Cleveland Clinic

Your Bariatric and Metabolic Institute Guide to Surgery

Cleveland Clinic Foundation

Main Campus
Avon
Twinsburg

216-445-2224
Clevelandclinic.org/Bariatric

Cleveland Clinic Bariatric and Metabolic Institute

The Cleveland Clinic Bariatric and Metabolic Institute (BMI) is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement program (MBSAQIP). The designation awarded to programs by the American Society for Metabolic and Bariatric Surgery and The American College of Surgeons to programs with a proven record of favorable outcomes for weight-loss surgery.

“We are honored and gratified to have earned the designation as an accredited center said Dr. Schauer, Director of Cleveland Clinic BMI. “The prevalence of obesity in our country has risen to an alarming level. It is a disease often accompanied by a number of other grave medical problems. Cleveland Clinic is dedicated to addressing obesity not only as a health problem for individuals, but also as a national health issue.”

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A Message from our Medical Staff

Many people do not realize the profound effect severe obesity has on the mind and body. The severely obese face health, social, and psychological problems that are not recognized by our society. Obesity is not caused by a lack of willpower as is commonly believed. The difficulties faced in everyday life are often not appreciated. Tasks such as getting in and out of cars, simple daily hygiene, even tying your shoelaces all become challenging.

Living with obesity can be overwhelming, especially when considering the serious and sometimes life-threatening health risks that are caused by obesity. Obesity is strongly associated with high blood pressure, infertility, arthritis, diabetes, heart and lung disease, and a shortened life span.

Obesity can severely affect the quality of your life! It is a disease that is so powerful that you alone cannot cure it. Just like any other disease, obesity needs intervention and should not be ignored. It is no one's fault that he or she is obese. Many of you have probably struggled with why you are obese and feel defeated by your inability to change your weight. But no matter how many diets you try, diets often have a minimal and short-term impact on weight loss. Statistics show that with non-surgical diet plans, 95 percent of people will regain their weight. The only proven long-term solution to obesity and its related illnesses is weight loss surgery.

Surgery, despite its modest risks, can drastically improve your life. You can have control and make decisions toward a healthier future. We offer minimally invasive surgical options using the most advanced techniques for permanently treating obesity and its related complications.

You will probably have some questions about the surgery. This patient information guide will begin your journey to understanding the role of weight loss surgery. Most importantly, it will prepare you for what to expect before and after your surgery.

We look forward to answering any questions you may have and welcome you to our program.

The Medical Staff of the Bariatric and Metabolic Institute

Cleveland Clinic Bariatric and Metabolic Institute (BMI)

Welcome to the Cleveland Clinic Bariatric and Metabolic Institute. We strive to set the standards for quality in the field of bariatric (weight loss) surgery and total patient satisfaction. Our multidisciplinary team is comprised of professionals committed to your care as we assist you through your surgical weight loss journey

Bariatric Surgery Excellence
The Cleveland Clinic BMI is devoted to providing world-class care. We meet or exceed the following standards for excellence in weight loss surgery recommended by the American College of Surgeons and the American Society of Metabolic and Bariatric Surgery:

- Multidisciplinary expertise in the following obesity associated specialties:
  - Endocrinology
  - Cardiology
  - Gastroenterology
  - Psychology/Psychiatry
  - Critical Care
  - Nutrition/Dietary
  - Physical Therapy/ Exercise Therapy
  - Pulmonary Medicine (Sleep Apnea)
- Designated nurse or physician extenders for care and education
- Full line of equipment and instruments for the care of bariatric surgical patients
- Dedicated inpatient unit with suitable furniture and medical equipment
- Dedicated outpatient clinic with suitable furniture and medical equipment
- Perioperative care standardized with utilization of clinical pathways
- Availability of organized and supervised support groups
- Long-term follow-up care with a system for outcomes reporting

Surgeon Qualifications and Credentialing
Our pursuit of world-class care at the Cleveland Clinic BMI begins with the leadership, skill and experience of our surgeons. Our surgeons meet the highest standard of qualifications and credentialing for bariatric surgery and have performed thousands of bariatric operations. They are nationally recognized leaders in bariatric surgery and have taught surgeons from around the world. Our surgeons are active members of the American Society of Metabolic and Bariatric Surgery and specialize in providing a range of weight loss surgery procedures that set the benchmark in bariatric surgery programs worldwide. We emphasize minimally invasive or laparoscopic surgery for nearly all bariatric operations performed at Cleveland Clinic.

Qualifications that all our surgeons meet include the following:

- Graduation from approved medical school
- Completion of accredited residency training in general surgery
- Completion of fellowship training in advanced laparoscopic surgery and bariatric surgery
- Membership in the American Society of Metabolic and Bariatric Surgery
- Experience of at least 100 bariatric operations

The Decision

Our surgeons work with multi-specialty, full-time support staff that is dedicated to providing the best experience possible for the entire surgical process. Our entire team works with patients to ensure they receive the best care before, during, and after their surgery. Our commitment to you is to provide life-long follow up care.

We encourage serious consideration and commitment to weight loss surgery. Patients need to be aware of and have a fundamental understanding of all aspects of this surgery. All facets of your life - body, mind and spirit - will potentially undergo significant change. We will provide the support and direction to help you to be successful through your weight loss journey. The successful patient will not only lose weight but will also have significant improvement in many of their current medical problems and enjoy an improved quality of life.

To provide ongoing support, we host a monthly meeting for patients who have had surgery and those interested in weight loss surgery. Potential patients, past and current patients, family, and friends are always welcome.

This book is designed to guide you through our program.

Please call us with any questions at 216-445-2224, or toll-free,
1-800-223-2273, ext. 52224

Cleveland Clinic Bariatric and Metabolic Institute Medical Staff

Dr. Philip Schauer is Chief of Minimally Invasive General Surgery and Director of the Cleveland Clinic Bariatric and Metabolic Institute. He is also Professor of Surgery at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. He is Past President of the American Society for Metabolic and Bariatric Surgery.

After receiving his medical degree from the Baylor College of Medicine in Houston, Dr. Schauer completed his residency in surgery at the University of Texas, where he served as Chief Resident of General Surgery. He then completed a fellowship in laparoscopic surgery at Duke University Medical Center in Durham, N.C. Prior to joining Cleveland Clinic in 2004, Dr. Schauer served as Director of Endoscopic Surgery, Director of Bariatric Surgery and Director of the Mark Ravitch/Leon Hirsch Center for Minimally Invasive Surgery at the University of Pittsburgh Medical Center.

Dr. Schauer's clinical interests include surgery for severe obesity, bariatric surgery for treatment of diabetes, minimally invasive surgery (laparoscopic) and gastrointestinal surgery. He has performed more than 4,000 operations for severe obesity. His research interests include the pathophysiology of obesity and related diseases, physiologic effects of laparoscopic surgery on postoperative injury and recovery, and outcomes of laparoscopic management of obesity, gastrointestinal diseases and hernias. He has also participated in the development of new minimally invasive, endoscopic and laparoscopic operations.

He has authored more than 200 scientific papers, editorials, textbook chapters, abstracts and video productions. He has been director of more than 50 courses and workshops on advanced laparoscopic surgery and has trained more than 20 fellows in advanced laparoscopic surgery.

Dr. Stacy Brethauer is a staff surgeon at the Cleveland Clinic with special interests in laparoscopic bariatric surgery, foregut and gastrointestinal surgery, hernia repair, and endoscopic procedures. He received his medical degree from the Uniformed Services University of the Health Sciences School of Medicine in 1993 while on active duty in the U.S. Navy. He completed his general surgery residency training at the Naval Medical Center San Diego in 2001. He received his specialty training in Advanced Laparoscopic and Bariatric Surgery at the Cleveland Clinic and joined the staff in 2007.

He is board certified by the American Board of Surgery and is a Fellow of the American College of Surgeons. He is the president-elect of the American Society for Metabolic and serves on numerous national and international committees and task forces to advance the field of bariatric surgery. He is the Quality Improvement Officer for bariatric surgery at the Cleveland Clinic, is a member of the Clinic's Perioperative

Quality Council, and serves as co-chair of the American College of Surgeon's Bariatric and Metabolic Quality Committee. He is actively involved in many of the research projects being conducted at he Bariatric and Metabolic Institute, has published over 250 abstracts, journal articles, and book chapters on bariatric surgery and is co-editor of two textbooks on minimally invasive bariatric surgery.

Dr. Matthew Kroh is the Director of Surgical Endoscopy in the Digestive Disease Institute at Cleveland Clinic. He is the Program Director for the Advanced Laparoscopic Surgery and Flexible Surgical Endoscopy Fellowship at the Cleveland Clinic. Dr. Kroh also holds positions with the Bariatric and Metabolic Institute and the Center for Surgical Innovation, Technology, and Education, located at the Cleveland Clinic main campus. He is the Surgery Clerkship Director in the Cleveland Clinic Lerner College of Medicine and he is currently the Director for the Center of Advanced Skills Training (CAST). He is Associate Professor of Surgery in the Cleveland Clinic Lerner College of Medicine. He is licensed by the State Medical Board of Ohio and board-certified by the American Board of Surgery. His specialty interests include advanced laparoscopic surgery, bariatric surgery, gastrointestinal surgery, surgical endoscopy, single incision laparoscopic surgery, and robotic surgery.

Dr. Kalman Bencsath Dr. Kalman Bencsath's specialty interests include laparoscopic bariatric surgery, laparoscopic foregut and gastrointestinal surgery, advanced hernia repair and endoscopic procedures. He received his medical degree from Emory University School of Medicine, Atlanta, in 2006. He completed his general surgery residency at Cleveland Clinic, and his specialty training in minimally invasive and bariatric surgery at Cleveland Clinic. Dr. Bencsath joined Cleveland Clinic staff in 2011 and sees patients at our Twinsburg and Hillcrest locations.

Dr. Walter Cha's specialty interests include advanced laparoscopic surgery, bariatric surgery, gastrointestinal surgery and hernia repair. He received his medical degree from Hahnemann University, Philadelphia. He completed a general surgical residency at Temple University Hospital in Philadelphia and a research fellowship in minimally invasive surgery at Allegheny University of the Health Sciences, Philadelphia. Dr. Cha is the former Director of the Weight Loss Surgery Program at Metro Health System. He is board-certified by the American Board of Surgery. His professional memberships include the American College of Surgeons, the American Society for Metabolic and Bariatric Surgery and the Society for Surgery of the Alimentary Tract. Dr. Cha joined Cleveland Clinic staff in 2012 and sees patients at our Twinsburg and Hillcrest locations.

Dr. John Rodriguez is a staff surgeon at the Cleveland Clinic with special interests in Foregut Surgery, Bariatric Surgery, Gastroparesis, Hernia Surgery, Advanced Laparoscopy and Endoscopy. He joined the staff of the BMI following his Residency and Fellowship at the Cleveland Clinic. He received his medical degree at the Universidad Central De Venezuela in Caracas Venezuela in 2004.

Dr. Ali Aminian joined Cleveland Clinic's Department of General Surgery after three-years of advanced fellowship training in minimally invasive surgery, bariatric surgery, and diabetes surgery. He is licensed by the State Medical Board of Ohio and he is member of the American College of Surgeons, the American Society for Metabolic and Bariatric Surgery, and the Society of American Gastrointestinal and Endoscopic Surgeons. His clinical interests include gastrointestinal surgery, advanced laparoscopic surgery, and surgery for severe obesity and diabetes.

As an academic surgeon in the Section of Laparoscopic and Bariatric Surgery, Dr. Aminian has been involved in clinical and experimental research on the role of minimally invasive gastrointestinal procedures in management of obesity, diabetes, and metabolic syndrome. He has an outstanding record of peer-reviewed publications (>100) in high impact journals including New England Journal of Medicine. He was the recipient of the prestigious American Society for Metabolic and Bariatric Surgery Young Investigator Award in 2013. Prior to joining the Clinic, he served as Assistant Professor of Surgery at Tehran Medical University, Iran for 6 years.

Dr. Barto Burguera joined the staff as the BMI medical director in 2013. He completed medical school at the Universidad de Santiago de Compostela-Facultad de Medica in Spain in 1986. He completed his fellowship in endocrinology at the Mayo Clinic in 1999. He has conducted extensive research in the field of medical weight management, diabetes and bariatric surgery.

Dr. Burguera specializes in the pre-operative evaluation of bariatric surgery patients, medical weight management, and treatment of diabetes.

Dr. Derrick Cetin joined the staff at the Bariatric and Metabolic Institute in January of 2009. From 1995-2009 he was practicing as a Board Certified Internist at the Cleveland Clinic Westlake Family Health Center. He joined the Cleveland Clinic and was accepted by the Board of Governors in 1995. Previously he was in private practice from 1989-1995. He completed an AOA Rotating Internship in Erie, PA in 1985-1986 and completed an Internship/Residency at Cleveland Metropolitan General Hospital after graduating from Philadelphia College of Osteopathic Medicine in 1985. Dr. Cetin is a Diplomat of both the American Board of Obesity Medicine and The American Board of Internal Medicine. His specialty is Obesity Medicine.

Primary interests include medical and surgical management of obesity and the medical management of diabetes, insulin resistance, and pre-diabetes. Also, certified in the management and supervision of a low calorie diet called the Protein Sparing Modified Fasting Sparing Diet.

Dr. Archana Gorty attended Rush University Medical College and completed a fellowship at the Mayo Clinic in Preventive Medicine. She is certified in Internal Medicine, Public Health and Preventive Medicine.

Primary interests are medical and surgical management of obesity. In addition to pre-operative evaluations, Dr. Gorty also specializes in post-operative medical follow up of bariatric surgery patients. She sees patients both at main campus and the Richard E. Jacobs Health and Surgery Center in Avon.

Karen Schulz, MSN, CNS, CBN is a licensed as Advanced Practice Nurse and certified by the American Society for Metabolic and Bariatric Surgery. She has 20 plus years of experience in outpatient bariatric surgery. Her specialties include pre-operative surgery medical evaluation and post-operative bariatric follow up. Ms. Schulz is past president of the American Society for Metabolic and Bariatric Surgery, and serves on their executive council. She is the BMI clinical manager.

Jennifer Mackey, MSN, CNP, CBN graduated from Kent State University with a master's degree in Adult and Gerontology Primary Care in 2014. She is a Certified Bariatric Nurse with the American Society for Metabolic and Bariatric Surgery. Jennifer's primary interests include general surgery, medical and surgical management of obesity, and pre- and post-operative evaluations.

Leslie Heinberg, PhD, is Section Head for Psychology in the Center for Behavioral Health Department of Psychiatry and Psychology and the Director of Behavioral Services for the Bariatric and Metabolic Institute at the Cleveland Clinic. She is a Professor of Medicine in the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University and is a staff member of the Digestive Diseases Institute and the Neurological Institute. She is a nationally recognized expert in bariatric behavioral health and body image with substantial research and clinical experience in obesity and eating disorders among children, adolescents and adults. Dr. Heinberg is a Fellow of The Obesity Society and a Fellow of the Academy of Eating Disorders.

Kathleen Ashton, PhD graduated from The Ohio State University with a doctorate in psychology in 2002. She completed her internship at the Louis Stokes DVA Medical Center in Cleveland Ohio and her fellowship at the Cleveland Clinic in health psychology. Her particular areas of expertise include preoperative bariatric psychological evaluation and binge eating disorder treatment. She also has research and clinical interests in insomnia treatment and behavioral weight management.

She is a licensed psychologist in the state of Ohio and an Associate Member of the American Society of Metabolic and Bariatric Surgery. She is the current President of the Cleveland Psychological Association and a Clinical Assistant Professor of Surgery for the Cleveland Clinic Lerner College of Medicine.

Megan Lavery, Psy.D joined the BMI staff in 2014 following a fellowship in bariatric psychology at the Cleveland Clinic. She received her Doctorate in Clinical Health Psychology and Behavioral Medicine from La Salle University in Philadelphia PA. and completed her residency at the VA Medical Center.

Dr. Lavery is a licensed psychologist in the state of Ohio and an Associate Member of the American Society of Metabolic and Bariatric Surgery. Her specialties include bariatric psychology and sleep disorders.

Lauren Sullivan, RD LD, Lauren Sullivan joined Cleveland Clinic Bariatric Department in 2010. She completed her dietetics degree at the University of Akron and completed her internship at George Washington University Medical Center in Washington DC. She brings a compassionate 20 + years of nutrition expertise in weight management (both surgical and non-surgical) with additional interest in diabetes care. She is a licensed dietitian nutritionist in the State of Ohio and has held memberships in the Academy of Nutrition and Dietetics and Weight Management Dietetic Practice Group.

Beth Czerwony MS, RD, LD has been a registered dietitian for 15 years. She received both her associates of Applied Business with a concentration on Culinary Arts and her Bachelors of Science in Dietetics from the University of Akron. She successfully completed her coordinated internship at Louis Stokes Cleveland VAMC while obtaining her Masters of Science in Nutrition from Case Western Reserve University. Beth has been employed by the CCF for 8 years and primary areas in interest include bariatric nutrition, wellness/prevention, and alternative/functional medicine.

Erin Doran RD, LD- Registered Dietitian with the Bariatric and Metabolic Institute. Erin graduated from Miami University in Oxford, Ohio with a Bachelor of Science in Kinesiology and Health, specializing in Dietetics and Nutrition. This was followed by a dietetic internship with Sodexo Distance Education in Los Angeles, California. Specialty areas of interest include weight management, lipid management, diabetes management, wellness and prevention of chronic disease. Professional memberships include the Academy of Nutrition and Dietetics, the Ohio Dietetic Association, and the Thirty and Under in Nutrition and Dietetic Practice Group.

Bariatric and Metabolic Institute Caregiver Listing

Beth Iannello, RN, BSN
Program Nurse

Toni Housiaux, RN, BSN
Program Nurse

Diane Kompan RN, BSN
Program Nurse

Shirley Littlejohn
Manager PSR

Al Swope
Insurance Coordinator

Lydia Franklin
Administrative Assistant

Latonya Riley
Patient Navigator

Diane Harris
Patient Navigator

Shuywanna Ford
Patient Navigator

Megan Inman
Administrative Assistant

Beth Janssen, RN, CBN
Program Nurse

Camille Ross, RN, BSN
Program Nurse

Debra Cash
Financial Counselor

Kyana Moss
Medical Assistant

Melissa Teddleton
Medical Assistant

Tracey Young
Medical Assistant

Matthew Sedivy
Surgical Scheduling Coordinator

Anne Tyson-Sabir
Administrative Assistant

Carmita Williams
Administrative Assistant

Teresa Stewart
Front Desk

Latina Taylor
Front Desk

Veronica Mitchum
Front Desk

(Step by Step Tab Here)

The Steps to Weight Loss Surgery at BMI

STEP 1: Register for a free Online or In-person Weight Loss Surgery Informational Seminar

STEP 2: Complete the Health Questionnaire

STEP 3: Verification of Insurance and Financing

STEP 4: Medical Consultations and Assessments

STEP 5: Surgical Pre-certification Insurance Approval

STEP 6: Scheduling of Surgery Date and Pre op Clinic Visit

STEP 7: The Surgery and Follow-up Visits

Each of the steps listed above are explained in greater detail on the following pages.

STEP 1: Register for a free Weight Loss Surgery Informational Seminar

Our Informational Seminars are free and open to the general public. Each Seminar provides prospective patients with information about weight loss surgery and the Cleveland Clinic Weight Loss Program. A member of our clinical team will describe details of the surgical procedures, our comprehensive program, the medical effects of untreated morbid obesity and the lifestyle changes which accompany weight loss surgery.

On-Line Seminar:
Our On-Line Seminar provides the same information patients receive at the In-Person Seminar, however it is available for you to complete at your convenience. You will need the ability to watch a flash movie on your computer. During the seminar you will be asked a series of questions to ensure you have understood the material provided. If you have questions after taking the On-Line Seminar, they can be addressed at the time of your consult

In-Person Seminar:
Our In-Person Seminars are held several times a month in various Cleveland Clinic Health Centers as well as Main Campus. At the Seminar, you will listen to one of our clinical team members as they describe morbid obesity and the surgical options used to treat this disease. There will be time at the end for questions and answers. The Seminar is designed to provide you with all the information needed to make an informed decision about weight loss surgery, and usually lasts between one and one half hours. You are encouraged to bring a support person with you to this Seminar.

STEP 2: Complete the On-Line Health Questionnaire

The Health Questionnaire must be completed before your initial consult can be scheduled.

Please complete the Questionnaire as thoroughly and accurately as possible. This information is very important and required by most insurance companies to qualify you for weight loss surgery.

Completing this information On-Line will help expedite your consult. Remember to have all your medications available for listing. All information will be kept confidential.

STEP 3: Verification of Insurance and Financing

While it is not a necessary step in the Pathway process, we always recommend you confirm that your health insurance allows you to come to the Cleveland Clinic.

If you plan to go through your health insurance for coverage of surgery, we will verify your benefits for you. We will communicate to you both your benefits and any specific criteria which must be met for your insurance plan to cover surgery. Please see the Insurance and Financing section of our website for more detailed information.

Ask your insurance company if the following procedures are covered at the Cleveland Clinic by your insurance plan:

- Roux-en-Y gastric bypass (CPT Code 43644)
- Gastric Sleeve (CPT Code 43775)
- Other procédures Can be checked by our staff if needed.

The Cleveland Clinic accepts all major insurance carriers including Medicare and Medicaid except the Molina Community Plan.

A VERY IMPORTANT NOTE: Many insurance companies require the following:

- medical documentation of a weight history
- any actual documentation of diet drugs and medically supervised diets prescribed
- any exercise program records (YMCA/YWCA, Gym membership, etc.).

If you have a weight history and weight treatment history at the Cleveland Clinic, we will gather that weight information and weight loss drugs prescribed by Cleveland Clinic doctors from your Cleveland Clinic medical record. For weight history outside the Cleveland Clinic or its satellite offices you will need to contact the doctor who weighed you and/or prescribed weight loss drugs for a copy of that documentation. Copies of the doctor's office notes detailing your weight loss attempts are required. The weight loss attempts must note weight loss or gain for the visit, the diet they have you following and a review of your exercise for the month.

If you plan to self-pay, please contact 216-445-1745 directly to set up your consultation.

STEP 4: Medical Consultations and Assessments

After your insurance coverage has been verified, your **Health Questionnaire** will be evaluated by our staff to determine if you qualify for weight loss surgery according to the National Institutes of Health Guidelines. In addition, other medical problems may be revealed, which could require evaluation by other specialists.

You will receive a welcome letter from your **patient navigator** with contact information. **Your navigator** will be your primary contact and assist you in obtaining the necessary documents and appointments needed for surgery. You will be mailed a list of your patient appointments as well as an appointment reminder and a phone call three days before your appointments.

If these appointments cannot be kept, please call the program office at 216-445-2224. If you are calling long distance, call (800) CCF-CARE and ask for extension 52224.

Individuals that do not meet the criteria for weight loss surgery you will be contacted to discuss non-surgical options.

At these office appointments, the medical staff will review your history and examine you briefly. If you have complicated medical conditions, we may schedule you to see one of our Cleveland Clinic specialists for pre-surgical preparation.

At the conclusion of your visit the "Patient Tracker" will be given to you. The Tracker includes a list of diagnostic tests and consultations that you will be **required** to complete before proceeding with surgery.

You must complete all testing, assessments and consults that are ordered. Please note that **all** patients are required to have a nutritional and psychological evaluation done at the Cleveland Clinic main campus. The need for other consultations and evaluations will be determined by your medical history, physical exam and our discussion with you. You will be provided with the names and phone numbers of consultants and testing areas so that you can make appointments that will be convenient for you.

It is necessary that **you keep copies** of your test results, consultations and other records of treatment if performed **outside** the Cleveland Clinic. Any records of care provided at the Cleveland Clinic main campus or Cleveland Clinic satellite offices (Family Health Centers) are available to us. Although we do not need copies of records of care you receive at the Cleveland Clinic or satellite offices, you may want to ask for a copy of these records **for your own** file at the time of your tests and consultations.

When all testing and evaluation is complete, please mail or fax the outside (non-CCF) testing results, evaluations and other documents to our program office.

Cleveland Clinic Bariatric and Metabolic Institute (BMI)
ATTN: Anne Tyson-Sabir
9500 Euclid Ave., M61
Cleveland OH 44195

FAX: 216-636-1276

STEP 5: Surgical Pre-certification Insurance Approval

Now that all of your requirements (testing, consults, diet, etc.) for surgery have been completed:

1. Call 216-445-2224 and select option #5

2. Follow the recorded instructions to initiate insurance approval request

We will submit a letter of recommendation to your insurance carrier requesting approval for the surgical weight loss procedure. Some insurance companies will make the decision about your surgery within a few weeks. Some insurance carriers take several weeks or months to return a decision. We will contact you when we have heard from your insurance company. You may contact your insurance company to check on the status of your insurance approval.

In the rare case your insurance company denies the request, our financial counselor will discuss appeals and self-pay options with you.

STEP 6: Scheduling of Surgery Date and Pre op Clinic Visit

Once your insurance approval is obtained, you will be contacted to arrange a preoperative clinic visit date and a date for surgery. **ALL MEDICAL CLEARANCES AND TESTS MUST BE COMPLETED BEFORE YOU CAN SCHEDULE YOUR SURGERY.** At your pre-operative visit you will meet again with a BMI nurse for preoperative education. A member of our medical team will review your testing and complete a history and physical exam. You will also meet privately with your surgeon who will review all aspects of your upcoming surgery.

STEP 7: The Surgery and Follow-up Visits

In most cases you will be admitted to the hospital the morning of surgery. The actual time you will need to arrive will not be known until the day before surgery. Most surgical patients are in the hospital for 2-3 days. Most patients return to work approximately 4 weeks after surgery or sooner.

There are many more questions that you will have about this step. Many of these questions will be answered during **your pre-op visit.**

We look forward to working with you in reaching and maintaining your health goals. Compliance to a follow up schedule is very important. Regular follow up visits are **essential** to helping you achieve your personal and health goals and will help us evaluate your compliance with lifestyle changes. The schedule of routine follow-up appointments can be found in the post-op section of this book.

Defining Obesity

Obesity: Causes and Treatments

Obesity is a common problem in the United States. Current research suggests that one in three Americans is obese. In the United States alone, about 300,000 deaths per year can be blamed on obesity.

The disease of obesity has multiple causes. Obesity tends to run in families, suggesting there may be a genetic contribution. However, family members also tend to share the same diet and lifestyle habits. Environment also plays a role in obesity. These environmental factors include what and how often a person eats, a person's level of activity and behavioral factors. We have come to realize that obesity is a chronic condition and a lifelong battle that requires long-term lifestyle changes.

The treatment of obesity can be difficult, especially when the patient does not have a correctable endocrine problem, such as a thyroid disorder. Low-calorie, low-fat diets – along with exercise – usually are recommended to treat obesity. However, this is often hard to maintain over a long period of time. "Crash" diets and appetite suppressants generally are appropriate only under very specific conditions and under close medical supervision.

Am I Obese?

Patients are considered morbidly obese if they weight more than 100 pounds over their ideal body weight or have a body mass index (BMI) greater than 35 to 40.

To calculate your BMI, refer to our website at clevelandclinicweightloss.com

Body Mass Index (BMI)

	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"
200	45	43	42	41	39	38	37	36	34	33	32	31	30	30	29	28	27	26	26	25	24	24	23
205	46	44	43	42	40	39	38	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24	24
210	47	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
215	48	47	45	44	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25
220	49	48	46	45	43	42	40	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
225	51	49	47	46	44	43	41	40	39	38	36	35	34	33	32	31	31	30	29	28	27	27	26
230	52	50	48	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	30	29	28	27	27
235	53	51	49	48	46	45	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28	27
240	54	52	50	49	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31	30	29	29	28
245	55	53	51	50	48	46	45	44	42	41	40	38	37	36	35	34	33	32	32	31	30	29	28
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260	58	56	54	53	51	49	48	46	45	43	42	41	40	39	37	36	35	34	33	33	32	31	30
265	60	58	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	32	31
270	61	59	57	55	53	51	50	48	46	45	44	42	41	40	39	38	37	36	35	34	33	32	31
275	62	60	58	56	54	52	50	49	47	46	45	43	42	41	40	38	37	36	35	34	34	33	32
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285	64	62	60	58	56	54	52	51	49	48	46	45	43	42	41	40	39	38	37	36	35	34	33
290	65	63	61	59	57	55	53	52	50	48	47	46	44	43	42	41	39	38	37	36	35	34	34
295	66	64	62	60	58	56	54	52	51	49	48	46	45	44	42	41	40	39	38	37	36	35	34
300	67	65	63	61	59	57	55	53	52	50	49	47	46	44	43	42	41	39	39	38	37	36	35
305	69	66	64	62	60	58	56	54	52	51	49	48	47	45	44	43	41	40	39	38	37	36	35
310	70	67	65	63	61	59	57	55	53	52	50	49	47	46	45	43	42	41	40	39	38	37	36
315	71	68	66	64	62	60	58	56	54	53	51	49	48	47	45	44	43	42	41	39	38	37	37
320	72	69	67	65	63	61	59	57	55	53	52	50	49	47	46	45	44	42	41	40	39	38	37
325	73	71	68	66	64	62	60	58	56	54	53	51	50	48	47	45	44	43	42	41	40	39	38
330	74	72	69	67	65	63	61	59	57	55	53	52	50	49	47	46	45	44	42	41	40	39	38
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385	87	84	81	78	75	73	71	68	66	64	62	60	59	57	55	54	52	51	50	49	47	46	45
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400	90	87	84	81	78	76	73	71	69	67	65	63	61	59	58	56	54	53	51	50	49	48	46
405	91	88	85	82	79	77	74	72	70	68	66	64	62	60	58	57	55	54	52	51	49	48	47
410	92	89	86	83	80	78	75	73	71	68	66	64	63	61	59	57	56	54	53	51	50	49	48
415	93	90	87	84	81	79	76	74	71	69	67	65	63	61	60	58	56	55	53	52	51	49	48
420	94	91	88	85	82	80	77	75	72	70	68	66	64	62	60	59	57	56	54	53	51	50	49
425	96	92	89	86	83	81	78	75	73	71	69	67	65	63	61	59	58	56	55	53	52	51	49
430	97	93	90	87	84	81	79	76	74	72	70	68	66	64	62	60	58	57	55	54	52	51	50
435	98	94	91	88	85	82	80	77	75	73	70	68	66	64	63	61	59	58	56	55	53	52	50
440	99	95	92	89	86	83	81	78	76	73	71	69	67	65	63	62	60	58	57	55	54	52	51
445	100	97	93	90	87	84	82	79	77	74	72	70	68	66	64	62	61	59	57	56	54	53	52
450	101	98	94	91	88	85	83	80	77	75	73	71	69	67	65	63	61	60	58	56	55	54	52
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475	107	103	100	96	93	90	87	84	82	79	77	75	72	70	68	66	65	63	61	60	58	56	55
480	108	104	101	97	94	91	88	85	83	80	78	75	73	71	69	67	65	64	62	60	59	57	56
485	109	105	102	98	95	92	89	86	83	81	78	76	74	72	70	68	66	64	62	61	59	58	56
490	110	106	103	99	96	93	90	87	84	82	79	77	75	73	71	69	67	65	63	61	60	58	57
495	111	107	104	100	97	94	91	88	85	83	80	78	75	73	71	69	67	65	64	62	60	59	59

What it means

BMI from **18.5 to 24.9** is a healthy weight

BMI from **25.0 to 29.9** is an overweight condition

BMI from **30.0 to 39.9** is moderate obesity

BMI of **40 or above** is severe obesity

Am I A Candidate?

For patients who remain severely obese after conventional approaches to weight loss – such as diet and exercise – have failed, or for patients who have an obesity-related disease, surgery may be the best treatment option. For other patients, however, continued medical management toward weight control – such as changes in eating habits, behavior modification and increasing physical activity – may be more appropriate.

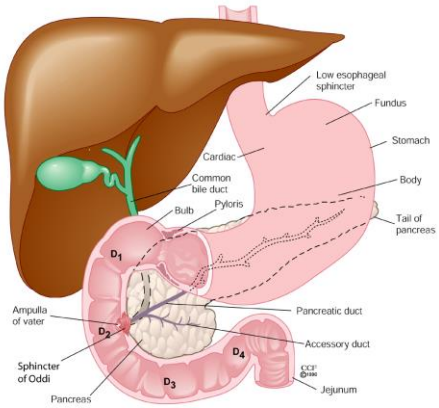
Research supports the benefits of weight loss surgery for those with a BMI between 35 and 39.9 with obesity related health conditions such as type 2 diabetes, obstructive sleep apnea, high blood pressure, osteoarthritis and other obesity related conditions. You could be a candidate for surgical weight loss if you meet any of the following criteria:

- You are more than 100 lbs. over your ideal body weight.
- You have a Body Mass Index (BMI) of over 40.
- You have a BMI of over 35 and are experiencing severe negative health effects, such as high blood pressure or diabetes, related to being severely overweight.
- You have a BMI of 30-34 with severe diabetes.
- You are unable to achieve a healthy body weight for a sustained period of time, even through medically-supervised dieting.

Weight Loss Surgery Overview

The Digestive Process

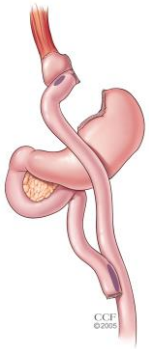
To better understand how weight loss surgery works, it is helpful to know how the normal digestive process works. As food moves along the digestive tract, special digestive juices and enzymes arrive at the right place at the right time to digest and absorb calories and nutrients. After we chew and swallow our food, it moves down the esophagus to the stomach, where a strong acid and powerful enzymes continue the digestive process. The stomach, which is about the size of a football, can hold about three pints of food at one time.



Normal Stomach

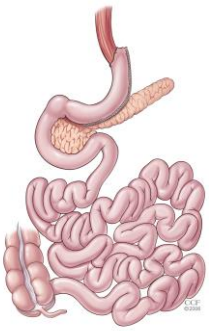
Roux-en-Y Gastric Bypass (RYGB)

RYGB is the most common type of bariatric surgery. The surgeon begins by creating a small pouch by dividing the upper end of the stomach. This restricts the food intake. Next, a section of the small intestine is attached to the pouch to allow food to bypass the duodenum, as well as the first portion of the jejunum. The small intestine is re-connected 150 centimeters from the pouch to allow ingested food and digestive enzymes to mix.



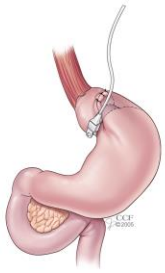
Laparoscopic Sleeve Gastrectomy (LSG)

The Laparoscopic Sleeve Gastrectomy (also known as Vertical Gastrectomy) includes removing about 75% of the stomach leaving a narrow gastric tube or “sleeve” through which food passes. No intestines are removed or bypassed during sleeve gastrectomy, and no device or implant is placed.



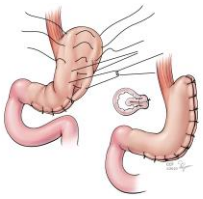
Laparoscopic Sleeve Gastrectomy can be used as a primary weight loss operation and is also used as a first step operation in very high risk BMI or high risk medical patients. The second stage operation in these patients is a bypass procedure that is done 12-18 months after LSG when the patient has lost weight and is lower risk.

Laparoscopic Adjustable Gastric Banding (LAGB)



During the procedure, surgeons use laparoscopic techniques and instruments to implant an inflatable silicone band around the upper portion of the stomach. The band creates a new, tiny pouch that limits and controls the amount of food consumed. The band also creates a small outlet that slows the emptying process into the stomach and the intestines allowing the patient to experience an earlier sensation of fullness and increased satisfied with smaller amounts of food. This ultimately results in weight loss.
The LAGB patient can expect a reduced hospital stay of one to two days; in some instances there may be an increased stay if the surgery required an abdominal incision or complications occurred. Patients may resume normal activities in one to two weeks.

Laparoscopic Gastric Curvature Plication (LGCP)



Laparoscopic Gastric Plication, involves sewing one or more large folds in your stomach. During the Laparoscopic Gastric Plication the stomach volume is reduced about 70% which makes the stomach able to hold less and may help you eat less. There is no cutting, stapling, or removal of the stomach or intestines during the Gastric Plication. The Gastric Plication may potentially be reversed or converted to another procedure if needed.

The Gastric Plication procedure is minimally invasive and takes approximately one to two hours to complete. Most patients stay in the hospital for 1-2 days after the procedure.

Results of Weight Loss Surgery

Roux-en-Y Gastric Bypass - most patients will lose about 66 to 80 percent of their excess body weight. Substantial weight loss occurs 18 to 24 months after surgery; some weight regain is normal and can be expected at two to five years after surgery.

Laparoscopic Adjustable Gastric Banding - most patients will lose about 40 percent of their excess body weight. Substantial weight loss occurs in 2 to 3 years largely depending on close follow up and frequent band adjustments in the first year.

Laparoscopic Sleeve Gastrectomy – most patients will lose 55 to 65 percent of their excess body weight in 12 months. Some long-term data suggests that most patients, after 5 years, maintain over 50 percent excess weight loss.

Laparoscopic Gastric Curvature Plication – most patients can expect to lose between 40% to 70% of their excess body weight in the first year after surgery.

In addition to weight loss, surgery has been found to have a beneficial effect on many medical conditions such as: diabetes, hypertension, acid reflux, sleep apnea, polycystic ovary syndrome (PCOS), urinary stress incontinence, low back pain, and many others. Our research has shown that 80% of our diabetic patients had remission from their diabetes (the blood sugar is normal on no medication). Many patients report an improvement in mood and other aspects of psychosocial functioning after surgery.

The overall quality of life is improved. Many patients express elation on being able to do things that may seem trivial to the non-obese person, such as, improvement in personal hygiene, going to the store, playing with their children, getting in and out of a car, riding a roller coaster, shopping for regular sized clothes…the list is endless.

Also, because most surgeries are performed laparoscopically (minimal invasive surgery), patients will typically experience shorter hospital stays, smaller incisions and quicker recovery periods.

Benefits of Surgical Weight Loss

In our section about the health consequences of severe obesity, we listed problems, or co-morbidities, that affect most of the organs in the body. Most of these problems can be greatly improved, or entirely resolved, with successful weight loss. Many people have observed this, at least for short periods, after a weight loss by dieting. Unfortunately, with dieting, such benefits usually do not last, because weight regain almost always occurs. We have shown that the weight loss achieved with Roux-en-Y Gastric Bypass can average 80 percent of excess body weight, and can be maintained for years following surgery. We instruct patients in a very simple program, which is much easier to follow when one is not constantly deprived on a diet.

Medical conditions that may be greatly improved after surgery includes:

- **High blood pressure**

  At least 70 percent of patients who have high blood pressure, and who are taking medications to control it, are able to stop all medications and have a normal blood pressure, usually within two to three months after surgery. When medications are still required, their dosage can be lowered, with reduction of the annoying side effects.

- **High cholesterol**

  More than 80 percent of patients will develop normal cholesterol levels within six months after the operation.

- **Diabetes**

  More than 80 percent of Type II diabetics obtain excellent results after Gastric Bypass, usually within a few weeks after surgery: normal blood sugar levels, normal Hemoglobin A1C values, and freedom from all their medications, including insulin injections. Based upon numerous studies of diabetes and the control of its complications, it is likely that the problems associated with diabetes will slow in their progression when blood sugar is maintained at normal values. There is no medical treatment for diabetes that can achieve as complete and profound an effect as surgery - which has led some physicians to suggest that surgery may be the best treatment for diabetes in the seriously obese patient. Abnormal glucose tolerance, or "borderline diabetes," is even more reliably reversed by gastric bypass. Since this condition becomes diabetes in many cases, the operation can frequently prevent diabetes as well. In Sleeve Gastrectomy patients, 50 to 60 percent of diabetes patients achieve remission of diabetes within 1 to 2 years of surgery. Diabetes improvement and remission after Gastric Banding depends on the degree of weight loss achieved.

- **Heart disease**

  Although we can't say definitively that heart disease is reduced, the improvement in problems such as high blood pressure, high cholesterol, and diabetes certainly suggests that improvement in risk is very likely. In one recent study, the risk of death from cardiovascular disease was profoundly reduced in diabetic patients who are particularly susceptible to this problem. It may be many years before further proof exists, since there is no easy and safe test for heart disease.

- **Asthma**

  Most asthmatics find that they have fewer and less severe attacks, or sometimes none at all. When asthma is associated with gastro-esophageal reflux disease, it is particularly benefited by gastric bypass.

- **Respiratory insufficiency**

  Improvement of exercise tolerance and breathing ability usually occurs within the first few months after surgery. Often, patients who have barely been able to walk find that they are able to participate in family activities, and even sports.

- **Sleep apnea syndrome**

  Dramatic relief of sleep apnea occurs as our patients lose weight. Many report that within a year of surgery, their symptoms were completely gone, and they had even stopped snoring completely—and their spouses agree. Many patients who require an accessory breathing apparatus to treat sleep apnea no longer need it after surgically induced weight loss. This should be confirmed by a repeat sleep study.

- **Gastroesophageal reflux disease**

  Relief of all symptoms of reflux usually occurs within a few days of Gastric Bypass surgery for nearly all patients. We are now beginning a study to determine if the changes in the esophageal lining membrane, called Barrett's esophagus, may be reversed by the surgery as well—thereby reducing the risk of esophageal cancer. Sleeve Gastrectomy patients generally have major improvement in GERD, but 20 to 30 percent of patients may need to take heartburn medication long-term.

- **Gallbladder disease**

  When gallbladder disease is present at the time of the surgery, it is "cured" by removing the gallbladder during the operation. If the gallbladder is not removed, there is some increase in risk of developing gallstones after the surgery, and occasionally, removal of the gallbladder may be necessary at a later time.

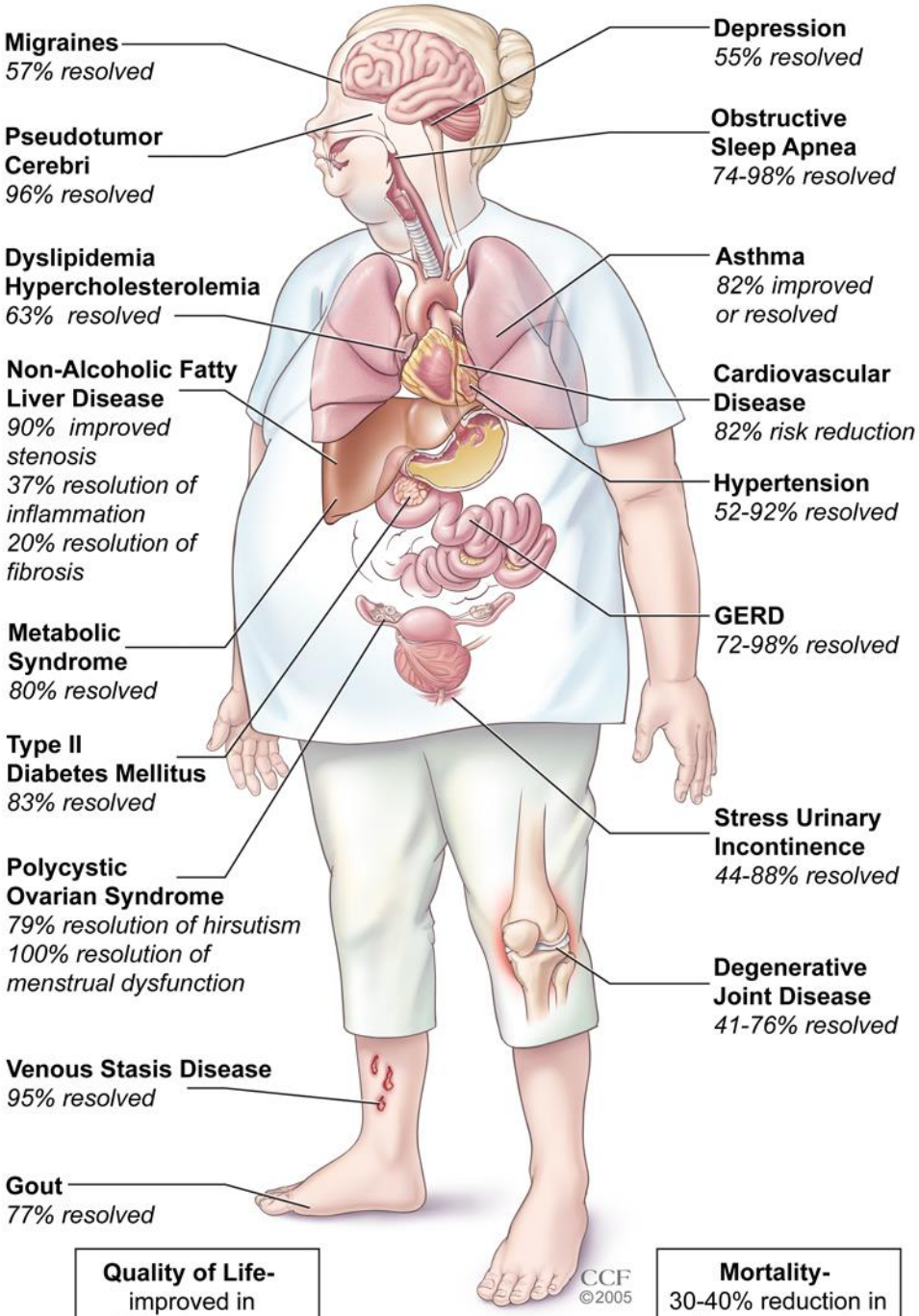
- **Stress urinary incontinence**

  This condition responds dramatically to weight loss and usually becomes completely controlled. A person who is still troubled by incontinence can choose to have specific corrective surgery later, with much greater chance of a successful outcome with a reduced body weight.

- **Low back pain, degenerative disk disease, and degenerative joint disease**

  Patients usually experience considerable relief of pain and disability from degenerative arthritis and disk disease and from pain in the weight-bearing joints. This tends to occur early, with the first 25 to 30 pounds lost, usually within a month after surgery. If there is nerve irritation or structural damage already present, it may not be reversed by weight loss, and some pain may persist.

Benefits of Bariatric Surgery



What are the risks of gastric bypass surgery?

The more extensive the bypass operation, the greater is the risk for complications and nutritional deficiencies. Patients with extensive bypasses of the normal digestive process require not only close monitoring, but also lifelong use of special foods and medications.

Rare complications of gastric bypass surgery include bleeding requiring blood transfusion, leakage at the bowel connections or staple lines, ulcers in the stomach or small intestine, blood clots in the lungs or legs, persistent vomiting and abdominal pain, inflammation of the gallbladder, and failure to lose weight (very rare), long-term weight gain, bowel obstruction or twisting of the intestine ("internal hernia").

More than one-third of obese patients who have gastric surgery develop gallstones. Gallstones are clumps of cholesterol and other matter that form in the gallbladder. During rapid or substantial weight loss, a person's risk of developing gallstones increases. Gallstones can be prevented with supplemental medication (Ursodiol) taken for the first six months after surgery.

Up to 30 percent of patients who have Gastric Bypass surgery develop nutritional deficiencies such as Iron or B12, calcium, Vitamin D deficiencies that can lead to anemia, osteoporosis and metabolic bone disease. These deficiencies can be avoided if vitamin and mineral intakes are maintained and monitored regularly.

Women of childbearing age should avoid pregnancy for 18 months to two years after surgery until their weight becomes stable because rapid weight loss and nutritional deficiencies during pregnancy can put the developing fetus at risk.

The risks of surgery should always be considered relative to the benefits. Patients should carefully consider all of the risks and benefits before electing to have this surgery.

What are the risks of Gastric Banding?

Side effects may include nausea and vomiting, heartburn, and abdominal pain. The most serious complications are slippage of the band (prolapse) and band erosion into the stomach (<2%). Another risk of Gastric Banding is failure to lose the desired amount of weight. This occurs in up to 30% of band patients and may require another type of procedure.

Though gastric banding procedures can be reversed patients regain ay weight lost after the band is removed. Patients should carefully consider all of the risks and benefits before electing to have this surgery.

What are the risks of Sleeve Gastrectomy?

There are risks that are common to any laparoscopic procedure such as bleeding, infection, injury to other organs, or the need to convert to an open procedure. There is also a small risk of a leak from the staple line used to divide the stomach. These problems are rare and major complications occur less than 1% of the time.

Overall, the operative risks associated with LSG are slightly higher than those seen with the laparoscopic adjustable band but lower than the risks associated with gastric bypass.

What Are The Risks Of Laparoscopic Gastric Plication?

There are risks that are common to any laparoscopic procedure such as bleeding, infection, injury to other organs, or the need to convert to an open procedure. There is also a small risk of a leak from the suture line used to imbricate/plicate ("fold") the stomach. These problems are rare and major complications occur less than 1% of the time.

Possible risks for Gastric Bypass, Sleeve Gastrectomy and Gastric Plication surgery include, but are not limited to:

	Complication	Description
1	Allergic Reactions	From minor reactions such as a rash to sudden overwhelming reactions that may cause death.
2	Anesthetic Complications	Anesthesia used to put you to sleep for the operation can be associated with a variety of complications up to and including death.
3	Bleeding	From minor to massive bleeding that can lead to the need for emergency surgery transfusion or death.
4	Blood Clots	Also called deep vein thrombosis and Pulmonary Embolus that can sometimes cause death.
5	Infection	Including wound infections, bladder infections, pneumonia, skin infections and deep abdominal infections that can sometimes lead to death.
6	Leak	After operation to bypass the stomach the new connections can leak stomach acid, bacteria and digestive enzymes causing a severe abscess and infection. This can require repeated surgery, and intensive care and even death.
7	Narrowing (stricture)	Narrowing (stricture) or ulceration of the connection between the stomach and the small bowel can occur after the operation. This may require endoscopic dilation and, rarely, re-operation.
8	Dumping Syndrome	Dumping Syndrome (symptoms of the dumping syndrome include cardiovascular problems with weakness, sweating, nausea, diarrhea and dizziness) can occur in some patients after Gastric Bypass.
9	Bowel Obstruction	Any operation in the abdomen can leave scar tissue that can put the patient at risk for later bowel blockage.
10	Laparoscopic Surgery Risks	Laparoscopic surgery uses punctures to enter the abdomen and can lead to injury, bleeding and death.
11	Need for and Side Effects of Drugs	All drugs have inherent risks and in some cases can cause a wide variety of side effects including death.
12	Loss of Bodily Function	Including stroke, heart attack, limb loss and other problems related to the operation and anesthesia.
13	Risks of Transfusion	Including Hepatitis and Acquired Immune Deficiency Syndrome (AIDS), from the administration of blood and/or blood components.
14	Hernia	Cuts in the abdominal wall can lead to hernias after surgery. Internal Hernia (twisting of the bowel) can occur after Gastric Bypass.
15	Hair Loss	Many patients develop hair loss for a short period after the operation. This usually responds to increased levels of vitamins.
16	Vitamin and Mineral Deficiencies	After Gastric Bypass there is malabsorption of many vitamins and minerals. Patients must take vitamin and mineral supplements forever to protect themselves from these problems.
17	Ulcers	Patients undergoing Gastric Bypass may develop ulcers of the pouch, the bottom of the stomach or parts of the intestine. Ulcers may require medical or surgical treatment, and have complications of chronic pain, bleeding, and perforation.
18	Other	Major abdominal surgery, including Laparoscopic Gastric Bypass, is associated with a large variety of other risks and complications, both recognized and unrecognized that occur both soon after and long after the operation.
19	Depression	Depression is a common medical illness and has been found to be particularly common in the first weeks after surgery.
20	Alcohol Use Disorder	These surgeries increase sensitivity to alcohol and some individuals develop problematic alcohol use afterwards. The best way to avoid this risk is to abstain from alcohol
21	Death	Risk of death is extremely low and at similar rate as gall bladder surgery.

(Preparing for Surgical Weight Loss Tab Here)

WEIGHT LOSS SURGERY AND BEHAVIORAL HEALTH

Weight loss surgery is a life-changing procedure that requires careful thought, considerable awareness, and adjustment. Changes occur emotionally, socially and physically. Weight loss surgery is only a tool. However this tool can be incredibly powerful in a well prepared patient. We want you to be as successful as you can with weight loss surgery!

In order to have a successful long-term outcome, it is necessary to make a number of **permanent** lifestyle changes. You will need to permanently change your behaviors, eating habits and activity patterns. All Cleveland Clinic Bariatric & Metabolic Institute patients receive a behavioral health evaluation because many habits, behaviors, thoughts and emotions can affect the success of weight loss surgery. Minimally, the evaluation will include a one-hour interview and questionnaire(s) assessing eating habits, weight history, stress and coping, and lifestyle behaviors. Sometimes additional visits may be needed to complete this evaluation. The behavioral health team member will make individualized recommendations to build upon your strengths and help you address challenges so that you can best lose weight and keep it off.

In addition to the behavioral health evaluation, our team can work with you both before and after surgery. It is sometimes necessary to have follow-up behavioral health visits, either individually or in a group, to change behavioral, emotional or psychological patterns that would interfere with a good surgical outcome. For example, many patients need help from a Psychologist to change eating behaviors prior to surgery. Some eating patterns can reduce your ability to benefit from the surgery. Behavioral health can also provide additional support, stress management skills, assertiveness building, emotion management (e.g., anger or depression), assistance with stop smoking, and strategies for reducing anxiety or fears associated with having the surgery. Further, after the surgery, many individuals are helped from behavioral health follow-up to improve psychological and social adjustment to your new lifestyle. Finally, we also encourage you to attend a Weight Loss Surgery support group. Support groups give you additional information about weight loss surgery and the behavioral changes that you will need to make in order to reach a healthier weight and maintain it for the rest of your life.

In summary, we want to help you achieve the best post-surgical outcome possible. If you have any questions or concerns, please do not hesitate to share them with us during your first behavioral health appointment.

Sincerely,

Leslie J. Heinberg, Ph.D., Kathleen R. Ashton, Ph.D., Megan Lavery, Psy.D.

Behavioral Health Considerations

- **Though weight loss surgery physically reduces the size of your stomach, it will not prevent you from eventually gaining back weight if you do not learn how to reduce the amount of food you eat and increase your physical activity to promote calorie burning.**

    - It is entirely possible to "beat" the surgery by eating fatty foods or liquids (such as potato chips, milkshakes, ice cream, etc.), "graze" throughout the day r return to a sedentary lifestyle.

- **Having a diagnosable eating disorder before surgery may increases the chances of poorer weight loss outcomes. Weight regain often occurs 2-5 years after surgery.**

    - Binge Eating Disorder and Night Eating Syndrome are linked with greater risk of weight regain if loss of control eating persists after surgery.
    - Cognitive-behavioral consultation/psychotherapy is often necessary to treat such eating disturbances.

- **Individuals with mental health difficulties are at an increased risk of medical complications, emotional distress, and decreased satisfaction following surgery. Stabilization of any mental health problems is an important pre-operative goal.**

    - There is a higher rate of psychological difficulties in individuals with obesity compared to the national norm.
    - Clinical depression is the most reported psychiatric illness.
    - A prescreening for psychological difficulties is important so that proper intervention can be instituted, reducing the risk of post-surgery complications.

- **Individuals who use eating to cope with negative emotions or stress are most successful after surgery if they have learned to replace eating with more healthier coping strategies such as deep breathing, exercise, or developing a hobby.**

- **The majority of patients who have weight loss surgery report having a better quality of life after surgery and recovery.**

- **Weight loss surgery alone will not increase your self-esteem. Many factors play a role in one's self-esteem, such as current and past experiences, perceptions, and attitudes.**
    - How you perceive yourself after surgery depends on more than just weight loss. This is especially true when an individual's weight begins to increase or stabilize after surgery.

- **The majority of patients also report improved body image.**
  - It is not uncommon to develop new attitudes and perceptions about life after surgery as a result of the dramatic weight loss and new body image. However people can be dissatisfied with excess skin after weight loss. As a result of these changes, individuals often report significant changes in their relationships.

- **If you are currently on disability for obesity or an obesity-related medical condition, it is important to plan for potential discontinuation of this income after surgery.**

- **Individuals who have weight loss surgery often experience both positive and negative effects in their marital and interpersonal relationships.**

- **Patients who have undergone surgery and returned to work have reported mixed feelings. This is due to individual differences in how one welcomes the new attention received.**

- **The majority of patients who have undergone weight loss surgery report an increase in energy after a brief recovery period. This new energy should be put to good use as soon as possible by exercising and being active.**

- **Those who have had prior substance abuse problems are at an increased risk for relapse. Alcohol is metabolized differently after surgery leading to quick intoxication on much smaller amounts. Some individuals may develop new problems with substances after surgery. Ongoing awareness and support can help to reduce this risk.**

- **As you make permanent lifestyle changes to create a healthier you, behavioral health care is able to provide you with:**
  - Ongoing support and information about how our thoughts and beliefs can impact our ability to make changes in our eating and exercise patterns.
  - Identification and treatment of potential problem areas such as depression, anxiety, or eating disorders.
  - The development of specific plans for how to cope with problem areas or stresses that can impede your ability to lose weight and maintain a healthier weight.

Resources

Boasten, M.F. (2003). Weight Loss Surgery: Understanding & Overcoming Morbid Obesity - Life Before, During, & After Surgery.

Brownell, Kelly D. (2000). The LEARN Program for Weight Management 2000. .

Leach, Susan Maria (2004). Before and After: Living and Eating Well After Weight Loss Surgery.

Thompson, Barbara (2003). Weight Loss Surgery: Finding the Thin Person Hiding Inside You (3rd Edition).

WEIGHT LOSS SURGERY SUPPORT GROUPS

For information on Weight Loss Surgery Support Groups throughout Ohio that are sponsored by the Association for Morbid Obesity, please see: www.obesityhelp.com/morbidobesity/stateinfo.phtml?State=OH

Exercise

Commit to an exercise plan preoperatively and get started. Check with your PCP before beginning any exercise program.

Benefits of Exercise:

The Surgeon General's report on physical activity and health states that exercise helps to:

1. Reduce the risk of dying prematurely
2. Reduce the risk of dying from heart disease
3. Reduce the risk of developing diabetes
4. Reduce the risk of developing high blood pressure
5. Reduce blood pressure in people who already have high blood pressure
6. Reduce the risk of developing colon cancer
7. Build and maintain healthy bones, muscles and joints
8. Reduce feelings of depression and anxiety
9. Control weight

Getting Started:
Remember: The key to weight loss is using more calories than you take in!!!!

Walking is an excellent way to start an exercise program.

1. A walking program can be started before surgery and resumed once home from the hospital.

2. A walking program can be followed year round. Walk outside during good weather and move indoor to a gym or mall on cold, rainy or humid days.
3. Start by walking on a flat surface and gradually add hills or slopes, as you get stronger.
4. Gradually increase the distance or amount of time you walk.
5. Alternate your walking routes will keep you from getting bored with your walking program.
6. It may help to join a walking club or walk with a family member or friend to keep you motivated.
7. Walk only where you feel safe.
8. If you can, invest in a good pair of walking shoes.
9. If you have not exercised in a long time, it might make you feel better to take a cell phone with you on your walks.
10. Take a bottle of water with you on longer walks. Sip water at intervals, especially if you walk outside on hot days.

Aerobic Exercise:

1. Check with your doctor before starting any form of strenuous exercise program.
2. The best form of aerobic exercise is one that you will enjoy. It is difficult to stick with an exercise program you don't enjoy.
3. A variety of aerobic activities can help you from becoming bored with your exercise program. Try doing different activities on different days.
4. Swimming and water aerobics are a good form of exercise, especially if you have joint problems or joint pain.
5. If you want to take an aerobic class, always start with a low impact class. Make sure the class is geared for beginners.
6. Research has shown that increasing lifestyle activities can have the same effect on health and weight loss as a structured exercise program. Examples include:
    - Taking the stairs instead of the elevator
    - Parking at the far end of the parking lot and walking to the office or store.
    - Mowing the lawn and raking leaves
    - Getting up from your desk to deliver a message instead of email
    - Walking to do errands instead of driving

Strength Training:

Note: strength training is not recommended for the first three months post-op

1. Check with your doctor before starting a strength-training program.
2. Strength training may include the use of weight machines, "free" weights (hand-held weights), and resistance bands.

3. It is very important to use correct form when doing strength training. This will help to prevent injuries.
4. When starting a strength-training program, it may be helpful to take a class or hire a personal trainer. The instructor or trainer will show you the correct way to use the equipment.
5. Strength training workouts should always be preceded by a 10-15 minutes warm-up (such as walking, using the treadmill, riding an exercise bike). This will raise the core body temperature and ready the joints and muscles for the workout.

Goals and Motivation

Goal: 30 minutes of exercise most days of the week. This can be broken down into 3-10 minute sessions. Tips to help you maintain your exercise program:

1. Begin your exercise program gradually and progress slowly over time
2. Vary workouts to alleviate boredom
3. Develop specific, realistic and achievable goals
4. Anticipate obstacles—have a back-up plan
5. Keep your walking shoes or exercise clothes in the car.

BMI Personalized Exercise Program

Cleveland Clinic

CONGRATULATIONS
on your decision to have weight loss surgery.

Increasing your activity level is a key part of a weight loss program. An exercise physiologist can help you meet and maintain your weight loss. Working with an exercise physiologist, you will learn how to:

- Improve your resting metabolic rate (RMR) through resistance training. Raising your RMR helps your body burn more calories at rest.
- Increase your activity level and remain active
- Make exercising more enjoyable
- Safely perform all your exercises

What is an Exercise Physiologist?

An exercise physiologist is a specialist who uses the power of exercise to build, sustain, and heal the body. An exercise physiologist designs fitness and exercise programs to improve body functioning, control weight, manage disease, and help improve a person's overall quality of life.

Each of our Exercise Physiologists holds a Master's Degree in Exercise Science.

Services

A personalized program development charge of $125.00 includes:

- A general fitness evaluation, including heart health as well as muscle strength and endurance, flexibility, and balance.
- An individualized exercise program and recommendations for improving your heart health and muscle strength, flexibility, and balance.

Individual one-on-one exercise sessions:

30 minute session - $30.00

60 minute session - $60.00

We work with your physician to help you become active and be successful in your weight loss.

To schedule an appointment with one of our staff, please call or email:

Phone: 216.444.0490

Email: exphys@ccf.org

Locations: Main Campus– Crile Bldg
9500 Euclid Ave.
Cleveland, Ohio 44195

Sports Health Center
5555 Transportation Blvd.
Garfield Hts, Ohio 44125

Exercise is the key to achieving weight loss before and after a weight loss surgery. An exercise plan should begin gradually and increase as tolerated, being closely supervised by a doctor. Your exercise needs to begin before surgery and resume as soon as allowed after weight loss surgery.

A consistent exercise plan aids in reaching and maintaining an optimal weight loss, as well as helping to:

- Tone your muscles
- Increase energy and metabolism
- Tighten loose skin caused by rapid weight loss
- Improves mood and self-esteem/relieves stress

Post surgery, fewer calories are consumed sometimes causing the body to react as if you are starving yourself. In search for more energy, the body can begin to burn muscle instead of fat. To prevent this, exercise needs to start as soon as possible to burn fat instead of muscle.

What exercise routine should you be following??

- **Pre-surgery**
  - Begin your activity regimen at a slow pace. Start with light activity and work your way up-walking or water aerobics. Low impact activity is still beneficial. Aim for at least 30 minutes of continuous activity 5-6 times per wek.
- **Hospital Stay**
  - You will need to get up and walk. This will help you feel better and get you on the right track for going home.
- **Initiation Stage: Home After Surgery (Week 1-4)**
  - Start slow again. Walk around the house or use stairs as tolerated. You are just beginning to heal so light activity is recommended
- **Advancement Stage: Week 5-6**
  - Make sure your surgeon has approved you to increase your activity/exercise. Start slowly with low impact exercise-stationary bike, treadmill and/or housework
- **Maintenance/Lifestyle Modification Stage: Week 7- and on**
  - Increase activity/exercise, any activity that will elevate your heart rate to 120 or greater, on a regular basis-long-term goal should include:

Cardio (can include treadmill, stationary bike, jogging, fast walking, swimming, tennis:
30 minutes, of moderate intensity five times a week
OR
150 minutes a week
OR
10,000 steps daily

AND

Muscle Strengthening (weights or bands):
At least 2 nonconsecutive days a week

Recommendations are based on the **The American Medical Society for Sports Medicine** Guidelines for routine exercise. www.amssm.org

Tobacco

Patients should stop smoking eight weeks prior to surgery and permanently avoid all tobacco products (e.g., cigarettes, cigars, chewing tobacco, hookah, e-cigarettes).

Smoking Effects:

1. Impedes proper lung function.
2. Increases risk of pneumonia post-op.
3. Reduces circulation by constriction.
4. Inhibits healing of surgical sites.
5. Increases risk of blot clots (DVT)
6. Stimulates production of stomach acid.
7. Increase risk of ulcer formation.

The Cleveland Clinic Tobacco Treatment Center can be reached at 216-444-8111. For additional information call Ohio Quit Line at 1-888-Quit-Now (1-800-784-8669)

Alcohol

1. Excessive use of alcohol may substantially increase operative risks or may result in cancellation of surgery.

2. Post-operative alcohol use the first three months should be completely avoided while your surgical sites are healing. Alcohol can cause gastric irritation and lead to ulcer formation.

3. It is best to abstain from alcohol. After your three-month recovery post operative, alcohol may be consumed on a very limited basis. Avoid alcohol taken in high sugar content mixers, this can cause “dumping syndrome”.

4. Your tolerance for alcohol will dramatically change after surgery. Use caution with alcohol consumption, a few sips can be highly intoxicating. It will also take longer to metabolize alcohol. One drink after gastric bypass surgery puts you above the legal level of intoxication (0.08)

5. Alcohol is highly caloric and may impede weight loss and/or maintenance.

CAUTION: PREGNANCY & MEDICATION

Pregnancy and Weight Loss Surgery

During the first 18 months after your gastric bypass surgery, your body is undergoing many changes. In addition to weight loss, your body is also experiencing hormonal changes, increasing your fertility.

Please be cautious during this time and use a method of birth control to insure that you do not become pregnant.

If applicable, a pregnancy test will be conducted prior to your surgery.

Non-Steroidal Anti- Inflammatory (NSAIDS)

Please ask your surgeon about Non-Steroidal Anti- Inflammatory (NSAIDS).
Stop TWO WEEKS prior to weight loss surgery.

Non-Steroidal Anti- Inflammatory (NSAIDS) have been linked to cause stomach ulcers after weight loss surgery.

List of Medications Associated with Bleeding or Ulcers:

Non-Steroidal Anti- Inflammatory (NSAIDS)

Advil
Aleve
Anaprox
Ansaid
Aspirin (including Excedrin, Bufferin)
Bextra
Cataflam
Celebrex
Clinoril
Daypro
Feldene
Ibuprofen
Indocin
Indocin SR
Lodine
Lodine XL
Motrin
Naprelan
Naprosyn/EC-Naprosyn
Orudis
Oruvail
Relafen
Tolectin
Toradol
Vioxx
Voltaren

Bariatric and Metabolic Institute Support Groups

Come and interact with others
to discuss pre and post-op care and issues you face

Check our web-site for support group schedule:
Clevelandclinic.org/bariatric

Please join us at our
Main Campus, Twinsburg and Avon office locations:

Main Campus Bariatric and Metabolic Institute
9500 Euclid Avenue
6th Floor - M building - M62

Richard E. Jacobs Health & Surgery Center
33100 Cleveland Clinic Blvd.
First Floor Conference Room

Twinsburg Family Health Center
8701 Darrow Rd
Conference Room Lower Level Room 118

Nutritional Guidelines Tab Here

Potential Problems Following Weight Loss Surgery
And
Suggested Dietary Modifications

Nausea and Vomiting

- If nausea and vomiting occur after eating a new food, wait several days before trying that food again.
- It may be necessary to return to liquids or pureed foods temporarily.
- Eating/drinking too fast may cause nausea or vomiting.
- Eating/drinking too much may cause nausea or vomiting.
- Insufficient chewing may cause nausea or vomiting.
- Avoid cold beverages and those with caffeine or carbonation.
- If nausea and vomiting persists, call your surgeon.

Dumping syndrome (abdominal fullness, nausea, weakness, warmth, rapid pulse, cold sweat, diarrhea) **this does not occur after gastric banding.

- Avoid all sweetened foods and beverages.
- Avoid high fat, fried, greasy foods.
- Do not drink fluids with meals.
- Wait at least 30 minutes to drink beverages after meals.

Pain in shoulder or upper chest area (occurs when you eat too much or eat something hard to digest)

- Stop eating if pain occurs during eating and try to eat later after pain has resolved.
- If pain persists, call your surgeon.

Dehydration

- Dehydration can occur with inadequate fluid intake, persistent nausea, vomiting, or diarrhea. At least 6-8 cups of fluid a day are recommended.
- Avoid caffeine.

Lactose Intolerance/Diarrhea (this does not occur after gastric banding)

- Use Lactase-treated milk and lactase enzyme tablets.
- Try low fat Lactaid®, Dairy Ease®, or soy milk.

Constipation

- Constipation may occur temporarily during the first post-operative month.
- This generally resolves with adaptation to changes in volume of food.
- Drink low-calorie fluids regularly—this will help prevent constipation.
- You may need to add a stool softener or fiber supplement, speak with your dietitian or surgeon about available products.

Diarrhea

- Limit high fiber, greasy foods, milk and milk products.
- Avoid very hot or cold foods.
- Eat smaller meals.
- Sip fluids between meals.
- If diarrhea persists, call your surgeon.

Heartburn

- Avoid carbonated beverages.
- Avoid citrus fruits and beverages such as lemonade, orange or pineapple juice. (you may resume citrus foods and beverages once on a regular diet, you do not have to avoid citrus after gastric banding)
- Avoid caffeine.
- Do not use a straw.

Bloating

- Limit liquids to 2 oz at one time
- Sip slowly.

Taste/Sensory Changes

- This may occur during the first few months after surgery but will resolve over time
- Some foods may taste too sweet or have a metallic taste
- Strong smells from cooking may affect you, try to avoid the kitchen while someone else is cooking

Blockage of the stoma (opening of the stomach)

- The stoma may be temporarily blocked if foods with large particle size are eaten without thorough chewing.
- If symptoms of pain, nausea, and vomiting persist, your surgeon should be contacted.
- Do not progress to solid foods until your surgeon tells you to.

Rupture of the staple line after gastric bypass

- Rupture of the staple line is unlikely; however, avoid eating an excessive quantity of food at one time.

Stretching of the stomach pouch/stoma dilation

- Avoiding large portions of food at one time can reduce the risk of stretching the stomach pouch.
- The risk can be decreased by gradually increasing the texture of foods in the early post-operative weeks.
- Follow the recommendations for advancing your diet to prevent this stretching.
- Avoid carbonated beverages

Weight gain or no further weight loss

- You might be eating high calorie foods or beverages
- Keep a record of all foods, beverages and snacks eaten to determine the exact reason for this.
- Measure portion sizes
- Avoid prolonged use of nutritional supplements such as Ensure, Boost, etc.
- Use only low calorie beverages in addition to fat free milk.
- If you had gastric banding, you may need your band adjusted.
- Lack of physical activity

Protein - A Necessary Part of Your Diet

WHAT IS PROTEIN?

Protein is the nutrient responsible for maintenance of all of the tissues in your body. This includes bone, muscle, organs and even hair and skin. In addition, protein helps the body function properly and is essential for healing. The average woman needs 50-60 grams of protein a day and the average man needs 60-70 grams of protein a day to stay healthy. After weight loss surgery, your minimum protein intake is **60 grams a day**. _____

Your best sources of protein are: lean beef, poultry, fish, milk, dairy products, low fat peanut butter, beans, and eggs. Make sure you use low-fat dairy products, lean cuts of meat, white or dark meat of poultry without the skin, eggs or egg substitutes.

When preparing your foods avoid frying. This adds extra fat and may cause you discomfort. Bake, broil, poach, or grill your food instead. Also, choose low-fat or fat-free products, as much as possible.

Protein Supplements

The following are a few examples of protein supplements available on the market. These products should be used as a meal replacement.
Rule of thumb: Protein supplements should be less than 200 calories, less than 20 grams of carbohydrates and at least 15-20 grams of protein.

*Note: The Bariatric and Metabolic Institute does not endorse these products. Also, check with your dietitian or surgeon before using any other products that are not listed on this page. Some products contain large amounts of other substances (i.e. caffeine, hidden sugars, herbs) or they may interact with medications.

Manufacturer	Product Name	Portion Size	Calories	Protein (grams)	Purchase At…
	Non -fat powdered milk	3 Tbsp	60	4	Supermarket
Nestle	"No Sugar Added" Carnation Breakfast Essentials® with 1 cup fat free or 1% milk or Lactaid	1 packet + 1 cup fat free or 1% milk	150	12	Supermarket in cereal aisle CCF – JJ Pharmacy
GNC	Pro Performance® 100% Whey Protein	1 scoop	130	20	GNC or Rite Aid
NEXT Proteins	Designer Whey™ Protein Powder	1 scoop	90	18	GNC or Rite Aid
Slim Fast	"Low Carb Diet" or "High Protein" Slim Fast®	11 oz	180 190	20 15	Supermarket, most drug-stores
Natures Best	Isopure Zero Carb	20 oz	160	40	GNC, Rite Aid, Giant Eagle
Unjury	Nutrition Supplement Powder	1 scoop	80	20	unjury.com
Abbott	Glucerna®	8 oz	220	10	Supermarket, most drug-stores
Bariatric Advantage	High Protein Meal Replacements	1 scoop	150-160	27	bariatricadvantage.com
EAS	Advant Edge®	11 oz	100	15	Supermarket, most drug-stores
Syntrax Innovations	Nectar Fuzzy Navel, Lemonade, Apple, etc	1 scoop	90	23	The Vitamin Shoppe
Novartis	Glucose Control Boost	8 oz	190	16	Supermarket, most drug stores
Atkins	Advantage	11 oz	170	20	Supermarket, most drug stores
Muscle Milk	Muscle Milk Light	14oz	160	20	Supermarket, GNC
Premier Products	Premier Protein Shake	11oz	160	30	Supermarket Wal-Mart Wholesale Clubs

**Be sure to read the food labels on all products. The protein and calorie amount may vary with different flavors.

Caffeine – A Little Can Be Too Much

What is Caffeine?

Caffeine is a stimulant and is naturally found in more than 60 plants, including cocoa, tea and coffee. Caffeine is also added to soft drinks and is often a component of many over-the-counter medications and dietary supplements including certain protein powders and drinks. Caffeine temporarily speeds up the body's heart rate, boosts energy and is often used to "fight fatigue". Caffeine acts as a diuretic, which means loss of fluids. As a result, caffeine can leave you feeling thirsty if used as your main source of fluid intake. The recommended intake of caffeine is defined as 300 milligrams or no more than 3-5 ounce cups of coffee per day.

However, it is best to **AVOID** caffeine after surgery. For every 8oz of caffeine you drink, you would have to add an additional 8 oz. of a non-caffeinated beverage. If you continue to drink caffeine after surgery, it will be very difficult for you to meet your fluid goals.

If your diet contains a large amount of caffeine, you should decrease your intake gradually to prepare for surgery. This will help to avoid headaches caused by caffeine withdrawal.

Some common caffeine-containing foods and beverages:

Beverage/Food	Amount	Caffeine (milligrams)
Coffee, brewed	1 cup	180
Coffee, instant	1 cup	120
Coffee, decaf	1 cup	3
Tea, brewed	1 cup	90
Tea, instant	1 cup	28
Tea, decaf	1 cup	1
Cocoa	1 cup	4
Cola	12 oz	36-90
Chocolate	1 oz	25

Cleveland Clinic Health Information
For Patients and the Community

Required Vitamin and Mineral Supplements After Weight Loss Surgery

After a Roux-en-Y surgery (Figure 1) or a sleeve gastrectomy (Figure 2), you will need to take supplements to meet certain vitamin and mineral needs. Without the use of supplements, deficiencies have been observed in patients after surgery. The nutrients most affected are iron, vitamin B_{12}, calcium, and vitamin D.

Figure 1

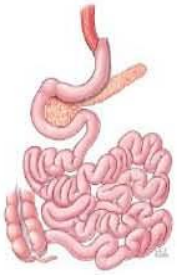


Figure 2

All of the required vitamin supplements are listed below. They are available over the counter at your local pharmacy. If you have difficulty locating or tolerating any of the supplements, call your dietitian or surgeon for suggestions.

Mandatory	**Dosage/day**	**Suggested schedule**
Children's chewable complete multivitamin	Two chewable vitamins	A.M.
Vitamin B_{12}	1,000 mcg	A.M.
Iron	18 mg	A.M.
Calcium citrate with vitamin D	1,000-1,500 mg	Take in divided dose-- afternoon and P.M.
Vitamin D_3	2,000IU*	P.M.
Optional		
Stool softener	As directed	Take with iron dose
Biotin	3,000-5,000mcg	A.M.

** If you are not taking taking a weekly mega-dose of vitamin D_3 (50,000 IU).*

What are the mandatory supplements, and why should you take them?

Multivitamin:

- Take two children's chewable complete multivitamins per day.
- Choose the chalky version, NOT the gummy version.
- The multivitamins will help ensure that you are getting enough of all the micronutrients you need.

Vitamin B_{12}

- Take 1,000 micrograms (mcg) per day in either sublingual (under the tongue) or pill form.
- You may also get a monthly injection if prescribed by the surgeon.
- Vitamin B_{12} helps with blood cell and nerve function, digestion and absorption of food, and protein synthesis. A lack of this vitamin causes certain types of anemia.

Iron

- Take 18 milligrams (mg) of iron daily in addition to the iron that is in the multivitamin.
- The iron should be in any of the following forms: ferrous fumarate, ferrous gluconate, or ferrous sulfate.
- Iron is vital to the formation of red blood cells that provide oxygen to the entire body.
- The amount of your iron supplement should equal 100% of the "% daily value." (See label below.)

Nutrition Facts	
Serving Size : 1 Wafer	
Serving per Container : 100	
Amount Per Serving	**% Daily value***
Iron 18 mg	100%

- **Interactions:** You should take iron 1 to 2 hours before or after taking calcium. Do not take iron with milk, cheese, eggs, or whole-grain breads and cereals.
- Iron may cause diarrhea or constipation.

Calcium citrate with vitamin D:

- Take 1,000 to 1,500 mg daily. Calcium is best absorbed in doses of 500 to 600 mg at a time.
- The citrate form of calcium is better absorbed than others because it does not require the acid from your stomach to be absorbed. One brand that combines calcium citrate and vitamin D is Citracal®.
- Calcium and vitamin D supplements are important for maintaining bone strength, helping the heart pump correctly, and repairing soft tissue.
- **Interactions:** Caffeinated products, spinach, and whole grain products may decrease absorption.

- Take calcium at least 1 to 2 hours before or after taking iron, since calcium will decrease iron absorption.

Vitamin D_3:

- Take 2,000 IU daily in tablet form if you ARE NOT taking a weekly mega-dose of vitamin D_3 (50,000 IU).
- Vitamin D_3 helps the body absorb calcium and phosphorus, minerals needed for the proper growth and development of bones and teeth.

What are the optional supplements, and why should you take them?

Stool softener

- Take daily or every third day to manage constipation, only if needed.

Biotin

- Take pre- and post-op weight loss surgery to prevent/reduce hair loss.

Common brand names for the types of vitamins include: Nature Made®, Nature's Bounty®, Celebrate®, and Bariatric Advantage®. The Cleveland Clinic Bariatric and Metabolic Institute does not endorse any of the above products.

You do not have to take chewable supplements although some patients tolerate these better while progressing their diet (moving from one phase to another). Once you are on a regular diet, you should be able to tolerate capsules well.

References

Aills L, et al. ASMBS Allied Health Nutritional Guidelines for the Surgical Weight Loss Patient. Surg Obes Relat Dis. 2008;4(5 suppl):S73-108.

Mechanick, et al. AACE/TOS/ASMBS Guidelines: Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient – 2013 Update: cosponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery. Surg Obes Relat Dis. 2013;9(2):159-191.

Notes

PHASE I
CLEAR LIQUID DIET (in hospital only)

1. After surgery, you will not eat any food or drink any liquids until approved by the surgeon.

2. Once approved, you will receive water, unsweetened apple or grape juice, sugar-free gelatin (no red)*, or decaffeinated** tea. You will only be able to drink 30mL (1 oz.) every hour. If you tolerate 1 oz. of liquid each hour, you may advance to 60mL (2 oz.) of liquid every hour. If you experience nausea decrease amount to 30mL (1 oz.) every hour.

3. Once at home, you may drink as tolerated. You **SHOULD NOT** continue to drink 2 ounces an hour. Listen to your body, stop when you feel full.

4. Remember to drink liquids **SLOWLY**. **DO NOT** use a straw***.

5. There may be large quantities of liquids brought to you on your tray. You do NOT have to finish everything. When you feel full **STOP!**

6. It is not unusual to experience nausea and/or vomiting during the first few days following surgery. Make sure that you drink slowly. If nausea or vomiting persists contact your nurse.

**If "red foods" are consumed after surgery and you vomit, it may be mistaken for blood. "Red foods" include foods on the clear liquid diet such as sugar-free gelatin, sugar-free popsicles, or any "red" sugar-free beverages.*

***Caffeine should be avoided after surgery because it is a diuretic. This will cause you to lose fluids and make it more difficult for you to keep yourself hydrated.*

****If you drink from a straw after surgery you will cause air to enter into your new pouch. This will create a full feeling and you will have less room for liquids needed to keep hydrated as well as nutritious foods when you advance to those stages.*

PHASE II
FULL LIQUID DIET (1-2 WEEKS)

1. Upon discharge from the hospital you will start the full liquid diet.

2. You will stay on the full liquid diet for 1-2 weeks, unless directed otherwise by the General Surgeon and Registered Dietitian.

3. To prevent nausea and vomiting, **DRINK LIQUIDS SLOWLY**. At each meal, sip ¼ cup (2oz) or more if tolerated of a liquid protein source over 30 minutes. You do **NOT** have to finish everything. When you feel full **STOP!**

4. Drink at least 6-8 cups of water or low calorie drinks between high protein beverages. Remember to avoid carbonation, caffeine, and citrus.

5. Take your prescribed multi-vitamin/mineral supplements and calcium as instructed. (refer to page titled "Vitamin and Mineral Supplements" for a list of all mandatory supplements)

6. Make sure you keep track of the kind and amount of high protein beverages you drink. **Remember, you need a minimum of 60 grams of protein each day.**

The following are examples of protein sources that should be included on the Full Liquid Diet:

1 cup Fat free or 1% milk **= 8 grams protein**

1 cup Soy milk or low fat lactose-free milk (Lactaid® or Dairy Ease®) **= 8 grams protein**

No-sugar added breakfast drink made with fat free or 1% milk (Carnation Breakfast Essentials®) **= 12 grams protein**

1 cup of strained low fat cream soup made with milk (no tomato, no mushroom or corn pieces) **= 8 grams protein**

Commercial supplements as suggested by the surgeon or RD (refer to list on page titled "Protein Supplements")

***To help boost protein intake add non-fat powdered milk to the above list of liquids.**
(3 Tbsps. = 4 grams of protein, 60 calories)

PHASE II
FULL LIQUID DIET
SAMPLE MEAL PLAN

Below is a sample meal plan that you may use while on the Full Liquid Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with **EACH INDIVIDUAL. Make meals last 30 minutes.**

Time	Amount	Food	Protein (g)
8:00 AM	¼ cup 3 Tbsps.	Breakfast drink made with fat free milk or high protein shake Nonfat powdered milk or whey protein powder	3-6*** 4
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
10:00 AM	¼ cup	Creamy peanut butter shake	5
Liquid between meal	**1 cup**	**Fat free milk**	8
Noon	¼ cup 3 Tbsps.	Breakfast drink made with fat free milk Nonfat powdered milk	3 4
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
2:00PM	¼ cup	Creamy peanut butter shake	5
Liquid between meal	**1 cup**	**Fat free milk**	8
4:00PM	¼ cup	Yogurt smoothie	6
Liquid between meal	**1 cup**	**Fat free milk**	8
6:00 PM	¼ cup	Yogurt smoothie	6
Liquid between meal	**1-2 cups**	**Water or low calorie beverage**	
Total Protein			60

*The "liquid between meals" should be sipped slowly between meal times. If you feel full **STOP**, you do not have to finish everything!

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.

*** Nonfat powdered milk may be used to increase protein at meals.

*** Recipes for the "Yogurt Smoothie" and "Creamy Peanut Butter Shake" are on the following page. You may choose from the other recipes and make substitutions. If you find additional recipes, check with your dietitian first to make sure they meet the diet guidelines.

RECIPES FOR FULL LIQUID DIET

Creamy Peanut Butter Shake

2 Tbsps. CREAMY peanut butter
¼ cup powdered milk/powdered soy protein
1 package of sugar substitute
2 ice cubes
½ soft banana
½ cup water

Place all ingredients in a blender and blend until smooth.
Yields: 20 grams of protein

Yogurt Smoothie

1 container (6oz) of light, non-fat yogurt (any flavor) - preferably Greek yogurt.

½ cup fat free milk, soy milk, or lactose-free milk
¼ cup powdered milk
½ banana or ½ cup canned "lite" peaches

Place all ingredients in a blender and blend until smooth.
YIELDS: 24 grams of protein

Mexican Chocolate Shake

1 can Chocolate "Low Carb" Slim Fast®
1 scoop Designer Whey ™ vanilla or chocolate protein powder
Dash of cinnamon
½ tsp. vanilla
3 ice cubes

Place all ingredients in a blender and blend until smooth.
Yields: 38.5 grams of protein

Tropical Shake

1 packet of Vanilla " Carb Conscious" Carnation Instant Breakfast®
1 cup of fat free milk, soy milk, or lactose-free milk
1 scoop vanilla Designer Whey® protein powder
½ banana
¼ tsp. coconut extract
3 ice cubes

Place all ingredients in a blender and blend until smooth.
YIELDS: 30.5 grams of protein

PHASE III
PUREE DIET (1-2 WEEKS AFTER PHASE II)

1. After 1-2 weeks on the Full Liquid diet, you will be able to **SLOWLY** add foods of a thicker consistency. All foods for the next 1-2 weeks will be **BLENDED** to a **BABY FOOD** consistency.

2. You can continue to include foods on the full liquid diet throughout this stage.

3. It is very important to **CHEW** foods thoroughly to avoid blockage or nausea. Try 1-2 Tbsps. of food at a time to see if tolerated.
   Each meal should consist of only 2-4 Tbsps. (1/8 – ¼ cup of food).

4. Remember to always include **PROTEIN FIRST** at each meal. **You need a minimum of 60 grams of protein each day.**

5. Keep yourself hydrated! Drink 6-8 cups of water and low calorie beverages between meals. Fat free or 1% milk can be included as part of your total fluid intake.

6. Continue to keep track of the kind and amount of protein you eat every day.

The following are examples of foods from each food group that should be included on the Puree (Blended) Diet.

Meat Group (7 grams protein per serving)

2 Tbsps. (1 ounce) cooked pureed lean meats (chicken, fish, turkey are best tolerated)

¼ cup (2 ounces) baby food meats

¼ cup fat free or 1% cottage cheese (mash it with a fork to a smooth consistency)

¼ cup low fat ricotta cheese

¼ cup egg substitutes

Milk Group (8 grams protein per serving)

1 cup fat free or 1% milk

¾ cup light or non-fat yogurt (no fruit pieces)

1 cup sugar free pudding made with fat free or 1% milk

1 cup strained low fat cream soup made with milk (no tomato, no mushroom or corn pieces)

Starch Group (3 grams protein per serving)

½ cup cream of wheat/rice/baby oatmeal

½ cup mashed potatoes, sweet potatoes, or winter squash

1 cup broth based soup

Fruit Group (0 grams protein per serving)

½ cup pureed peaches, apricots, pears, melon, or banana (no skins or seeds)

½ cup unsweetened applesauce

½ cup baby food fruits

½ cup diluted unsweetened fruit juice (limit to 1 serving a day)

Vegetable Group (2 grams protein per serving)

½ cup pureed carrots, green beans (no skins or seeds)

½ cup baby food vegetables

Important Tips:

1. You may need to add fat free milk, clear broths, or fat free gravies to the above foods and use a blender to make the foods a **BABY FOOD** consistency.

2. Add non-fat powdered milk or acceptable protein powders to your foods to boost protein amount.

3. Try one new food at a time. If you feel nauseated or experience gas or bloating after eating, then you are not ready for this food. Wait a few days before trying this food again.

4. Portions may need to be adjusted depending on your individual tolerance. Listen to your body. **STOP** when you feel full.

PHASE III
PUREE DIET
SAMPLE MEAL PLAN

Below is a sample meal plan that you may use while on the Puree (Blended) Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

Time	Amount	Food	Protein (g)
8:00 AM	¼ cup 3 Tbsps.	Pureed 1% cottage cheese Nonfat powdered milk	7 4
Liquid between meal	**1 cup**	**Fat free milk**	8
10:00 AM	¼ cup 3 Tbsps.	Light or non-fat yogurt Non-fat powdered milk	2 4
Liquid between meal	**1 cup**	**Fat free milk**	8
Noon	¼ cup 3 Tbsps.	Strained cream of mushroom soup made with fat free milk Nonfat powdered milk	2 4
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
2:00PM	¼ cup	Sugar free vanilla pudding made with fat free milk	2
Liquid between meal	**1 cup**	**Fat free milk**	8
4:00PM	¼ cup	Baby food chicken and gravy	7
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
6:00 PM	¼ cup 3 Tbsps.	Light or non-fat yogurt Nonfat powdered milk	2 4
Liquid between meal	**1-2 cups**	**Water or low calorie beverage**	
Total Protein			62

*The "liquid between meals" should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything!

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead.

PHASE IV
SOFT DIET (2 WEEKS AFTER PHASE III)

1. After 2 weeks on the Puree Diet, you will no longer have to blend your foods. You can slowly add foods that are soft in consistency. Soft foods can be cut easily with a fork.

2. You will remain on the Soft Diet for 2 weeks. Remember to try one new food at a time.

3. For better portion control, use smaller plates and baby spoons and forks. Stop eating when you feel full.

4. Keep yourself hydrated! Drink 6-8 cups of water and low calorie beverages between your meals. Don't drink with your meals. Don't drink 30 minutes before and 30 minutes after meals.

5. Continue to take your supplements as prescribed.

6. Continue to keep track of the kind and amount of protein you eat every day. Remember, your goal is a minimum of 60 grams of protein each day.

The following are examples of foods from each food group that can be included on the Soft Diet.

Meat Group (7 grams protein per serving)

2 Tbsps. (1 ounce) cooked lean meats: fish, ground turkey, lean ground beef (moist meats are usually tolerated best, beef is usually least tolerated)

2 Tbsps. (1 ounce) water packed tuna or chicken

¼ cup egg substitute or 1 egg scrambled

¼ cup fat free or 1% cottage cheese

1 oz. (1 slice) low fat mild cheese

2 Tbsps. CREAMY peanut butter – reduced fat

¼ cup tofu (3.5 grams of protein)

1 oz. lean meatballs

½ cup chili

Milk Group (8 grams protein per serving)

1 cup fat free or 1% milk

¾ cup light or non-fat yogurt (no fruit pieces)

1 cup sugar free pudding made with fat free or 1% milk

1 cup low fat cream soup made with milk (no tomato, no mushroom or corn pieces)

Starch Group (3 grams protein per serving)

1 slice of bread (toasted)

4-6 crackers

½ cup cooked cream of wheat/rice/oatmeal

½ cup mashed potatoes, sweet potatoes, winter squash

1 cup broth based soup

Fruit Group (0 grams protein per serving)

½ cup canned peaches or pears (in own juices or water packed)

½ soft banana

½ cup unsweetened, diluted fruit juice (limit to 1 serving a day)

Vegetable Group (2 grams protein per serving)

½ cup soft cooked carrots or green beans (no skins or seeds)

Important Tips:

1. All foods should be cooked without added fats. Bake, grill, broil, or poach meats. You may season meats with herbs and spices instead of fats.

2. Moist meats are tolerated better at this phase. Add chicken or beef broths, fat free gravies and low fat cream soups to moisten meats. Finely dice meats and **chew well.**

3. Add 1-2 Tbsps. of a new food at a time, if you feel nauseated or bloating after eating then you are not ready for this food. Wait a few days before trying this food again. Everyone progresses differently. **Listen to your body**.

PHASE IV
SOFT DIET
SAMPLE MEAL PLAN

Below is a sample meal plan that you may use while on the Soft Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

Time	Amount	Food	Protein (g)
8:00 AM	¼ cup ¼ cup	Scrambled egg substitutes Canned "lite" peaches	7
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
10:00 AM	¼ cup 3 Tbsps.	Light or non-fat yogurt Nonfat powdered milk	2 4
Liquid between meal	**1 cup**	**Fat free milk**	**8**
Noon	¼ cup (2oz) ¼ cup	Canned water packed tuna Soft cooked green beans	14
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
2:00PM	¼ cup	Sugar free vanilla pudding made with fat free milk	2
Liquid between meal	**1 cup**	**Fat free milk**	**8**
4:00PM	¼ cup (2 oz.) ¼ cup	Baked salmon Mashed potatoes	14
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
6:00 PM	¼ cup ¼ cup	Light or non-fat yogurt Canned "lite" peaches	2
Liquid between meal	**1-2 cups**	**Water or low calorie beverage**	
Total Protein			61

*The "liquid between meal" should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything!

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead

PHASE V
REGULAR DIET (1-2 MONTHS AFTER SURGERY)

1. After 2 weeks on the Soft Diet, you may begin the Regular Diet if ready. You may be ready for this phase at 1 month after surgery or possibly not until 2 months after surgery. **Everybody progresses differently.**

2. This is the last stage of the diet progression. Continue to add new foods in slowly. Raw fruits and vegetables can be added in as tolerated. You may want to avoid the skin and membranes on fruit. Citrus fruits can be added back into diet as tolerated.

3. Follow a low fat diet and avoid simple sugars for life. Your protein goal remains at a minimum of 60 grams each day. For successful weight loss, caloric intake may range between 800-1200 calories each day. Ask your registered dietitian how many calories are appropriate for you.

4. Continue to eat 5-6 small meals each day. As your pouch expands, 3 small meals and 1-2 high protein snacks may be more appropriate.

5. Continue to take your prescribed supplements for life.

6. Keep yourself hydrated! Always include 6-8 cups of water and low calorie beverages daily.

7. Continue to track your daily intake and activities. Include calories, protein, fluids, supplements, and exercise.

The following are examples of foods from each food group that are included on a Regular Diet.

Meat Group (7 grams protein per serving)

¼ cup egg substitutes, 2 egg whites

¼ cup fat free or 1% cottage cheese

1 ounce cooked lean meats (chicken, turkey, pork, fish, beef)

2 Tbsps. peanut butter – reduced fat

1 ounce lean luncheon meats

1 ounce low-fat cheese

½ cup cooked beans, black-eyed peas, lentils

Milk Group (8 grams protein per serving)

1 cup fat free or 1% milk

¾ cup no sugar added/low fat “lite” yogurt

1 cup sugar free pudding made with fat free or 1 % milk

1 cup low fat cream soup made with milk

Starch Group (3 grams protein per serving)

1 slice of bread (may be tolerated better toasted)

4-6 crackers

½ cup cooked cream of wheat/rice/oatmeal

¾ cup unsweetened dry cereal

½ cup potatoes, winter squash, corn, or peas

½ cup rice, pasta – whole wheat

1 cup broth based soup

Fruit Group (0 grams protein per serving)

½ cup canned “lite” fruit

½ banana or small fresh fruit (avoid skins and membranes)

½ cup unsweetened, diluted fruit juice (limit to 1 serving a day)

Vegetable Group (2 grams protein per serving)

½ cup cooked non-starch vegetables

1 cup raw non-starchy vegetables

Fat Group

1 tsp. margarine or oil

2 tsp. diet margarine

1 tsp. mayonnaise

1 tbsp. low fat mayonnaise or salad dressing

PHASE V
REGULAR DIET
SAMPLE MEAL PLAN

Below is a sample meal plan that you may use while on the Regular Diet. This meal plan provides 60 grams of protein and 6-8 cups of fluid. Portions may vary with EACH INDIVIDUAL. Make meals last 30 minutes.

Time	Amount	Food	Protein (g)
8:00 AM	½ cup ½ cup	Low fat cottage cheese Canned "lite" pineapple	14
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
Liquid between meal	**1 cup**	**Fat free milk**	**8**
Noon	¼ cup (2oz) 1 slice ¼ cup	Canned water packed tuna with 1 tsp. lite mayonnaise Wheat bread (toasted) Soft cooked green beans	14
Liquid between meal	**1 cup**	**Water or low calorie beverage**	
3:00PM	½ cup	Sugar free vanilla pudding made with fat free milk	4
Liquid Between Meal	**1 cup**	**Fat free milk**	**8**
6:00PM	¼ cup (2 oz.) ¼ cup ¼ cup	Baked chicken Mashed potatoes Soft cooked carrots	14
Liquid between meal	**3 cups**	**Water or low calorie beverage**	
Total Protein			62

*The "liquid between meal" should be sipped slowly between meal times. If you feel full STOP, you do not have to finish everything

** If you do not tolerate milk, try lactose-free milk (Lactaid®) or soy milk instead

Foods That May be Difficult to Tolerate After Weight Loss Surgery

Meat & Meat Substitutes	Steak Hamburger Pork chops Fried or fatty meat, poultry or fish
Starches	Bran, bran cereals Granola Popcorn Whole-grain or white bread (non-toasted) Whole-grain cereals Soups with vegetable or noodles Bread Rice Pasta
Vegetables	Fibrous vegetables (dried beans, peas, celery, corn, cabbage) Raw vegetables Mushrooms
Fruits	Dried fruits Coconut Orange and grapefruit membranes Skins (peel all fruit)
Miscellaneous	Carbonated beverages Highly seasoned and spice food Nuts Pickles Seeds
***Sweets (mostly after bypass surgery)**	Candy Desserts Jam/jelly Sweetened fruit juice Sweetened beverages Other sweets

- Sweets should NOT be part of your diet if you want to reach your weight loss goal followed by weight maintenance

Instructions for Liquid Diet Before Surgery

Once you are given your surgery date you will be asked to follow an **800 calorie full liquid diet for 2 weeks before your surgery**. The reason for following this liquid diet is to initiate rapid weight loss which will result in a decrease in the size of your liver. This will make the surgery easier for your surgeon to perform and safer for you. You will also become more familiar with the full liquid diet you will be following once discharged from the hospital.

Below are 2 options that are recommended for the 800 calorie full liquid diet. If you would like to use other products discuss this with your dietitian, to ensure you are also meeting the recommended protein amount of 60 grams per day. You will also be able to include water, Crystal Light, decaf tea, sugar free gelatin or sugar free popsicles in addition to the 800 calories in full liquids.

1) 4 ½ cans of "High Protein" Slim Fast daily

OR

2) 5 ½ packets of "No Sugar Added" Carnation Breakfast Essentials mixed with fat free or 1% milk daily

OR

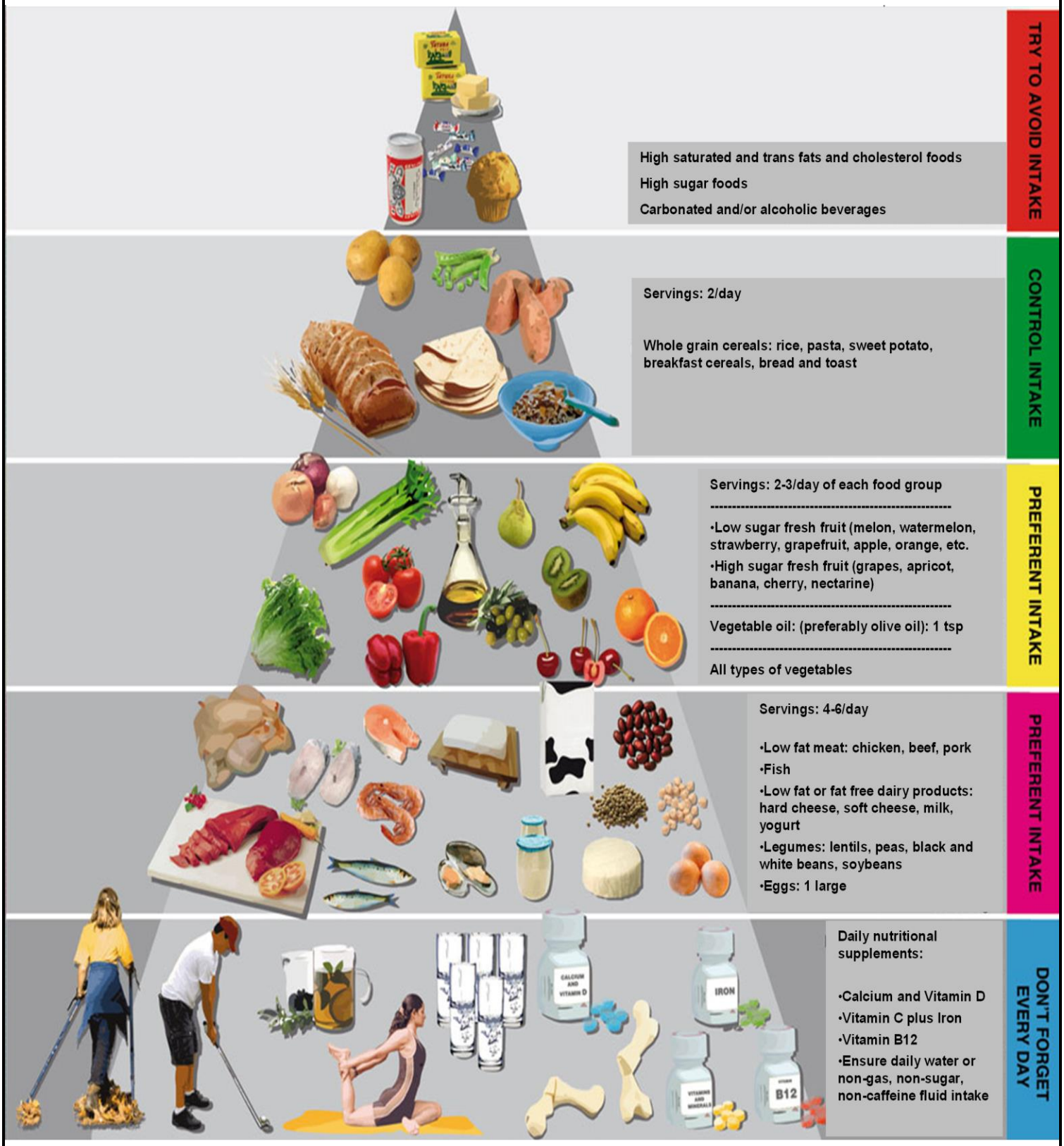
3) 5 individual cartons of Atkins Advantage daily

OR

4) 4 ½ bottles of "Glucose Controlled" Boost daily

**If you have diabetes and are taking oral medications and/or insulin you will want to discuss this with your doctor that manages your diabetes. You may also choose to use products that are NOT "low carbohydrate" versions. Make sure to monitor your blood sugars more closely as this is a very drastic change in your diet. Call your doctor if you are experiencing high or low blood sugars

Nutritional Pyramid for Post-Bariatric Patients



YOUR HOSPITAL STAY

After Your Surgery

You will be taken to the recovery area (PACU, Post Anesthesia Care Unit) or, if medically necessary, the Intensive Care Unit (ICU) when your surgery is complete. During that time, your surgeon will talk with your family members.

Your recovery time will depend upon the type of procedure you have undergone and the anesthesia used. Depending on time of completion of your surgery it is not uncommon for patients to stay over night in the recovery area. Some patients need more or less time to recover. However long the recovery period may be, please be assured you will be receiving the best care and personal attention from our staff. If you have a prolonged stay in the PACU, the nurse may invite your family member or designee to visit in the PACU. Visitation is dependent on the activity and safety issues in the PACU and is at the discretion of the PACU nurse. No children will be permitted to visit in the PACU.

If you have an outpatient procedure, it is unlikely you will need to spend the night in the hospital. Or, your physician may have discussed/planned with you to be admitted to our Short Stay Nursing Unit to stay overnight, but less than a 24 hour stay. Regardless, you will be admitted for an overnight stay if your medical condition necessitates.

You may have visitors before surgery and after recovery. If it is a surgery requiring a hospital stay, your family will be able to visit you once you have been transferred to a hospital room. Visitors are permitted in the recovery area weighing the privacy needs of other patients in the PACU area. If you have a special visiting request or unusual situation, please speak to the information desk receptionist.

Remember, the receptionist at the Surgical Center (P20) information desk is the link between you and your family. To keep that link, your family must inform the receptionist if they are leaving the waiting area. If more than two hours in the recovery area pass without any update, check with the receptionist.

If You are Admitted to Hospital

Most rooms are semi-private with two patients per room. As a courtesy to all patients and families, please respect the needs of your roommate and keep visitors, noise level and TV volume to a minimum. This will help promote a restful environment.

The Cleveland Clinic Foundation embraces a philosophy of open and flexible patient visitation that encourages and welcomes family/significant others involvement in patients' care. Recommended visiting hours maybe posted on units to support patient privacy and condition status.

Pain Management

Effective pain management is an important part of your care. Every effort is made to minimize your pain; however, it is normal to experience some discomfort following surgery. Communication of unresolved pain is necessary to make you as comfortable as possible. You will be asked about your level of pain upon admission, and this will continue throughout your stay. You will be asked to "rate" your pain on a scale from 0-10. "0" being no pain at all, "5" being moderate pain, and "10" being the worst possible pain. This score will be used to select the correct pain medicine to treat your pain. This is all done in an effort to maximize your pain management. The doctors and nurses will ask you how the pain medicine is working and adjust it as needed. *Please see more details about pain management in the Patient Education Materials section.*

Reducing Your Risk of Falls

We want to make sure you are safe during your hospital stay, so we have prepared these guidelines for you to help prevent a fall. We don't want your recovery time to take longer than expected.

A fall is more likely to occur in an environment that is unfamiliar to you, such as a hospital room. If you are at risk for falling, we will place a yellow wristband on your arm. This will notify the staff members to be alert that you may need extra assistance during your hospital stay.

Cleveland Clinic Linen Policy

For your comfort and to conserve the environment, bed linens, pillowcases and draw sheets are freshened each day. Other bed linens are changed before your arrival; on Mondays, Wednesdays, and Saturdays; and when soiled. Linen changes can be more frequent at your request. Please let your nurse know how we can best meet your needs during your stay with us.

Dial Up Health Information

Cleveland Clinic patients and visitors can access over 200 health-related TV programs from their hospital rooms using the Patient Education Video-On-Demand system. This system offers additional education on a patient's condition, treatment, procedure or medication. To access the system and for instructions, dial ext. 51616 from any hospital room. Tune to channel 40 for a listing of available videos. To learn more, call ext. 42657 from any Cleveland Clinic house phone.

Help Us Support Healing (HUSH)

Rest is a key element in healing. Please help us provide a restful, healing environment by following these guidelines, especially between the hours of 9 p.m. and 7 a.m.:

- Use a headset (available from your nurse) when watching TV.
- Remember to use your "inside" voice in conversations and when using the telephone.
- Let your nurse know if the noise level in your room is too loud.

Hospitality Service

We want you to be comfortable during your stay. Call our Hospitality Service Hotline if you or your family have any concerns or questions about the following: housekeeping, TV or phones, room temperature, transportation, parking or noise. To call the Hospitality Service Hotline, please dial 50606 from your room phone. You may call anytime - day or night.

This service does not take the place of your call light. Please continue to use your call light for any medical issues.

Planning for Your Hospital Discharge

Getting you well enough to leave the hospital is our goal. Together we will make your discharge comfortable and timely for you and your family. Please expect the following:

- Your physician will indicate your planned discharge day.
- The date will also be posted in your room.
- All patients are discharged by 11 a.m.
- Patients needing to stay beyond 11 a.m. will wait for their ride in the Miller Lobby's Discharge Area.
- Hours of operation: Monday–Friday, 8 a.m. to 6 p.m.
- Your ride can pick you up at the main entrance, E. 93rd and Euclid Avenue.
- To reach the Discharge Area, call ext. 66060.

Going Home

Because we care about your safety and comfort, we urge you to follow these instructions regarding your recovery:

- A friend or a relative must accompany you when you leave the Surgical Center.
- Have a responsible adult stay with you for 24 hours after surgery. Your surgery may be cancelled if no one is available to stay with you.
- Progress gradually from fluids to solid foods.
- Take deep breaths to keep your lungs clear. ***For more information, please see the Incentive Spirometer handout in the Patient Education section.***
- Do not drive or operate machinery for 24 hours after surgery.
- Do not drink alcoholic beverages for 24 hours after surgery.
- Do not make important decisions or sign any important documents within 24 hours after surgery.

If you have questions, write them down on the form provided in this booklet. You may call your surgeon's office during regular business hours. To place a page call, dial 216.444.2200 and ask for the page operator. Reaching your surgeon or assistant after hours varies by department and will be discussed in your pre-op teaching.

For outpatient procedures, a member of your health care team will call you a few days after surgery. This is a routine call to check on your progress. We believe that answering your questions at this time is an important part of providing you with excellent care. Please call us at any time with your questions.

Becoming an Inpatient

If you are being admitted to the hospital after your surgery, your surgeon will inform you of your expected day of discharge. It is important to have a responsible person at the hospital before 11 a.m. on the day of discharge. This is to facilitate and participate in your discharge planning and home-going instructions.

"Before You Go" Prescription Ready Program

Home-going prescriptions may be filled before you leave by completing a pharmacy prescription form available through your nurse in the hospital. Complete the form as best as possible. A copy (front and back) of your prescription card is also required to process your order. Your nurse or the receptionist can make a copy. Forms should be faxed to the Cleveland Clinic Surgical Pharmacy (4-9514). The Pharmacy is located on the first floor of the Cleveland Clinic Surgical Center. Hours are 9 a.m. to 5 p.m., Monday through Friday.

If You Take Blood-thinning Medications (Coumadin, Plavix, Ticlid)

If your surgeon tells you to stop taking your blood-thinning medications before surgery, you must contact the doctor who monitors this medication and get approval before you stop taking any doses. Here is your surgeon's phone number if there are any questions or changes _____.

If I stopped taking my blood-thinning medications, I will ask the surgeon when I can resume taking it.

Cleveland Clinic Pharmacy Service & Locations

Please visit our convenient pharmacies for your post-surgical needs. Pharmacy services include filling medication prescriptions, assisting with selection of physical and occupational therapy products as well as offering a wide variety of home health care products. Bring your prescription insurance card for quick, efficient service.

Euclid Avenue Pharmacy
(Visitors Parking Garage #1, 1st Floor)
Monday – Friday, 8 a.m. to 6 p.m. and
Saturday, 9 a.m. to 3 p.m.

Surgical Center Pharmacy
(P building).
Monday – Friday, 9 a.m. to 5 p.m.

Taussig Cancer Center Pharmacy
(R building, 1st Floor).
Monday – Friday, 9 a.m. to 5 p.m.

Crile Pharmacy
(A building, 2nd floor)
Monday – Friday, 8 a.m. to 6 p.m. Monday

Reach any Cleveland Clinic Pharmacy by calling 216.445.MEDS (6337).

Listening to Cleveland Clinic Patients

At the Cleveland Clinic we value the input our patients provide regarding their experience. And for this reason, we're counting on your feedback! After returning home, you may receive a survey regarding your experience. If you do, please complete the survey. Your feedback is important to us and we continually use this information to both identify and implement improvements throughout the care delivery process. We appreciate your time and participation. Thank you for placing your trust in Cleveland Clinic.

Continuing Education Tab Here

Websites for Obesity:

Treatment, Problems & Support

Website Address (URL)	Description
http://www.cms.clevelandclinic.org/bariatricsurgery	Bariatric & Metabolic Institute at the Cleveland Clinic
http://www.asbs.org	American Society for Metabolic and Bariatric Surgery. Very helpful information on all aspects of Bariatric Surgery.
http://www.obesityhelp.com//morbidobesity/index.ptml	Association for Morbid Obesity Support. An excellent Website, which is run by patients who have had surgery. Full of good and not so good advice. You can dialogue with other patients.
http://www.obesity.org/	The Obesity Society. For the public and health professionals providing information regarding health effects of obesity and treatment. It is very reputable.
http://www./obesitylaw.com/	Obesity Law and Advocacy Center. An excellent website for patients who are denied insurance coverage. A lot of helpful information.
http://www.homepages.ihug.co.nz/-olwen/weightop.htm	Weight Loss Surgery. A weight loss surgery patient's personal site. Has excellent links to other very good websites.
http://www.obesity-online.com/	Obesity on-line. A very comprehensive site with much information regarding treatment for obesity.
http://www.niddk.nih.gov/health/nutrit/pubs/stobes.htm	Statistics related to overweight and obesity. A United States government sponsored site with very good statistics regarding prevalence and severity of obesity.
www.bariatricedge.com	Information about bariatric surgery and morbid obesity. Including what patients have to say and how to overcome concerns and risks.

Directions, Parking, and Lodging Tab Here

Parking and Transportation Services- Main Campus

Parking garages are located throughout the campus. If you have been instructed to report to the Surgical Center (P Building), park in Parking Garage 4 on East 89th and Carnegie Avenue. See the enclosed map for additional information.

If you are driving an oversized vehicle on the day of surgery, it will not fit in Parking Garage 4. You may use valet parking at the Taussig Cancer Center (Euclid and E. 90th just north of the Surgery Center).

Parking Assistance
We can assist in locating cars in garages, jump-starting batteries, changing flat tires and helping retrieve keys locked in cars.
Hours: 24 hours
Phone: 216/444-2255

Parking Discounts
If you expect an extended stay or frequent visits to the campus, discounts are available at the Cashier, Desk H11, or any parking garage cashier. Discounts are also available with a Senior Circle Plus Membership Card.
Hours: Desk H11, 8 a.m. - 4:30 p.m. weekdays, 8 a.m. - 12 p.m. Saturday **Phone:** 216/444-6848

Shuttle Bus
A shuttle bus provides on-campus transportation. The bus stops in front of H, A and other main locations across campus every 15-25 minutes.
Hours: 5 a.m. - midnight weekdays, 7 a.m. - 9 p.m. weekends/holidays; **Phone:** 216/444-8484

Taxis and Limousines
We are happy to arrange cabs or limos at any of the Service Convenience Centers.
Hours: Hours vary; **Phone:** 216/444-2029

RTA
Regional Transit Authority (RTA); stops nearby on Euclid Avenue at Clinic Drive and Carnegie at East 100th Street. Route cards are available at Welcome Desks.
Hours: 24 hours; **Phone:** 216/621-9500 (RTA)

Wheelchairs
Wheelchairs are available for use on the Clinic Campus. Call Patient Transportation to assist you, or visit Desk H10. **Hours:** 24 hours; **Phone:** 216/444-5763

Wheelchair Van
The Clinic provides a specially equipped van to transport patients in wheelchairs to certain locations on campus. Contact Desk H10. **Hours:** Please Call; **Phone:** 216/444-2029

Directions
An automated phone line is available to provide directions to the Clinic campus via major highways. You can also obtain directions from any of the Welcome Desks or Service Convenience Centers. **Hours:** 24 hours; **Phone:** 216/444-9500

Driving Directions
From the south via I-77 (from Akron, Canton, and West Virginia
From the south via I-71 (from Cleveland's southwest suburbs, Mansfield, Columbus and Cincinnati)
Take I-77 or I-71 north to downtown Cleveland. I-77 and I-71 merge with I-90.
Follow I-90 east and exit at Chester Avenue.
Turn right (east) on Chester and proceed to East 93rd Street.
Turn right (south) on East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

From the southeast or east via I-271 (from Cleveland's eastern suburbs)
Follow I-271 to the Cedar Road exit.
Turn right (west) on Cedar and drive approximately eight miles to Carnegie Avenue.

From the east via I-90 (from Cleveland's eastern suburbs, Lake County, Erie and Western New York)
Follow I-90 west to Cleveland. Exit at East 55th Street.
Turn left (south) on East 55th Street and proceed to Chester Avenue.
Turn left (east) on Chester and proceed to East 93rd Street.
Turn right (south) on East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

From the east via the Ohio Turnpike (I-80)
Follow I-80 west to Exit 13 (I-480).
Take I-480 west to I-271 north.
Follow I-271 north to the Cedar Road exit.
Turn right (west) on Cedar and drive approximately eight miles to Carnegie Avenue.
Follow Carnegie west about ½ mile to the CCF campus.

From the west via I-90
(from Cleveland's western suburbs, Elyria and Lorain)
Take I-90 east to downtown Cleveland.
Exit at Chester Avenue. Turn right (east) and proceed to East 93rd Street.
Turn right (south) on East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

From the west via the Ohio Turnpike (I-80) (from Toledo, Michigan and Northern Indiana)
Take I-80 east to Exit 8A (I-90).
Follow I-90 east to downtown Cleveland.
Exit at Chester Avenue. Turn right (east) and proceed to East 93rd Street and drive one block to Euclid Avenue and the CCF campus.

Lodging & Transportation (key: $$$ = luxury, $$ = moderate, $ = economical)
For our out-of-town guests, we offer services to make your stay, as well as your travel, convenient and comfortable. There are three hotel options conveniently located right on The Cleveland Clinic campus. Call 216/707-4300, or, toll-free 877/707-8999, for reservations.

The *Cleveland Clinic Guesthouse* offers apartment-like accommodations with minimal maid service. Guest rooms may be rented by the day, week or month. $

The *InterContinental Suites Hotel* provides full-service amenities. For upscale comfort and convenience, the hotel offers 163 beautifully appointed suites and is ideal for overnight or extended stays. $$$

The *InterContinental Hotel and Conference Center* adds grace and style in international lodging. It offers 300 luxury guest rooms and suites, along with fine dining, stylish lounges and an extensive fitness center. The hotel is connected to all major Cleveland Clinic medical buildings via skyways. $$$

Additional lodging:
Hospitality Homes of Cleveland $
216-518-0404
Non-profit medical lodging service placing out-of-town guests in private host homes in Cleveland neighborhoods. Guests are requested to pay $25 for a single person per night, and $5 for each additional person per night per host.

Hope Lodge of the American Cancer Society
(for patients with a Cancer diagnosis and families)
216-844-4673

<u>Downtown Cleveland</u>
Wyndham (1260 Euclid Ave.) $$$
216- 615-7500

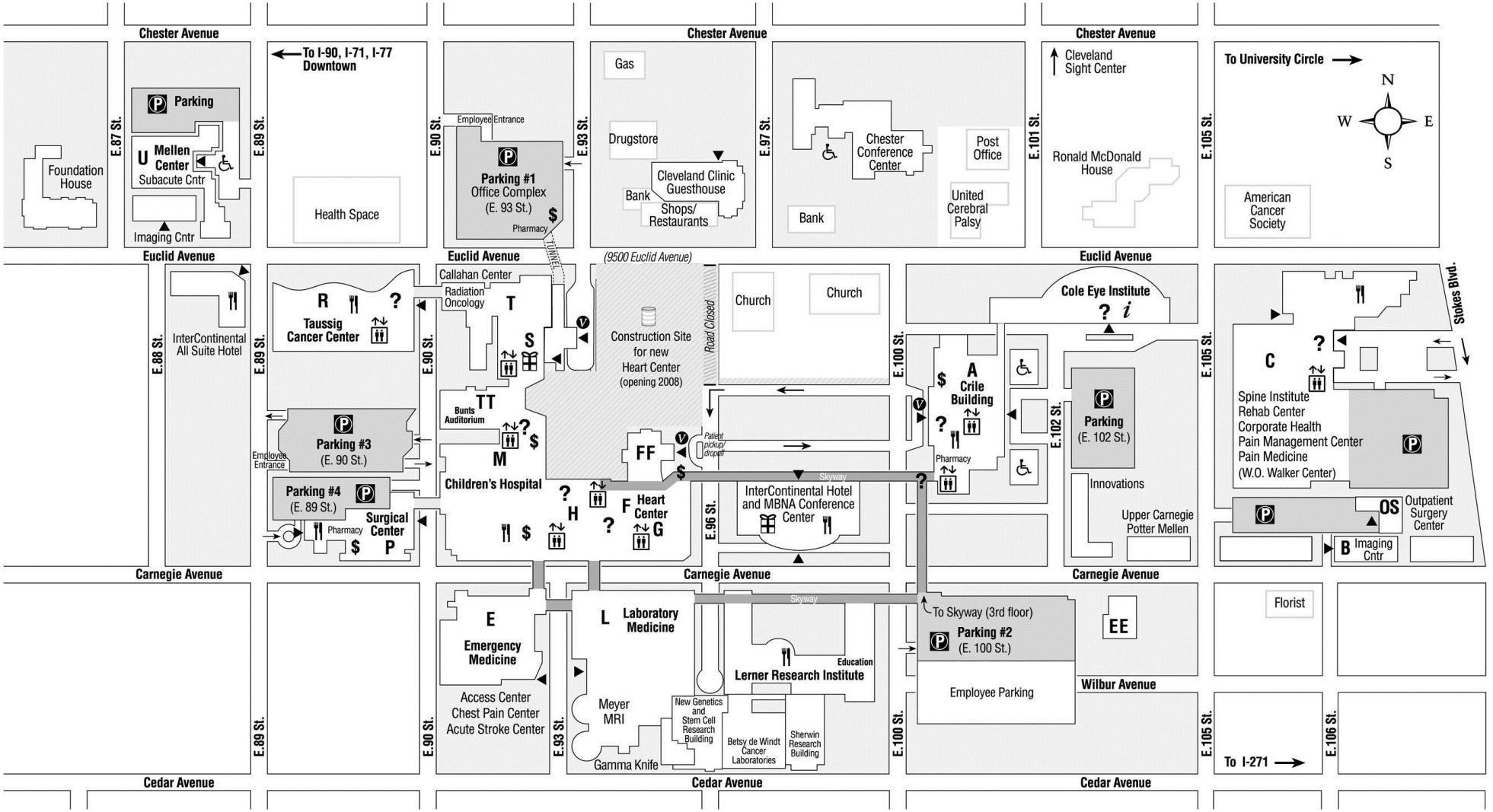
Holiday Inn Lakeside (1111 Lakeside Avenue, free parking) $$
216-241- 5100

<u>South of Cleveland (Independence)</u>
Red Roof Inn, (Rockside Road, Independence, Ohio, South $
Exit Route 77
216-447-0030

Holiday Inn South - Independence $$
216-524-8050

Eastside of Cleveland
Fairfield Inn at Interstate 90 & 91 $
440-975-9922

For more information: Cleveland Clinic Lodging Information line at 216-444-4848, or toll-free, 1-800-223-2273, 4-4848. Cleveland Clinic web site, www.ccf.org/about/visit.


Chester Avenue
Chester Avenue
Chester Avenue
To I-90, I-71, I-77 Downtown
Gas
Cleveland Sight Center
To University Circle
N
W
E
S
Foundation House
E.87 St.
Parking
U Mellen Center
Subacute Cntr
Imaging Cntr
E.89 St.
Health Space
E.90 St.
Employee Entrance
Parking #1
Office Complex
(E. 93 St.)
Pharmacy
E.93 St.
Drugstore
Cleveland Clinic Guesthouse
Bank
Shops/ Restaurants
E.97 St.
Chester Conference Center
Post Office
Bank
United Cerebral Palsy
E.101 St.
Ronald McDonald House
E.105 St.
American Cancer Society
Euclid Avenue
Euclid Avenue
(9500 Euclid Avenue)
Euclid Avenue
E.88 St.
InterContinental All Suite Hotel
E.89 St.
Callahan Center
Radiation Oncology
R
Taussig Cancer Center
T
S
Construction Site for new Heart Center (opening 2008)
Road Closed
Church
Church
E.100 St.
Cole Eye Institute
A
Crile Building
Pharmacy
E.102 St.
Parking
(E. 102 St.)
Innovations
Upper Carnegie
Potter Mellen
E.105 St.
Stokes Blvd.
C
Spine Institute
Rehab Center
Corporate Health
Pain Management Center
Pain Medicine
(W.O. Walker Center)
OS
Outpatient Surgery Center
B Imaging Cntr
Parking #3
(E. 90 St.)
Employee Entrance
Parking #4
(E. 89 St.)
Pharmacy
Surgical Center
P
E.90 St.
Bunts Auditorium
TT
M
Children's Hospital
H
FF
Patient pickup/ dropoff
F Heart Center
G
Skyway
InterContinental Hotel and MBNA Conference Center
E.96 St.
Carnegie Avenue
Carnegie Avenue
Carnegie Avenue
E
Emergency Medicine
Access Center
Chest Pain Center
Acute Stroke Center
L Laboratory Medicine
Meyer MRI
Gamma Knife
New Genetics and Stem Cell Research Building
Betsy de Windt Cancer Laboratories
Sherwin Research Building
Education
Lerner Research Institute
Skyway
To Skyway (3rd floor)
Parking #2
(E. 100 St.)
EE
Employee Parking
Wilbur Avenue
Florist
E.89 St.
E.90 St.
E.93 St.
E.100 St.
E.105 St.
E.106 St.
To I-271
Cedar Avenue
Cedar Avenue
Cedar Avenue