CENTER FOR WEIGHT MANAGEMENT
HORIZON HEALTH

Bariatric Surgery for Morbid Obesity

Almost two-thirds of adults in the United States are overweight or obese. Whether the extra pounds are a result of genetics, metabolism, or lifestyle, their health is at risk. Obese individuals are at increased risk to develop or may already have developed many health problems (comorbidities) including diabetes, high blood pressure, coronary artery disease, hyperlipidemia, osteoarthritis, acid reflux, sleep apnea, depression, certain types of cancer, etc.

More than 500,000 Americans die prematurely from obesity-related diseases each year. Obesity is one of the leading causes of preventable death.

Weight loss has been shown to reduce morbidity and mortality related to obesity. These patients should consult a doctor, a nutritionist, or a dietician. It is very important to follow their guidance about diet control and exercise.

Defining Weight

Body mass index (BMI) is a screening tool used to assess the overall health risk of a person based on his height and weight. (See attached chart)

BMI = body weight in kg/height in meters x height in meters

Or BMI = weight in pounds x 703/height in inches x height in inches

- Optimal BMI is 18.5 to 24.9
- Overweight refers to a weight above the “normal” range: 25-29.9
- Individuals with a BMI of 30 to 34.9, or a BMI between 25 and 29.9 with one or more risk factors for cardiovascular disease (diabetes, hypertension, hyperlipidemia) are at moderate risk of developing serious health problems. They should be counseled about weight loss interventions including diet, physical activity, behavioral modification, and/or pharmacologic therapy.
- Individuals with a BMI of 35-40 are at high risk of developing serious health problems.
- Those with a BMI above 40 are at very high risk of developing serious health problems from their obesity.
- Individuals in the high-risk categories should receive the most aggressive treatment.

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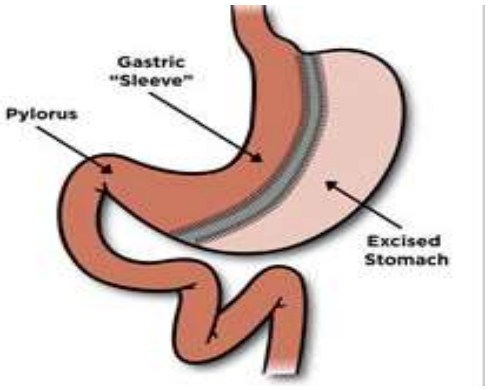
HORIZON HEALTH

Surgical Treatment for Morbid Obesity

In 1991, the National Institutes of Health (NIH) endorsed weight loss surgery as a treatment for medically severe obesity.

Clinical confirmed effective procedures include adjustable gastric banding, gastric bypass, and sleeve gastrectomy.

At the Horizon Health Center for Weight Management, we focus on the **sleeve gastrectomy** procedure for bariatric surgery. With this procedure, the stomach will be made smaller by stapling and dividing the majority of the stomach. The excess stomach is then removed from the body. This reduces the volume of the stomach; as well as, the hormone produced by the stomach. This hormone is found to play a very important role in regulating hunger and modulating energy distribution and expenditure.



Candidate for Bariatric Surgery

A person who is a candidate for surgical weight loss:

1. Has a BMI greater than 40, or has a BMI between 35 and 40 with one or more significant obesity-related conditions including high blood pressure, diabetes, arthritis, sleep apnea, and/or high cholesterol, etc.
2. Understands and accepts the operative risks.
3. Has failed attempts with diet plans and behavioral and medical therapies.
4. Has realistic expectations and is motivated. Has a commitment to prolonged lifestyle changes.

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HORIZON HEALTH

	Gastric Banding	**Sleeve Gastrectomy (performed here at Horizon Health)**	Gastric bypass
How quickly will I lose weight?	Gradually	**Less Quickly**	Usually quickly
Can it be done through a scope?	Yes	**Yes**	Yes
Will my intestines be re-routed?	No	**No**	Yes
Will a device stay in my body?	Yes	**No**	No
Will I need regular follow up with a nutritionist?	Yes	**Yes**	Yes
About what percentage of my extra weight can I expect to lose after 1 year?	50 to 60	**60 to 65**	60 to 75
About what percentage of my extra weight can I expect to lose after 2 to 3 years?	45 to 75	**50 to 75**	50 to 75
Should I expect my other medical problems to improve?	Yes	**Yes**	Yes
Will I have trouble absorbing nutrients and medicines?	No	**Minimal if any**	Some
Will it be possible to adjust the size of my stomach or how much I can eat?	Yes	**No**	No

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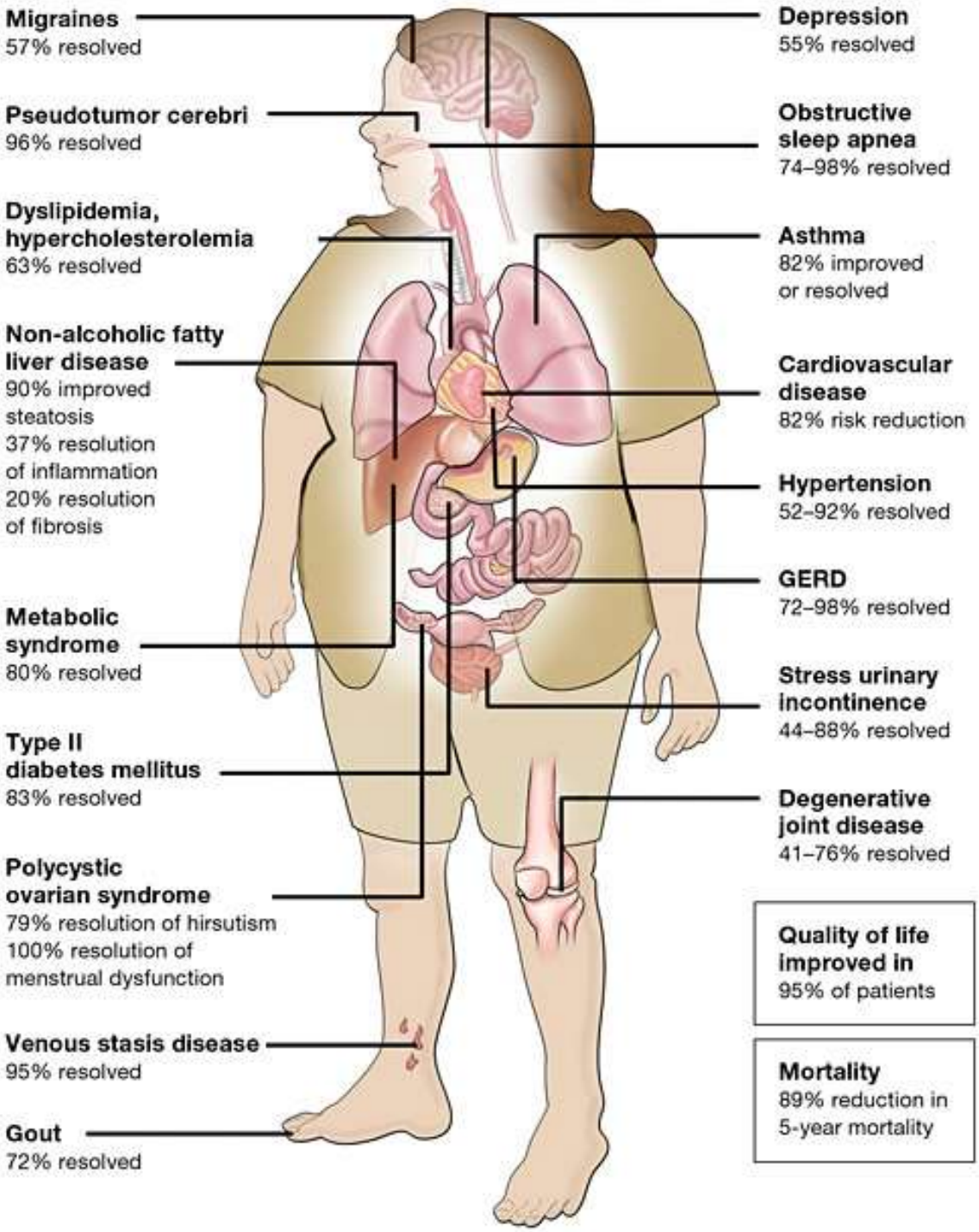
Comorbidity Reduction After Bariatric Surgery



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Body Mass Index Table

	Normal						Overweight					Obese										Extreme Obesity																
BMI	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**51**	**52**	**53**	**54**
Height (inches)	**Body Weight (pounds)**																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Health/Weight History Questionnaire

Please complete and return this form to be considered for evaluation

Name_____

Age_____ Date of Birth___/___/____ Sex M__ F___

___African American ___Caucasian ___Hispanic ___Native American ___Asian ___Other

How do you hear about our program? _____

Current Height ____feet ____inches Current weight ____lbs

Number of years overweight _____

Highest weight _____ At what age _____

Have you previously had bariatric surgery? ___ No ___ Yes

If yes, when_____ Where_____ What type of surgery_____

Reason(s) for seeking a revision _____

Address _____ City_____ State_____ Zip code _____

Preferred phone _____ Alternative phone _____

Email address _____

Primary Insurance _____ ID # _____ Group # _____

Policy Holder _____ Relationship _____

Customer service phone# _____

Secondary Insurance _____ ID # _____ Group # _____

Policy Holder _____ Relationship _____

Customer service phone # _____

Highest Level of Education _____

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HORIZON HEALTH

Occupation _____ Part time ____ Full time ____

Marital Status ___ Single ___Married ___ Separated ___ Divorce

Do you have children: ___ No ___ Yes How Many? _____

For Female Only: Current birth control method _____

Number of pregnancies _____ Number of vaginal deliveries _____ C-sections _____

Do you smoke? ___ No ___ Yes Packs per day _____ Number of years? Quit for ____years

Do you drink alcohol? ___ No ___ Yes Drinks per day? _____. What kind? _____. Quit for ___years

Do you use drugs? ___ No ___ Yes What kind? _____. Quit for ____years.

Allergies _____

Surgical History

Abdominal surgery

Type _____ Reason _____ at age _____

Type _____ Reason _____ at age _____

Type _____ Reason _____ at age _____

Type _____ Reason _____ at age _____

Other surgery

Type _____ Reason _____ at age _____

Type _____ Reason _____ at age _____

Type _____ Reason _____ at age _____

Type _____ Reason _____ at age _____

Obesity related problems:

Past / Now	Condition	Medication/Treatment (name and dose)
□ □	High blood pressure	
□ □	Heart disease	
□ □	Diabetes	
□ □	Sleep apnea	
□ □	Snoring	
□ □	High cholesterol	
□ □	High triglyceride	
□ □	Fatty liver	
□ □	Reflux	
□ □	Back pain	
□ □	Hip pain	
□ □	Knee pain	
□ □	Arthritis/osteoarthritis	
□ □	Asthma	
□ □	Emphysema	
□ □	Blood clot	
□ □	Stroke	
□ □	Kidney disease	
□ □	Seizure	
□ □	Depression	
□ □	Schizophrenia	
□ □	Anorexia	
□ □	Bulimia	
□ □	_____Cancer	
□ □		
□ □		
□ □		
□ □		

Weight gain pattern (age 18 to current)

___ No pattern

___ Steady, gradual increase of weight over years

___ Sudden increases of weight with pregnancy

___ Variable weight gain/loss due to intermittent diet and exercise, regain when stopped program

Family history (Please mark X in all appropriate places)

	Obese	Severely obese	Normal weight	Bariatric surgery	Heart disease	Diabetes
Father						
Paternal grandfather						
Paternal grandmother						
Father's brothers						
Father's sisters						
Mother						
Maternal grandfather						
Maternal grandmother						
Mother's brothers						
Mother's sisters						
Your brothers						
Your sisters						
Your sons						
Your daughters						

Eating History

What do you consider to be your daily eating pattern?

___Less than normal ___Normal ___Overeat ___Binge ___Excessive snacking

Do you eat snacks? ___No ___Yes How many times per day? _____

Do you eat before sleep? ___No ___Yes

Do you drink pop? ___No ___Yes How many 12 oz servings per day? Diet_____ Regular_____

Do you drink juice? ___No ___Yes What kind? _____ How much per day? _____

Exercise history

___ I am unable to exercise due to: ___ Severe joint pain ___shortness of breath ___wheelchair/bed

___I am able to exercise but I do not have a routine

___I walk/run ___times per week for _____ minutes.

___I swim ____ times per week for _____minutes.

___Other: ____

Weight loss attempts

- **List supervised diet attempts over the past 5 years (most recent first)**
- **Insurance requirements can be different from one policy to another. Most require monthly documentation showing a minimum of 3-6 months duration.**

Refer to the following when listing who supervised the diet attempt:

1. Medically supervised = monitored monthly, by a licensed clinical professional: physician, physician assistant, nurse practitioner, licensed/ registered dietitian
2. Supervised by commercial program staff: (Weight watchers, Jenny Craig, Nutri-System, etc.)
3. Self-Monitored

Program name/type of diet attempt ____

Dates on diet (month/year) ____/____ to ____/____ (# of months________)

Beginning weight _________pounds. ___________ pounds lost. ________ pounds gained.

Supervised: _____ Medically. _______Licensed/Registered Dietitian. ______Commercial program. _____ Self.

Program name/type of diet attempted ____

Dates on diet (month/year) ____/____ to ____/____ (# of months________)

Beginning weight _________pounds. ___________ pounds lost. ________ pounds gained.

Supervised: _____ Medically. _______Licensed/Registered Dietitian. ______Commercial program. _____ Self.

Program name/type of diet attempted ____

Dates on diet (month/year) ____/____ to ____/____ (# of months________)

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Supervised: _____ Medically. _______Licensed/Registered Dietitian. ______Commercial program. _____ Self.

Program name/type of diet attempted ____

Dates on diet (month/year) ____/____ to ____/____ (# of months________)

Beginning weight _________pounds. ___________ pounds lost. ________ pounds gained.

Supervised: _____ Medically. _______Licensed/Registered Dietitian. ______Commercial program. _____ Self.

Patient Name (Printed): ____

Patient Signature: _____

Date: _____