Welcome to our practice!

We are so happy to help you on your weight loss journey. We understand you may be frustrated, anxious, and stressed. The process can be overwhelming and that is why it is extremely important to have an attentive Team working with you including your Surgeon, Nurse Practitioner, Registered Dietitian, Medical Assistants, and Coordinator to always be available and help when it is needed not just before surgery but also well after.

Each new patient consults with a Registered Dietitian and the Surgeon 30 minutes each for a face to face 60 minute conversation so we can discuss any misconceptions about weight loss and how strategies for "overweight" patients trying to lose cosmetic weight are different from strategies for morbidly obese patients who are trying to lose 50-300+ lbs of excess weight. Patients seek the help of a bariatric surgeon when they have already tried the other means and have not achieved their goals through other routes. For a morbidly obese patient, daily fluctuation of 5-10 lbs of ***insensible water losses and gains*** are very common and depend on your salt and water retention and also your GI (food and stool) weight burden. We care about your health and also your time. We see many patients who are unnecessarily sold expensive diet pills, proprietary products, unnecessary tests, and unrealistic weight loss plans only to lose a small amount of weight and return with more weight gain and more disillusion. There are pros/cons to bariatric surgery and our job is to give people evidenced based surgical options that have been research proven as the most cost effective treatment for morbid obesity.

Bariatric surgery is only a <u>tool</u> to help prevent overeating in volume and frequency in order to lose weight efficiently.

Weight loss is a very sensitive topic. Be prepared to talk about reasons why you are finding it difficult to lose weight. As compassionate as we are, we still need to be able to ask you detailed questions about your eating habits and challenge your thought process. Bring a visitor only if you consent for them to listen. We will compassionately listen and provide critical feedback necessary to help you achieve your goals.

The National Institute of Health criteria for bariatric surgery include a BMI 35 and greater with medical problems caused by obesity. Patients are counseled by a Registered Dietician & a mental health professional such as a Clinical Psychologist or Psychiatrist if needed prior to surgery to assess understanding, mental stability, and mental readiness. Bariatric surgery is only one tool and one option to help people lose weight if they are morbidly obese above a BMI of 35 (50+ lbs for an avg height). Obesity is a complex multifactorial problem. Although, diet pills and intense exercise may be effective for those who are overweight with a BMI 25-29 in order to lose 10-20 lbs of cosmetic weight, patients who are morbidly obese are at a much different physiological state. Bariatric surgery has been proven through randomized controlled trials to be more effective than medical therapy alone for morbid obesity. For those who have more to gain than risk, by consensus among leading international medical societies, bariatric surgery has been proven the most effective tool to combat morbid obesity to lose weight and keep it off in the long term.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3470459/
https://www.nejm.org/doi/full/10.1056/nejmoa1600869

Persons 50, 100, or 300 lbs overweight cannot exercise like the 170lbs person who is trying to get down to 150***. Joint pain, cardiopulmonary and vascular intolerance are oftentimes limiting factors.*** Morbidly obese patients must maximize their efficiency by avoiding the extra calories consumed on an average basis. Bariatric surgery helps to provide feedback through restriction and/or malabsorption. When patients avoid overconsumption of calories, they lose weight consistently to achieve massive weight loss and to overcome morbid obesity. Our Registered Dietitian can help to identify areas of your diet that may need substitution. Lifelong follow up is essential to prevent malnutrition and vitamin deficiencies.

*It is **YOUR** responsibility to make the necessary follow up arrangements and to take your supplements including a multivitamin, calcium, vitamin D and other supplements should your diet not include enough daily recommended levels. Surgery also involves risks. During the process we will discuss risks/benefits/alternative to each surgical procedure and proceed only if you are a safe and healthy candidate and are mentally and physically optimized and ready.*

For those new patients who need revisions, please be patient as it may take different modality tests such as x rays, endoscopies, CT and other tests to help determine your anatomy and risk factors. Arriving with copies of your previous Operative Reports will save you on cost and time.

Bariatric insurance coverage can get quite complicated with each individual policy possibly having exclusions and limitations. Our website has information with educational resources however there is no simple process to determine if your insurance covers surgery due to the complexities of insurance systems. As a courtesy, you will have an in house insurance coordinator who will help you navigate through your individual policy. This is a courtesy provided to our patients ***however the ultimate responsibility is the patient's to understand his or her own financial responsibility within their own insurance policy***.

Sincerely,

Dr. Michael Lee

Michael Lee, MD, FACS, FASMBS
Director of Bariatric Surgery, www.LEEBARIATRIC.com

Acknowledgement of Understanding _____ Date_____

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Office Use Only:

PLEASE PRINT & RETURN. THIS FORM MUST BE COMPLETED ***PRIOR*** TO YOUR 1ST APPOINTMENT

MRN_____

Name_____ Date of Birth_____ Sex [ ] M [ ] F

Age_____ Height_____ Current Weight_____ Last Month's Estimated Weight_____ BMI_____

Please leave your email and/or cell if you consent for us to contact you regarding necessary patient care and communication:

Email_____ Cell/Text_____

How did you find us or who referred you to us_____

Goal Weight_____ **Goal clothing size**_____ **Number of years overweight**_____ **Insurance Company/Self** _____

What procedure are you most interested in: _____

What is preventing you from losing more weight _____

What would you like to change about your eating habits _____

History of [ ]**Heart Attack** [ ]**Stroke** [ ]**Blood clot/DVT/PE** Do you have [ ]**Diabetes** [ ]**Hypertension** [ ]Indigestion/cramps/pain/**GERD**/swallowing problems

[ ]Gasbloating [ ]**Vomiting**, how often_____ [ ]**Snoring/sleep apnea/OSA** [ ]CPAP or BiPAP use [ ]**Abdominal hernia/Mesh repair** [ ]**Chronic steroid use** [ ]**Chronic NSAID/Aspirin use** [ ]**Diarrhea**, how often_____ [ ]**Constipation**, how many bowel movements in a week_____

[ ]**Smoking history**, how much_____ [ ]**Current tobacco user**, how much use now_____ [ ]**IV Drug use history**_____

Name of PCP/Primary Care Provider_____

Name of Cardiologist_____

Name of GI/Gastroenterologist_____

Name of Mental Health Professional_____

Diagnosed with [ ]**Schizophrenia** [ ]**Major Depressive Disorder** [ ]**Bipolar Disorder** [ ]**Personality Disorder** [ ]**Panic/Anxiety** [ ]**Other**_____

Last hospitalization for **mental illness**, if any_____Prior **suicide attempt**, if any_____

History of **Alcohol/Substance Abuse**_____How much **alcohol/substance** do you consume per day/week/month_____

Previous Bariatric Surgery, if any	**Surgeon**	**Location**	**Start Wt**	**End Wt**

Additional Brain/Heart/Lung/Abdominal Surgical History_____

_____

_____

Additional Major medical history_____

_____

_____

Major Allergies and Reactions_____

Medication List or attach a list_____

Family Medical History_____

Previous Programs for Attempts at Weight Reduction	**Start Date**	**End Date**	**Weight Loss**
Monthly Doctor visits_____			
Prescription medication, what type_____			
Registered Dietitian_____			
Circle: Metabolife/Weight Watchers/Jenny Craig/Nutrisystem/Red Mountain/SOTA			
Optifast/Medifast_____			
Overeaters Anonymous_____			
Physical Trainer/Crossfit/Gym_____			
Other_____			

Patient Signature: I have answered truthfully to the best of my knowledge_____ Date_____

Physician Attestation: I have reviewed and verified the information above_____ Date_____

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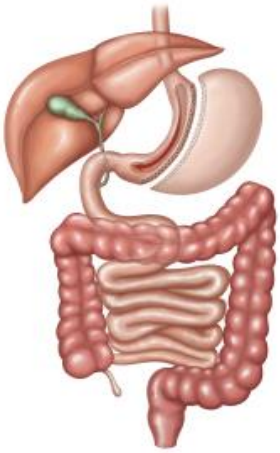
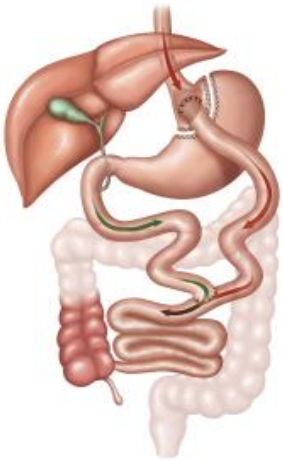


Laparoscopic sleeve gastrectomy is a surgical procedure that reduces the size of the stomach to also reduce food intake. A stapler is used to remove part of the stomach to create a smaller, hollow organ to restrict the passage of food. This results in a remaining tubular stomach, also known as the sleeve. The gastric sleeve involves removing 90% of the stomach's potential volume by removing the stretchiest area of the stomach, which leaves a much smaller tubularized 100cc pouch. The newly created stomach is reduced from the size of a football to the size of a small banana and limits the amount of food and the speed one can eat and swallow at a time. Also, by removing the stretchiest portion of the stomach called the fundus, the portion of the stomach that produces a hormone called ghrelin, one of the main hormones causing the hunger sensation, is removed.

In effect, the sleeve makes one eat slower and eat less by making one feel fuller earlier and sooner preventing binge eating and providing feedback if one eats too much or eats too fast. The metabolic and hormonal effects may also help one to have a lower baseline level of hunger. Below are several fast facts about laparoscopic sleeve gastrectomy surgery.

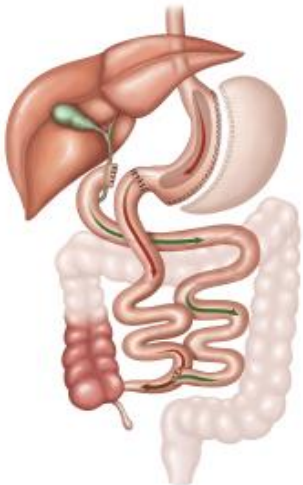
- Involves removing the stretchiest portion of the stomach
- Reduces the size of the stomach from the size of a football to a small banana, creating a tubular stomach, also known as the sleeve
- Helps to reduce the perception of hunger at baseline by removing key hormone-secreting areas of the stomach
- On average, 65% of excess weight loss can be achieved
- Negatives: will cause worsening reflux symptoms if you have preexisting reflux. Leak and bleeding risk.



The laparoscopic Roux-en-y (pronounced "roo-on-why**") Gastric Bypass** is arguably the time-tested gold standard procedure with the most attractive risk/benefit profile operation to cure obesity and even cure its related health complications even before significant weight loss is achieved.

The modern form of the gastric bypass consists of two major parts. One is the creation of a small gastric pouch about the size of a an egg and the other is a re-routing of the small intestine so that the first 4-5 feet of small intestine is skipped or bypassed. The remaining 12-15 feet of small intestine is left undisturbed. This operation combines a restrictive operation which makes you eat less with a fat and bile malabsorptive operation which decreases the amount of fat the body is able to absorb without causing diarrhea. There is plenty of small intestine left and this operation is considered partially "malabsorptive" because most vitamins get absorbed in the first portion of the small intestine. This is why it is very important for a lifelong commitment to taking vitamins because some vitamin deficiencies may cause permanent irreversible damage. Generally, what's necessary is a multivitamin, calcium + vitamin D and further supplementation if needed.

- The most extensively studied long term bariatric procedure
- The most effective operation for weightloss with a balanced risk/benefit profile
- Helps to reduce the perception of hunger at baseline
- Reduces the effective stomach size from the size of a football to the size of an egg and skips about 4 feet of small intestine to train you to eat less and absorb less fat
- Extremely effective in curing diabetes through hormonal mechanisms independent of weightloss, oftentimes immediately post-op
- The most effective treatment for heartburn/acid reflux
- On average, about 75% of excess weight can be achieved.
- Negatives: Tobacco/smoking/vaping and NSAIDS will cause ulcers, internal hernias are rare but possible. Leak and bleeding risk. Gallstone management with ERCP is not feasible without surgery because of the anatomical configuration



The laparoscopic duodenal switch combines a Sleeve with a malabsorptive operation to create massive weight loss. On average, 80% of excess weight can be lost with this operation. This operation is usually done in staged fashion to lower overall risk in extremely morbid obese patients. A sleeve gastrectomy is performed at the first operation and once the patient loses a significant amount of weight in 3-6 months, the small intestine is rerouted to result in malabsorption of food.

- Induces malabsorption of nutrients causing rapid weight loss
- Highest risk/benefit profile
- Can be performed as a two part staged operation for high risk patients
- On average, 85% excess weight loss is achievable
- Negatives: Massive diarrhea, malnutrition. Gallstone management with ERCP is not feasible without surgery because of the anatomical configuration

Acknowledgement of Understanding and all Questions answered (Sign at visit)_____ Date_____