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Welcome to...



Northwest
Weight Loss
Surgery

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Weight Loss Surgery

Why do we need weight loss surgery?

Once a person becomes severely overweight, diet and exercise programs have dismal long-term results. Many people lose weight in the short term, but they gain it all back and then some. For those people, weight loss surgery is the only effective long term solution. The main problem associated with being overweight is a higher chance for early death.

When people are overweight or obese, they are more likely to develop health problems such as the following:

- *Hypertension*
- *Dyslipidemia* (for example, high total cholesterol or high levels of triglycerides)
- *Type 2 diabetes*
- *Coronary heart disease*
- *Stroke*
- *Gallbladder disease*
- *Osteoarthritis*
- *Sleep apnea and respiratory problems*
- *Some cancers (endometrial, breast, and colon)*

The more overweight a person is, the more likely that person is to have health problems. Among people who are overweight and obese, weight loss can help reduce the chances of developing health problems. Studies show that if a person is overweight or obese, reducing body weight by 5 percent to 10 percent can improve one's health.

Most people who have had weight loss surgery found it to be the only thing that allowed them to keep the weight off long-term.

It is important to understand that weight loss surgery is not magic and does not work by itself. Weight loss surgery is a tool to help people lose weight. It is a powerful tool, and for most, the only tool that helps them successfully control their weight, but like all tools it works best if used correctly. Northwest Weight Loss Surgery is dedicated to providing continuing support for our patients to assist in achieving optimal results after laparoscopic adjustable gastric band (LAGB) surgery.

Weight loss surgery is not cosmetic or plastic surgery. It does not involve removing extra tissue. Weight loss surgery basically dims your appetite allowing you to feel full and satisfied with smaller amounts of food.

It is incorrect to think that you don't have to put any effort into losing weight. Weight loss surgery makes it much easier because you are less hungry and experience fullness on smaller amounts of food.

Improved health is not the only benefit to weight loss surgery. Quality of life improves both physically and emotionally.

What Are the Options?

Millions of Americans turn to diet, fitness, and medication first to **treat their obesity**. Unfortunately, studies indicate that people will not achieve **significant long-term weight loss** through dietary and behavior modification regimens alone.¹ Those who are seriously overweight have an even greater challenge when it comes to sustaining weight loss and improving their health conditions. **Surgery may remain the best option** for these individuals when it comes to losing weight and keeping it off.

Non-Surgical Treatments

The most common weight-loss approach is to eat less, eat sensibly, and exercise more. However, studies have shown that patients on diets, exercise programs, or weight-loss medication lose approximately 10 percent of their body weight but tend to regain two-thirds of it within one year, and almost all of it within five years.² The cycle of losing weight and gaining it back is called the “yo-yo effect.” While temporary weight loss can help, the yo-yo effect can also make it harder to lose weight in the future.

The National Institutes of Health report that 90 percent of the people who participate in diets and weight-reduction programs do not experience significant and sustained weight loss. For seriously overweight individuals, weight-loss surgery should be strongly considered when other therapies have failed, as a way to lose weight, improve their health and increase their quality of life.

Weight-Loss Surgery

If non-surgical methods have not helped you **lose weight long-term**, you still have another option. Studies demonstrate that weight-loss surgery, as compared to non-surgical treatments, yields the longest period of sustained weight loss in patients who have failed other therapies.¹ But keep in mind that a **positive attitude, self-discipline**, and the ability to **plan ahead** are key to the **success of the surgery**. Surgery can help you achieve your long-term goal only if you are ready to make a commitment to losing weight and keeping it off.

There are several categories of weight-loss (bariatric) surgery:

- ***Restrictive***
 - Reduces the amount of food the stomach can hold but doesn't interfere with normal digestion of food and nutrients.
- ***Malabsorptive***
 - Shortens the digestive tract to limit the number of calories and nutrients that can be absorbed.
- ***Combination***
 - Restricts the amount of food the stomach can hold and reduces the number of calories absorbed by altering the digestive tract.

The two most commonly performed weight-loss procedures in the United States are the gastric bypass (combination procedure) and the laparoscopic adjustable gastric band (restrictive procedure).

1. American Society for Bariatric Surgery, Rationale for the surgical treatment of morbid obesity. American Society for Bariatric Surgery Web site. April 8, 1998. Available at: <http://www.asbs.org/html/patients/rationale.html>. Accessed April 2006.

2. American Association of Clinical Endocrinologists (AACE) / American College of Endocrinology (ACE) Statement on the Prevention, Diagnosis, and Treatment of Obesity (1998 Revision). AACE/ACE Obesity Task Force. Endocr Pract. 1998;4:297-330.

Laparoscopic Adjustable Gastric Band (LAGB) Surgery

The **LAGB** surgery was approved by the FDA in June 2001. This has been the number one weight loss operation performed in Europe and Australia for many years prior to that.

Over 300,000 bands have been placed world-wide since 1993. Multiple long-term studies have shown average excess weight loss to be greater than 55% in the majority of patients. The initial experience with the band showed less weight loss, but current studies have shown that the band is a highly effective operation with the lowest risk.

LAGB surgery involves implanting an adjustable gastric band designed to help you lose excess body weight, improve weight-related health conditions and enhance quality of life. It reduces the stomach capacity and restricts the amount of food that can be consumed at one time. The LAGB procedure does not require stomach cutting and stapling or gastrointestinal re-routing to bypass normal digestion.

The band is a silicone ring designed to be placed around the upper part of the stomach and filled with saline on its inner surface. This creates a new, smaller stomach pouch that can hold only a small amount of food, so the food storage area in the stomach is reduced. The band also controls the stoma (stomach outlet) between the new upper pouch and the lower part of the stomach. When the stomach is smaller, you feel full faster, while the food moves more slowly between your upper and lower stomach as it is digested. As a result, you eat less and lose weight.

The Minimally Invasive Procedure

During the procedure, surgeons usually use laparoscopic techniques (making tiny incisions rather than a large incision and inserting long-shafted instruments through "ports"), to wrap the LAGB around the patient's stomach. A narrow camera is passed through a port so the surgeon can view the operative site on a nearby video monitor. Like a wristwatch, the band is fastened around the upper stomach to create the new stomach pouch that limits and controls the amount of food you eat. The band is then locked securely in a ring around the stomach.

Since there is no stomach cutting, stapling, or gastrointestinal re-routing involved in the LAGB procedure, it is considered the safest, least invasive, and least traumatic of all weight-loss surgeries. The laparoscopic approach to the surgery also has the advantages of reduced post-operative pain, shortened hospital stay, and quicker recovery. If for any reason the LAGB device needs to be removed, the stomach generally returns to its original form.

Adjustable Weight Loss

Once placed around the stomach, tubing connects the LAGB to an access port fixed beneath the skin of your abdomen. This allows the surgeon to change the stoma (stomach outlet) size by adding or subtracting saline or salt water, inside the inner balloon through the access port. This adjustment process helps determine the rate of weight loss. If the band is too loose and weight loss is inadequate, adding more saline can reduce the size of the stoma to further restrict the amount of food that can move through it. If the band is too tight, the surgeon will remove some saline to loosen the band and reduce the amount of restriction.

The diameter of the band can be modified to meet your individual needs, which can change as you lose weight. For example, pregnant patients can expand their band to accommodate a growing fetus, while patients who aren't experiencing significant weight loss can have their bands tightened.

The LAGB procedure is the only adjustable weight-loss surgery available in the United States to help maintain restriction and keep the weight off long-term.

Advantages at a Glance

Minimal Trauma

- Least invasive surgical option
- No intestinal re-routing
- No cutting or stapling of the stomach wall or bowel
- Small incisions and minimal scarring
- Reduced patient pain, length of hospital stay and recovery period

Fewer Risks and Side Effects

- 10 times less operative and short-term mortality than gastric bypass¹
- Low risk of nutritional deficiencies associated with gastric bypass
- Reduced risk of hair loss
- No "dumping syndrome" related to dietary intake restrictions

Adjustable

- Allows individualized degree of restriction for ideal rate of weight-loss
- Adjustments performed without additional surgery
- Supports pregnancy by allowing stomach outlet size to be opened to accommodate increased nutritional needs
- Only surgical option designed to help maintain long-term weight loss

Reversible

- Removable at any time
- Stomach and other anatomy are generally restored to their original forms and functions

Effective Long-Term Weight Loss

- More than 300,000 LAGB devices placed worldwide
- Standard of care for hundreds of surgeons around the world
- #1 selling adjustable gastric band for weight loss
- Academic publications with up to 10 years of follow-up

1. Executive summary: Laparoscopic adjustable gastric banding for the treatment of obesity (Update and Re-appraisal). The Australian Safety and Efficacy Register of New Interventional Procedures - Surgical (ASERNIPS) 2002; 1. (Laparoscopic adjustable gastric banding surgery, like the LAGB surgery, is associated with a mean short-term mortality rate of around 0.05% compared to 0.50% for Gastric Bypass and 0.31% for Vertical Banded Gastroplasty.)

Disclaimer:

As with any surgery, there are specific risks and possible complications associated with the LAGB surgery. Talk to your doctor to determine if you are a candidate for the LAGB procedure.
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Your motivation is Key

Your surgeon will not do the operation unless he or she knows you understand the problems your excess weight is causing. Also, your surgeon will make sure you know you have responsibilities. These include new eating patterns and a new lifestyle. If you are ready to take an active part in reducing your weight, your surgeon will consider the treatment. First, though, your surgeon will want to make sure you know about the advantages, disadvantages, and risks involved.

What to expect?

Before Surgery

Having weight loss surgery is a very personal decision as well as a medical one. Northwest Weight Loss Surgery provides you with education and support while you are researching your options. Once you have decided to move forward you will need to schedule the following pre-operative appointments:

- **90 minute consultation with our nursing staff** – At this patient education appointment you will gain a better understanding of what life will be like after surgery. Our nurses will discuss the changes that are necessary after gastric banding surgery. * All of our nurses have gastric bands and have lost weight successfully.
- **60 minute psychological evaluation** – At this appointment your therapist will assist you in getting mentally prepared for your new life. You may want to start a journal to record how you feel right now, the challenges that you face, and the things you hope to be able to do after surgery. Write about your reasons for having weight loss surgery and outline a plan to maintain your progress.
- **60 minute consultation with your surgeon** – At this appointment your surgeon will review your medical history and provide you with a better understanding of the surgical process. (You may be asked to have some additional medical testing)

We also encourage you to participate in our support groups. The group setting is helpful as you can talk to other people who have had the procedure and discuss your concerns. In order to ensure your best outcome you may choose to enlist the support of family and friends as it helps to know you have people behind you, waiting to help.

The Day of Surgery

Typically LAGB is done as day surgery. On average people spend about 4 hours at our surgery center on the day of surgery. You will need an adult to drive you here, take you home and stay with you for 24 hours after surgery. We ask that you arrive at our facility about an hour before your surgery time. The surgery generally takes about an hour to an hour and a half. Your family is welcome to stay with you before and after surgery.

After Surgery

Most people are able to return to work within three to seven days. Many people stop taking pain medication after three days. The post-operative healing phase consists of one week of liquids and one to two weeks of soft, mushy food. No adjustments are made to the band during this time. This allows the band to heal into the perfect spot, minimizing the chance for slippage. The first adjustment may be done around four weeks after surgery.

If you are eating small amounts of food and are not hungry between meals and are losing 1 to 2 pounds per week, then you don't need an adjustment. If you can eat large meals, are struggling with hunger and not losing weight, please make an appointment to see if a band adjustment is needed. Most patients require several adjustments during the first 12 months.

Results

The LAGB is a tool that helps you achieve sustained weight loss by limiting food intake, reducing appetite, and slowing digestion. The LAGB by itself, though, will not solve your health problems nor ensure weight loss. The amount of weight loss achieved depends both on the band and on your motivation and commitment to a new lifestyle and healthy eating habits. It is very important to set achievable weight-loss goals from the beginning. A weight loss of one to three pounds a week in the first year after the operation is possible. Twelve to eighteen months after the operation, weekly weight loss is usually less.

Remember that you should lose weight gradually. Losing weight too quickly creates a health risk and can lead to a number of problems. The main goal is to have weight loss that prevents, improves, or resolves health problems connected with excess weight.

Average Excess Weight Loss: A Sample of Published Results from Around the World					
Published Study	Number of Patients Studied	Years after Weight-Loss Surgery			
		1	2	3	>5
Ren, Horgan, Ponce, US ¹	43	41.6%	-	-	-
Rubin, Spivak et al, US ²	250	42.1%	51.4%	55.5%	-
Rubenstein et al, US ³	63	38.3%	46.6%	53.6%	-
Jan, Patterson, US ⁴	154	36%	45%	57%	-
Zinzindohoue et al, France ⁵	500	42.8%	52%	54.8%	-
Fielding et al, Australia ⁶	620	-	-	68%	-
Korenkov, Germany ⁷	106	-	-	52.1%	-
Weiner et al, Austria (up to 8 yr) ⁸	984	-	-	-	59.3%

Note: Many surgeons report that at 5 years, many LAGB and gastric bypass patients achieve comparable weight loss (55% for LAGB and 59% for gastric bypass).

1. Ren C., Horgan S., Ponce J., US Experience with the LAP-BAND® System, Am J Surg. 2002;184(suppl):46-50

2. Rubin M., Spivak H., Prospective Study of 250 Patients Undergoing Laparoscopic Gastric Banding Using the Two-Step Technique; Surgi Endosc. 2003;17:857-860.

3. Rubenstein R., Laparoscopic Adjustable Gastric Banding at a U.S. Center with Up to 3 Year Follow-Up, Obes Surg.2002;12:380-384.

4. Jan J., Hong D., Pereira N., Patterson E., Laparoscopic Adjustable Gastric Banding Versus Laparoscopic Gastric Bypass for Morbid Obesity: A Single-Institution Comparison Study of Early Results, J Gastrointest Surg, 2005; 9(1):30-41.

5. Zinzindohoue F., Chevallier J.M., et al, Laparoscopic Gastric Banding: a Minimally Invasive Surgical Treatment for Morbid Obesity: Prospective Study of 500 Consecutive Patients, Annals of Surgery. 1, 237, 2003;237(1): 1-9.

6. Fielding G., LAP-BAND® Experience with 620 Cases over Forty-Five Months, Obes Surg. 2000;10:143.

7. Korenkov M., Kneist W., Heintz A., Junginger Th., Laparoscopic Gastric Banding as a Universal Method for the Treatment of Patients with Morbid Obesity, Obes Surg. 2004;14: 1123-1127.

8. Weiner S., Engert R., et al, Outcome after Laparoscopic Adjustable Gastric Banding – 8 Years Experience, Obes Surg. 2003;13:427-434.

9. O'Brien, et al. LAP-BAND®: Outcomes and results. J of Laparoend & Adv Surg Techniques. 2003;13(4):265-270. Clegg A., Colquitt J., et al. The clinical and cost effectiveness of surgery for people with morbid obesity. Health Technology Assessment. 2002;6(12):1-153.

Risks

All surgical procedures have risks. When you decide on a procedure, you should know the risks. Talk with your surgeon in detail about all the risks and complications that might arise. Then you

will have the information you need to make a decision.

How to choose a LAGB surgeon?

Once you have decided that weight loss surgery is right for you, you will then need to select a facility and surgeon. Don't be afraid to ask questions before choosing a surgeon. The following list provides a good starting point for questions we would encourage you to ask of any surgeon you are considering.

- Are you a LAGB specialist, or do you perform other types of surgery?
- How many LAGB procedures have you done?
- How long have you been doing LAGB surgery?
- How do you determine who is a good candidate for this surgery?
- How do you screen patients?
- Do you have LAGB patients working in your office?
- Is there a Patient Support Line I can call to talk with other banded patients?
- Do you have an online support group that is monitored by the medical staff?
- Do you ever attend the patient support groups? Is there a program fee for support group?
- How many papers have you published on LAGB surgery?
- What is the charge for band adjustments?
- Who will be doing the adjustments?
- What is your past experience with laparoscopic surgery?
- What is your complication rate?
- Who will take care of me if I have a complication? What is the cost if a second surgery is required?
- What is your conversion rate to an open incision?
- What do I need to do in order to see success with this program?
- What is included in the cost? (Look for hidden fees, band adjustments, fluoroscopy, anesthesia, etc.)
- May I attend one of your support groups prior to surgery?
- Do you have Insurance coordinators available to help me with insurance questions?
- Is a seminar required or can you provide me with the information I need privately?

Why choose Northwest Weight Loss Surgery?

This is the most important health decision of your life. Northwest Weight Loss Surgery is one of the nations leading comprehensive centers for LAGB surgery. We are here to help you make an informed decision on surgical weight loss and the benefits of improved health and well- being. We provide the highest level of care for our patients.

Our team of health care professionals has performed more than **2,850 LAGB** surgeries to help our patients lose more than **140,000 pounds** and significantly improve their health and quality of life. Our surgery center is unique because we offer a comprehensive weight loss program.

Some of the things that set us apart:

- We are full-time bariatric surgeons
- Our surgeons have performed thousands of laparoscopic procedures
- Our surgery center is equipped with high-definition surgical optics
- We have a low complication rate
- We have an unsurpassed program to assist you on your weight loss journey
 - Band adjustments
 - Nutritional counseling
 - Support groups
- Lifetime support group membership moderated by medical professionals
- Exclusive online support group moderated by medical professionals
- Most experienced adjuster in the U.S.
- LAGB patients on staff
- Adjustments offered in multiple locations
- We have two full time insurance coordinators on staff
- Knowledgeable patient support line answered by LAGB patients
- Therapy appointments available with a banded therapist
- Minimally invasive techniques
- Members of American Society for Metabolic and Bariatric Surgery
- Members of the Council for Advances in Bariatrics
- Members of the Society of American Gastrointestinal and Endoscopic Surgeons
- Published three of the largest U.S. case series
- Our surgeons are instructors of LAGB surgery
- Northwest Weight Loss Surgery Center is a "**Center of Excellence**" as designated by the American College of Surgeons for outpatient bariatric centers
- All appointments are included in the cost for a full 13 months after your surgery date
- No hidden costs
- Northwest Weight Loss Surgery has both FDA approved bands available for you to select from. Lap-Band or Realize Band.

Questions?

Please call **Northwest Weight Loss Surgery** at 800-979-8986 for any questions or to schedule an appointment.

Height	Body Mass Index										
	35	36	37	38	39	40	41	42	43	44	45
4' 10"	167	172	177	181	186	191	196	201	205	210	215
4' 11"	173	178	183	188	193	198	203	208	212	217	222
5' 0"	179	184	189	194	199	204	209	215	220	225	230
5' 1"	185	190	195	201	206	211	217	222	227	232	238
5' 2"	191	196	202	207	213	218	224	229	235	240	246
5' 3"	197	203	208	214	220	225	231	237	242	248	254
5' 4"	203	209	215	221	227	233	238	244	250	256	262
5' 5"	210	216	222	228	234	240	246	252	258	264	270
5' 6"	216	223	229	235	241	247	253	260	266	272	278
5' 7"	223	229	236	242	248	255	261	268	274	280	287
5' 8"	230	236	243	249	256	263	269	276	282	289	295
5' 9"	237	243	250	257	264	270	277	284	291	297	304
5' 10"	243	250	257	264	271	278	285	292	299	306	313
5' 11"	250	258	265	272	279	286	293	301	308	315	322
6' 0"	258	265	272	280	287	294	302	309	316	324	331
6' 1"	265	272	280	287	295	303	310	318	325	333	340
6' 2"	272	280	288	295	303	311	319	326	334	342	350
6' 3"	279	287	295	303	311	319	327	335	343	351	359
6' 4"	287	295	303	312	320	328	336	344	353	361	369

Height	Body Mass Index										
	46	47	48	49	50	51	52	53	54	55	56
4' 10"	220	224	229	234	239	244	248	253	258	263	267
4' 11"	227	232	237	242	247	252	257	262	267	272	277
5' 0"	235	240	245	250	255	261	266	271	276	281	286
5' 1"	243	248	254	259	264	269	275	280	285	290	296
5' 2"	251	256	262	267	273	278	284	289	295	300	306
5' 3"	259	265	270	276	282	287	293	299	304	310	315
5' 4"	267	273	279	285	291	296	302	308	314	320	326
5' 5"	276	282	288	294	300	306	312	318	324	330	336
5' 6"	284	291	297	303	309	315	322	328	334	340	346
5' 7"	293	299	306	312	319	325	331	338	344	350	357
5' 8"	302	308	315	322	328	335	341	348	354	361	368
5' 9"	311	318	324	331	338	345	351	358	365	372	378
5' 10"	320	327	334	341	348	355	362	369	376	383	389
5' 11"	329	336	343	351	358	365	372	379	386	394	401
6' 0"	338	346	353	361	368	375	383	390	397	405	412
6' 1"	348	355	363	371	378	386	393	401	408	416	424
6' 2"	358	365	373	381	389	396	404	412	420	427	435
6' 3"	367	375	383	391	399	407	415	423	431	439	447
6' 4"	377	385	394	402	410	418	426	435	443	451	459