

## Frequently Asked Questions

### **Which Bariatric procedures does BBSA offer?**

We offer the Gastric Sleeve, Laparoscopic Greater Curvature Plication, Revision options, Roux-en-Y Gastric Bypass and Adjustable Gastric Band.

### **Where does BBSA perform these surgeries?**

We currently perform surgery as part of comprehensive program at Baptist Health Lexington (formerly Central Baptist Hospital) / Baptist Physician Surgery Center – Lexington, Kentucky.

### **How are the procedures performed – laparoscopic (small incision) or open (traditional large incision)?**

We do all of our surgeries through small incisions. Other names include “laparoscopic” or “minimally invasive”. The Apollo OverStitch procedure is actually done without any external incisions at all.

### **Do I qualify for weight loss surgery?**

For insurance coverage, patients have to have a minimum BMI (Body Mass Index) of 35 or greater (other criteria will apply). BMI is determined by looking at your height and weight. BBSA will consider patients for procedures with a BMI 30 or greater on an individual basis (although it will not be covered by insurance).

### **What is the difference between the different operations (sleeve, LGCP, bypass, band)?**

This is really a very important and broad topic that cannot be easily addressed over the phone. The informational seminars spend over an hour on these very issues. Our surgeon will be present to discuss the procedures and answer your questions at the informational seminars. Briefly, all the offered procedures are proven minimally invasive tools designed for long-term weight loss and improvement in obesity-related illnesses and quality of life. LGCP is an exciting new procedure that as of January 2011 is considered investigational.

### **Can I get pregnant after weight loss surgery? Is it safe?**

Yes, you can get pregnant after any of our procedures. As a matter of fact, weight loss surgery often increases fertility. We strongly recommend you do not become pregnant the first year after surgery if possible. You can safely have a baby after any of the weight loss surgeries we offer – we will work with you and your obstetrician in these instances.

### **Do sleeve/LGCP/bypass/band limit physical activity?**

No. You may resume any and all full activities beginning three weeks after surgery. The first three weeks we encourage you to walk regularly to help prevent blood clots or lung complications. People are often concerned about the port after banding – three weeks after banding, there are no activity or other restrictions.

### **Will I have excess skin?**

This is a very common and understandable concern. There are usually several factors that determine if and how much excess skin you will have after weight loss surgery. It can depend on factors like age, genetics, smoking, how much you exercise, how fast you lose weight, etc. The best way to deal with this issue is to follow our nutritional and exercise guidelines. BBSA does not offer plastic surgery (excess skin removal), but can refer you to qualified surgeons.

### **Who covers when my bariatric surgeon is out of town or unavailable?**

Bluegrass Bariatric clinical staff is available to cover each other 24 / 7 / 365. ***We do not cover any bariatric surgeons or their patients outside of our practice.***

### **Is my surgery covered by insurance?**

Coverage for Weight Loss Surgery varies by each individual insurance policy. As a rule, we do not tell patients if they do or do not have coverage unless we are absolutely sure. If your BMI is 35 or greater, and your insurance doesn't have an exclusion for medically necessary weight loss surgery, it is often covered by insurance. If you contact your insurance company, ask the customer service representative if Weight Loss Surgery is covered for morbid obesity. Since LGCP is considered investigational, it is not covered by any insurance plans. However, it is the least expensive of our surgical offerings (at the time of this update in July 2012 it costs around \$11,000).

### **Do you accept my insurance?**

We accept all commercial insurances as well as Medicare and Medicare Replacement. To find out if Bluegrass Bariatric Surgical Associates is in your network, contact the customer service number located on your insurance card. Our Tax ID # is 161661481. Your insurance company may ask for that.

### **I called my insurance and they say that I have the benefit. Does that mean that I am approved?**

No, this does not mean that you are approved for surgery. What this does mean, however, is that your insurance will consider paying for surgery if you meet the criteria.

### **What if I have exclusion?**

An exclusion means that the company that provides your medical insurance has purchased a policy that does not include money to pay for Weight Loss Surgery. Even if medically necessary, weight loss surgery will not be approved. This does not mean that you do not need the surgery; it just means that there is no money in the account to pay for it. You may have other options though.

1. You can look into switching to your spouse's policy.
2. Consider self-paying for surgery. We have medical lending institutes that we can recommend as financing options. You may also want to consider a Home Equity Loan or a personal loan through your bank, especially if you have a vehicle or jewelry that you could use for collateral.

### **How much do the surgeries cost?**

We have self pay pricing for all our procedures that we will be happy to share with you. Pricing depends on the procedure. In general, the price includes the surgeon's fee for the consults and operation, the program fee, the anesthesiologist's fees, and the hospital fees for an uncomplicated stay. It does not include pre-operative testing, psychological testing (around \$300), etc. A warranty for the surgery is available to purchase separately through BLIS. In general, ballpark figures for the day of surgery are: 1) Sleeve: \$18,000, 2) LGCP: \$11,000, 3) Revision options: \$4,000-22,000, 4) RNY Gastric Bypass: \$23,500, 5) Band: \$17,000.

### **What is BLIS?**

BLIS is a company that offers purchase of a warranty covering defined complications for a defined period of time during and after surgery. It can cover patients paying out of pocket or those who have high deductibles, etc. It runs from about \$600 - \$2000 depending on which procedure, which complications, and how long after surgery the warranty extends. We have brochures and can give you more information if you come by the office.

### **Do you charge a Program Fee?**

Each patient pays Part 1 of 2 (\$250) of the Program Fee at the time of their first appointment (Intake Visit). This portion is non-refundable. Part 2 (\$250) of the Program Fee is due at the time surgery is scheduled (During the Surgeon Consult visit). Part 2 of the Program Fee is refundable if the patient does not proceed to surgery. The Program Fee is an administrative cost charged by our practice to help offset the cost of patient and staff education as well as the initial administrative process. This fee is not billable to insurance as there is no service code that can be applied.

### **Is any other money due up front (before surgery) to BBSA?**

Up front are discussed on an individual basis during the first phone after we receive your registration packet.

### **I'm interested, what is the next step?**

The next step is to fill out a "patient registration packet". This "gets the ball rolling". We strongly encourage you to sign up and attend an informational seminar where all the procedures and your questions can be addressed in detail. Patient registration packets are available at the seminars, on-line and in our office.

### **How long until I can have my surgery?**

The length of time before surgery is dependent mostly upon your insurance company. The average bariatric patient will be in the process for 7-8 months. **Self pay patients go to surgery quickly since there is no insurance obligations to meet.** Often insurance companies will require a 6-month physician supervised diet. For instance, if your insurance company does require a 6-month physician supervised diet, you will be in the process for a minimum of 7-8 months. Once your packet is received and our staff calls to schedule your first set of appointments, we will be able to give you an estimated timeframe. The timeframe will also depend on your medical conditions and what, if any, tests will need to be done to make sure your elective surgery is done as safely as possible.

### **What can I do to speed the process along?**

There are many ways to assist in speeding up your process:

1. Call your insurance company and fill out the Insurance Review Form included in your packet. This is a requirement.
2. You have the option of faxing or emailing documentation instead of mailing it.
3. Using email as a primary means of communication. This will allow the staff to respond to your requests or questions in a timelier manner. They are able to be on hold with an insurance company and respond to your email at the same time.
4. Be flexible with your schedule when appointments are needed.
5. When given a checklist of documentation to submit, start working on it immediately.
6. Instead of having your doctor's office submit documentation on your behalf, we ask that you, the patient, send it. This allows you to keep control of your process and also have a copy of your records in your possession.
7. Alert your Patient Advocate when you receive documentation from your insurance company.
8. Follow up with your Patient Advocate once a month. We want to stay in contact with you throughout your entire process.

### **What documentation is needed for my insurance?**

All insurance companies require Medical, Psychological and Nutritional Evaluations from our office. Our office will schedule these appointments for you. Please do not schedule them with other providers.

Other insurance requirements may be a physician supervised diet (3-12 months), 2-5 year proof of weight, referral form from your Primary Care Provider. Our office will instruct you on what documentation is necessary. Please do not begin collecting documentation until you speak with your Patient Advocate.

### **What if my insurance company does require a physician supervised diet?**

Your Patient Advocate will speak with you regarding the specific guidelines set forth by your insurance. We will discuss the most efficient way to obtain the necessary documentation.

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## **Frequently Asked Questions: Sleeve Gastrectomy**

### **What is laparoscopic Sleeve Gastrectomy?**

Through several small incisions (laparoscopic, "minimally invasive"), we surgically remove the outer 85% of your stomach turning the stomach from a large storage bag to a small banana-sized tube that holds much less food.

### **How does the Gastric Sleeve work?**

The new small stomach restricts the amount of food you can eat at any one time. There are some other mechanisms suggested such as a decrease in hunger hormone production. Another theory is that there is faster gastric emptying leading to earlier signaling of feeling full. Weight loss is usually rapid – over the first 9 – 12 months.

**Will I keep losing weight?**

No. Most patients will stabilize their weight loss at about 70% of excess body weight. This usually happens over 9 -12 months. Getting down to ideal body weight usually requires exercise, even healthier food choices, and possibly removal of excess skin.

**How is Gastric Sleeve different from Adjustable Gastric Banding or Gastric Bypass?**

This is really a very important and broad topic that cannot be easily addressed over the phone. The informational seminars spend over an hour on these very issues. Our surgeon will be present to discuss the procedures and answer your questions at the informational seminars. Briefly, all the offered procedures are proven minimally invasive tools designed for long-term weight loss and improvement in obesity-related illnesses and quality of life.

With that said, Gastric Sleeve combines some of the best elements of bypass and banding. 85% of the outer stomach is removed, forming a stomach the size of a banana that holds about 10% of the normal stomach volume. Similar to bypass, there is rapid weight loss and improvement in medical problems but without changing the normal pathway of digestion. This eliminates a lot of the short- and long-term complications of gastric bypass, yet with similar results in terms of the speed and the amount of weight loss. Unlike banding, there is no foreign body or adjustments. In a lot of ways it is similar to LGCP, except that in LGCP, the outer stomach is folded in rather than cut away as in the sleeve.

**How much weight will I lose?**

Even Gastric Sleeve is a tool and weight loss will be variable. The vast majority of patients who undergo Sleeve Gastrectomy do well and lose weight fairly rapidly, usually over the first 9-12 months. Over time, one can "cheat" by eating high calorie foods and liquids in small amounts frequently. When used appropriately, average weight loss results for patients under 60 is about 70% of excess body weight over 9 – 12 months.

**Is the Gastric Sleeve covered by insurance?**

As of August 2011, the sleeve is covered by most insurances. Select plans require a BMI greater than 50. BLIS does recognize the Sleeve and offers a warranty.

**Can I regain my weight? Will my stomach stretch out?**

The sleeve is done differently by different surgeons. All BBSA surgeons do a tight, narrow sleeve. Data at 5 years in the United States and 6 years in Europe suggest the sleeve does not "stretch out" and is a useful primary weight loss surgery. Nonetheless, even the sleeve is a tool and patients can re-gain weight by eating high calorie foods and liquids in small amounts frequently.

**When will I start to see results?**

Weight loss usually begins quickly after surgery. You will actually lose more weight and in a healthier way if you make sure and take the requisite amount of protein, vitamins, and supplements in the guidelines we will provide you. Most compliant patients under 60 will lose about 70% or more of their excess body weight over the next 9 -12 months.

**Will I feel deprived or hungry?**

On average, the sleeve patients lose all hunger for about 5 months. After that, you will likely experience normal hunger. However, unlike normal "dieting", diet portions will not make you feel deprived –you will feel satisfied.

**Will I be able to eat whatever I want? What is dumping?**

Over time with the sleeve, you should eat fairly normally and be able to tolerate almost all foods (it's your same stomach, only smaller). Over a few months, you can eat any foods, take any tests, and take any medications. There is no "dumping" with the sleeve as seen in gastric bypass patients.

**Are follow-up visits covered by insurance?**

The first 90 days of routine office visits after surgery are included after all sleeves. After that, if your sleeve surgery was covered by insurance, then they will cover the follow-up visits just like any other office visit (co-pays, deductibles, etc. all apply) unless your benefits change. There are no adjustments to pay for as with banding. If you do not have insurance, follow-up visits are offered at a discounted self pay rate.

**How long does Gastric Sleeve surgery take? Recovery?**

The operation usually takes about 1.5 hours and most patients can go home one to two days after surgery. Patients walk a few hours after surgery. Liquids are begun the day after surgery. Most patients can return to non-strenuous activity in about a week.

**Who is eligible for Gastric Sleeve surgery?**

Anyone who meets the criteria for weight loss surgery as stated above.

**Where can I find more information?**

At our seminars, support groups, and website as well as [www.ObesityHelp.com](http://www.ObesityHelp.com) and [www.weightlossurgeryinfo.com](http://www.weightlossurgeryinfo.com).

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## **Frequently Asked Questions: Laparoscopic Greater Curvature Plication (LGCP)**

**What is LGCP?**

Laparoscopic **G**reater **C**urvature **P**lication is an exciting new procedure pioneered by Dr. Philip Schauer at the Cleveland Clinic in Ohio in 2010. It involves laparoscopically rolling in the outer stretchy part of the stomach with stitches so that the stomach holds significantly less volume and can't stretch. Although seemingly very effective and safe, long-term results are not known at this time. It is a reversible procedure that does not burn any bridges to future procedures.

**How does the LGCP work?**

LGCP works by making the inside of your stomach smaller so that you get full on much less food. The new small stomach restricts the amount of food you can eat at any one time.

**Will I keep losing weight?**

No. Most patients will stabilize their weight loss at about 63% of excess body weight. Weight loss in the dozens of patients who had the surgery at the Cleveland Clinic and Brazil suggest about 50% excess body weight loss average the first year, 63% by the second year. Data beyond 2 years is lacking at the time of this update July 2012. Getting down to ideal body weight usually requires exercise, even healthier food choices, and possibly removal of excess skin.

**How is LGCP different from Adjustable Gastric Banding, Gastric Bypass or Gastric Sleeve?**

This is really a very important and broad topic that cannot be easily addressed over the phone. The informational seminars spend over an hour on these very issues. Our surgeon will be present to discuss the procedures and answer your questions at the informational seminars. Briefly, all the offered procedures are minimally invasive tools designed for long-term weight loss and improvement in obesity-related illnesses and quality of life.

With that said, the LGCP holds a lot of promise. It is designed after the sleeve, but rather than permanently cut out the outer stretchy part of the stomach, it is simply rolled in with sutures. The sutures hold nicely and cannot be "popped open" by overeating. This significantly lowers the risk of "leak" which is a risk with sleeve or bypass which involve cutting the stomach. Like the band, the procedure is reversible. Digestion is not changed. There is no foreign body or adjustments. No requirement for life-long specialized vitamins. LGCP doesn't burn any bridges to future weight loss surgery – further rolling in, or conversion to a band/bypass/or sleeve is possible. LGCP is not covered by insurance, but is the least expensive option we offer by several thousand dollars.

**How much weight will I lose?**

LGCP is a tool and weight loss will be variable. Early data at the Cleveland Clinic suggest 53% excess body weight loss the first year. Brazilian data suggest 63% at the second year. Reliable data beyond two years doesn't exist at this time. Over time, one can "cheat" by eating high calorie foods and liquids in small amounts frequently.

**Is the LGCP covered by insurance?**

Not at this time, and probably not for the foreseeable future. The insurance industry usually requires 5 year outcomes data and the LGCP is in its second year in the United States. BLIS does recognize the LGCP and offers a warranty.

**Can I regain my weight? Will my stomach stretch out?**

The stomach will stretch out slightly over time, but never back to its original shape and size. All weight loss surgeries are “tools” and can be circumvented (“cheated”) by inappropriate eating habits and behavior.

**When will I start to see results?**

Weight loss usually begins quickly after surgery. You will actually lose more weight and in a healthier way if you make sure and take the requisite amount of protein, vitamins, and supplements in the guidelines we will provide you. Most compliant patients under 60 will lose about 53% or more of their excess body weight over the next 9 -12 months.

**Will I feel deprived or hungry?**

The exact effect on hunger with LGCP is not well known at this time. However, unlike normal “dieting”, diet portions will not make you feel deprived – you will feel satisfied.

**Will I be able to eat whatever I want? What is dumping?**

Yes, the stomach lining is left intact and after the first few months, you can eat any foods, take any tests, and take any medications. There is no “dumping” with the LGCP as seen in gastric bypass patients.

**Are follow-up visits covered by insurance?**

Not at this time, although the surgery includes a 90 day follow up period. Any remaining follow up visits are charged as a usual office visit and may possibly be billed through your insurance. There are no adjustments to pay for as with banding. If you do not have insurance, follow-up visits are offered at a discounted self pay rate.

**How long does LGCP surgery take? Recovery?**

The operation usually takes about an hour and most patients can go home one to two days after surgery. Patients walk a few hours after surgery. Liquids are begun the day of surgery. Most patients can return to non-strenuous activity in about a week.

**Who is eligible for LGCP surgery?**

Anyone who meets the criteria for weight loss surgery as stated above.

**Where can I find more information?**

At our seminars, support groups, and website as well as [www.ObesityHelp.com](http://www.ObesityHelp.com) and [www.weightlosssurgeryinfo.com](http://www.weightlosssurgeryinfo.com). Another place to check is the bariatric surgery section of The Cleveland Clinic website.

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## Frequently Asked Questions: Adjustable Gastric Banding

**What is Adjustable Gastric Banding?**

It is an implantable device that was created as a tool to assist you in long-term weight loss and improvement in your obesity-related illnesses and quality of life.

**Which Adjustable Gastric Bands are available?**

There are two FDA-approved Adjustable Gastric Bands on the market, the LapBand® by Allergan (FDA-approved 6/01) and the REALIZE-C™ band by Ethicon (FDA-approved 10/07). BBSA offers both.

**What is the difference between the two available bands?**

There is no proven difference in weight loss or complications between the two bands. For the most part, they can be considered nearly equivalent tools. You will have the opportunity to see and feel both bands. We encourage you to research the bands on their websites, talk with patients, and attend our seminars and support groups to aid you in your decision. You will have an opportunity prior to your surgery to discuss directly with your surgeon your band choice.

### **How does Adjustable Gastric Banding work?**

Through a few small incisions (laparoscopic, "minimally invasive"), the ring is wrapped around the top of the stomach creating a small pouch of stomach above the band. There is no cutting or dividing of the stomach and no change in digestion. This small pouch allows patients to feel full sooner and for a longer period of time. As you lose weight, the ring can then be tightened by accessing a small port that is deep under your skin on your abdomen. The adjustments take only a few minutes and are done in the office.

### **How is Adjustable Gastric Banding different from the Gastric Bypass, Gastric Sleeve, or LGCP?**

This is really a very important and broad topic that cannot be easily addressed over the phone. The informational seminars spend over an hour on these very issues. Our surgeon will be present to discuss the procedures and answer your questions at the informational seminars. Briefly, all the offered procedures are proven minimally invasive tools designed for long-term weight loss and improvement in obesity-related illnesses and quality of life. Also - please see the FAQ on each individual procedure to get a better idea of the differences.

With that said, there is no cutting, dividing, or stapling of the stomach with banding. Food does not bypass the stomach, digestion is unchanged. Weight loss with banding is generally slower than with bypass, sleeve, or LGCP – on average taking 4 years to achieve similar weight loss results in compliant patients. Banding is usually an outpatient procedure rather than a 1-2 day hospital stay as with sleeve, bypass, or LGCP. There is no need for life-long vitamin and mineral supplementation with banding. Banding does not change your anatomy or remove any stomach and therefore is similar to LGCP, but unlike bypass or sleeve. Bands can always be converted to other bariatric procedures, as can LGCP or sleeve, but not bypass. Of course, the band can always be removed, leaving you with the same stomach and anatomy you had before the band was placed. Banding does involve a foreign body with potential rare foreign body complications like slip, erosion, infection, or esophageal dilatation. There are instances of band intolerance requiring removal or conversion to another weight loss surgery procedure even without any obvious complication of the band. Only banding is adjustable after surgery.

### **How much weight will I lose?**

The Adjustable Gastric Band is a tool and weight loss is variable. The vast majority of patients who undergo banding do well and lose weight, but weight loss with banding is not guaranteed. One can "cheat" by eating high calorie foods and liquids such as ice cream. When used appropriately, average weight loss results for patients under 60 is about 65% of excess body weight over 18 months to 5 years.

### **Is the Adjustable Gastric Band covered by insurance?**

Almost all insurance companies that cover weight loss surgery for those that qualify cover banding as an option.

### **How long will the band last? Does it need to be replaced?**

Although bands do not degrade over time, no one is certain how long they will maintain their integrity and continue to work. Bands have been placed since the 1980's and continue to function properly.

### **When will I start to see results?**

Weight loss usually begins shortly after surgery because the bands restrict the amount of food you can eat at one time. After a few weeks, if you follow the general nutritional and exercise guidelines, you should begin to lose a few pounds every week or so.

### **Will I feel deprived or hungry?**

When the band is appropriately adjusted, you will likely experience normal hunger. However, unlike normal "dieting", diet portions will not make you feel deprived –you will feel satisfied.

### **Will I be able to eat whatever I want?**

As the stomach is not cut or divided, you can eat whatever you want. Because banding restricts the amount of food you can eat, you will be able to enjoy only small amounts of food at one time. How much and how fast you lose weight will therefore depend heavily on what foods you choose to eat. Because you will eat less food, you should focus on eating healthful foods so your body can get the nutrients it needs.

**Why are bands considered adjustable? How many adjustments are required?**

The inside of a ring contains a circular balloon. By filling this balloon with saline (salt water), it can be tightened around your stomach. Adjustments are done in the office with a special needle and only take a few minutes. They do not require surgery or sedation. As you lose weight and the fat around your stomach disappears, the band loosens and will need to be tightened. The bands are slowly ratcheted down, usually requiring about 5 – 10 adjustments over the first year after surgery until it is at the perfect tightness for your particular stomach. The bands are usually not something you continue to keep adjusting year after year.

**Are band adjustments covered by insurance?**

Adjustments during the first 90 days after surgery are included with all bands. After that, if your band surgery was covered by insurance, then they will cover the adjustments just like any other office visit/procedure (co-pays, deductibles, etc. all apply) as long as your benefits do not change. If you do not have insurance, adjustments are offered at a discounted self pay rate.

**What happens during the surgery and how long does it take? Recovery?**

Through one or more small incisions, the band is wrapped around the top of the stomach leaving a little pouch of stomach above it. It is then sutured in place. The port is brought out and sutured to your abdominal wall. The procedure takes about 45 minutes and most patients can go home a couple of hours after surgery. Liquids and walking are begun that day. Most patients can return to non-strenuous activity in 2-3 days.

**Who is eligible for banding?**

Anyone who meets the criteria for weight loss surgery as stated above.

**Where can I find more information?**

At our seminars, support groups, and website. Also find information at [www.LapBand.com](http://www.LapBand.com) and [www.RealizeBand.com](http://www.RealizeBand.com).

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## Frequently Asked Questions: Roux-en-Y Gastric Bypass

**What is Laparoscopic Gastric Bypass?**

Through several small incisions (laparoscopic, "minimally invasive"), we surgically divide the top of the stomach from the rest of the stomach forming a small pouch. The small intestines are then re-routed to empty the pouch. The "old" stomach is not removed, but it will no longer digest food – it is "bypassed".

**How does Gastric Bypass work?**

The new small stomach pouch restricts the amount of food you can eat at any one time. Also, the small amount of food you eat is not fully digested. This combination usually leads to fairly rapid weight loss.

**Will I keep losing weight?**

No. Most patients will stabilize their weight loss at about 70% of excess body weight. This usually happens over 9 -12 months. Getting down to ideal body weight usually requires exercise, even healthier food choices, and possibly removal of excess skin.

### **How is bypass different from adjustable gastric banding, sleeve, or LGCP?**

This is really a very important and broad topic that cannot be easily addressed over the phone. The informational seminars spend over an hour on these very issues. Our surgeon will be present to discuss the procedures and answer your questions at the informational seminars. Briefly, all the offered procedures are proven minimally invasive tools designed for long-term weight loss and improvement in obesity-related illnesses and quality of life.

With that said, bypass surgery involves cutting and dividing of the stomach and intestines and reconnecting them so that food passes through only a small portion of stomach called the pouch. The remaining stomach is left in place but food doesn't pass through it, bypassing it. There is a chance of "leak" and peritonitis if these cut or connected areas don't seal. Weight loss with bypass, sleeve, or LGCP is generally more rapid than with banding. There is no foreign body or adjustments required after bypass surgery. Specialized vitamin and mineral supplementation and lab checks are a LIFE-LONG requirement of bypass patients. Bypass patients cannot eat certain foods or take certain medications. Bypass patients cannot ever use tobacco products, take aspirin, ibuprofen (or other NSAIDs), or steroids as there is a serious and potentially fatal risk of pouch ulceration. Bypass patients cannot have a traditional "scope" or EGD of the bypassed stomach. Bypass patients can't have a procedure called "ERCP" – a "scope" of the bile duct. Bypass is generally considered irreversible, as reversal, although possible, is considered very high risk.

### **How much weight will I lose?**

Even bypass is a tool and weight loss will be variable. The vast majority of patients who undergo bypass do well and lose weight fairly rapidly, usually over the first 9-12 months. Over time, one can "cheat" by eating high calorie foods and liquids in small amounts frequently. When used appropriately, average weight loss results for patients under 60 is about 70% of excess body weight over 9 – 12 months.

### **Is Gastric Bypass covered by insurance?**

Almost all insurance companies that cover weight loss surgery for those that qualify cover Gastric Bypass as an option.

### **Can I regain my weight? Will my pouch stretch out?**

Gastric bypass is done differently by different surgeons. All BBSA surgeons do a "micro-pouch" that will not "stretch out". Nonetheless, even Gastric Bypass is a tool and patients can re-gain weight by eating high calorie foods and liquids in small amounts frequently.

### **When will I start to see results?**

Weight loss usually begins quickly after surgery because bypass not only restricts the amount of food you can eat at one time, but doesn't allow you to absorb all you eat. You will actually lose more weight and in a healthier way if you make sure and take the requisite amount of protein, vitamins, and supplements in the guidelines we will provide you. Most compliant patients under 60 will lose about 70% or more of their excess body weight over the next 9 -12 months.

### **Will I feel deprived or hungry?**

On average, bypass patients lose all hunger for about 5 months. After that, you will likely experience normal hunger. However, unlike normal "dieting", diet portions will not make you feel deprived –you will feel satisfied.

### **Will I be able to eat whatever I want? What is dumping?**

Over time with Gastric Bypass, you should eat fairly normally and be able to tolerate almost all foods. Because the digestive process is changed, certain foods (fatty or greasy foods, sweets, complex carbohydrates) may make you feel ill. This is because the small intestine is encountering these foods before the digestive enzymes do. Symptoms can include nausea, vomiting, flushing, diarrhea, abdominal discomfort. Not all people "dump".

### **Are follow-up visits for Gastric Bypass covered by insurance?**

Office visits that occur within the first 90 days after Gastric Bypass surgery are included. After that, if your bypass surgery was covered by insurance, then they will cover the follow-up visits just like any other office visit (co-pays, deductibles, etc. all apply) unless your benefits change. If you do not have insurance, follow-up visits are offered at a discounted self pay rate.

**How long does Gastric Bypass surgery take? Recovery?**

The operation usually takes about 1.5 hours and most patients can go home two days after surgery. Patients walk a few hours after surgery. Liquids are begun the day after surgery. Most patients can return to non-strenuous activity in about a week.

**Who is eligible for Gastric Bypass?**

Anyone who meets the criteria for weight loss surgery as stated above.

**Where can I find more information?**

At our seminars, support groups, and website as well as [www.ObesityHelp.com](http://www.ObesityHelp.com) and [www.weightlossurgeryinfo.com](http://www.weightlossurgeryinfo.com).

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## Frequently Asked Questions: Apollo OverStitch

**What is the Apollo OverStitch?**

The OverStitch is a FDA-approved device that is used to place stitches or sutures through an endoscope (a "scope") without making any incisions or cuts on the outside. It can be used theoretically in a variety of ways – some examples might be:

- To tighten up the pouch outlet in a patient with previous gastric bypass
- To close down an enlarged gastric pouch after gastric bypass
- To repair or close a fistula
- To suture the stomach so that it doesn't hold as much food.

Its use as an incisionless revision of previous gastric bypass is currently considered investigational and not covered by insurance. In this outpatient procedure done under full general anesthesia – all the suturing is done through the scope and there are no external incisions.

**How does the Apollo OverStitch work?**

The new smaller stomach pouch and outlet restricts the amount of food you can eat at any one time. Results are very variable – some patients experience excellent restriction, others do not see any difference after the procedure. Weight loss results and durability of the procedure are unknown at this time.

**Will I keep losing weight?**

No. Most patients will stabilize their weight loss. Getting down to ideal body weight usually requires exercise, even healthier food choices, and possibly removal of excess skin.

**How is Apollo OverStitch different from Adjustable Gastric Banding, Sleeve, or Gastric Bypass?**

This is really a very important and broad topic that cannot be easily addressed over the phone. Our surgeon will be present to discuss the procedures and answer your questions at the informational seminars. Briefly, all the offered procedures are tools designed for long-term weight loss and improvement in obesity-related illnesses and quality of life. With that said, the Apollo OverStitch is designed as a safer way to mimic a relatively high risk procedure, namely the "traditional" gastric bypass revision, where the stomach pouch is re-cut and re-connected to the small intestine.

**How much weight will I lose?**

This varies from patient to patient depending on your eating habits and your anatomy prior to the procedure. As with any bariatric procedure, one can "cheat" by eating high calorie foods and liquids in small amounts frequently.

**Is the Apollo OverStitch covered by insurance?**

No. The cost is around \$5,000 for the day of surgery (other fees will apply). Self-pay financing options are available. BBSA and the hospital do not offer financing.

**Can I regain my weight? Will my stomach stretch out?**

The procedure is a tool and patients can re-gain weight by eating high calorie foods and liquids in small amounts frequently. In some patients, some or all of the sutures can harmlessly fall out allowing the pouch and stoma to enlarge back to their pre-procedure size. Unfortunately, in these instances, a refund or a repeat procedure at discount is currently not available.

**When will I start to see results?**

Weight loss usually begins shortly after surgery. You will actually lose more weight and in a healthier way if you make sure and take the requisite amount of protein, vitamins, and supplements in the guidelines we will provide you.

**Will I feel deprived or hungry?**

If the procedure works properly, you should have a similar sensation of fullness that you may have had in the first few months after your original bypass. Normal diet size portions should not make you feel deprived –you should feel satisfied.

**Will I be able to eat whatever I want? What is dumping?**

Your diet shouldn't change much after the procedure as nothing was cut or divided. You should notice that it takes less regular solid food to satisfy your hunger. Your goal is to fill your smaller pouch – for instance, you shouldn't drink when you eat to avoid flushing foods through.

**Are follow-up visits covered by insurance?**

The first 90 days after the procedure are included in your fee. Further follow-up visits are at our standard cash-pay discount rates.

**How long does the Apollo OverStitch procedure take? Recovery?**

The operation usually takes about 30 – 60 minutes and most patients can go home from the recovery room. Patients walk a few hours after surgery. Liquids are begun the day after surgery. Most patients can return to full activity the next day as there are no incisions.

**Who is eligible for the Apollo OverStitch procedure?**

Anyone who has had a previous gastric bypass may be a candidate.

**Where can I find more information?**

At our seminars, support groups, websites, and discussing with our clinicians.