



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



PERRY 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	49	50	52	53	55
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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
6' 3"	15	16	17	19	20	21	22	24	25	26	27	29	30	31	32	34	35	36	37	39	40	41	42	44
6' 4"	15	16	17	18	19	21	22	23	24	26	27	28	29	30	32	33	34	35	36	37	39	40	41	43
6' 5"	14	15	17	18	19	20	21	23	24	25	26	27	28	30	31	32	33	34	35	37	38	39	40	42
6' 6"	14	15	16	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34	34	36	37	38	39	40
6' 7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	33	35	36	37	38	39
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6' 9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35	36	38
6' 10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	35	36	37

Less risk

More risk

 Underweight

 Low Risk

 Overweight

 High Risk with the medical diagnosis of obesity

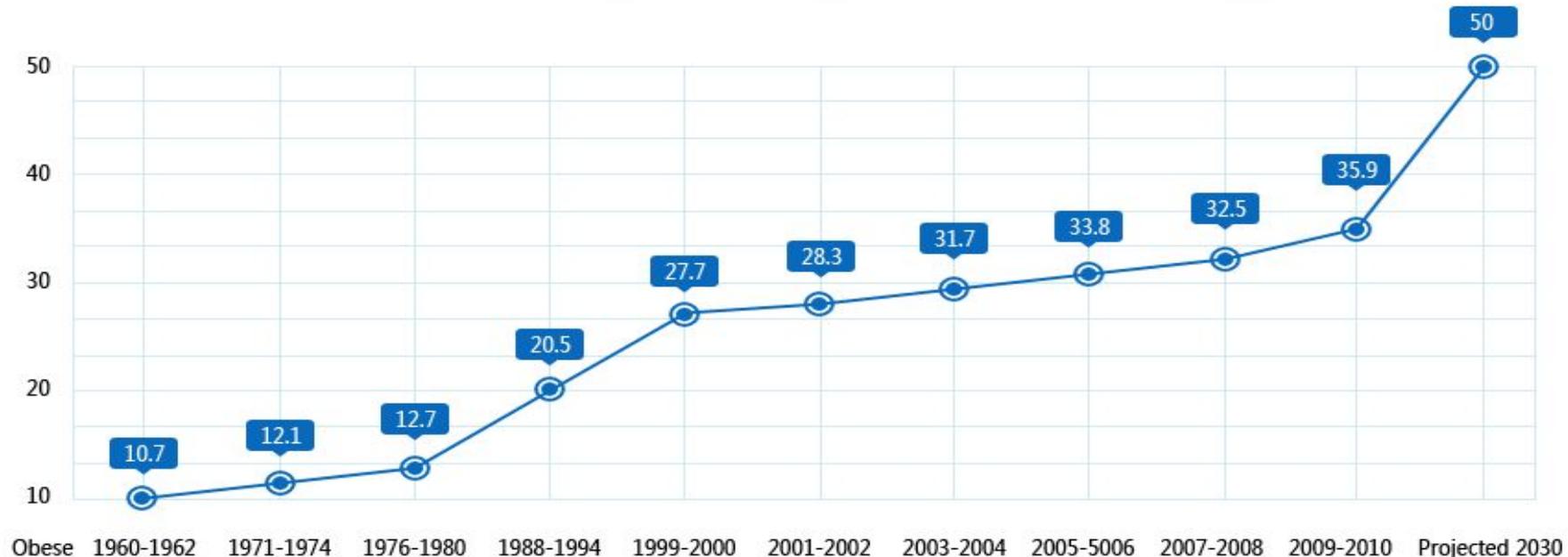
Risks of Obesity

- 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)

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

Whopper, medium fries (salted) and one 22 oz soda:
1,360 calories, 164g carbs, 65g fat, 35g protein, 1,865mg sodium



Or, you can have all this. :)
1,360 calories, 115g carbs, 59g fat, 80g protein, 1,823mg sodium



One more thing, you will also go from 0% to 45% of your daily calcium requirements.



Remember the Fitness Nutrition 80:20 rule.
What goes into your mouth accounts for
80% of how you look. - Nate Miyaki



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

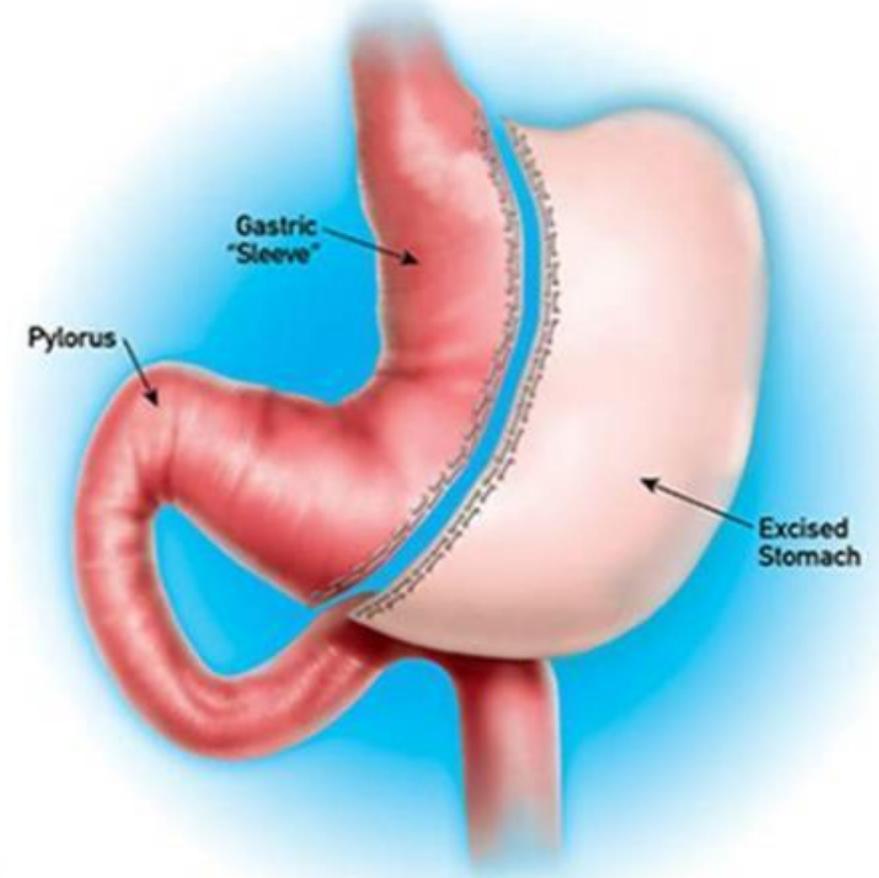
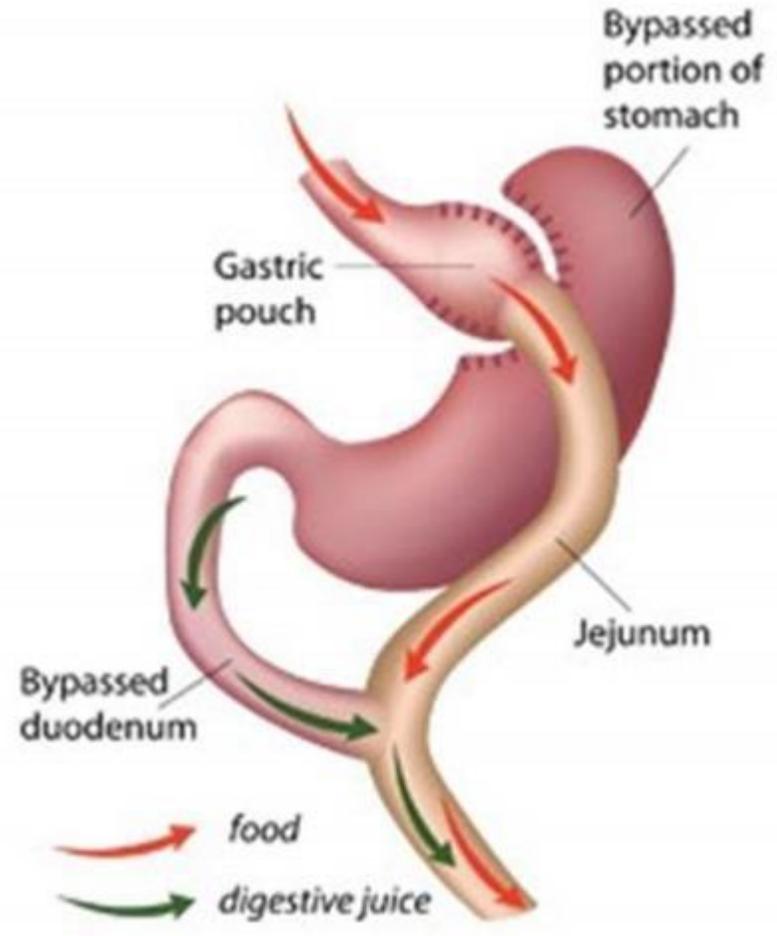
Advantages of Laparoscopy

- 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

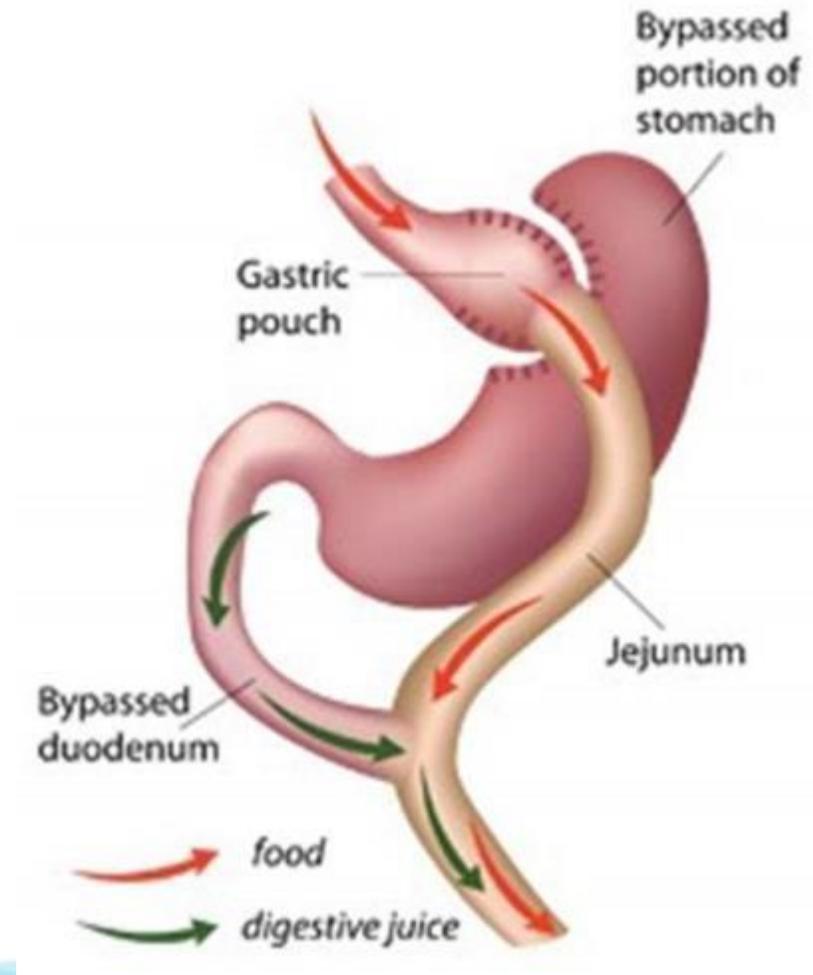


How Does the Surgery Work?

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

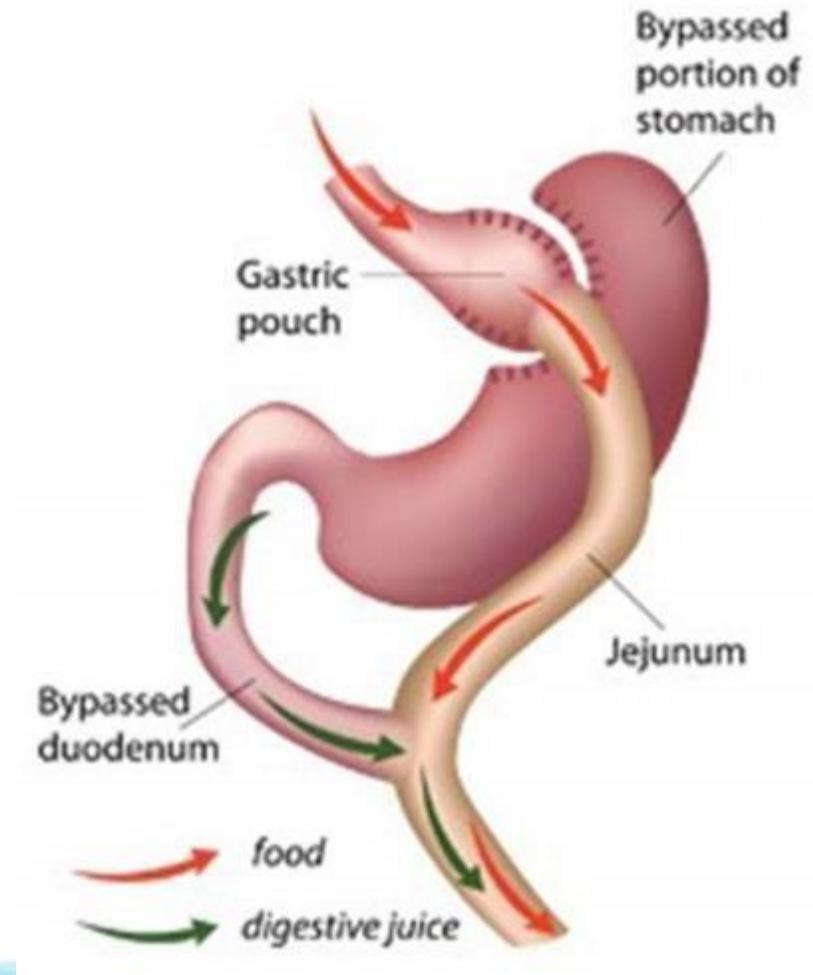
Roux-en Y Gastric Bypass (RYGB)

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



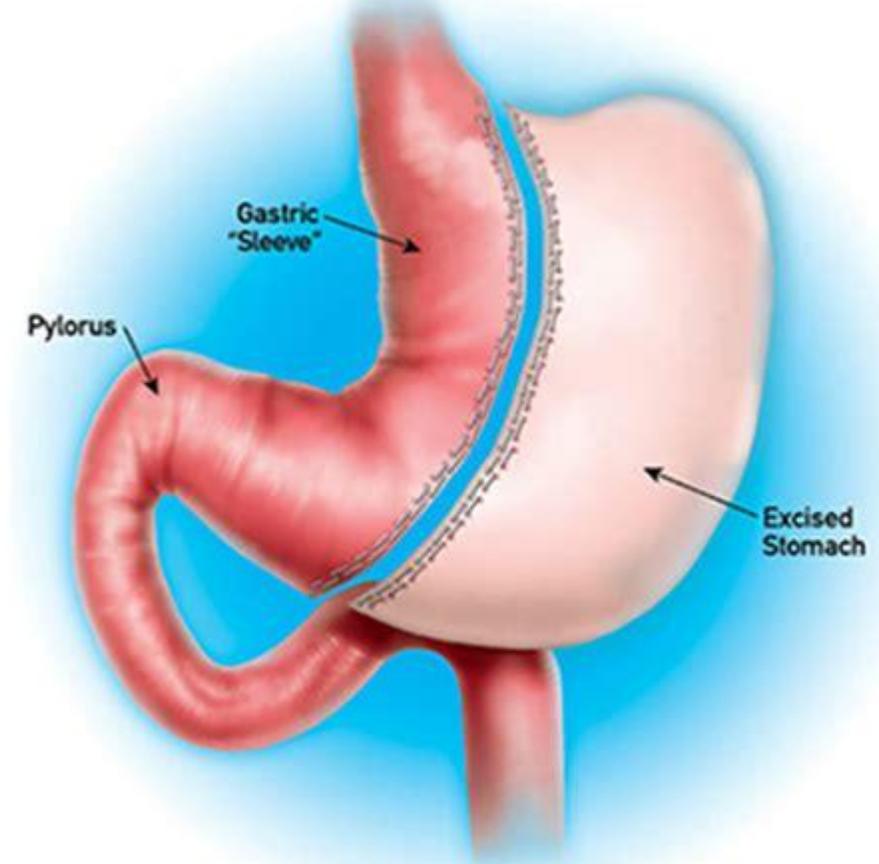
How Does the Gastric Bypass Work?

- Surgery Factors
 - Smaller meals (restriction)
 - Fewer calories absorbed
 - Decreased appetite
- Patient Factors
 - Calorie intake
 - Exercise
 - Behavior changes



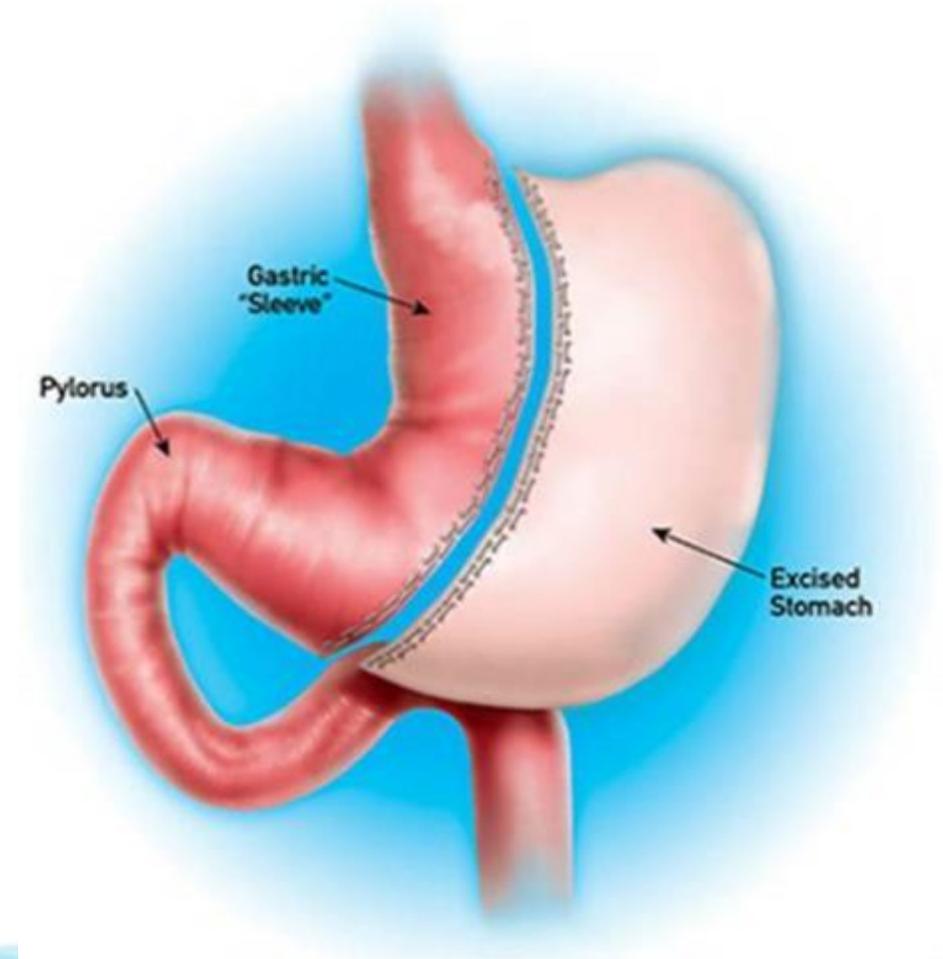
Sleeve Gastrectomy

- 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
 - 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!!

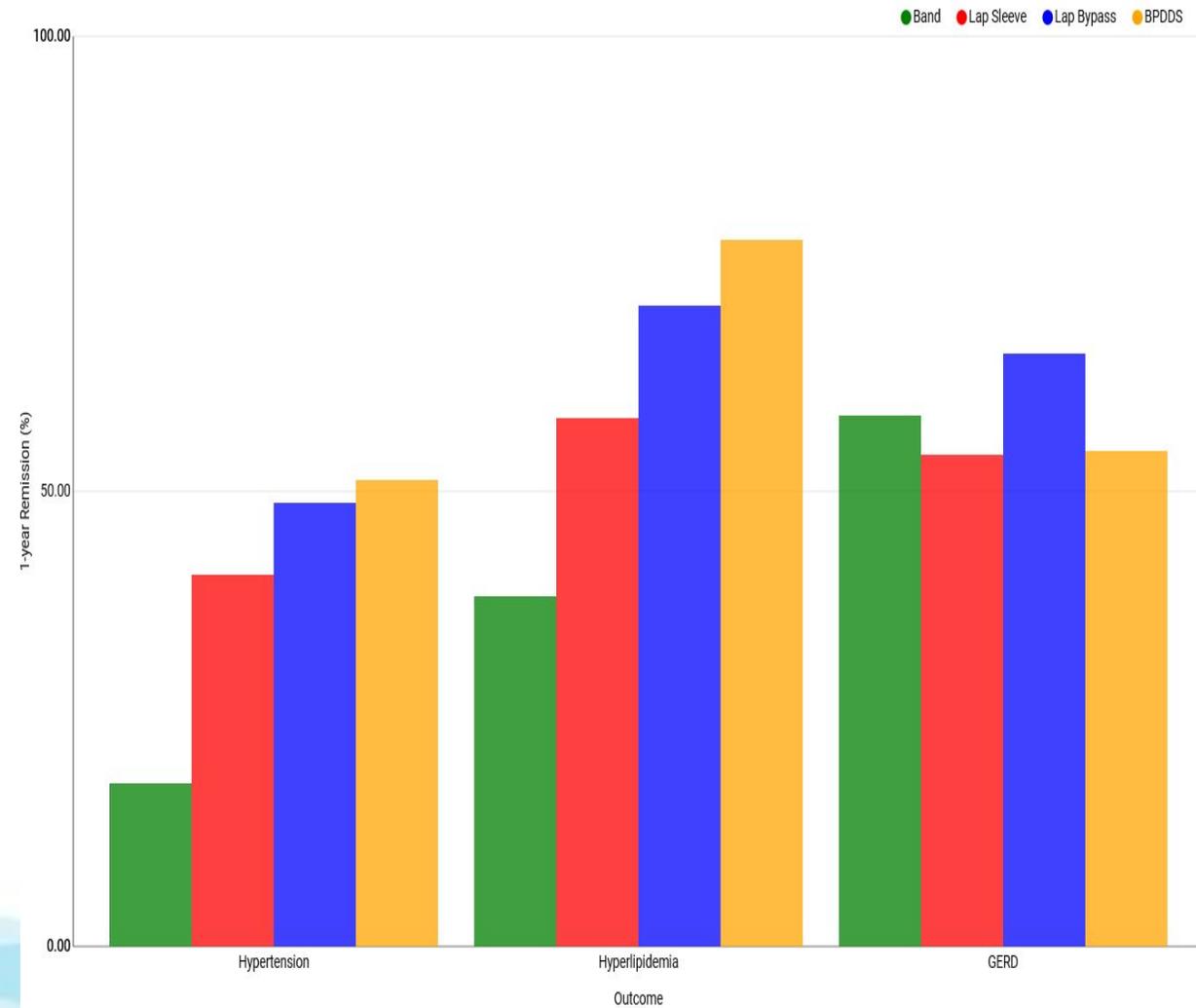
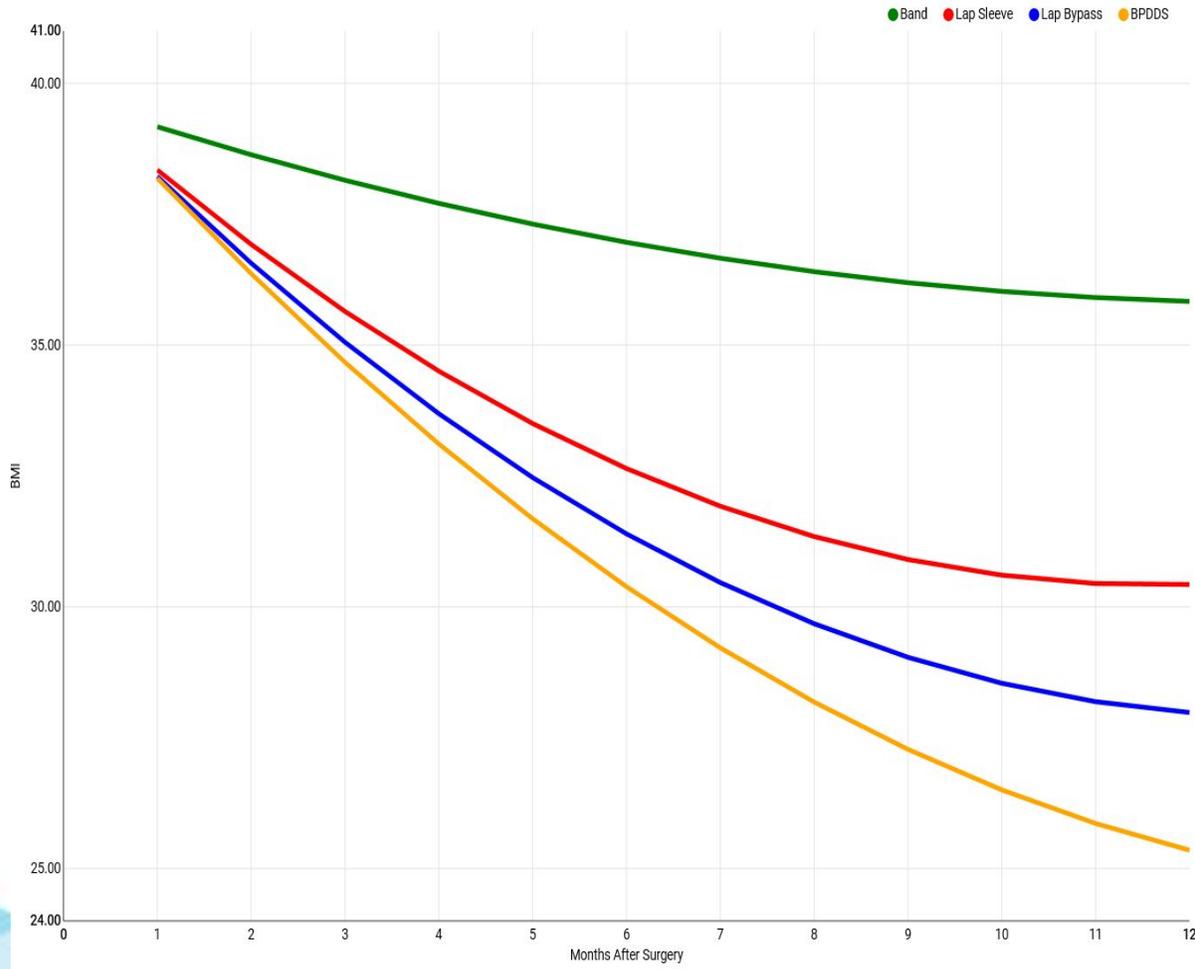
- Statistics from our program:

- 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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Migraines
57% resolved

Pseudotumor Cerebri
96% resolved

**Dyslipidemia
Hypercholesterolemia**
63% resolved

Non-Alcoholic Fatty Liver Disease
90% improved
stenosis
37% resolution of
inflammation
20% resolution of
fibrosis

Metabolic Syndrome
80% resolved

Type II Diabetes Mellitus
83% resolved

Polycystic Ovarian Syndrome
79% resolution of hirsutism
100% resolution of
menstrual dysfunction

Venous Stasis Disease
95% resolved

Gout
77% resolved

Depression
55% resolved

Obstructive Sleep Apnea
74-98% resolved

Asthma
82% improved
or resolved

Cardiovascular Disease
82% risk reduction

Hypertension
52-92% resolved

GERD
72-98% resolved

Stress Urinary Incontinence
44-88% resolved

Degenerative Joint Disease
41-76% resolved

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.



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?