbidities (such as high blood pressure or diabetes), or a BMI of 40 and above (about 100 pounds overweight) to qualify. There is not one bariatric procedure that works for everyone. A consultation with your doctor will help evaluate if you are a candidate for surgery, and which procedure is right for you.



1. <https://asmbs.org/patients/benefits-of-bariatric-surgery>

Benefits

Weight-loss surgery can result in long-term weight loss. It may be possible to lose half or even more of your excess weight within two years.

In addition to weight loss, surgery may improve or resolve conditions related to being overweight, including gastroesophageal reflux disease (GERD), heart disease, high blood pressure, severe sleep apnea, type 2 diabetes, stroke risk and more.

Weight-loss surgery can also improve your ability to perform routine daily activities, which improves your quality of life.

The benefits of sustained weight loss through surgery may include:

- Long-term remission of type 2 diabetes
- Improved cardiovascular health
- Relief from depression
- Elimination of obstructive sleep apnea
- Relief from joint pain
- Improved fertility
- Alleviation of other medical conditions, such as metabolic syndrome, pregnancy complications, gallbladder disease and more

What Is Obesity?

Weight that is higher than what is considered a healthy weight for a given height is classified as overweight or obese. Adult body mass index (BMI) is your weight in kilograms divided by the square of height in meters. To find your BMI, click on link above.

[CLICK HERE](#) to calculate your body mass index!

Obesity is frequently subdivided into categories:

Class 1: BMI of 30 to < 35

Class 2: BMI of 35 to < 40

Class 3: BMI of 40 or higher. Class 3 obesity is sometimes categorized as “extreme” or “severe” obesity.

Health Consequences

Obesity is a serious concern because it is associated with poorer mental health, reduced quality of life, and is the leading cause of death in the U.S. and worldwide.² People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including the following:

- High blood pressure (hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a break down of cartilage and bone within joints)
- Sleep apnea and breathing problems
- Some cancers (endometrial, breast, colon, kidney, gallbladder and liver)
- Low quality of life
- Mental illness, such as clinical depression, anxiety
- Body pain and difficulty with physical functioning

2. <https://www.cdc.gov/obesity/adult/causes.html>

What Are the Different Options for Weight-Loss Surgery?

There are currently several types of weight-loss surgical procedures, also called bariatric surgery. Each type has advantages and disadvantages. Following is a list of each procedure with a brief description of how each will help you lose weight.

Gastric Sleeve

In a sleeve gastrectomy (also known as a vertical sleeve gastrectomy or gastric sleeve procedure), the outer margin of the stomach is removed to restrict food intake. During the procedure, the surgeon removes a large portion of your stomach. The new, smaller stomach is about the size of a banana, which means you are less hungry and feel full sooner after eating. The surgery removes the part of your stomach that makes a hormone that boosts your appetite. From 2010 to 2018, gastric sleeve became the fastest-growing bariatric surgery procedure. Gastric sleeve surgery is best for people who have a BMI of at least 40.



Pros:

- The procedure reduces the size of the stomach and limits the amount of food you can eat.
- There is less malabsorption and no rerouting of the GI tract.
- Shown to help resolve high blood pressure and obstructive sleep apnea. It is also shown to improve type 2 diabetes and hyperlipidemia.
- Excess weight loss at one year averages 59%.
- Post-operative medication management may be less of an issue when compared to other surgical options.

Cons:

- Potentially lower weight loss than the Roux-en-Y gastric bypass.
- Potential for gastric leaks due to stapled resection of the stomach.

Gastric Bypass

The bypass is achieved by stapling the stomach to create a stomach pouch about the size of an egg. This leaves the remainder of the stomach completely stapled shut from the stomach pouch. The newly formed stomach pouch empties directly into the jejunum, completely bypassing the duodenum to avoid calorie absorption. This bypass is done by dividing the small intestine and constructing a new connection just beyond the duodenum to the new stomach pouch.



Pros:

- Recovery or improvement of comorbid conditions, such as diabetes, hypertension and sleep apnea.
- Average weight loss from the gastric bypass procedure is generally higher than other procedures.
- Bypass procedures provide both restrictive and malabsorptive effects.
- Within one year after surgery, patients may experience weight loss of up to 75% of excess body weight.

Cons:

- Risks of nutritional deficiencies are higher than other procedures.
- Anemia may result from malabsorption of vitamin B12 and iron in menstruating women.
- May cause dumping syndrome, a condition in which stomach contents move through the intestine quickly. This can result in nausea, weakness and sweating.
- Potential for gastric leaks due to stapled resection of stomach.
- Weight regain.

Revision Surgery

Our surgeons also perform revision surgery if you have previously had another procedure. Speak with your doctor if you are interested in this option.

Key Questions to Ask about Weight-Loss

Weight-loss surgery is not only about having a procedure, but also about making lifestyle changes to lose weight and maintain your weight loss for the rest of your life—so this is a decision to take very seriously.

The goals of having this surgery are to achieve your desired weight loss, improve your health and, most importantly, maintain your desired weight.

To achieve and maintain these goals, you must learn how to eat a balanced diet and find time for a regular exercise regimen. Achieving these goals requires a lifetime commitment. It won't be easy, but the rewards will make your hard work worthwhile.

Here are some questions to consider when deciding if weight-loss surgery is right for you:

1. Am I a candidate?

First, consider whether you've really tried to lose weight the old-fashioned way with a healthy diet and exercise.

The qualifications for bariatric surgery are based on your body mass index. If your BMI is greater than 40, you will likely qualify on that alone. If your BMI is between 35 and 40, you may qualify if you have medical conditions associated with obesity; common conditions are high blood pressure, diabetes, high cholesterol, sleep apnea, arthritis and some forms of cancer.



2. How much weight can I expect to lose?

It is common to lose 50%-80% of excess body weight over a year or so, depending on the procedure you choose.

3. What surgery is best for me?

Deciding which surgery to have is up to you. Your surgeon will provide you with extensive information about the different procedures, but it's up to you to pick the one you feel most comfortable with.

The most common procedures are the gastric sleeve and gastric bypass. Both have been proven to result in weight loss that can be maintained. Again, your surgeon will discuss the fine points.

4. What are the risks with weight-loss surgery?

Your surgeon will go into detail about the risks, but know that the risk for a major complication is about 3% or less. These complications, which are the same for most major surgeries on the abdomen, include bleeding, infection, blood clots in the legs or lungs, leakage from stomach or bowel, heart attack and death.

5. Can I still get pregnant?

Yes, you can still get pregnant, but it's recommended that you wait about 18 months after your surgery before trying.

6. What will my life be like after surgery?

You will return to a relatively normal life after the first month. Your weight will be dropping and your medical problems will seem easier to control. As the weight falls off, you'll be able to do more and have more energy. You can go back to eating regular foods, just smaller portions. Exercise will get easier and you'll get excited to see your progress!

7. I'd like to have the surgery. What should I do next?

There's no time like the present to start eating healthy, practice portion control and start exercising. Consult with your physician and surgeon to make sure all your health issues are under control and your health maintenance is up to date.

How to Prepare for Surgery

If you qualify for weight-loss surgery, your healthcare team gives you instructions to help prepare you for your specific type of surgery. For example, you may need to have various lab tests and exams before surgery. You may have restrictions on eating, drinking and medications. You may be required to start a physical activity program and to stop any tobacco use. You also may need to prepare by planning for your recovery after surgery.

How to Mentally Prepare

You may need to tackle a few issues to make sure you're mentally prepared for surgery. Here are six tips to help get you started on the path to achieving a healthier weight.

1. Start with realistic expectations: Keep in mind that your surgery is not the immediate answer to weight loss. Rather, it's an internal tool in the form of a smaller stomach that will help you on your weight-loss journey.



2. Seek support: If you are thinking about surgery, it's important to have support. Seek out your primary care provider, plus a family member, friend or group to help you set long-term goals. Recruit someone to help track your weight-loss milestones and help you stay motivated.

3. Start with baby steps: Rather than trying to learn and do everything all at once, look at your options and pick one or two resources. Some possible first steps include:

- Watch webinars on the topic.
- Investigate and consider joining a support group in person or virtual.

4. Recognize and confront emotional eating: If you have a food addiction, you'll need to address that before surgery. Having a smaller stomach through bariatric surgery is not going to fill the emotional needs that eating did. Many people use food as a coping mechanism to deal with daily stress. This only creates further issues down the road. Learning to manage food is imperative after surgery to maintain weight loss because:

- Your food intake will be sharply restricted, particularly for the first few months.
- You have to eat slowly—a small meal should take at least 20 minutes to consume.

5. Depression may be an issue for you: Bariatric surgery is about 80% effective,³ but it takes time and effort to lose and keep the weight off. It is important that your emotional energy is working to support your efforts. After surgery, your body is recovering, and eating is physically restricted. If you suffer from depression, it's even harder to stay on track, particularly if you struggle with food addiction. Work with your doctor or a counselor to develop and maintain a positive attitude about the process.

6. Understand the risks of other addictions: Alcohol, tobacco or other drug addictions also can undermine your efforts to lose weight. Alcohol is high in calories and reduces your inhibitions, which makes you more susceptible to overeating. After surgery, its intoxicating effects will be felt much more quickly. Even one drink can put you over the legal blood alcohol limit to drive.



Tobacco use increases the risk of surgical complications, respiratory problems and ulcers. Patients who return to smoking after surgery can develop a post-surgical stomach irritation or ulcer.

³. <https://health.clevelandclinic.org/prepare-emotionally-bariatric-surgery/>

Nutrition Preparation

Stop smoking

Smoking is dangerous to your long-term health. It hinders lung function and increases the risk of developing pneumonia. Smoking also increases the possibility of anesthetic complications, reduces circulation to the skin, impedes healing and stimulates stomach acid production, increasing risk of ulcers.

Caffeine

Begin to wean off coffee and other caffeinated beverages a month prior to surgery. Regular and decaffeinated coffee can irritate your new stomach pouch or sleeve. Caffeine is a diuretic, which can make you dehydrated. It is recommended that you completely avoid coffee and caffeine for at least two months after surgery.

Alcohol

Stop drinking all alcoholic beverages.

Vitamins

In preparation for surgery, start taking a complete multivitamin once daily and calcium supplement with vitamin D (5000 iu) daily.

Medications

Thirty days prior to surgery stop taking any hormones, including any birth control pills. Three weeks before surgery, stop using NSAIDs, herbal medications (St. John's Wort, ginkgo, garlic, kava kava, valerian, etc.), as these have blood-thinning properties or interfere with anesthesia. Keep a complete and updated list of your medications with you to show your doctor.

Eliminate carbonated and sugar-sweetened beverages

Carbonation can cause discomfort. Sweetened beverages provide empty calories and may cause dumping.

Drink at least 64 ounces of fluid daily

Choose drinks that have no caffeine and less than 10 calories.

Clean out your kitchen of foods and drinks you should avoid

Not having those foods around helps make it possible for you to make healthier choices when you eat. If your family complains, tell them that it's a good idea for you all to start eating a healthier diet.

Eat three meals and a planned snack daily

Never skip meals. Often, you more than make up for it by snacking or eating larger portions at the next meal. After surgery, you should never skip meals because you won't be able to make up for the nutrients you missed.

Include protein at each meal and snack

Good sources of protein include meat, poultry, fish, eggs, low-fat milk, low-fat cheese, Greek yogurt, cottage cheese, nuts, legumes and soy products. Eating enough protein helps to preserve muscle mass and allows you to lose more fat. Eat a fruit or vegetable at each meal.

Use a small plate or bowl to reduce portion sizes

Take dime-sized bites and chew all food to the consistency of applesauce.

Eat slowly

Try to make your meals last 30 minutes.



What to Expect after Surgery

After weight-loss surgery, you generally won't be allowed to eat for one to two days so that your stomach and digestive system can heal. Then you'll follow a specific diet for about 12 weeks. The diet begins with liquids only, then progresses to ground-up or soft foods and, finally, to regular foods. You may have many restrictions or limits on how much and what you can eat and drink.

You'll also have frequent medical checkups to monitor your health in the first several months after weight-loss surgery. You may need laboratory testing, blood work and various exams.

You may experience changes as your body reacts to the rapid weight loss in the first three to six months after gastric bypass surgery.

These changes include:

- Body aches
- Feeling tired, as if you have the flu
- Feeling cold
- Dry skin
- Hair thinning and hair loss
- Mood changes



Expected Weight Loss

Know how much weight you want, or expect, to lose when choosing a weight-loss procedure. The different options will result, on average, in different amounts of weight loss.

Of course, the degree of effectiveness of these surgeries varies from person to person, and can depend on how well the follow-up care is managed and if all the necessary lifestyle changes are made.

How Much and How Fast?

It is common to lose 50-80% of excess body weight over a year or so, depending on the procedure you choose.

The rate at which weight is lost varies by procedure. For example, gastric bypass and sleeve have typical weight loss of 5 to 7 pounds a week early on, with an expected weight-loss goal being reached within 12 to 15 months post-surgery.

Post-Surgery Activity

Generally, plan on spending one to two days in the hospital. Most patients can walk within four hours of surgery and bathe by the following day. You'll be on a strict diet for the first 30 days: primarily liquid based for a couple of weeks and then returning to solid foods after about a month.

Avoid strenuous activity or lifting for about 30 days. It is common for most people to drive and return to work within two weeks.

Complications

It is important to remember that this is a surgical procedure and there may be complications.

Your surgeon will go into detail about the risks; but know that the risk for a major complication is about 3% or less. These complications, which are the same for most major surgeries on the abdomen, include bleeding, infection, blood clots in the legs or lungs, leakage from stomach or bowel, heart attack, and death. Weight-loss surgery is common and safe overall.

Another complication when one loses weight is loose skin. Sometimes people have follow-up operations to remove this loose skin for cosmetic purposes.

What Will My Life Be Like after Surgery?

You will return to a relatively normal life after the first month. Your weight will be dropping, and your medical problems will seem to be easier to control. As the weight falls off, you'll be able to do more and not feel as tired afterward. You can go back to eating regular foods, just smaller portions. Exercise will get easier and you'll get excited to see your progress.

Overall Exercise Guidelines

Immediately after surgery you should be walking short distances every two hours. Avoid heavy weightlifting and vigorous exercise (running, biking) for the first three to four weeks after surgery. Eventually, you should incorporate strength training into your exercise regimen (two to three days a week). Once you are able to exercise, you should aim for 30 minutes of purposeful exercise at least five days a week.

These are just guidelines; your bariatric surgeon will provide you with a specific exercise regime tailored to you.



Next Steps

If you believe you're a candidate for weight-loss surgery and would like to pursue this treatment:

1. Call your insurance company to see if this is a covered benefit for you and get a written copy of their requirements. Cash-pay options are available at all our doctors' offices.
2. If a six-month, medically monitored diet is required, call our office to get more information.
3. Call our office at **(310) 773-5943** to make an appointment for your initial consultation with one of our affiliated surgeons. Our staff also can work with your insurance company.

References:

<https://asmbs.org/patients/benefits-of-bariatric-surgery>

<https://www.cdc.gov/obesity/adult/causes.html>

<https://health.clevelandclinic.org/prepare-emotionally-bariatric-surgery/>