MERCYONE℠

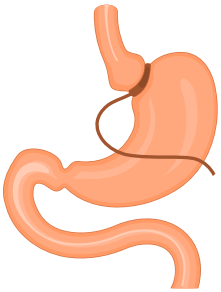
Live your best life

Your Guide to Weight Loss Options

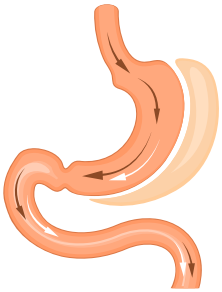
If weight is impacting your ability to live your best life, MercyOne offers a path forward. Our expert, dedicated team of medical professionals welcomes the opportunity to help you through a life-changing, permanent weight loss experience.

We pride ourselves in delivering coordinated and compassionate care and are committed to guiding you through every aspect of the bariatric surgical process. This includes educational seminars, comprehensive pre-surgical classes, post-surgical follow-up visits and support groups. We walk this journey with you and support you every step of the way. You have the opportunity to create a new story!

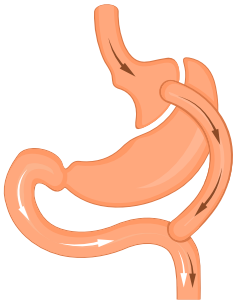
About Bariatric Surgery



Adjustable Gastric Band **(AGB)**



Vertical Sleeve Gastrectomy **(VSG)**



Roux-en-Y Gastric Bypass **(RYGB)**

Obesity is a common, serious and costly disease. According to the Centers for Disease Control and Prevention (CDC), more than one-third (42.4%) of U.S. adults have obesity. Obesity is frequently subdivided into categories according to a person's Body Mass Index (BMI):

- Class 1: BMI of 30 to < 35
- Class 2: BMI of 35 to < 40
- Class 3: BMI of 40 or higher

Class 3 obesity is sometimes categorized as "extreme" or "severe" obesity.

Obesity is a chronic condition that is very difficult to treat. In fact, 95 percent of people who lose weight through diet and exercise alone gain back all of the lost weight plus an additional amount. In addition, obesity may cause medical conditions which contribute to a shortened life span — including high blood pressure, diabetes, heart disease, sleep apnea, high cholesterol and metabolic syndrome. Research shows bariatric (weight loss) surgery is among the best methods for long term, sustained weight loss because many obesity-related medical conditions can be completely eliminated or significantly improved by it.

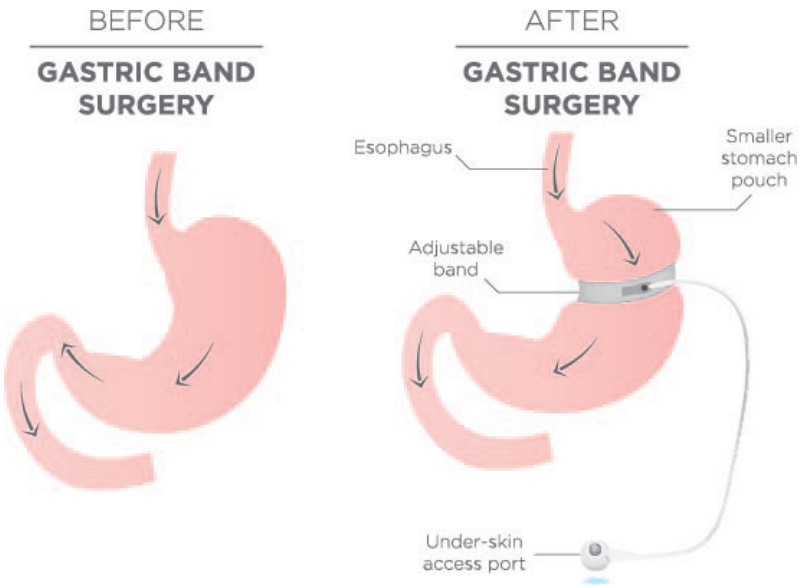
Types of Bariatric Surgery

There are three main bariatric surgery procedures: Adjustable Gastric Banding, Vertical Sleeve Gastrectomy, and Gastric Bypass. All of these procedures are usually performed laparoscopically (with small incisions utilizing a camera).

(Surgical options that follow may not be offered at every site.)

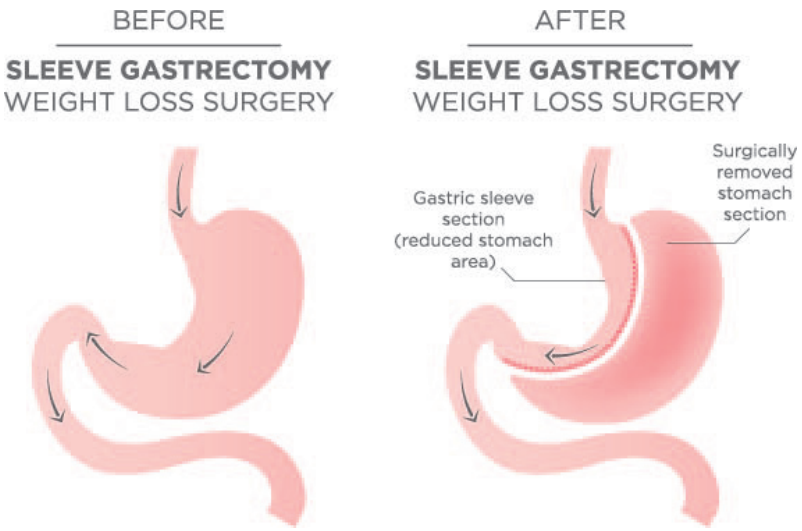
Laparoscopic Adjustable Gastric Banding

The laparoscopic adjustable gastric banding or LapBand™ involves the placement of a silicon band around the uppermost portion of the stomach. The band is then tightly adjusted to limit intake and hunger.



This procedure has low surgical risk, no anatomical changes to the body and is more easily reversed. It does not cause malabsorption and can be adjusted to allow for more food intake during pregnancy. The band is adjustable and allows for an individualized degree of food restriction. It can be removed at any time, and anatomy is restored to its original form. The band has few side effects and risks. Nationally, there is lower mortality risk and nutritional deficiencies with the lap band than with more involved bariatric surgeries.

Laparoscopic Vertical Sleeve Gastrectomy

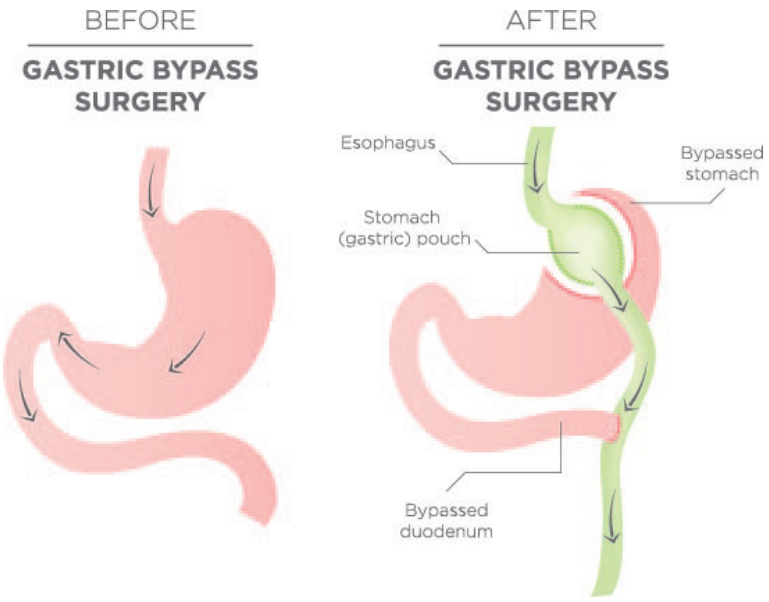


The laparoscopic sleeve gastrectomy has been performed for several years. It was initially introduced as a first-stage operation in morbidly obese patients considered too high risk to undergo the standard weight loss surgeries. However, it has been found to result in good weight loss as a single surgery or the first stage before a gastric bypass.

It involves the removal of approximately 85 percent of the stomach, leaving about a three-ounce stomach tube. The normal continuity between the esophagus, stomach and small intestine is not changed. Therefore, food is absorbed and there is a decreased risk of malabsorption. The small size of the remaining stomach limits caloric intake. Removal of 85 percent of the stomach decreases some of the hormones that stimulate appetite, and individuals feel less hungry, helping with weight loss. The sleeve gastrectomy is nearly as effective as the gastric bypass with regard to weight loss.

Laparoscopic Gastric Bypass

Laparoscopic gastric bypass (Laparoscopic Roux-en-Y Gastric Bypass) is the most frequently performed weight loss surgery in the United States. The gastric bypass has been performed since the 1970s, and its success has been extensively validated. It has been performed laparoscopically since 1994 and has exponentially increased in popularity since then.



Laparoscopic gastric bypass involves creating an approximately one-ounce stomach pouch at the uppermost portion of the stomach and then connecting this to a bypassed portion of the intestine. The small pouch size limits caloric intake and, by bypassing the stomach, some hormones that normally stimulate appetite are decreased and therefore the person feels less hungry.

Individuals, on average, lose between 60 to 80% of their excess body weight. Sleep apnea is resolved in 80 to 85% of patients one year after surgery, 73% of individuals with type 2 diabetes achieved remission over a five-year period, risk of coronary heart disease decreased by 40% and the list of health improvements continues.

Is weight loss surgery right for me?

Successful weight loss requires a combination diet of high protein, low fat and low carbohydrates, along with consistent exercise. Weight loss surgery will help you with portion control but eating the correct foods and keeping your metabolism elevated with regular exercise is critical to reaching your goals. For long term success, it is essential to make this lifestyle change prior to undergoing weight loss surgery.

The following questions may help you decide if weight loss surgery is right for you:

- Have you tried to lose weight through conventional methods: group classes, one-on-one counseling, calorie-controlled meal plans, food journals and exercise?
- Are you determined to lose weight and improve your health?
- Are you well-informed about the surgical procedure and the effects of treatment?
- Are you aware of how your life may change after the operation (adjustment to the side effects of the surgery, including dramatically different eating habits)?
- Are you aware of the potential for serious complications from the procedure, the associated dietary restrictions, and the slight chance that the procedure will not help you lose weight?
- Are you committed to life-long medical follow-up?

You may be a candidate if you meet any of the following criteria:

- You are about 100 lbs. over your ideal body weight.
- You have a body mass index (BMI) of 40 or greater.
- You have a body mass index (BMI) of 35 or greater with certain medical problems such as heart disease, diabetes, high blood pressure and/or sleep apnea.

In addition to the above criteria, you must have previously attempted nonsurgical methods of weight loss, such as Weight Watchers, Jenny Craig, Slimfast, Nutrisystem, appetite suppressant pills, nutritionist/dietician plans, exercise programs or personal trainers, or any other medically monitored diet.

Insurance companies have several requirements in order to be considered for weight loss surgery. Most require a 6-month medically monitored lifestyle change that includes:

- Portion controlled high protein, low fat, low carbohydrate diet - This will require you to eat fewer processed foods and prepare more of your own foods to decrease calorie count and fat consumption.
- Regular exercise program - This will require you to start some form of cardiovascular exercise, like brisk walking, biking, jogging, workout DVDs, or aerobic classes 3-5 times per week for at least 30 minutes. Eventually, strength training should be added to this workout regime in order to build lean body muscle and increase your metabolism. During the six month lifestyle change you must:
    - Keep a food journal which logs your food and water intake, as well as exercise
    - Drink 64 ounces of non-caloric or low-calorie decaffeinated beverages daily
    - Follow up with us in our office every month to assess your adherence to the program and progress. You should bring your food journal to each of the meetings.
    - Attend monthly support meetings. The schedule will be provided for you.
    - Attend consultations with the dietician and the psychiatrist.

At the end of this process, if you have successfully completed all requirements, MercyOne will submit all documentation to your insurance company for approval, which can take 1-2 months. Once approved, a surgery date will be scheduled, and you will meet with our dietician to discuss the required post-operative diet to follow.

What if surgery is not for me?

MercyOne is committed to your success. Surgery is not always the right option for your care. We also have non-surgical weight loss options that require a combination diet of high protein, low fat and low carbohydrates, along with consistent exercise.