Dear Patients,

On behalf of Brigham and Women’s Center for Metabolic and Bariatric Surgery (CMBS), we’d like to welcome you! It our pleasure to assist you with whatever questions may arise while you are a patient with our center. This manual is meant to help guide you during your preoperative course while at the same time ensuring an efficient insurance approval process.

Our team has performed thousands of weight loss surgeries and is supported by a professional staff of dietitians, physician assistants, and psychologists who specialize in caring for the bariatric surgery patient. All of our surgeons are certified by the American Board of Surgery and are respected faculty members of Harvard Medical School. Our program offers quality care to every patient by developing an individual plan based off of each patient’s needs.

On behalf of the surgeons and entire staff, we thank you for allowing us to accompany you on your life-changing journey.

Regards,

Your Team at Brigham and Women’s CMBS

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Your Bariatric Team

**Bariatric Surgeon** - The surgeon is the doctor who will perform your bariatric surgery. The surgeon is responsible for your surgical care before surgery, during surgery, throughout your hospital stay after surgery, and forever after your operation. Each of our surgeons is certified by the American Board of Surgery, a member of the American Society of Metabolic and Bariatric Surgery, and a respected faculty member of Harvard Medical School.

**Physician Assistant (PA)** - The PAs are licensed healthcare professionals who are equipped to address any medical issues under the supervision of your surgeon. The surgeon and PAs work together to review all treatment plans and medication management for each patient.

If you have any medical questions, please contact the PAs at 617-732-8882.

**Registered Dietitian (RD)** - The RDs are licensed healthcare professionals who help you make healthy diet and lifestyle choices before and after surgery. All of our RDs specialize in the field of bariatric surgery nutrition. They will help you prepare for surgery and stay on track after surgery so you can achieve your health goals.

If you have any nutrition questions, please contact the dietitians at 617-732-8884.

**Psychologist/Psychiatrist/Licensed Social Worker** - All patients are required to meet with a licensed mental healthcare professional prior to bariatric surgery. Our psychologist and psychiatrist carefully screen patients to ensure they are prepared for bariatric surgery and our psychologist provides support for patients after surgery. If you are currently under the care of a licensed mental healthcare professional, you may have him or her write you a clearance letter. Otherwise, we can refer you to our center’s bariatric psychologist or psychiatrist for clearance prior to surgery.

**Bariatric Program Director** - The Bariatric Program Director works closely with each surgeon and his or her patients. The bariatric program manager is responsible for the management of Brigham and Women’s CMBS.

**Finance and Billing Coordinator** - The Billing Coordinator helps patients navigate the insurance requirements during the preoperative approval process. The Billing Coordinator is also responsible for collecting the bariatric administrative program fee.

If you have insurance or finance questions, please contact the Billing Coordinator at 617-732-6408.

**New Patient Coordinator** - The New Patient Coordinator is your gateway to Brigham and Women’s CMBS and will help you get started in the program by registering you for an information session and scheduling your initial core appointments with your bariatric surgeon, dietitians, and psychologist. You will then work with your surgeon’s practice assistant to schedule your appointments for after surgery.

You can contact the New Patient Coordinator at 617-732-6960.
Surgeries Offered

Roux-en-Y Gastric Bypass

The Roux-En-Y gastric bypass is performed laparoscopically through 5-6 small incisions and takes about 90 minutes to perform. Patients typically stay in the hospital for 1-2 nights and return to work 2-4 weeks after surgery.

In this operation, the stomach is divided to create a small pouch which is about the size of an egg. The intestine is cut and attached to the small gastric pouch. Food does not pass through the larger part of the stomach or the first part of the small intestine.

After gastric bypass surgery, patients cannot eat as much food at one time. There are also stomach hormone changes which can help with medical conditions like diabetes. After gastric bypass surgery, many patients can achieve an average excess weight loss of 60-70% at 2 years after surgery.

Sleeve Gastrectomy

The sleeve gastrectomy is performed laparoscopically through 5-6 small incisions and takes about 75 minutes to perform. Patients typically stay in the hospital for 1-2 days and return to work 2-4 weeks after surgery.

In this operation about 80% of the stomach is removed, creating what looks like a tube or a sleeve and is the size of a skinny banana. In the sleeve gastrectomy, the intestines are not moved or rerouted like in the gastric bypass.

After sleeve gastrectomy, patients cannot eat as much food at one time. There are also stomach hormone changes which can help with medical conditions like diabetes. After the sleeve gastrectomy many patients can achieve an average excess weight loss of 50-60% at 2 years after surgery.

Laparoscopic Gastric Band (Lap-band)

This procedure is done on a case by case basis if it is determined to be a good fit for a patient.

Conversion and Revisional Surgeries

These procedures are done on a case by case basis and vary patient to patient. If you have had previous bariatric surgery, and are interested in a second procedure, it will be reviewed by the surgeon and our team to decide whether it is medically necessary.

Risks

Bariatric surgery is associated with some risks, including, but not limited, to: Obstruction or blockage in the intestines, ulcer, stricture or tightening of the connections, vitamin and mineral deficiencies, bleeding, blood clots, organ injury, leaks from staple lines or along digestive tract, infections, breathing problems, heart attack or stroke, and death.
Finance and Insurance Information

Patient Responsibilities

- Speak with your insurance company to confirm you have coverage for bariatric surgery and that Brigham and Women’s Hospital and/or Brigham and Women’s Faulkner Hospital is within network.

- Always ask if you have any specific insurance policy exclusions. If you have more than one insurance plan, make sure you check both to make sure bariatric surgery is included.

- Please consider the costs associated with the preoperative work up, such as having blood drawn and other tests, and find out how much your insurance will cover.

- If your insurance requires referrals, please get referrals from your primary care physician for the bariatric surgery providers you are scheduled with (surgeons, psychologists, and other specialists). Check your mental health benefits to see if our psychologist is covered under your insurance plan.

- If your insurance changes at any time during your preoperative phase, contact patient registration and our offices immediately at (866) 489-4056.

Administrative Program Fee

- This payment is an out of pocket cost and is not paid by your insurance company. The fee is only refundable if:
  - The surgery is denied by insurance
  - There is a medical reason that prevents you from having surgery
Guide to Your Preoperative Appointments

Preoperative Appointments – Clearance is required for all patients

- Consult with bariatric surgeon
- 1-hour group nutrition class with dietitian
- 30-min individual nutrition assessment with dietitian
- May need additional 30-min individual nutrition follow-up appointment with dietitian
- Health and physical assessment from Primary Care Physician (within the last year)
- Consult(s) with psychiatrist or psychologist (Can use outside licensed mental health provider; please inquire with surgeon’s office)
- 1-2 hour preoperative appointment (Anesthesia appointment)
  - MANDATORY for all patients to be cleared by anesthesia
  - Can be no more than 30 days prior to surgery and no less than 24 hours prior to surgery

Additional Preoperative Appointments - May be required based on insurance or medical history

- 3 to 6 consecutive months of Preoperative Weight Reduction (POWR) group attendance
- Additional appointments with your surgeon, psychologist and/or dietitian
- Pulmonary Clearance
- Consult with outpatient bariatric pharmacy
- Upper GI Series X-Ray
- Abdominal Ultrasound to evaluate for gallstones
- Endoscopy
- Cardiology Clearance
- H. Pylori Test
- Other medical clearance appointments as needed
Home Care After Surgery

Wound Care
- If you have dressings covering your incisions, you can remove them when you get home.
- Leave your incisions open to air. You do not need to cover them with a bandage.
- Do not remove steri-strips or derma bond. They will fall off by themselves in 10-14 days after your surgery.
- After showering pat your incisions dry. Do not soak or scrub your incisions. Avoid submerging yourself in water such as taking a bath or pool until you see your physician.
- Do not scratch your incisions (it is normal for your incision to feel itchy).
- Do not use creams or gels on your incisions.
- Check your incisions daily for abnormalities such as unusual drainage, redness or tenderness.

Nutrition & Hydration
- It is important to drink lots of fluid. Try taking one small sip every few minutes.
- Remember to use the nutrition guidelines booklet you received from the dietitian.

Activity
- Get up and walk in the house every 1-2 hours. You should walk more as you feel stronger. It is okay to walk outside once you feel up to it.
- Move slowly from lying to standing and from sitting to standing so that you don't feel dizzy.
- Do not drive if you took any prescription pain medicine in the last 6 hours. It is okay to drive if you are only taking Tylenol (acetaminophen) for pain.

Medicines
- Do not swallow pills that are bigger than the top of a thumb tack. Pills that are bigger should be cut into small pieces or crushed.
- If you plan to take Motrin, Advil, ibuprofen, Aleve, and Naprosyn on a regular basis, please discuss this with your physician. These medicines can irritate your stomach. They can also cause pain and stomach ulcers with certain weight loss procedures. If you are unsure, please call your physician.
- It is okay to take Tylenol (acetaminophen). Follow the directions on the bottle. Do not take more than 4 grams (4,000 mg) of Tylenol in 24-hours
- Use less narcotic pain medicine as you heal. You should no longer be taking narcotics by your follow-up appointment.
- Do not take long-acting or extended-release medicines. These do not work well after surgery and most should not be cut or crushed.

Bowel and Bladder
- Pay attention to the color of your urine. It should be light yellow, not dark.
- You should pass gas every day. You might not have a bowel movement every day.
- For constipation, you can take a laxative such as Miralax.

Postoperative Appointments
- Call your surgeon’s office to schedule your first follow-up visit with the surgeon and dietitian. A guide to postoperative appointments is listed on page 9.
Call your doctor if you have any of the following:
- A temperature higher than 101°F.
- An incision that looks red, swollen, or has green or yellow drainage.
- Belly pain that does not get better after using your pain medicine.
- Nausea or vomiting.
- Pain or swelling in one of your legs.
- Pain or trouble with urinating.
- Black or bloody bowel movements.
- Dark urine.
- Trouble taking your medicines or questions about your medicines.

Go to the emergency room immediately if you have any of the following:
- Chest pain or trouble breathing that does not get better when you rest. Call 911.
- Vomit with bright red blood.

Important Phone Numbers:
- Dr. Ghushe 781-624-4906
- Dr. Robinson 617-732-8272
- Dr. Sheu 617-732-6337
- Dr. Shikora 617-525-8570
- Dr. Spector 617-983-4887
- Dr. Tavakkoli 617-732-6337
- Dr. Vernon 617-732-6337
- Physician Assistant Voicemail 617-732-8882
- Dietitian Line 617-732-8884

Please call 617-732-5500 if you have an urgent problem or an issue that occurs during the evening or weekend. Ask the page operator to page the bariatric surgeon on call.

Remember: In an emergency, ALWAYS call 911.
Guide to Your Postoperative Appointments

We are wishing you the best for your surgery! We want to help you be successful and stay healthy. Remember to meet with our clinical team regularly after surgery at these times:

**Postoperative Appointments with the Surgeon**
- 2-3 weeks
- 6-8 weeks
- 3 months
- 6 months
- 9 months
- 12 months
- 18 months
- After 18 months, meet with the surgeon at least once per year

**Postoperative Appointments with the Dietitian**
- 2-3 weeks (group visit)
- 3 months
- 6 months
- 9 months
- 12 months
- After 12 months, meet with the dietitian at least twice per year

**Postoperative Appointments with the Psychologist**
- 6-8 weeks (group visit)
- 6 months
- 12 months
- After 12 months, meet with the psychologist at least once per year

**Bariatric Forum**
Please join us before or after surgery for our monthly Bariatric Forum. A full schedule with monthly topics can be found on our website under Program Events: [www.brighamandwomens.org/cmbs](http://www.brighamandwomens.org/cmbs)

**Bariatric Behavioral Support Groups**
Our psychologist holds support groups designed to help those who are requiring extra support. These are held at various times throughout the month. A full schedule can be found on our website under Program Events: [www.brighamandwomens.org/cmbs](http://www.brighamandwomens.org/cmbs). Please contact (617) 732-6960 to sign up.