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Introduction.

All of us at **New image Bariatric Surgical Associates** and **The Parkview Center for Weight Loss Surgery** in Riverside, Ca. are pleased that you have chosen to consider us for your bariatric evaluation and possible surgery. We have an excellent program and are confident that you will find us capable and caring. Thus, we have compiled this folder of information for you. Some of it is about bariatric surgery in general and some is about us in particular. Please ask us about any questions that you have as you “pour through all of this stuff”.

Bariatric Surgery leads to life long changes and one should contemplate it only after doing considerable personal research and after having exhausted all other options, such as dieting and exercise. The surgery by itself **does not guarantee long term weight loss**, but simply **helps** the patient achieve what he or she has been unable to accomplish previously using non-surgical means.

The best preparation to make the decision to have bariatric surgery is through education. We advise all of our patients to talk to as many weight loss surgery patients as possible and ask about their experiences. Our Support Group is an excellent venue to accomplish this. You are welcome to attend without having to make a reservation. It meets the first Tuesday of the month in the Founder’s Center on the Parkview Hospital campus. In addition, potential bariatric surgery candidates are strongly advised to seek reference materials and browse various Internet Web sites. Some of these are listed in the section **Web sites**.

Mission Statement.

New Image Bariatric Surgical Associates is dedicated to providing the best surgical care possible to help the morbidly obese patient obtain health and longevity through permanent weight control. We do this with attention to detail, with concern for our patient's desires, and with commitment always to the patient's best interests.



Who we are.

New Image Bariatric Surgical Associates consists of the bariatric surgeons and the office staff.

- **Dr. John L. Coon** graduated with his MD Degree from the University of Illinois, did his Residency in Surgery at the University of New Mexico, finished a Fellowship in Burns at Los Angeles County Hospital, and ultimately finished a Fellowship in Bariatric Surgery in Riverside, California. He is Certified by the American Board of Surgery, is a Fellow in the American College of Surgeons, and is a member of the American Society for Metabolic and Bariatric Surgery. He brings extensive experience in laparoscopic surgery to the practice.
- **Terri** is our Receptionist and is the voice you will hear most often when you call the office. She will help you schedule appointments and direct your call to the person who will be most helpful when you do call the office.
- **Linda** is our office nurse. She is a LVN and will help you with the various clinical issues that may occur. She answers medical phone call questions, calls in prescriptions and assists with patient care in the exam room. You will find her very helpful in getting your medical questions answered.
- **Danielle** is our Medical Assistant and is the persons who help the surgeons with the actual hands-on activities in the examining room as well as help with some of the phone calls regarding clinical issues.
- **Evelyn** is our Insurance Verifier and is experienced in working with the insurance company and in getting the insurance approvals that are so important in your process of obtaining weight loss surgery. She is also very proficient in knowing how to make bariatric surgery happen.
- **Olivia** is our Program Coordinator. She will be concerned with such areas as practice efficiency and, **as we all are**, with patient satisfaction. She coordinates our office policies and makes sure that protocol that is necessary for our **Center of Excellence** (see section: Center of Excellence) designation is followed. Olivia is also our Support Group facilitator. She has extensive experience and we appreciate her energy and expertise.
- **Mary** is our Web Site and Patient Coordinator and the Director of Marketing. She is the first person to whom you will speak when you call **New Image Bariatric Surgical Associates** from our toll free number of **866-374-9150**. Mary responds to inquiries from your web site contacts and will reply to your Internet questions. She will talk with you about our office, Dr. John Coon, help you with questions about qualifying for surgery, if we can accept your insurance and make your initial consultation appointment. She is also the editor of our newsletter *New Image News* and is involved with our support group.



Center of Excellence

BARIATRIC SURGERY

Center of Excellence

Dr. John L. Coon and Parkview Center for Surgical Weight Loss are designated as a **Center of Excellence** by the American Society for Metabolic and Bariatric Surgery. Parkview and Dr. Coon earned the designation following an extensive application and site review by the Surgical Review Corporation, a nonprofit group dedicated to promoting safe and effective bariatric surgery throughout the U.S. The review found that Dr. Coon and Parkview Center for Surgical Weight Loss' bariatric surgery program meets or exceeds national standards for equipment, staffing, training, safety and patient outcomes.

What does this mean? It means a lot of work by a large number of people to prove that Dr. Coon and Parkview Center For Surgical Weight Loss is an excellent program for your bariatric surgery.

The American Society for Metabolic and Bariatric Surgery (ASMBS) established in 2004 a program called the Bariatric Surgery Center of Excellence (BSCOE) to ensure consistency and safety in bariatric surgery. To receive the designation of an ASMBS BSCOE, a Center must participate in a rigorous application process including a thorough site inspection. Both the hospital and surgeon must satisfactorily meet the 10 requirements of the program. Among these requirements are volume criteria that must be met (125 surgeries per year for hospitals and 50 per year for surgeons with a minimum lifetime experience of 125 cases) to prove a successful experience in bariatric surgery. At the closing conference of that inspection, attended by department heads from the hospital and key members of our bariatric program, we were told by their review team leader that she saw "no concerns in any of the ten areas of review." Needless to say, we were ecstatic!

Those Centers that satisfactorily complete this arduous process find themselves among the top-tier institutions for bariatric surgery in the country; they have better outcomes, excellent facilities and the most experienced surgeons. Published data has shown that hospitals and surgeons performing these volumes have the most successful outcomes, with the lowest number of reoperations, complications and mortalities.

An ASMBS Center of Excellence offers the consumer reassurance that both the hospital and surgeon have been rigorously evaluated and their care is exceptional.

Certification by the American Board of Surgery.

Board Certification is an effort by reputable surgeons to demonstrate to their patients that they have the qualifications and ethics needed to perform surgery to the highest standards. Not every surgeon can pass the extensive examination and review process that Certification requires. Further explanation is furnished in the pamphlet "Your Surgeon is Certified by the American Board of Surgery" which is included in your initial packet from **New image Bariatric Surgical Associates**. Dr. Coon recently completed and passed the full day written recertification exam that is required by the American Board of Surgery every ten years. Besides passing the recertification exam the ABS requires surgeons to demonstrate on going professionalism and show commitment to lifelong learning through continuing education.

Fellowship in the American College of Surgeons.

Following Board Certification a surgeon has to practice two years and then have this experience reviewed by his peers. If his morals, work ethics, and surgical results are good, then he is admitted as a "Fellow in the American College of Surgeons" (FACS). This is the most important surgical society in the world and anyone belonging to it has passed a very rigorous process that many do not pass.

Accreditation by the Joint Committee of Accreditation of Hospital Organizations. (JCAHO).

The JCAHO is the main review organization that is responsible in the United States for overseeing and approving private hospitals. The review process through which the hospital goes every 2-3 years is exhaustive. And expensive. The value to the patient is that they may be assured that the hospital also practices with the highest regard for patient safety, medical and surgical outcomes, and ethics. As you might imagine, Parkview Community Hospital Medical Center is indeed certified by the JCAHO.

Important Concepts.

Obesity surgery is a unique and very demanding subspecialty of surgery. And it is constantly evolving with new knowledge to advance the control of obesity, which we do through research, outcomes analysis, continuing medical education, and patient advocacy. Because this body of knowledge is unique to those surgeons having a special interest in bariatric surgery, when Dr. John L. Coon of **New Image Bariatric Surgical Associates** is not available he will arrange coverage for his patients with another fully trained bariatric surgeon. Except for the most extraordinary of circumstances, you will always find Dr. Coon or one of his associates at your side should you need them.

Emergencies.

If **you** have an emergency, then you can be assured that **we** will do whatever it takes to be there **at your bedside**. Unfortunately, that also means that we cannot be where we were initially going to be. In other words, sometimes we will be late for your office appointment. And sometimes we will have to reschedule your appointment. We do the best we can in this area. We hate being late as much as you hate being seen late and we do try diligently to be on time.

Indications for Surgery.

There are very precise indications for an operation to control obesity. Some of these were derived at the Consensus Panel for Bariatric Surgery in 1991 that was sponsored by the National Institutes of Health. Others have developed as we have gained experience with surgery for morbid obesity. These criteria are generally as follows:

- A BMI (body mass index) of 40 or more, or
- A BMI of 35 or more if various additional disease exists such as diabetes, high blood pressure, high serum lipids, high cholesterol, asthma, sleep apnea, GERD, arthritis, coronary artery disease or
- An excess weight of 100 lb. or more, and
- A failure of dieting.

Recently, these indications for weight loss surgery are becoming less restrictive, especially for the LAP-BAND®. While insurance is still requiring the same criteria as listed above, more and more bariatric surgeons are placing LAP-BANDS® in patients with BMI's lower than 35 or excess of 50 lbs or more. Unfortunately since insurance is not going to cover these surgeries self-payment or financing will be necessary.

BMI is calculated based on your height and weight. A table is present in the back of the booklet The Facts About Weight Loss Surgery which will help you determine your own BMI. This booklet is included in your initial packet. Should you need another one, we have plenty of them, so just ask. Also, on our web site, www.newimagebariatric.com, there is a BMI calculator which will do the job for you.

The Approval Process.

Your approval for bariatric surgery starts with your first contact with our office. At that time the office staff will talk with you about your obesity and your general health. For example, if your health is reasonably good and you seem to satisfy the criteria for bariatric surgery, we will set up an office consultation with you to discuss if bariatric surgery is appropriate for you and if it will provide any benefit to you. Since many illnesses, such as diabetes, high blood pressure, high serum lipids, asthma, sleep apnea, GERD, arthritis, and coronary artery disease, are substantially improved by bariatric surgery, your having these problems does not eliminate your chance of having surgery. At times it actually increases your chance of having surgery because of the great benefit to you that surgery will provide. At the time of this phone call the office will send a Health Questionnaire to you to fill out and bring with you to your consultation.

At the consultation, you will meet with the bariatric surgeon to discuss your particular case, have a chance to ask questions, and decide if bariatric surgery is a good choice for you. If you do decide to proceed further with the approval process, then a program of testing will be undertaken. It consists of:

- A group of lab tests
- An EKG
- Possibly an ultrasound of the gallbladder
- In indicated, an ultrasound of the internal female organs
- A chest X-ray
- A consultation with a psychologist
- And possibly, consultations with a Cardiologist, an Internal Medicine specialist, a Pulmonary (lung) specialist, or occasionally other specialists.

We do all of this testing to determine if bariatric surgery will be of benefit to you and to determine if the risk of surgery is low enough to allow surgery.

And finally when all of this is done, we will submit your request to your insurance company. If we obtain approval for your surgery, we will then call you to schedule your pre op History and Physical and your surgery.

And if the insurance company disallows your request, we will review that denial for you and appeal to the insurance company to reconsider their decision. Also, often times the insurance company will identify what they think is deficient about your request. In that case, you can take further steps to satisfy the insurance company requirements and we will resubmit your request. At that time, we typically obtain approval for your surgery. An example is the requirement that some insurance companies have for a six month trial of a physician supervised diet to see if you can lose some weight and maintain that weight loss. After that six month effort, assuming that you have not been successful in dieting, we will again submit you request. If you are successful in dieting, then, believe us, that is the better choice. All bariatric surgeons feel that surgery is the last resort after all other methods of weight control have been tried and failed.

The Operations.

Today there are several bariatric operations. An excellent guide to them is the booklet The Facts About Weight Loss Surgery. A copy is included for you in your initial packet of information from **New image Bariatric Surgical Associates**. In addition, you will get to view a video presentation during your first visit to the office. From our perspective, we can make the following points about the various operations:

- The **Jejunal-ileal Bypass** provided for good weight loss but was associated with kidney stones, liver cirrhosis, and premature death. No surgeon has done this operation for years now.
- The **Vertical Banded Gastroplasty** was once the operation of choice. Because of its failure to maintain the weight loss, no one does this operation any more. It has been replaced by the Lap-Band®, which has an even better safety profile and does typically maintain the initial weight loss.
- The **Laparoscopic Adjustable Gastric Band or Lap-Band®** is basically an inflatable ring/band that encircles the upper most part of the stomach and squeezes it into an hourglass shape. The band can be adjusted to permit food to pass through faster or slower. The upper compartment of the stomach, which has been created by the Lap-Band®, is much smaller than the rest of the stomach. As such, it will fill up quickly and eliminate the feeling of hunger. One of the great advantages of the Lap-Band is that it is adjustable. This "adjustment" is done in the office and is effective immediately. While weight loss with the Lap-Band® is slower than with a Roux en Y Gastric Bypass, it tends to continue over a longer period of time, often allowing for almost as much ultimate weight loss as the bypass does.
- The **Proximal Roux en Y Gastric Bypass (RNY)** is considered today to be an excellent operation for weight loss. However, even it allows for some weight regain over the first five years after surgery. **This is one of the operations we typically do.** This procedure can be performed open or laparoscopically. In this procedure, a stapler is used to create a small pouch out of the upper part of the stomach. The remainder of the stomach is not removed but has been stapled shut and divided from the upper stomach pouch. This upper pouch is then connected to the lower intestine and empties directly into it, thus bypassing calorie absorption. This procedure is considered by many to be the gold standard procedure and is the most frequently performed weight loss surgery in the United States.
- The **Biliopancreatic Diversion** is done by only a few bariatric surgeons. To some people it is considered experimental. Most insurance companies will not approve it. However, it may turn out to be a good operation and time will tell.

- The **Gastric Sleeve Resection** is one of the newest innovations on the horizon and is being performed by some bariatric surgeons. For at least 20 years the sleeve has been done as part of another bariatric operation called the "duodenal switch". Only recently have bariatric surgeons been doing a Gastric Sleeve Resection by itself as a primary bariatric operation. Whether the "sleeve" will provide significant permanent weight loss as a stand alone operation has yet to be determined. Currently it does have some utility as part of a staged operation for super obese patients, such as those weighing over 500 lbs or with a BMI over 70. Dr. Coon is watching until more is understood about the Sleeve and until studies of its weight loss profile and of its potential side effects have been released before deciding if it is appropriate to add to his recommended bariatric procedures.
- The **Extended (Distal) Roux en Y Gastric Bypass** is similar to the Proximal Gastric Bypass Roux en Y except that more of the intestine is bypassed. This causes more weight loss more permanently. However, it also requires more attention by the patient to their post op follow up and care. **We typically do this operation as a revision operation for inadequate weight loss.**
- **The Biliopancreatic Diversion with "Duodenal Switch"** is also done by only a few bariatric surgeons. Some people consider it also to be experimental. Most insurance companies will not approve it. However, it may turn out to be a good operation and time will tell.
- **Revisions.** These operations consist of a variety of bariatric surgery techniques. They are typically done for correction of complications from previous weight loss surgery, such as weight loss failure, inadequate weight loss or too much weight loss. **We typically do this operation as a revision operation for inadequate weight loss or malnutrition.**

Benefits and Expectations of Surgery.

Following surgery, most patients will lose weight more or less continuously for up to 24 months. Most of the weight loss will occur in the first nine months after surgery.

Depending on which operation you had, you can expect to lose and keep off from 60% to 80% of your excess weight. Some patients will lose 100% of their excess weight. **And a few patients will not lose much weight at all in spite of a properly done operation.**

Many illnesses will be improved after loss of so much weight. These illnesses include:

- Diabetes, both insulin and non insulin dependent types
- Hypertension (high blood pressure)
- Elevated serum lipids and elevated cholesterol
- Asthma
- Sleep apnea
- Heartburn (GERD)
- Arthritis
- Depression
- Coronary Artery Disease.

Additional Reading.

Making the Journey Together is a compilation of comments from numerous bariatric patients about their emotions, experiences, and results about being obese or having bariatric surgery. We recommend this simply to let you know that you are not alone in many of your thoughts and emotions. And we also recommend the book Weight Loss Surgery by Barbara Thompson. You can obtain this book directly from the author at the web site www.wlscenter.com or by calling 877-440-1518. This is a narrative written by someone who has had bariatric surgery. She talks about her experience from beginning to end. We do things slightly different in some areas than she describes. Some of those differences are:

- We restrict you to liquids just the day before surgery.
- And we do not do the laxative thing.
- We recommend weight training very carefully and ask that you discuss this with us before starting a strength program. We do recommend aerobic exercises starting after surgery as she describes.
- Many of the hospital protocols are different than she describes. This difference is because, with experience, we have found ways that work better. I suspect, since the book was written three years ago, that even in her hospital, things have changed with time.

Web Sites.

In addition to the many Web sites available, we recommend these particular Web sites:

- www.newimagebariatric.com This is our own site
- www.obesityhelp.com This is a particularly good site and it also has a lot of links to other various obesity related sites. We are on this site, so look for us.
- www.pchmc.org This is the hospital web site and will give you a feeling for the hospital where we do our work and where the Bariatric Unit is located.
- www.asmbms.org This is the web site for the American Society for Metabolic and Bariatric Surgery. This is another good site for general information from an extremely reliable source.
- www.absurgery.org This is the site for the American Board of Surgery, where you can get information about your surgeon, what being Board Certified means, and check his/her credentials.
- www.facs.org This is the American College of Surgeons site and is another location where you can get information about your surgeon and check his/her credentials.
- www.jcaho.org This is the site for the Joint Commission for Accreditation of Hospitals. You can check here to verify what hospital accreditation is.
- www.nih.gov This is a very important site and has information about the current acceptable criteria for having bariatric surgery. You will have to navigate around a bit to find the right information.
- www.concensus.nih.gov/cons/084/084_statement This is a direct link to the 1991 Consensus Panel regarding the efficacy of weight loss surgery and the criteria for having it.
- www.abms.org This is the site for the American Board of Medical Specialties. You will have to log in and then you will be able to verify board certification of your surgeon.
- www.surgicalreview.org This is the site for the Surgical Review Corporation. They are a division of the ASBMS and are responsible for approving surgeons and hospitals as Centers of Excellence for bariatric surgery. Open this site to see if your hospital is a COE.

Approval for Surgery.

Due to the extensive pre op evaluation process, it is generally not possible to obtain approval for your surgery sooner than four weeks from your initial consultation. In all honesty, it can easily take three months. And if the insurance company balks and we have to review and contest the decision, it can take longer. Once approval occurs, we will make all efforts then to schedule your operation consistent with your needs and desires.

You can believe without reservation that we are as interested in getting your surgery approved and scheduled as you are, **consistent with good surgical practices and safety**. We ask that you **call and let us know when you have completed all of your pre op testing and consultations**. In that way we can check to be sure that we have received all of the reports and can “chase” those that have gotten lost.

Scheduling Your Surgery.

Once we have the insurance authorization, we will call you to schedule both your operation and your pre op visit. We always make every effort to give you the date you want. However, there are a lot of things that can get in the way of your having the date you want.

Rarely, for a variety of reasons, we will have to **cancel your surgery** and reschedule it. You can be sure this does not suit us any more than it does you. However, you should **always be prepared to make adjustments in your schedule** should a cancellation occur. We understand that you may have made arrangements for family and friends to travel or take time off from normal life or work. These cancellations are always for a good reason and we cannot take responsibility for any inconvenience, time lost, money spent, or wages lost that a cancellation could cause. Please accept our apologies in advance should that happen to you. **Particularly, try not to:**

- **Take vacation or sick time that you cannot change if your operation is canceled.**
- **Buy plane or travel tickets for you, your friends, or family that cannot be changed if your operation is rescheduled.**
- **Have you spouse take time off work until your operation has actually been done.**
- **Do anything that you cannot cancel or reverse.**

About a week before your surgery date we will see you back in the office to do your **pre op History and Physical**. At this visit we will examine you, review your record to be sure everything is ready for surgery, and have you sign the Informed Consent for Surgery. The Informed Consent is a very serious document that details some of the risk involved in having bariatric surgery.

Informed Consent.

Informed consent is the process of providing you with enough information to allow you to make an *informed consent*, and thus a choice, about what operation you should have, if any at all. In an effort to help you with this task we have given you the various pamphlets and booklets as well as additional information from **New image Bariatric Surgical Associates**. At your pre op History and Physical appointment, which is done a few days to a week before surgery, you will be asked to sign an Informed Consent for the surgery that you have chosen. This document lists a lot of various complications that could occur in spite of everyone's best effort and best practices. It is a very sobering document and stresses the risks of surgery. You can rest assured that we believe that the benefits of surgery for you in your particular case far outweigh the risks or we would not have scheduled your operation.

Conclusion.

As everyone who has tried to diet knows, it is almost impossible to lose much weight **permanently** using diet methods alone. Even the United States Government agrees, as indicated by the National Institutes of Health (NIH) position statement, which states that surgical intervention is indicated for people who meet the morbidly obese criteria. As a means of improving overall health, surgery is indicated when other efforts have been unsuccessful.

Permanent weight loss achieved with bariatric surgery such as a Lap-Band or Roux en Y gastric bypass can average between 50 and 80% of excess weight. While most patients do not lose all of their excess weight, some actually will. It is this weight loss that results in significant improvement to complete resolution of such obesity related illnesses as Coronary Artery Disease, Diabetes, Arthritis, Sleep Apnea, and Hypertension. This is the reason for having surgery. While not guaranteed, Bariatric Surgery will often increase your longevity and provide a better quality of life. Even though Bariatric Surgery may be considered an extreme measure, it beats obesity for the rest of your life.

As a major decision, Bariatric Surgery requires diligent research and considerable thought. We trust the information provided in this *Patient Information Guide*, and in the other booklets and pamphlets included in your packet, will be of great help to you. We welcome your questions, comments, and look forward to seeing you.

