



About Us

Welcome
About Our Physicians





Weight Loss Center

Welcome

We are excited that you have chosen to take the first step toward creating a healthier future. We hope that the information you learn here will help you discover new weight loss options, as well as their life-changing benefits.

Weight loss can be one of life's biggest challenges. Everyone's struggle with weight is different. That is why the UC Health Weight Loss Center offers an individualized approach to weight loss, including non-surgical, medically supervised weight management programs, as well as bariatric surgery options. We are focused on helping people reach and maintain a healthy weight for life.

Our multidisciplinary team includes experts in obesity medicine, bariatric surgery, behavioral health, nutrition, fitness and more. We collaborate to ensure you get all the care you need to be successful on your weight loss journey. We offer a truly integrated approach to caring for every aspect of your health—body, mind and spirit—during your transformation and beyond.

Our facilities, West Chester Hospital and the West Chester Hospital Surgical Center, have been recognized for excellence by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), a joint program of the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS).

Patients at the UC Health Weight Loss Center benefit from our close association with the University of Cincinnati and the research our doctors and scientists are conducting in the fields of weight loss and obesity. The national and international studies they conduct provide us with a wealth of knowledge supporting what we already know about obesity and the best ways to help patients succeed with weight loss.

Thank you for your interest in the UC Health Weight Loss Center. We look forward to helping you start your weight loss journey, and we will be with you every step of the way as you begin this exciting new stage of your life.

Sincerely,

The physicians and staff of the UC Health Weight Loss Center

Brad M. Watkins, MD, FACS

*Medical Director,
UC Health Weight Loss Center*

Angela Fitch, MD

*Medical Director,
Medical Weight Management,
UC Health Weight Loss Center*

Jonathan R. Thompson, MD

*Information Technology &
Quality Improvement Officer,
UC Health Weight Loss Center*

Lisa West-Smith, PhD, LISW-S

*Behavioral Health Director,
UC Health Weight Loss Center*

Ivan Bennett, PA-C

*Physician Assistant,
UC Health Weight Loss Center*



Weight Loss Center

About Our Providers

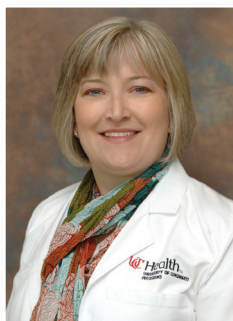
Our multidisciplinary team of experts includes specialists in obesity medicine, bariatric surgery, behavioral health, nutrition, fitness, and more to ensure that our patients receive nothing but the best, most compassionate and highest-quality care.



Brad M. Watkins, MD, FACS

Medical Director of Bariatric Surgery, UC Health Weight Loss Center

Dr. Watkins is an Assistant Professor of Surgery at the University of Cincinnati College of Medicine. In 2011, Dr. Watkins joined the multi-disciplinary team of physicians, psychologists, nutritionists, nurses and staff members at the UC Health Weight Loss Center. Dr. Watkins has completed more than 1,000 weight loss surgeries and is the first physician in Ohio to perform robotically-assisted laparoscopic adjustable band procedures. He has published numerous gastric band articles in U.S. surgical journals. In addition to practicing a full spectrum of general surgeries, Dr. Watkins has extensive experience in gastric sleeve, gastric band, and gastric bypass surgeries. He travels the country mentoring other surgeons on weight loss techniques and surgical procedures. Dr. Watkins completed his surgical residency at Good Samaritan Hospital in Cincinnati. He is board certified in general surgery, a diplomat of the American Board of Surgery, and is a Fellow of the American College of Surgeons. He is a member of the American Society for Metabolic and Bariatric Surgery and the Council for Advances in Bariatrics.



Angela Fitch, MD

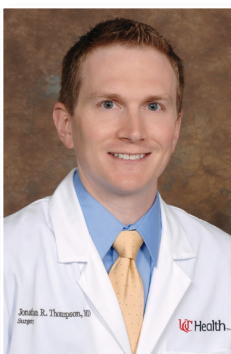
Medical Director of Medical Weight Management, UC Health Weight Loss Center

Dr. Fitch is an Associate Professor of Internal Medicine at the University of Cincinnati College of Medicine, and director of the Metabolic Health & Weight Loss Program at the UC Health Women's Center. She specializes in the medical treatment of patients with obesity and related complications. She uses scientific medical principles to target the root causes of obesity and weight gain, and to achieve and sustain a healthy weight for the long-term. Collaborating with a care team, patients are equipped with the tools and expertise to optimize their health and wellness, and eliminate or reduce future health risks. Dr. Fitch completed medical residencies at the University of Cincinnati College of Medicine and at Cincinnati Children's Hospital Medical Center. She is board certified by the American Board of Pediatrics, American Board of Internal Medicine and American Board of Obesity Medicine.

Weight Loss Center

About Our Providers

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Jonathan R. Thompson, MD

Information Technology & Quality Improvement Officer, UC Health Weight Loss Center

Dr. Thompson is a Clinical Instructor of Surgery at the University of Cincinnati College of Medicine. In 2013, Dr. Thompson joined the UC Health Weight Loss Center as an integral part of the team. He provides world-class care to his patients while serving as the center's information technology oversight and quality improvement process officer. Dr. Thompson has experience in gastric sleeve, gastric band, and gastric bypass surgeries, among other procedures. Dr. Thompson practices a full spectrum of general surgery, offering patients laparoscopic as well as robotically-assisted surgical technique options. He also dedicates a portion of his professional time pursuing his interest in medical device design. Dr. Thompson completed both his medical school and surgical residency training here at the University of Cincinnati College of Medicine. He is board certified in general surgery, is a member of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.



Lisa West-Smith, PhD, LISW-S

Behavioral Health Director, UC Health Weight Loss Center

Lisa West-Smith, PhD, LISW-S is an Assistant Professor in the Department of Psychiatry & Behavioral Neuroscience and Department of Surgery at the University of Cincinnati College of Medicine. She also serves as Director of Behavioral Health Services at the UC Health Weight Loss Center. In the past decade, Dr. West-Smith has conducted over three thousand psychosocial assessments for individuals pursuing surgical treatment for chronic morbid obesity and also has provided behavioral health services for post-surgical and medical weight loss patients. She serves as a reviewer for *Surgery for Obesity & Related Diseases and Obesity Surgery*, and provides guidance for the American Society for Metabolic and Bariatric Surgery Integrated Health Clinical Issues and Guidelines Committee.

Selected publications include:

West-Smith L, Sogg S. Creating a credential for bariatric behavioral health professionals: potential benefits, pitfalls, and provider opinion. *Surg Obes Relat Dis* 2010;6:695-701.

Sarwer DB, Dilks RJ, West-Smith. Dietary intake and eating behavior after bariatric surgery: threats to weight loss maintenance and strategies for success. *Surg Obes Relat Dis* 2011; 7:644-651.

Davis P, West-Smith L, Baldwin L, et al. Gastric band adjustment credentialing guidelines for physician extenders. *Surg Obes Relat Dis* 2012;8:e69-e71.



Weight Loss Center

About Our Providers

Continued



Ivan Bennett, PA-C

Physician Assistant, UC Health Weight Loss Center

Ivan Bennett, PA-C, brings more than seven years of clinical practice experience as a physician assistant at the UC Health Weight Loss Center. Mr. Bennett has been a physician assistant since 2006, working in the Department of Surgery at the University of Cincinnati Medical Center. He briefly practiced independently in family medicine. Mr. Bennett enjoys working closely with and helping his patients achieve their weight loss goals while overcoming their obesity-related diseases. Mr. Bennett is responsible for assisting surgical weight loss patients both before and after surgery, as they prepare for and recover from their weight loss surgery. He is originally from Dayton, Ohio, and graduated from Kettering College of Medical Arts.

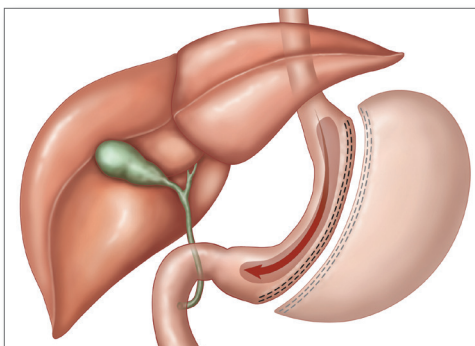
Surgical Options

Types of Weight Loss Procedures
Comparison of Surgical Procedures
The Path to Surgery
Paying for Weight Loss Surgery



Types of Weight Loss Surgery Procedures

Sleeve Gastrectomy



The gastric sleeve procedure, also known as the sleeve gastrectomy, is the newest option and most popular weight loss surgery. In the past, the gastric sleeve was performed as the first part of a two-stage procedure. The patient would undergo the sleeve procedure and later would have gastric bypass surgery. It soon became obvious that the gastric sleeve was very effective as a stand alone weight loss procedure, and surgeons began to perform it without the second step for some patients. Patients who have had the gastric sleeve have experienced excellent results in their weight loss and disease improvement process.

How the Gastric Sleeve Works

The gastric sleeve is a relatively simple procedure in which the surgeon removes approximately 80% of the stomach, leaving a long banana-shaped sleeve that acts as the new stomach. With the new, smaller stomach, patients have a drastically decreased appetite, feel full on much smaller amounts of food, and therefore eat less and lose weight.

Unlike in gastric bypass surgery, the small intestine is not changed, so food passes through the stomach and is digested normally. Patients need only a multivitamin and B12 supplement. The gastric sleeve is a minimally invasive procedure, which means that the surgeon performs surgery through tiny incisions – less than ½ inch each – in the abdomen, rather than a single, large incision.

Advantages of the Gastric Sleeve Surgery

- Patients do not experience dumping syndrome, a condition that occurs when food is passed (“dumped”) too quickly from the stomach into the intestines. Dumping syndrome is usually experienced by patients who have undergone gastric bypass surgery.
- Patients do not have to have a band or port in their stomach.
- The gastric sleeve is a minimally invasive procedure, so recovery time, pain and possible blood loss is minimal.
- The gastric sleeve reduces hunger because it removes the part of the stomach where the hunger hormone is made.
- Many of the diseases associated with obesity, including type 2 diabetes, high cholesterol, high blood pressure and sleep apnea can be resolved or improved soon after surgery.
- The procedure can be revised, either by performing a second gastric sleeve, adding a gastric bypass or placing a band at the top of the stomach in cases of unsatisfactory weight loss.

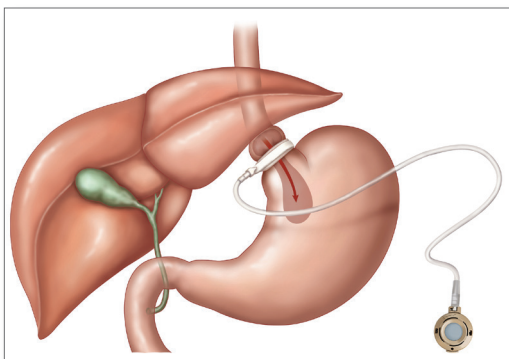
Considerations of Gastric Sleeve Surgery

- The staple line may leak, requiring immediate care and additional surgery.
- The procedure is not adjustable or reversible.

Like any surgery, gastric sleeve has some potential for complications; however, these problems are not common and with help from our care team and dedication to a prescribed care plan, most patients see excellent results. If you have any concerns about surgery, please talk to us about them and we will answer any questions you may have.

Types of Weight Loss Surgery Procedures

Laparoscopic Adjustable Banding



Laparoscopic adjustable (or gastric) banding was first approved by the FDA in 2001 and has quickly become a common weight loss procedure. It offers several benefits, one of which is that it is less invasive than most other major weight loss procedures because it involves no cutting of the stomach or bypassing of the small intestine.

How the Gastric Banding System Works

Gastric banding is a minimally invasive procedure, which means that the surgeon performs surgery through tiny incisions – less than ½ inch each – in the abdomen, rather than a single, large incision. The band, which is made of a soft silicone-like material, is placed around the upper portion of the stomach and tightened, forming two stomach chambers. The smaller, upper pouch becomes a primary receptacle for food. Because the upper pouch is so much smaller, patients will feel full on a much smaller amount of food and therefore lose weight.

One of the unique features of the gastric band is its adjustability. The band is connected to a small port just under the skin that is virtually invisible. The port allows the surgeon or a specially-trained nurse to inject saline into the band in order to tighten it, or remove saline in order to loosen it. These adjustments are commonly called band fills and are performed on a routine basis during an office visit.

Advantages of Gastric Banding Surgery

- Because no cutting takes place in the gastrointestinal system, the gastric band offers the shortest recovery time with the least pain, blood loss and possibility of complications.
- Gastric banding is a minimally invasive procedure, so recovery time, pain and possibly blood loss is minimal.
- Many of the diseases associated with obesity, including type 2 diabetes, high cholesterol, high blood pressure and sleep apnea can be resolved or improved soon after surgery.
- The gastric band is adjustable and removable.
- Gastric banding patients usually only need a multivitamin to stay healthy.
- This procedure can be surgically revised in case of unsatisfactory weight loss.

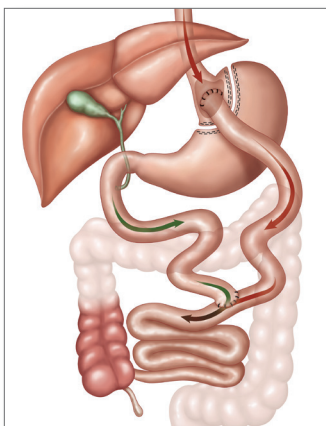
Considerations of Gastric Banding Surgery

- A stomach port, used for refills, is required, but it is not visible by others.
- Common complications include band erosion, dilation of pouch, band migration and injection port rotation, each of which could require an additional surgery.

Like any surgery, gastric banding has some potential for complications; however, these problems are not common and with help from our care team and dedication to a prescribed care plan, most patients see excellent results. If you have any concerns about surgery, please talk to us about them and we will answer any questions you may have.

Types of Weight Loss Surgery Procedures

Gastric Bypass



Gastric bypass is a weight loss surgery option that offers exceptional outcomes, in terms of disease resolution and weight loss. Until recently, the gastric bypass was the most commonly performed weight loss procedure in the United States.

How Gastric Bypass Works

The gastric bypass procedure works in two ways - restrictive and malabsorptive. The restrictive part of the procedure occurs when approximately 85% of the existing stomach is separated, leaving a smaller stomach pouch about the size of a golf ball. This new stomach pouch holds about one ounce of food or fluid, meaning that the patient can only eat a fraction of what they were able to eat before and therefore loses a considerable amount of weight. The second, malabsorptive part of the procedure involves bypassing part of the small intestine, reducing the number of calories that can be absorbed into the body.

Advantages of Gastric Bypass Surgery

- On average, gastric bypass offers the fastest weight loss potential of any weight loss surgery procedure. However, over the long-term, we find that all surgical options have very similar results in terms of weight loss and health improvement.
- Patients do not require a band or port in their stomach.
- Gastric bypass surgery is almost always a minimally invasive procedure, which means that the surgeon performs surgery through tiny incisions - less than 1/2 inch each - in the abdomen, rather than a single,

large incision. This means that recovery time, pain and possible blood loss is minimal.

- Many of the diseases associated with obesity, including type 2 diabetes, high cholesterol, high blood pressure and sleep apnea can be resolved or improved soon after surgery.

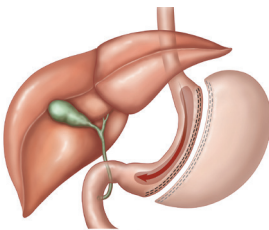
Considerations of Gastric Bypass Surgery

- Some patients may experience an uncomfortable condition called dumping syndrome, a condition that occurs when food is passed ("dumped") too quickly from the stomach into the intestines. It is caused by eating high fat or high sugar foods. Dumping syndrome may cause nausea, vomiting, cramping, diarrhea, dizziness or other stomach-flu-like symptoms. Patients should contact the surgeon if this condition does not clear up quickly.
- Gastric bypass patients have more significant dietary restrictions than those undergoing gastric sleeve or gastric banding.
- Patients need to take vitamin supplements to avoid the possibility of iron, calcium, Vitamin C and B12, folate or thiamin deficiencies.
- The procedure is not adjustable or reversible.
- The staple line may leak, requiring immediate care and additional surgery.

Like any surgery, gastric bypass surgery has some potential for complications; however, these problems are not common and with help from our care team and dedication to a prescribed care plan, most patients see excellent results. If you have any concerns about surgery, please talk to us about them and we will answer any questions you may have.

Comparison of Surgical Procedures

The following information provides an overview of the differences between surgical weight loss options. Only you and your surgeon can evaluate the benefits and risks of weight loss surgery and choose the most appropriate procedure for you.

						HEALTH BENEFITS SHOWN IN CLINICAL TRIALS					
						Type 2 Diabetes	High Blood Pressure	High Cholesterol	Obstructive Sleep Apnea	Average Surgery Time	Length of Hospital Stay
SLEEVE GASTRECTOMY		During the sleeve gastrectomy procedure, a thin vertical sleeve of stomach is created using a stapling device. The sleeve is about the size of a banana. The rest of the stomach is removed.	By creating a smaller stomach pouch, a sleeve gastrectomy limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	66% ¹	81% resolved ³	78% resolved ³	67% resolved ⁹	80% resolved ³	1.5 to 3.5 hours ³	2 to 12 days ¹
		Gastric Band wraps around the upper part of the stomach, dividing the stomach into a small upper pouch that holds about ½ cup of food and a larger lower stomach. The degree of band tightness affects how much food you can eat and the length of time it takes for food to leave the stomach pouch.	By creating a smaller stomach pouch, the Band limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. As you eat less food, your body will stop storing excess calories and start using its fat supply for energy.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	41% ⁸	59% resolved ³	56% resolved ³	36% resolved ⁹	45% resolved ³	1.5 to 2.5 hours ³	1 to 3 days ¹
		In this procedure, the surgeon creates a small stomach pouch using a stapling device and attaches a section of the small intestine directly to the pouch. This allows food to bypass a portion of the small intestine.	By creating a smaller stomach pouch, a gastric bypass limits the amount of food that can be eaten at one time, so you feel full sooner and stay full longer. By bypassing a portion of the small intestine, your body also absorbs fewer calories. As you eat less food and absorb fewer calories, your body will stop storing excess calories and start using its fat supply for energy.	Does not significantly alter normal digestion and absorption. Food passes through the digestive tract in the usual order, allowing it to be fully absorbed in the body.	66% ⁴	78% resolved ³	66% resolved ³	61% resolved ⁷	76% resolved ³	2 to 3.7 hours ³	2 to 8 days ¹



Weight Loss Center

The Path to Surgery

1. Determine your BMI

Your first step in the process is to determine your Body Mass Index. BMI is the standard method for diagnosing obesity. Your BMI is an important number in determining whether you qualify as a candidate for weight loss surgery.

To qualify as a candidate for weight loss surgery, your BMI MUST be 30 (kg/m²) or greater. You can reference the BMI chart in your packet or visit our website at UCHealth.com/WeightLoss to use our BMI calculator.

2. Attend a FREE Informational Seminar - Online or In Person.

The UC Health Weight Loss Center requires all surgical patients attend one of our free informational seminars. During the seminar, you will meet our experienced experts and learn more as we discuss a variety of topics, including the health issues related to obesity, details about our surgical program, helpful information about insurance, self-pay pricing, and more.

3. Complete and Submit Paperwork and Copy of Insurance Card (front/back).

Every patient must complete our medical history form and medical record release form. These are available to download from our UC Health Weight Loss Center website : UCHealth.com/WeightLoss (under the Forms section).

- Completed forms and a copy of your insurance card (front and back) may be mailed to our office:

UC Health Weight Loss Center
7690 Discovery Drive
West Chester, OH 45069

You may also fax your documents to (513) 874-4579.

4. Determine Benefit Coverage & Self Pay Options

Insurance Coverage (See *Paying for Weight Loss Surgery in this packet*)

Understanding and determining your benefit coverage can be complicated. Our team will assist with verifying your specific benefit coverage and can help you understand your insurance benefits.

Common Insurance Requirements

- BMI greater than 40 kg/m²
- BMI greater than 35 kg/m² and two co-morbid conditions (e.g. diabetes, sleep apnea, hypertension)
- Physician-supervised weight loss attempt (typically three, six or nine months)
- Documentation of weight loss history (typically at least two years)
- Letter of recommendation and/or medical clearance from your primary care provider
- Psychological evaluation
- Sleep study

Please allow five to ten business days for us to contact you with your benefits information.



Weight Loss Center

The Path to Surgery

Continued

Cash Pay Options

If insurance does not cover your surgery, we offer cash pay options for patients who have a BMI of 30 (kg/m²) or greater. Our cash pay patients are required to complete all program requirements including: necessary medical clearances, prescribed treatment plans, and care team approval prior to having surgery. For patients with insurance exclusions and those who are below the required BMI of 30, we offer a less-expensive non-surgical weight loss program. Our goal is to help you lose weight and regain your health, and we will make every effort to ensure your success.

Requirements Before Surgery

1. Initial Screening/Assessment -

Testing includes any or all of the following:

- Blood work
- EKG
- Sleep apnea screening
- Body composition
- Metabolic rate testing
- Comprehensive review of your medical history
- Discussion of your expectations from surgery
- Outline your pathway to surgery

2. Consultation with Surgeon

3. Consultation with Behavioral Health Expert

4. Consultation with Registered Dietician

5. Consultation with Fitness Expert

6. History and Physical

7. Pre-Admission Testing at West Chester Hospital

8. Nutrition Education Class

- Pre-operative liquid diet instructions
- Post-operative diet progression instructions

Our care team may require additional clearances, tests, screenings, treatment plans, etc., for your safety. While we try to identify these at the beginning, these requirements may come at any time during your path to surgery. In general, costs for medical clearances/tests are not included into the cost of your surgery.

Requirements After Surgery

1. 10- to 14-day post-surgery appointment

2. Regularly scheduled office visits for one year after surgery

- Gastric band patients are required to have Barium Swallow study at 1 year appointment and annually thereafter

We strongly encourage following your prescribed treatment plan before and after surgery for optimum success. A patient's treatment plan doesn't end with the successful completion of your surgery; with your cooperation, we will continue to monitor your health in the weeks, months and years to come.



Weight Loss Center

Paying for Weight Loss Surgery

At the UC Health Weight Loss Center, we understand that for many patients, cost can be the deciding factor on moving forward with bariatric surgery. Weight loss surgery is expensive, and understanding your insurance coverage can be complicated. We work hard to make sure that everyone who is a qualified candidate and desires weight loss surgery is able to receive this life-changing procedure. Our goal is to help you understand your specific benefit coverage and to educate you on your covered benefits, out-of-pocket expenses and our cash pay options.

Navigating Insurance Coverage

Our dedicated patient advocates are here to help you with understanding your specific insurance coverage and benefit information. To qualify for surgery, common insurance approval requirements may include any or all of the following:

- ☐ BMI of 40 or greater
- ☐ BMI of 35 to 40 with 1 or 2 serious co-morbid conditions
Hypertension, diabetes, severe obstructive sleep apnea
- ☐ 2 to 5 years of medical records
Must have at least 2 office visits with recorded weights per year.
- ☐ 3 to 12 (or sometimes longer) consecutive months of physician supervised weight loss attempts
(must be completed within the last 2 years)
Office notes must list patient's weight, diet, exercise and behavior modifications.
- ☐ Letter of recommendation/medical clearance from primary care physician
- ☐ Sleep study
- ☐ Clearance for any co-morbid conditions
Cardiac, renal, pulmonary, vascular
- ☐ Psychological evaluation – may require psychologist, or psychiatrist
- ☐ Bloodwork as necessary

Our program accepts a variety of health insurance plans, but coverage varies widely. We will work with you to determine what your specific policy covers.

Notes



Weight Loss Center

Paying for Weight Loss Surgery

Continued

Cash Pay Options

If insurance is not an option, you may choose to pay for surgery on your own. Our patients fund the cost of the procedure through a variety of methods including:

- Cash payments
- Gifts from family and friends
- Credit cards
- Loans from financial institutions

Regardless of which option is used to pay for weight loss surgery, our patients overwhelmingly tell us the decision to have weight loss surgery was well worth the investment.

Educate Yourself

Bariatric surgery insurance coverage is very complicated and even if bariatric benefits are provided, each insurance policy and employer has specific requirements that must be completed in order to obtain coverage.

Many patients prefer to contact their providers to understand what their benefits will or will not cover. This guide is to help you with your conversations with your insurance provider when checking your specific insurance benefits and coverage.

Before contacting your insurance company, calculate your BMI. You can use the BMI calculator found on our website at: UCHealth.com/Weightloss.

** If your BMI is 40 or higher, or if your BMI is 35-40 and you have one or more of the following obesity related co-morbidities (diagnosed hypertension treated with medication, sleep apnea or diabetes), you may qualify for insurance coverage and should proceed with calling your health insurance company. If your BMI is below 35 or you do not have diagnosed comorbid conditions, there will likely be no insurance coverage for bariatric surgery.**

PLEASE NOTE

- The information given to you by the insurance company is not binding and there is no guarantee of payment.
- The UC Health Weight Loss Center will check your benefit coverage and discuss with you your specific coverage prior to your enrollment into our surgical program.
- **Information given to you and to the practice may be different. We default to the practices interpretation of benefit coverage and explanation of benefits.**
- All information will be verified by our office before we submit an insurance claim.



Weight Loss Center

Paying for Weight Loss Surgery

Continued

Questions to ask your insurance provider:

1. Do I have insurance coverage for bariatric surgery (lap band, laparoscopic gastric sleeve or laparoscopic gastric bypass)?
2. What criteria do I need to meet in order to be considered for bariatric surgery?
For example, a certain BMI or documentation of co-morbid conditions such as diabetes, sleep apnea or hypertension, a referral or prior authorization from primary care physician, documentation of weight loss efforts over two years, etc.
3. Do I meet this criteria?
4. Is there a requirement for a medically supervised weight loss program and if so, how long must I be in the program?
5. What medical documentation must be submitted in order to be considered for bariatric surgery?
6. Is there an exclusion on my policy? (If bariatric surgery is excluded, there are no benefits, no matter what your health conditions.)
7. Is there a pre-existing conditions clause on my policy?
8. Is there a lifetime maximum of benefits for bariatric surgery?
9. Do I need to have surgery at a Blue Distinction Center (for ANTHEM/BCBS) or an otherwise insurance certified hospital?
For your information, West Chester Hospital is an MBSAQIP facility.
10. Is there a reference number provided for this benefits check?

Other information your insurance company may need:

Diagnosis Code - E66.01 for Morbid Obesity

Procedure Code for Lap band - 43770

Procedure Code for Gastric Sleeve - 43775

Procedure Code for Laparoscopic Gastric Bypass - 43644



We Can Help

When in doubt, call us. It is not just our job to help you achieve your weight loss goals, it is our passion. Our dedicated patient advocates can walk you through every step, answer your questions, and help you get the information you need. Call our office at **(513) 939-2263**.



Tools

Surgical Weight Loss Tools for Success



Weight Loss Center

Surgical Weight Loss Tools for Success

All of our patients work closely with our physicians and care team providers to develop individualized plans that help support healthy weight loss. Patients who follow their prescribed care plan and our recommendations have excellent results. We are here to provide you with the knowledge and resources you need to be successful, not only before and during your surgery, but also in the weeks, months and years that follow.

Realistic Expectations

It is best to view surgery as a tool for weight loss success. Lifestyle and behavior modifications, accompanied by bariatric surgery, are essential for achieving your weight loss goals. Surgery can make losing weight much easier, helping you feel full on smaller meals and feel hungry less often. Many patients say they love losing weight without feeling like they are on a diet.

Overall, the greatest benefit of weight loss surgery is the elimination and/or reduction of many health conditions related to obesity, such as diabetes, hypertension, sleep disorders, and many more. Ultimately, our goal is to safely perform the procedure that will most effectively and efficiently improve or resolve the diseases associated with the patient's level of obesity.

Some other things to consider when deciding on weight loss surgery include:

- **Not all patients are bariatric candidates.**
 - Patient must comply with our program requirement, before and after surgery.
 - There may be additional out-of-pocket costs for surgical/medical clearances.
 - Patients may need to supplement their diet with vitamins or minerals for the rest of their lives, depending on the procedure.
 - Each procedure has its own set of specific risks, but with help from our team and dedication to a weight loss plan, most patients see excellent results.
 - Significant weight loss may result in sagging skin, which may require cosmetic surgery for removal.
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Recovering from Surgery

After weight loss surgery, your body needs time to heal and adjust. You will receive specific recovery instructions, depending upon your procedure, which will indicate how to deal with pain, when and what to eat, when to return to work, and other helpful information. Activity or movement not only helps you lose weight after surgery but can help ease pain and discomfort. Start easy, but try to be a little more active each day. You might try walking, water aerobics or using a stationary bike.



Weight Loss Center

Surgical Weight Loss Tools for Success

Continued

Nutrition Before and After Surgery

Successful weight loss requires change and following your prescribed care plan. Both our non-surgical and surgical weight loss programs are powerful tools to help you lose significant amounts of weight, but careful attention to good nutrition is essential for long-term health and weight management. This includes making healthy food choices, eating appropriate portion sizes, calorie burning, and taking nutrition supplements as recommended by your health care team.

Before Surgery

All program participants meet with our registered dietician one-on-one prior to having surgery. During this appointment, individuals review their nutrition history, learn nutrition basics and discuss strategies for making better nutritional choices.

We also require all surgical patients to attend our Pre-Operative Nutrition Class. This class focuses on the pre-operative nutrition requirements and post-operative diet progression and nutrition requirements. Prior to surgery, a high-protein liquid diet is required for all surgical patients. This high-protein, low-calorie liquid diet helps to reduce the size of your liver making surgery safer.

After Surgery

Following your prescribed nutrition plan is critical. After surgery, a high-protein liquid diet is continued to reduce/avoid serious complications (leaks) and help promote healing. As your stomach heals, patients can then start to introduce foods back into their diet. For all bariatric patients, carbonated drinks are not allowed. You will no longer be able to eat large meals, and eating too much or too quickly may cause unpleasant symptoms, such as nausea or vomiting. Food or beverages high in sugar or fat can defeat your success.

Supplement Your Diet

It is important that all patients follow a nutritionally sound diet, and receive the right amount of vitamins and minerals. Patients are advised to increase their protein intake and some may need to supplement their diet with vitamins and/or minerals as a way to correct or prevent nutrient deficiencies. These supplements are formulated to meet the specific needs of patients going through non-surgical and surgical weight loss programs, and are available to purchase in our office.

Notes



Weight Loss Center

Surgical Weight Loss Tools for Success

Continued

Support Community

Support Group Meetings

Having a solid support system of friends, family and a dedicated care team is one of the most important factors influencing in your success. Our support group meetings offer a warm and supportive environment for patients to discuss challenges, share successes, and form bonds with those experiencing the same weight loss journey. All surgical patients have lifetime access to our support group meetings. We strongly encourage attendance at our support group even before surgery.



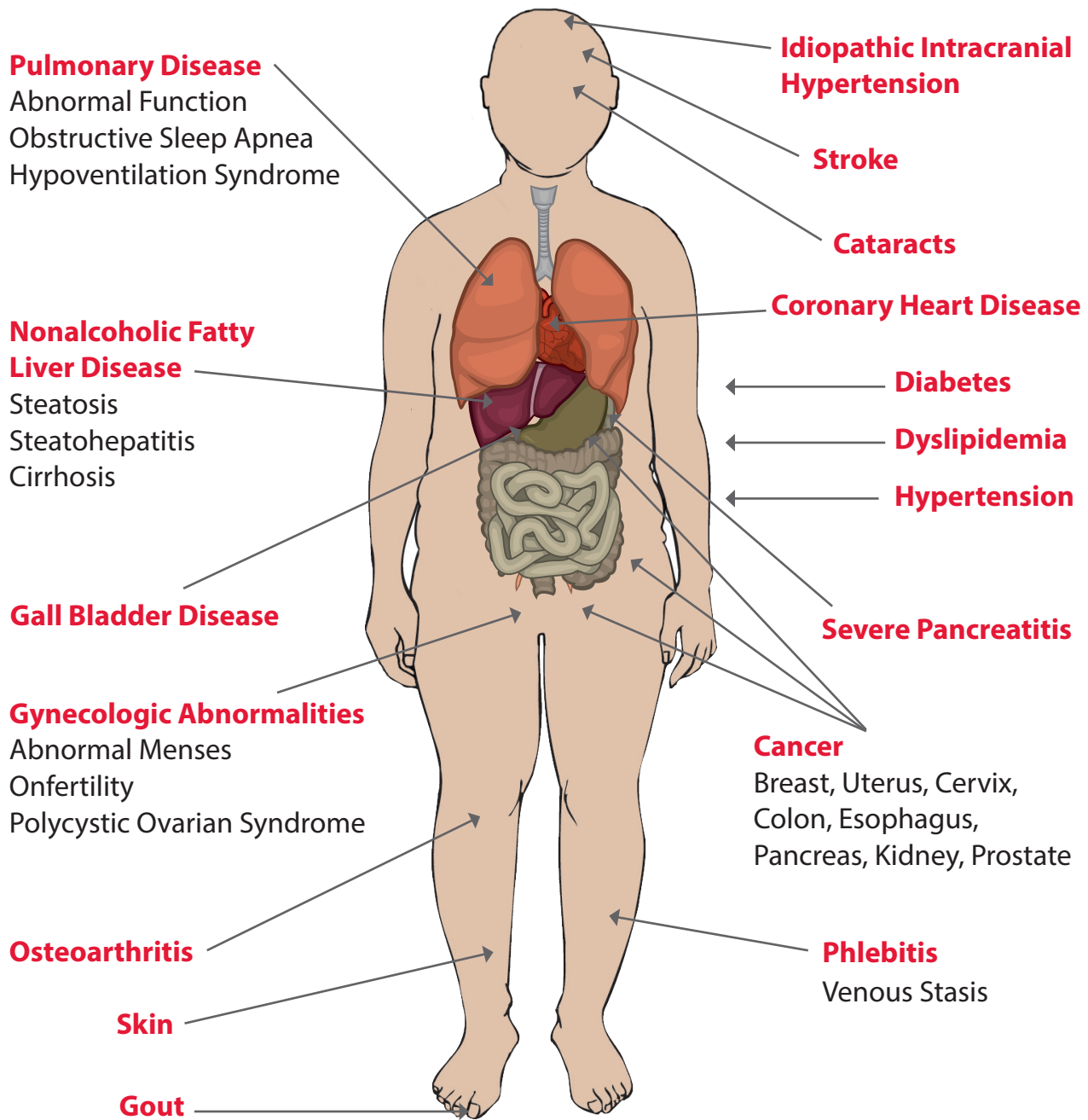
Information

Medical Complications of Obesity

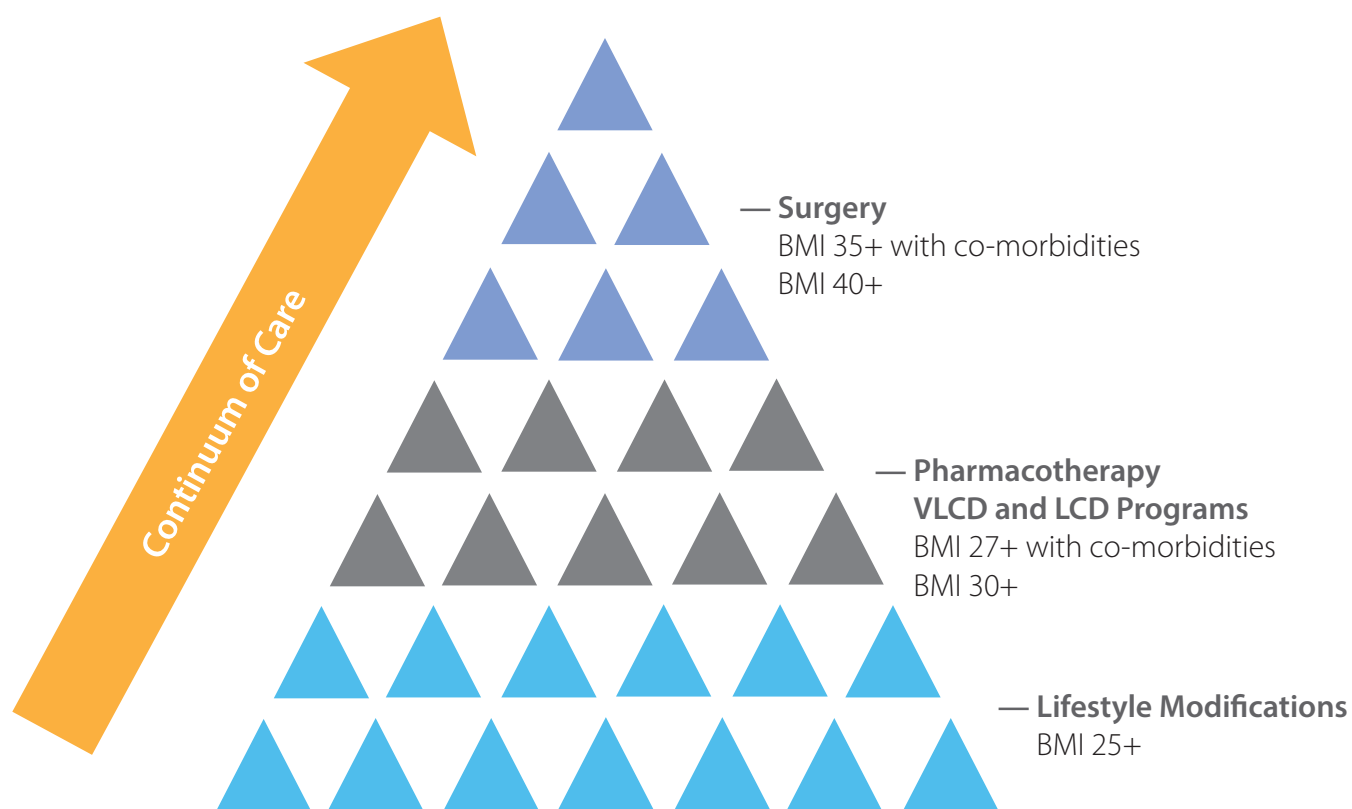
Obesity Treatment Pyramid

Degrees of Obesity

Medical Complications of Obesity

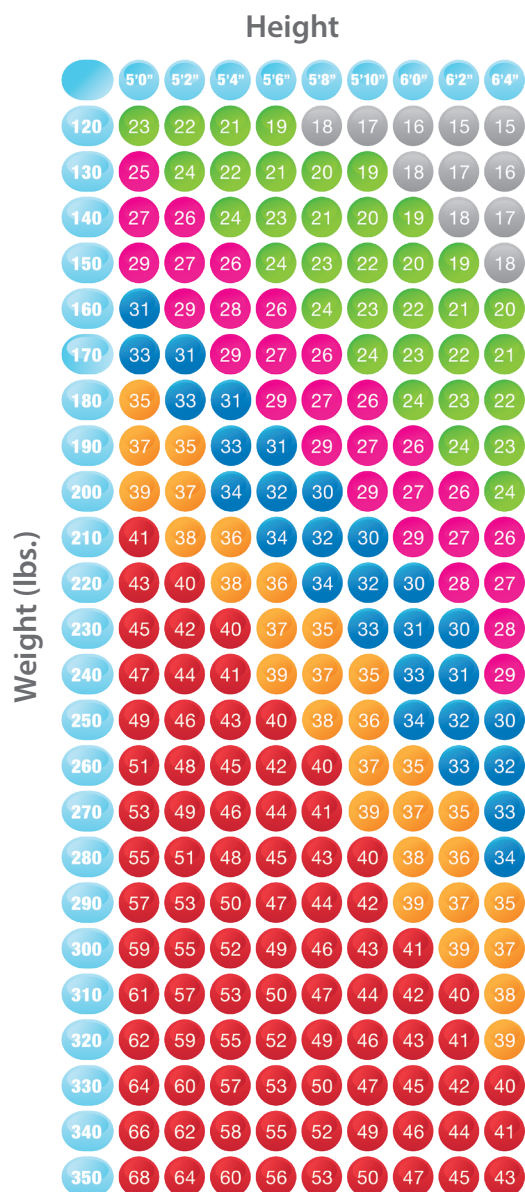


Obesity Treatment Pyramid



Degrees of Obesity

Understand Body Mass Index (BMI)



- A common measure of obesity is BMI.
- Your BMI is important when considering your treatment options, especially when accompanied by one or more co-morbid conditions.
- Morbid obesity is defined as a BMI of 40 or more (roughly equal to 100 pounds or more over ideal body weight.)¹
- Morbid obesity increases the risk of an early death by 50 percent (compared to a non-obese person).²

¹ American College of Surgeons. Recommendation for Facilities Performing Bariatric Surgery. Bull Am Coll Surg 200 Sep; 85(9):20-3.

² American Society for Bariatric Surgery. Rationale for the Surgical Treatment of Morbid Obesity. [Online] 8 April 1998. <<http://www.asbs.org/html/ration.html>>.

Ideal Weights for Women*

HEIGHT						
ft.	in.	cm.	lbs.	kg.	2x	2-½x
4	10	147.3	115	52.2	230	287.5
4	11	149.9	117	53.1	234	292.5
5	0	152.4	119.5	54.2	239	298.7
5	1	154.9	122	55.3	244	305
5	2	157.5	125	56.7	250	312.5
5	3	160.0	128	58.1	256	320
5	4	162.6	131	59.4	262	327.5
5	5	165.1	134	60.8	268	335
5	6	167.6	137	62.1	274	342.5
5	7	170.2	140	63.5	280	350
5	8	172.7	143	64.9	286	357.5
5	9	175.3	146	66.2	292	365
5	10	177.8	149	67.6	298	372.5
5	11	180.3	152	68.9	304	380
6	0	182.9	155	70.3	310	387.5

Ideal Weights for Men*

HEIGHT						
ft.	in.	cm.	lbs.	kg.	v2x	2-½x
5	2	157.5	136	61.7	272	340
5	3	160.0	138	62.6	276	345
5	4	162.6	140	63.5	280	350
5	5	165.1	142.5	64.6	285	356.2
5	6	167.6	145	65.8	290	362.5
5	7	170.2	149	67.6	298	372.5
5	8	172.7	151	68.5	302	377.5
5	9	175.3	154	69.8	308	385
5	10	177.8	157	71.2	314	392.5
5	11	180.3	160	72.6	320	400
6	0	182.9	163.5	74.2	327	408.7
6	1	185.4	167	75.7	334	417.5
6	2	188.0	171	77.6	342	427.5
6	3	190.5	174.5	79.1	349	436.2
6	4	193.0	179	81.2	358	447.5

For persons with medium-size frame.

Ideal weight varies based on frame size.

Charts courtesy of: Statistics Related to Overweight and Obesity, National Institute of Diabetes and Digestive and Kidney Diseases, Weight-control Information Network.

NIH Publication No. 96-4158, July 1996.



¹ Based on information from the American Society for Metabolic and Bariatric Surgery (<http://www.asbs.org/html/patients/bmi.html>).