



# **Springfield Weight Management Information Seminar**

# Mission and Values

## Our Mission

Extends the compassionate ministry of Jesus by improving the health and well-being of our communities and brings good help to those in need, especially people who are poor, dying and underserved.

## Our Values

Compassion, Integrity, Human Dignity, Stewardship,  
and Service

# Who We Are...

## Springfield Weight Management

Our clinic opened in late 2015 to serve the greater Springfield area, including Clark and surrounding counties. We are here to meet the unique needs of individuals struggling with chronic Overweight and Obesity.

**Dr. Terry Carman II, MD, FACS** Medical Director, Bariatric and General Surgeon, joined the program in 2018. He is board certified and completed his residency at Cleveland Clinic Akron General in Akron, Ohio, and his fellowship in Minimally Invasive Surgery at Detroit Medical Center / Wayne State University in Detroit, Michigan. He is a member of the American Society of Metabolic and Bariatric Surgeons.

**Kara Rivers, APRN, CNP**, our Nurse Practitioner, joined our program in 2020.

**Jackie Dahlberg, MS, RDN, LD**, our Dietitian and Program Coordinator, completed her dietetics training at Ohio University and Mt Carmel Medical Center, Columbus, OH. She has a Certificate of Training in Adult Weight Management, a Master's in Exercise Science and is a Certified Personal Trainer.

# Our Approach to Weight Loss

- Our clinic offers a medically supervised and individualized approach to weight loss.
- We offer both surgical and non-surgical pathways to best meet your goals and needs.
- Our surgical program is accredited by Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) .
- We offer support groups, personalized meal planning, and access to our clinic for weigh-ins Monday through Friday: 8 AM – 5 PM.
- With a wealth of professional experience, we strive to support our patients in their journey toward weight loss. We believe every human being is beautiful, and we want to help our patients become healthier.

# Purpose of the Information Seminar

- Discuss obesity – causes and risks associated with being overweight/obese
- Discuss and explain Surgical Options for the treatment of obesity
- Provide information for patients to make informed decisions and to answer questions

# Meet our Providers



**JERRY CARMAN II, MD, FACS, FASMBS**  
MEDICAL DIRECTOR  
GENERAL AND BARIATRIC SURGEON



**PAM RAINES APRN, CNP**  
BARIATRIC PROGRAM  
NURSE PRACTITIONER



**JACKIE DAHLBERG, MS, RDN, LD**  
BARIATRIC PROGRAM COORDINATOR



**KARA RIVERS, CNP**  
BARIATRIC PROGRAM NURSE PRACTITIONER

# Defining Obesity

- Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health.
- Categories of Obesity:
  - If your BMI is 25.0 to <30, it falls within the overweight range.
  - If your BMI is 30.0 or higher, it falls within the obese range.
  - 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.

**WEIGHT (lb)**

	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	
4' 5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83	85	88	
4' 6"	29	31	34	36	39	41	43	46	48	51	53	55	58	60	63	65	68	70	72	75	77	80	82	84	
4' 7"	28	30	33	35	37	40	42	44	46	49	51	53	56	58	60	63	65	67	70	73	74	77	79	81	
4' 8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	69	72	74	76	78	
4' 9"	26	28	30	32	35	37	39	41	43	45	48	50	52	54	56	58	61	63	65	67	69	71	74	76	
4' 10"	25	27	29	31	33	36	38	40	42	44	46	48	50	52	54	56	59	61	63	65	67	69	71	73	
4' 11"	24	26	28	30	32	34	36	38	40	42	44	46	48	50	53	55	57	59	61	63	65	67	69	71	
5' 0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	62	64	66	68	
5' 1"	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55	57	59	60	62	64	66	
5' 2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	53	57	59	60	62	64	
5' 3"	21	23	25	27	28	30	32	34	35	37	39	41	43	44	46	48	50	51	51	55	57	58	60	62	
5' 4"	21	23	24	26	27	29	31	33	34	36	38	39	41	43	45	46	48	50	50	53	55	57	58	60	
5' 5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	48	52	53	55	57	58	
5' 6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	47	50	52	53	55	56	
5' 7"	19	20	22	24	25	27	28	30	31	33	34	36	38	39	41	42	44	45	46	46	49	50	52	53	55
5' 8"	18	20	21	23	24	26	27	29	30	32	33	35	36	38	40	41	43	44	44	47	49	50	52	53	
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5' 11"	17	18	20	21	22	24	25	26	28	29	31	32	33	35	36	38	39	40	41	43	45	46	47	49	
6' 0"	16	18	19	21	22	23	24	26	27	28	30	31	33	34	35	37	38	39	40	42	43	45	46	47	
6' 1"	16	17	18	20	2	22	24	25	26	28	29	30	32	33	34	36	37	38	39	41	42	43	45	46	
6' 2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	37	40	41	42	44	45	
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**Less risk**

**More risk**

Underweight

## Low Risk

## Overwieght

High Risk with the medical diagnosis of obesity

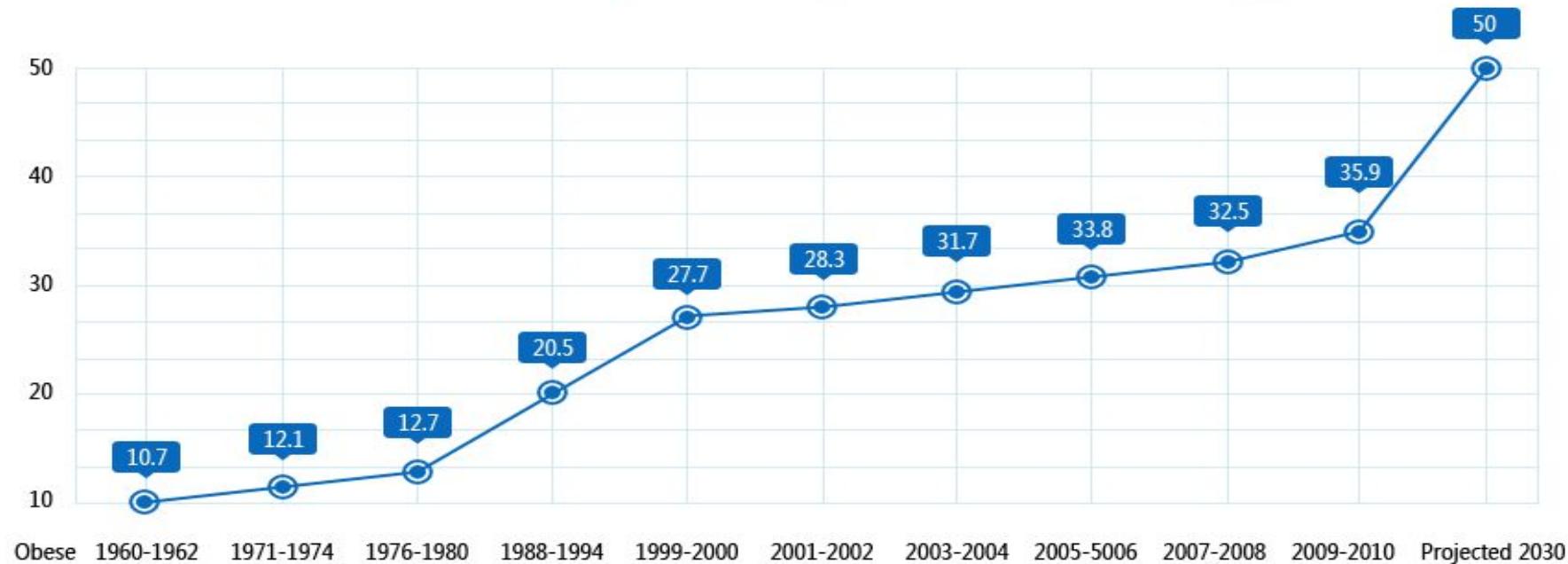
# Risks of Obesity

- Obesity may be caused by a variety of factors
- Obesity increases your risk of other chronic health conditions including but limited to diabetes, high blood pressure, heart disease, arthritis, back pain, sleep apnea, depression, stress incontinence, infertility, reflux, stroke, cancer, and others
- It is usually progressive and can be life threatening

# Obesity by the Numbers

- 70% of Americans are overweight or obese
- 35% are obese

**Prevalence of Obesity Among U.S. Adults Aged 20-74**



Derived from NHANES data ([http://www.cdc.gov/nchs/data/hestat/obesity\\_adult\\_09\\_10/obesity\\_adult\\_09\\_10.html#table1](http://www.cdc.gov/nchs/data/hestat/obesity_adult_09_10/obesity_adult_09_10.html#table1))

# When does Obesity Require Intervention?

Category	BMI	* Health Risk	Surgery
Normal	18.5 to 24.9	LOW	NO
Overweight	25 to 29.9	MODERATE	NO
OBESITY or Obese Grade I	30 to 34.9	HIGH	YES
SEVERE OBESITY or Obese Class II	35 to 39.9	VERY HIGH	YES
MORBID OBESITY or Obese Class III	Over 40	EXTREME	YES
SUPER OBESITY or Obese Class IV	Over 50	EXTREME	YES

**Surgical Intervention is usually approved for patients with a BMI >40 or a BMI >35 with comorbidities**

# Weight Loss Medication

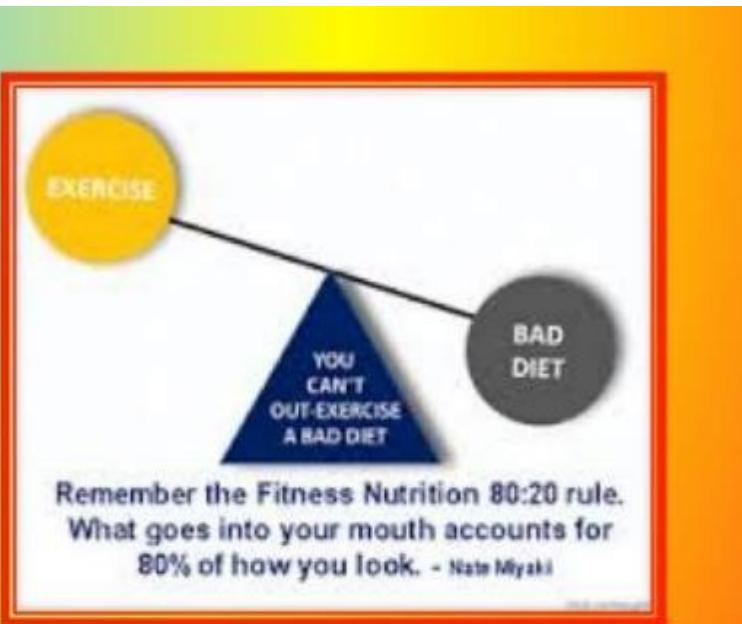
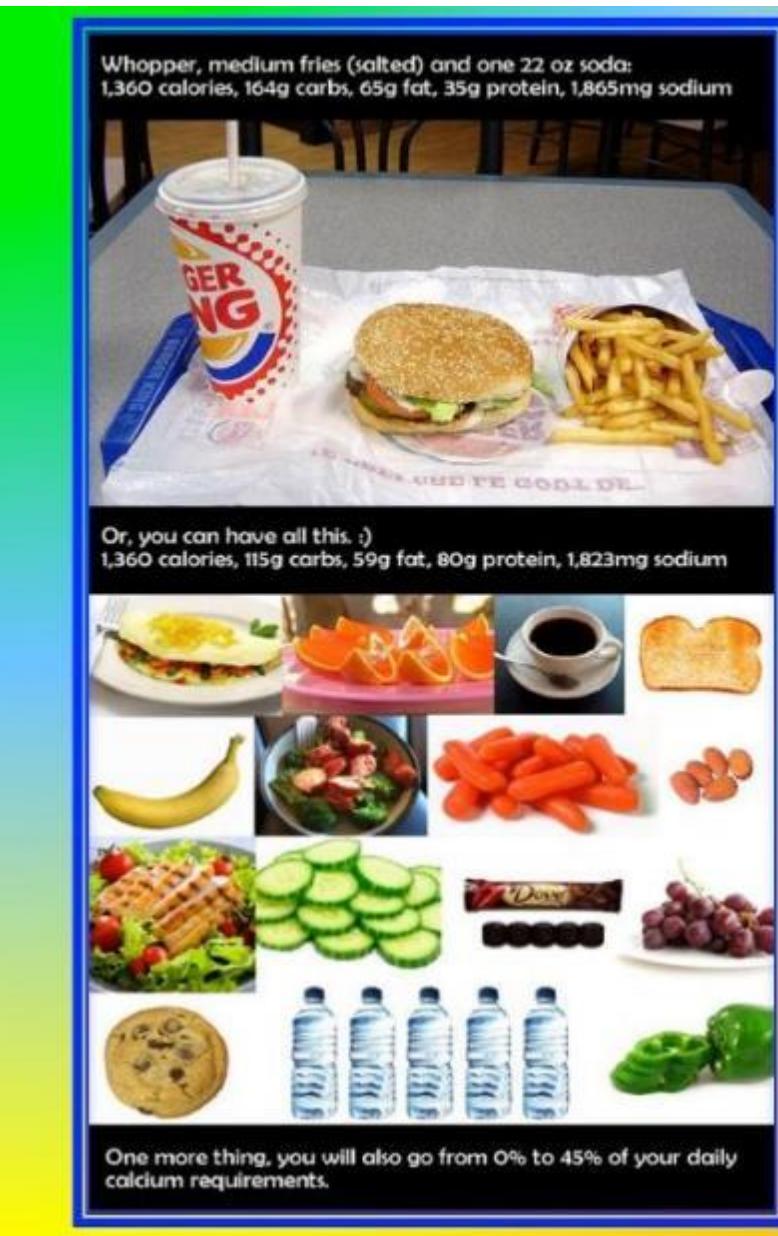
- In addition to surgical weight loss, our providers also prescribe weight loss medications as an option for patients who:
  - do not qualify for surgery, or do not choose surgery
  - lack insurance benefits for surgery
  - have had weight loss surgery and need assistance getting back on track
- The first step would be scheduling with one of our providers to determine which medication, if any, would be right for you

# Diet-Based Weight Loss

- We also offer a completely diet based weight loss program, for those not interested or not qualifying for surgery or medications.
  - We offer the option of using meal replacement, shakes, bars or grocery based foods
- The program is taught by our Registered Dietitian and involves weekly monitoring of progress.
- The first step would be scheduling in one of our new patient classes.

# **Additional Considerations for Surgical Intervention**

- Acceptable operative risk
- Understand surgery and risk involved
- Not currently in treatment for drug/alcohol abuse/dependence (require abstinence for 1 year)
- No uncontrolled psychiatric disorders
- No tobacco use for a minimum of 60 days prior to procedure – pass nicotine screening
- Must show dedication to life-style changes as evidenced by participation and success in program



# da Vinci Robotic Surgery



# Benefits of Robotic Surgery

- Increased precision and stability during operation
- Shorter length of stay
- Quicker recovery time for very high BMI patients
- Reduced rates of peri and post-operative complications
- Reduced risk of complication for revision surgeries
- Increased efficiency and comfort for physician in long operative times

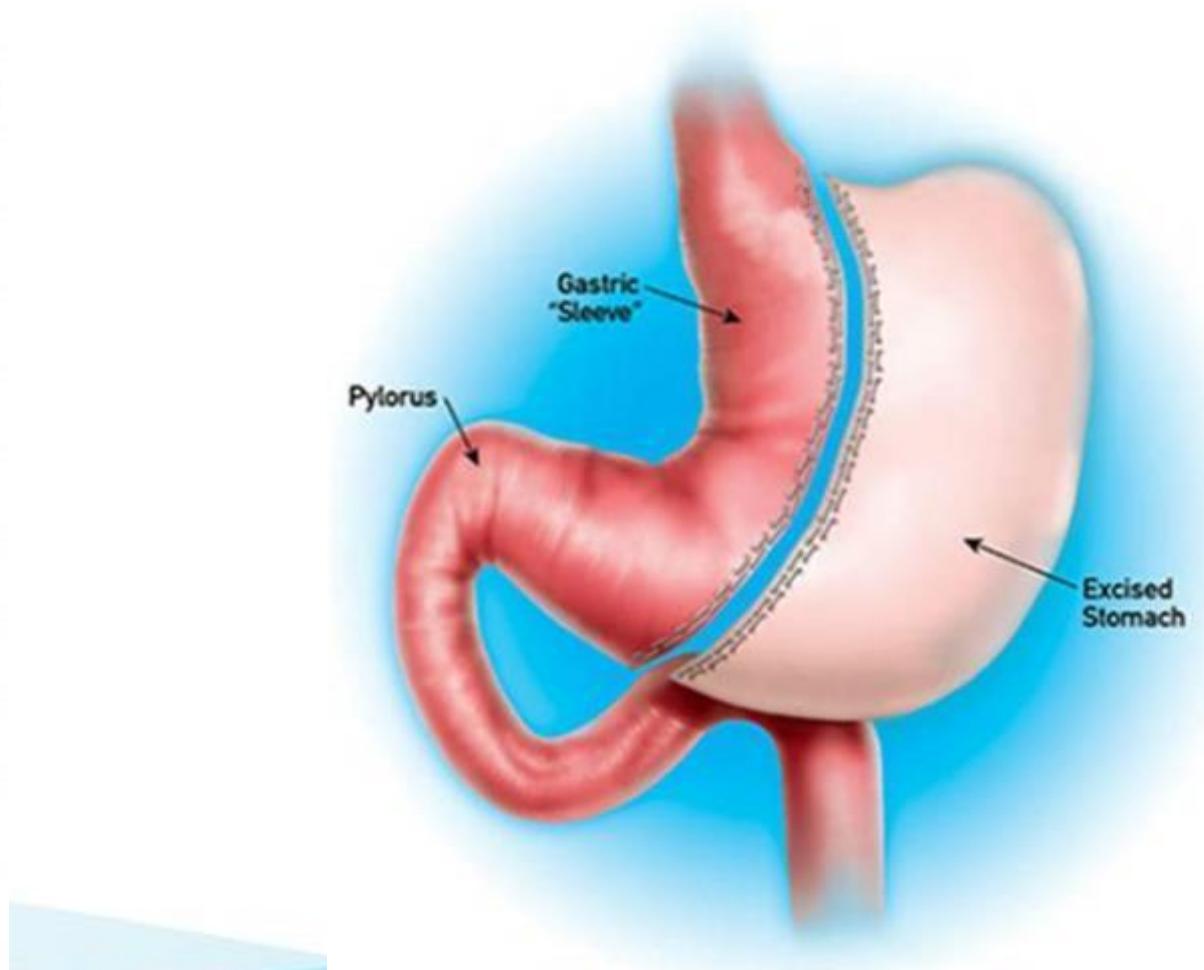
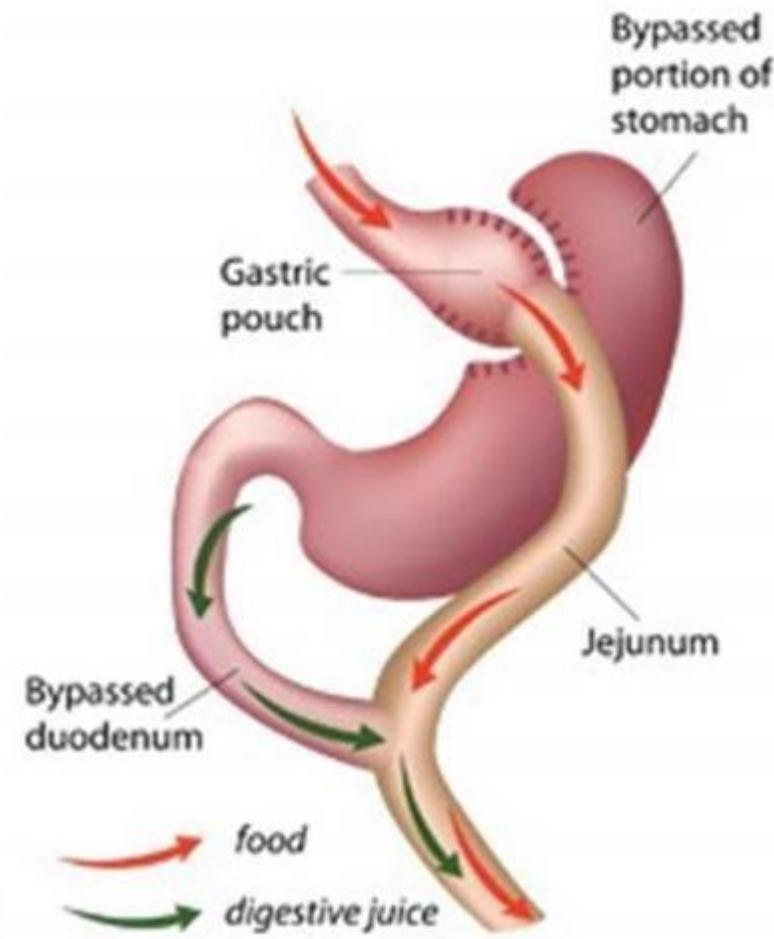
# Advantages of Laparoscopy

- Fewer problems with incisions
- Lower risk of blood clots
- Fewer hernias
- Less pain and faster recovery
- Surgeon has better view of the anatomy

# Who is a Laparoscopic Candidate?

- Everyone!
- Caution if prior stomach surgery or gastric surgery
  - Laparoscopic Nissen Fundoplication (Reflux surgery)
  - Past bariatric operations

# Comparing the 2 Surgery Types

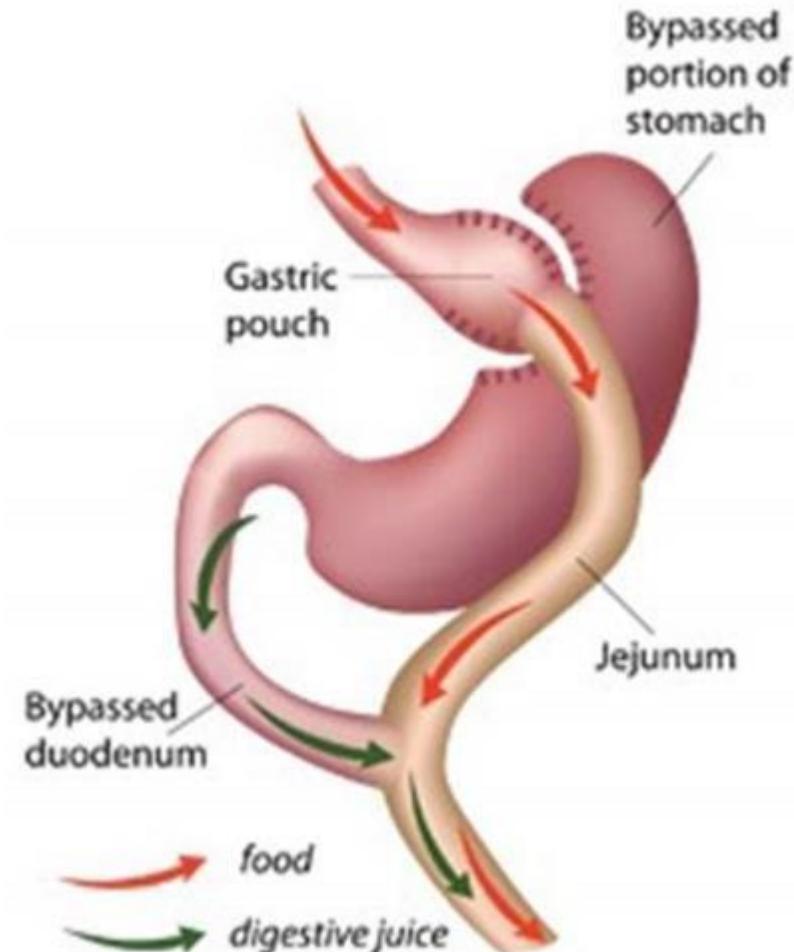


# How Does the Surgery Work?

- Mal-Absorption
  - Bypass the small intestine
  - Absorb fewer calories
- Appetite Suppression
  - Suppress Ghrelin hormone
- Restriction
  - Reduce size of the stomach

# Roux-en Y Gastric Bypass (RYGB)

- Used to be the Gold Standard 15-20 years ago
- First Surgery performed in 1967
- First Laparoscopic surgery performed in 1983



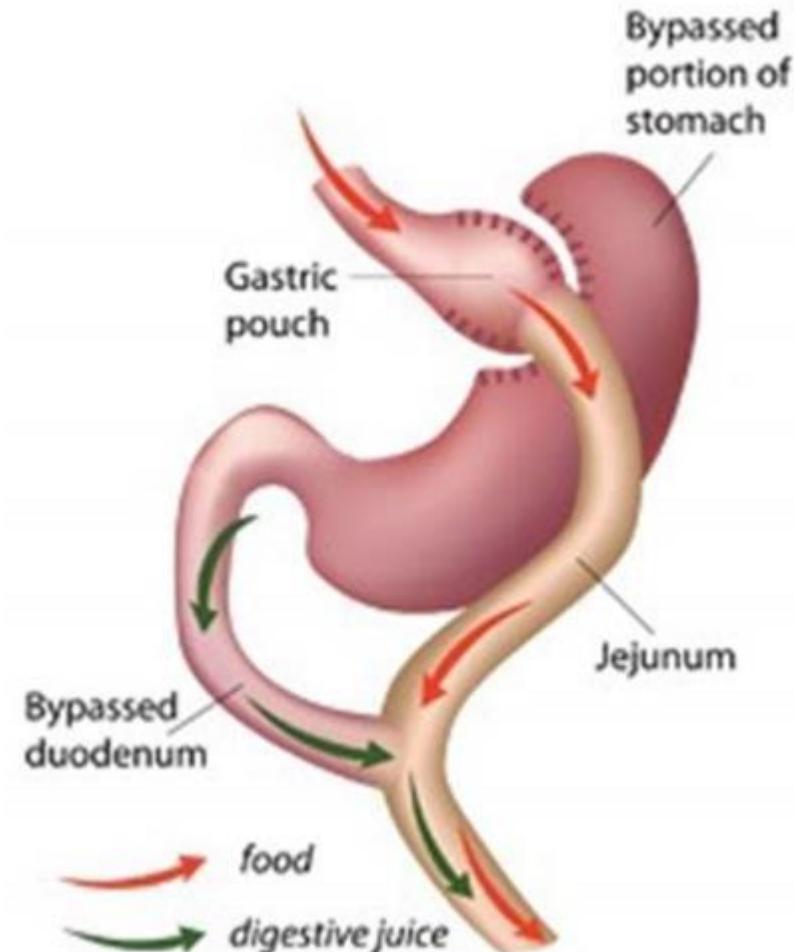
# How Does the Gastric Bypass Work?

- **Surgery Factors**

- Smaller meals (restriction)
- Fewer calories absorbed
- Decreased appetite

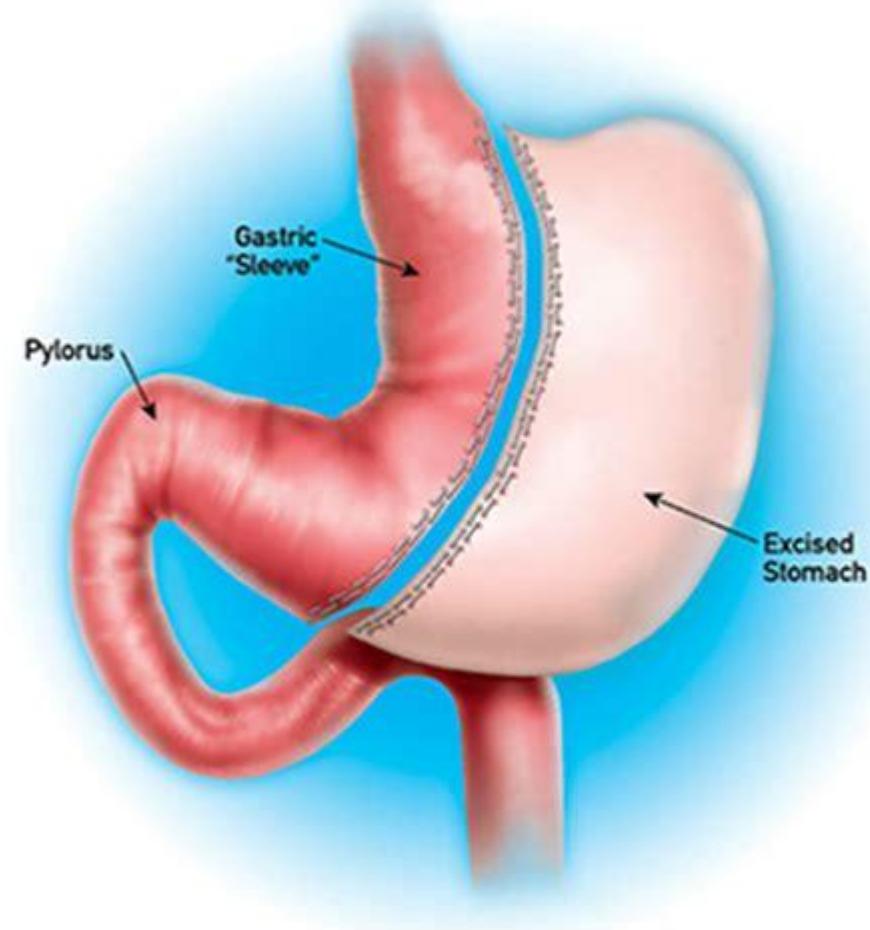
- **Patient Factors**

- Calorie intake
- Exercise
- Behavior changes



# Sleeve Gastrectomy

- Increased in prevalence from 2011-2013
  - 2011 – 36.7% RYGB, 35.4% Band, 17.8% Sleeve
  - 2013 – 34.2% RYGB, 20.2% Band, 33% Sleeve
- ASMBS endorsed operation as primary option



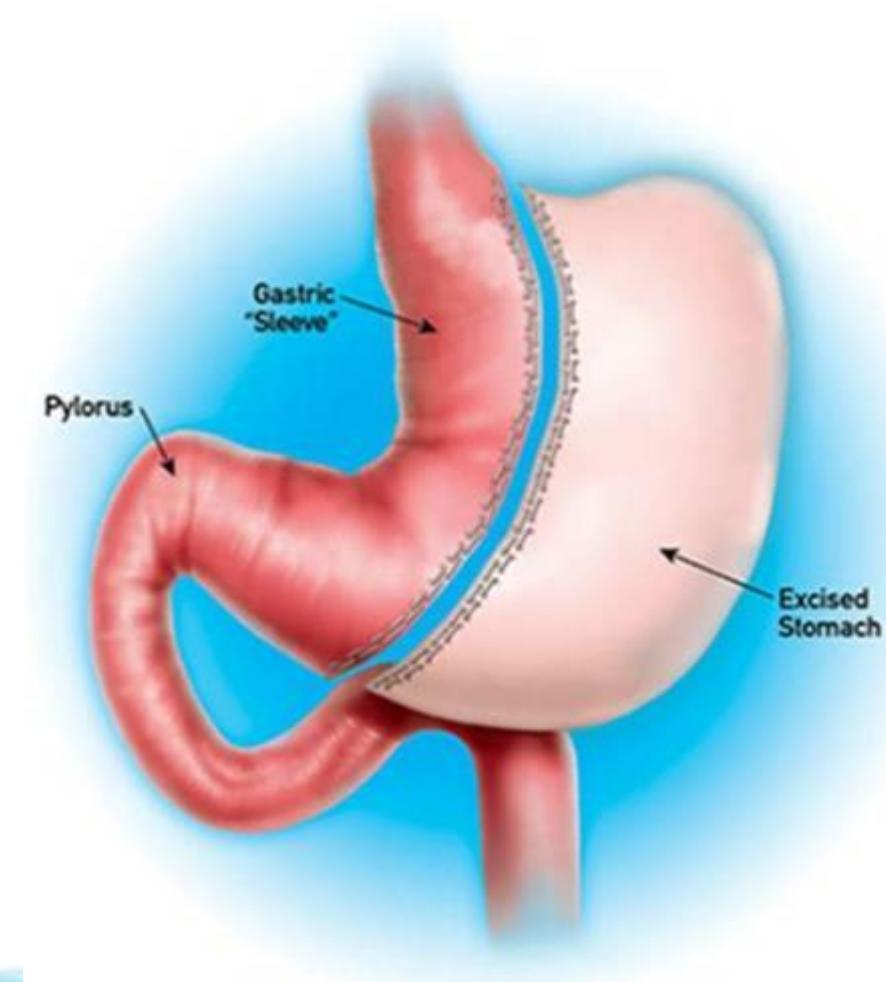
# How does the Sleeve Work?

- Surgery Factors

- Smaller meals (restriction)
- Decreased appetite
- Hormonal changes – Ghrelin suppression

- Patient Factors

- Calorie intake
- Exercise
- Behavior change



# Which Operation is Right for Me?

- This will be discussed at your first visit with surgeon
- Research the surgeries on-line for yourself
  - [www.obesityhelp.com](http://www.obesityhelp.com)
  - [www.nih.gov](http://www.nih.gov) National Institutes of Health
    - Search Weight Loss Surgery

# Benefits of Surgery

- Why Surgery

- Research shows diet and exercise are not always effective long term for patients with morbid obesity
- Surgery is a more effective approach
- Surgery can reduce and/or eliminate co-morbidities

- Consider Risk vs. Benefits

- Risk of Surgery
- Risk of remaining obese

# Expected Weight Loss

- RYGB

- On average – patients who have RYGB will lose 70% of their excess weight (70 lbs if you are 100 lbs overweight)

- Sleeve Gastrectomy

- On average – patients who have SG will lose 60% of their excess weight (60 lbs if you are 100 lbs overweight)

- These are averages!!

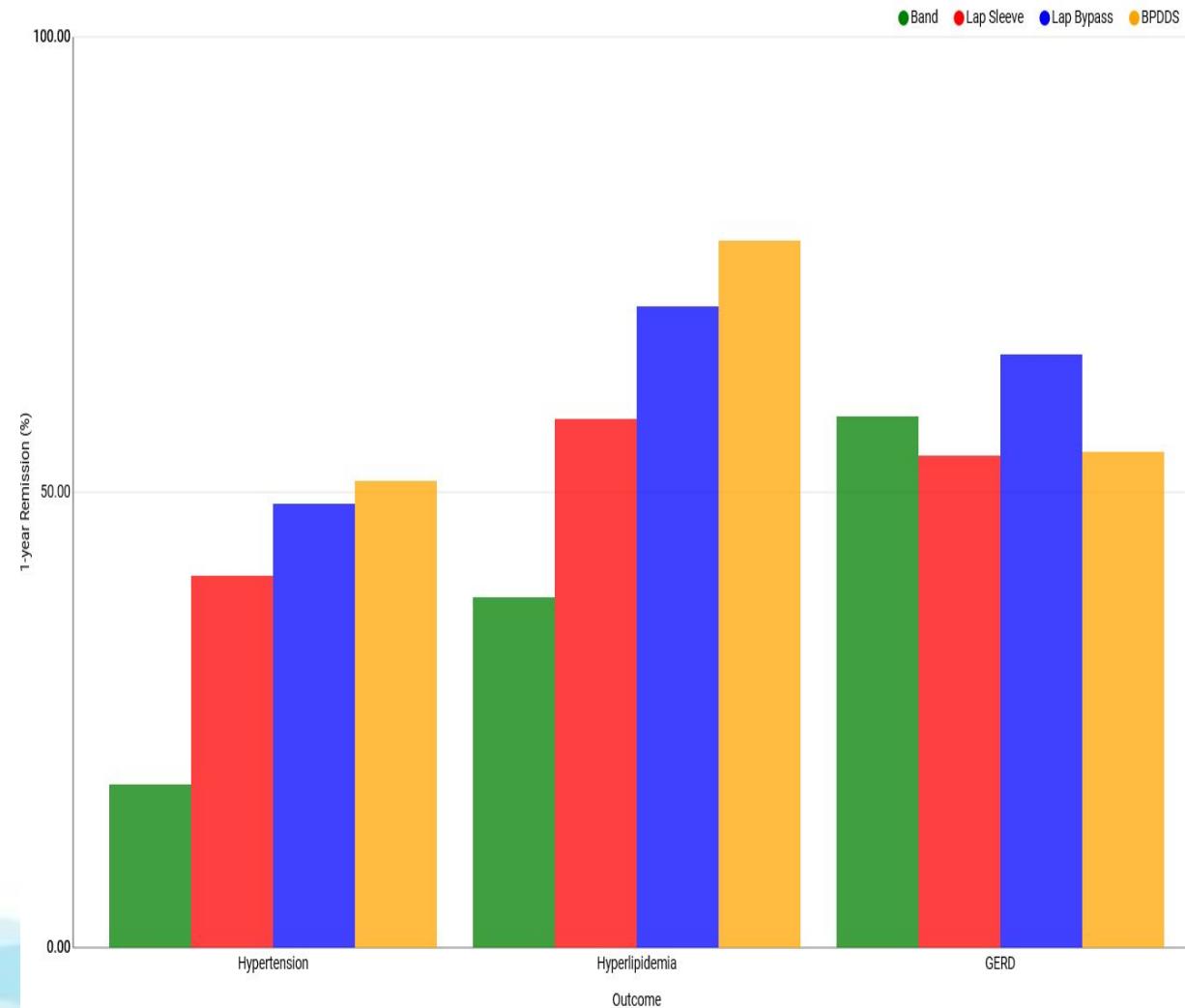
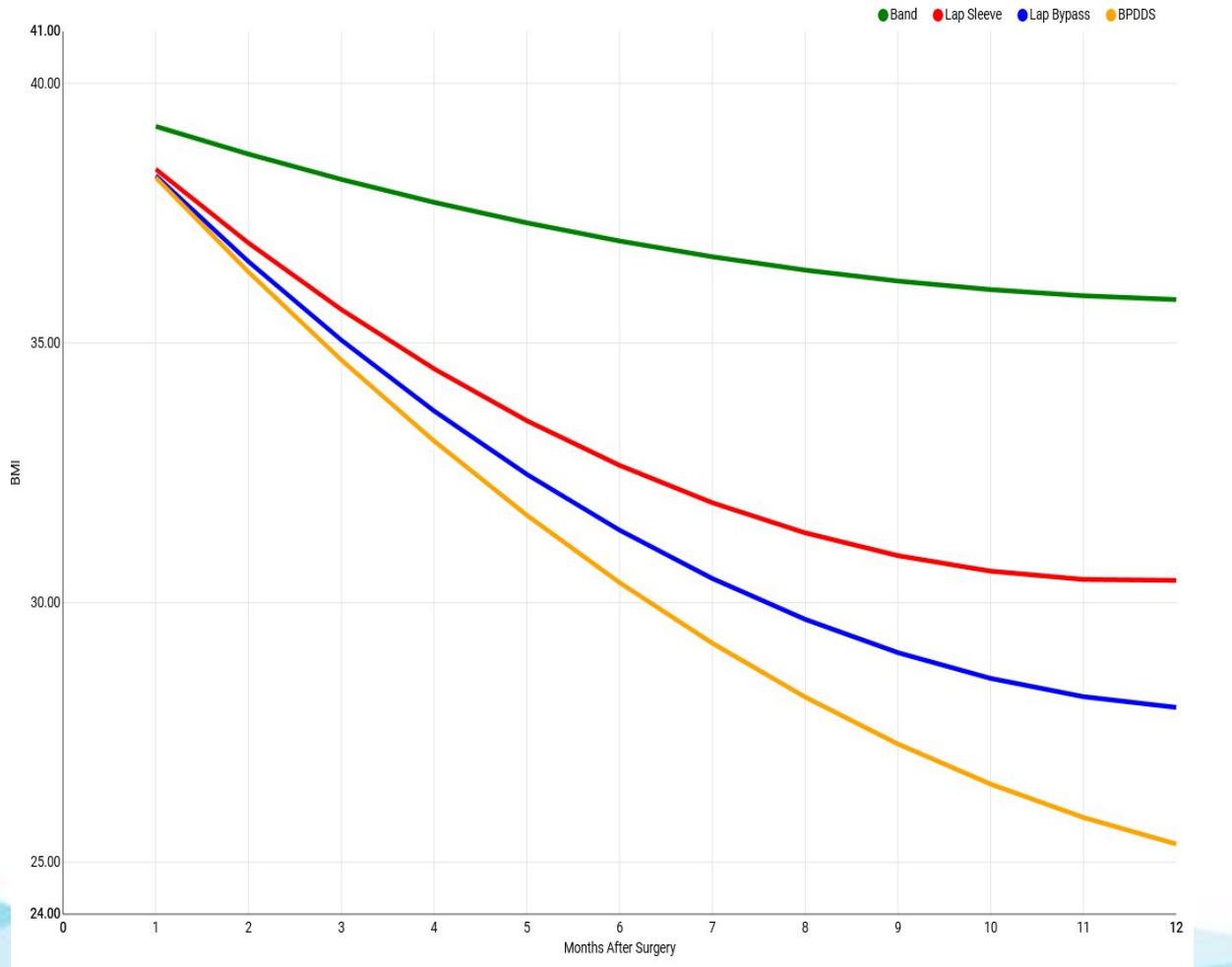
- Statistics from our program:

- At 1 year out from surgery the average weight loss for all patients is ~70 lbs
- At 2 years out from surgery the average weight loss for all patients is ~60 lbs

# Risk Benefit Calculator

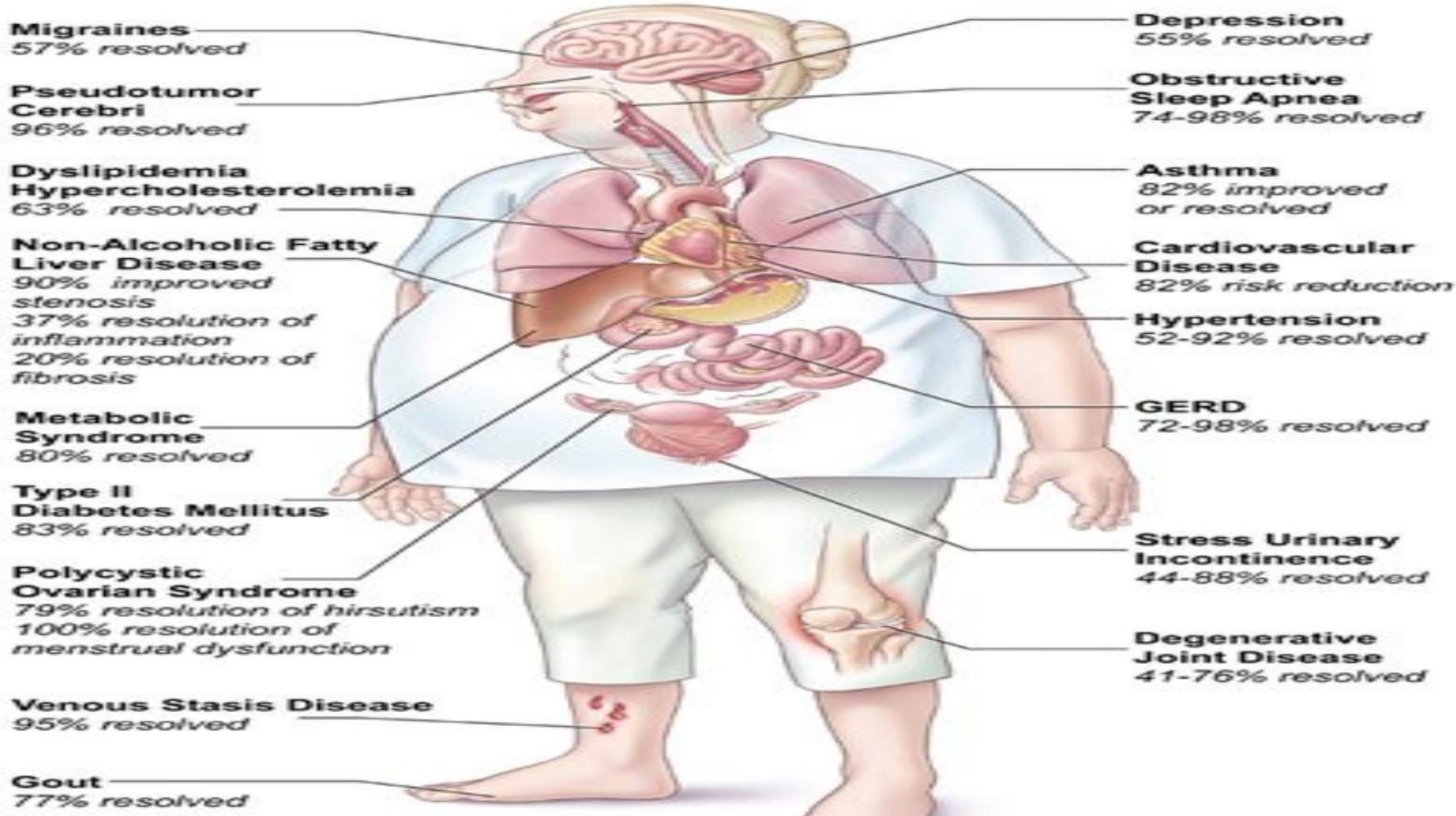
- The Bariatric Surgical Risk/Benefit Calculator was built using data collected from more than 775,000 operations from 925 centers participating in MBSAQIP from January 1, 2013, through June 30, 2018.
- The calculator can predict the patient's body mass index (BMI), weight, and total weight change percentage trajectories up to one year after a surgical procedure. The calculator provides a summary report designed for patients to share the information with their families and other team members involved in their care.
- <https://riskcalculator.facs.org/bariatric/>
- The Calculator will ask you to fill out some basic info. For ASA class – if you are not sure you can estimate class I or II and continue.

# Risk Benefit Calculator



# Medical Problems Resolved After Bariatric Surgery

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**Quality of Life-**  
improved in  
95% of patients

**Mortality-**  
30-40% reduction in  
10-year mortality

Brethauer SA, Chand B, Shauer PR. Risks and benefits of bariatric surgery: Current evidence. *Cleveland Clinic Journal of Medicine* 2006; 73:1-15.

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SLEEP APNEA

# Common Complications after Bariatric Surgery

- Nausea
  - Related to anesthesia, medications, or surgery itself. Treated with medication, hydration, walking
- Dehydration
  - Caused by inability to tolerate or take down adequate fluids – treated with IP or OP hydration
- Blood Clots
  - Also called DVT or PE. Increased risk d/t obesity and decreased mobility. Increased importance of walking post-op
- Surgical Site Infections, allergic reactions, bleeding
- Less common side effects include hernia, stricture or leak, medication side effects, anesthetic complications, risk of transfusion

# Getting Started

- Our office team will verify your insurance benefits and call you within the week to let you know your coverage
  - If surgery is not covered we also offer Non-Surgical Weight Loss options to help you reach your goals
  - We offer self-pay surgical options
- We will schedule you at that time with the appropriate provider

# Program Requirements

- Initial consult with surgeon
- Monthly visits with the Nurse Practitioner and Surgeons (number determined by insurance requirement and/or your progress)
- Initial Nutrition Class Visit
- Additional dietitian or Nurse visits as needed and directed by the team
- Complete lab work
- Exercise Evaluation with Physical Therapist
- Cardiology, Pulmonology, and Psychology Evaluation and testing as necessary for Surgical Clearance
- Drug, alcohol and tobacco screening prior to surgery

# Program Requirements

- Individual insurance policies may require additional visits or may require historical weight information from a primary care provider
- Support groups are free, mostly optional and offered once monthly. Some insurance plans require attendance
- Additional consults to specialty providers may be ordered based on results of testing, and must be completed prior to surgery

# Preparing for Surgery

- After all program requirements are completed, your information will be submitted to your insurance for approval
- If approved, you will be scheduled for your consent visit with your surgeon and given your surgery date. You will also be scheduled for:
  - Pre-Op Diet Education Class
  - Pre-Admission Testing
  - Final Weigh-in with Nurse Practitioner

# Preparing for Surgery

- **Support** – it is helpful to bring a family member or friend to consent visit, pre-op diet education, and other visits as able to be a second set of ears
- **Support Groups** – offered on the third week of each month here at the Weight Management office, gives patients an opportunity to learn more about a variety of health topics related to obesity and speak with patients who are preparing for surgery themselves or have had the surgery

# Post-Op Visits

- You will have routine office visits at 1 week post-op, 1 month, 6 weeks, 8 weeks, 4 months, 6 months, 9 months and annually after surgery
- You will see the dietitian again post-op as well
- You may call or request additional visits as needed any time

# Thank you for Attending!

## Questions?