

OPTIONS

The Kaiser Permanente Bariatric Surgery Preparation Program



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OPTIONS— Bariatric Surgery Preparation Program

This booklet has been prepared to help answer your questions about bariatric surgery and the pre-surgery preparation program called OPTIONS. The goal of the OPTIONS program is to help you prepare nutritionally, physically, and emotionally for the many changes that come post-surgery and maximize your health outcomes.

Bariatric surgery is one of several tools available at Kaiser Permanente to help you with managing weight. **The Positive Choice Integrative Wellness Center** offers Fasting and Partial Fasting meal-replacement programs, which require a fee and they provide the same health benefits as bariatric surgery, but without the risks. Additionally, and there is a no cost full food weight loss program called Healthy Balance. You may learn more on **positivechoice.org** or contact **Positive Choice Integrative Wellness Center, 858-616-5600**.

In general, Kaiser Permanente does not recommend bariatric surgery for the treatment of obesity because the risks of serious long-term complications and possible death may be greater than the complications of being severely obese. However, in compliance with state regulatory commission rules, Kaiser Permanente provides the option of bariatric surgery to its members. The OPTIONS Bariatric Surgery Preparation Program is a covered medical benefit and there are no fees for members, however the cost for surgery is determined by your medical coverage and may require co-pays for doctor visits and hospitalization for the surgery.

BARIATRIC SURGERY

Currently, Kaiser Permanente offers two types of bariatric surgery; **Roux-en-Y Divided Gastric Bypass Surgery (GBS)** and **Sleeve Gastrectomy (SG)**, also called the **Gastric Sleeve**.

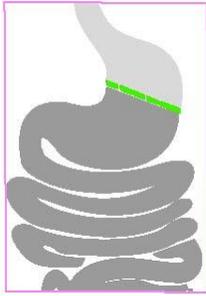
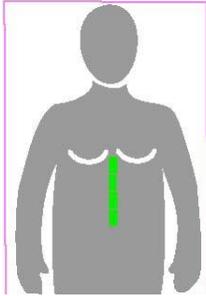
GBS and SG procedures help facilitate weight loss because the size of your stomach is surgically reduced and this limits the amount of food that you can eat at one time. This is referred to as *restrictive* bariatric surgery. Additionally, in GBS, a portion of the upper small intestine is also bypassed, causing you to absorb less of the food you eat. This is referred to as *malabsorptive* bariatric surgery (see diagrams pg. 4, 5).

The decision of which type of surgery you receive is made by the surgeon who performs the surgery. The surgeons consider the amount of weight you need to lose, your medical history, etc. When you complete the OPTIONS program, you meet with a bariatric surgeon, and at that time the surgeon will discuss with you his recommendations about which procedure is the most medically appropriate.

Bariatric surgery is typically performed laparoscopically, however not everyone is a candidate. Laparoscopic surgery requires three to four small incisions to accommodate the insertion of tools used to perform the surgery and has lower rates of infection, incisional hernias, splenectomy (partial or complete removal of the spleen), and mortality. Laparoscopic surgery has higher rates of bowel obstruction, hemorrhage in the digestive tract, possible liver damage, and stomal stenosis (narrowing of the connection between the stomach and intestine).

If you are not a candidate for the laparoscopic surgery procedure, the surgeon will perform an open surgery. Open surgery involves a central incision running from the tip of the breast bone to the navel.

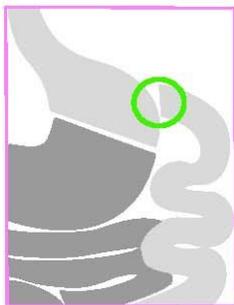
BARIATRIC SURGERY: THE GBS PROCEDURE



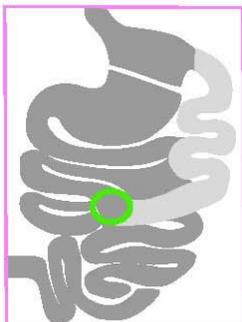
In the GBS procedure, the stomach is surgically separated into two parts. The upper part forms a small pouch, holding approximately one to two fluid ounces. This pouch serves as the new stomach.



The lower part of the stomach and a portion of the small intestine (duodenum and jejunum) are bypassed. Although food does not pass through these bypassed segments, the segments still function; the bypassed stomach secretes its usual gastric juices, and the liver and pancreas still empty digestive juices into the bowel.



The lower part of the small intestine is connected to the small stomach pouch. Food will pass through a small (12 mm, about ½") opening or stoma from the small pouch into the small intestine.



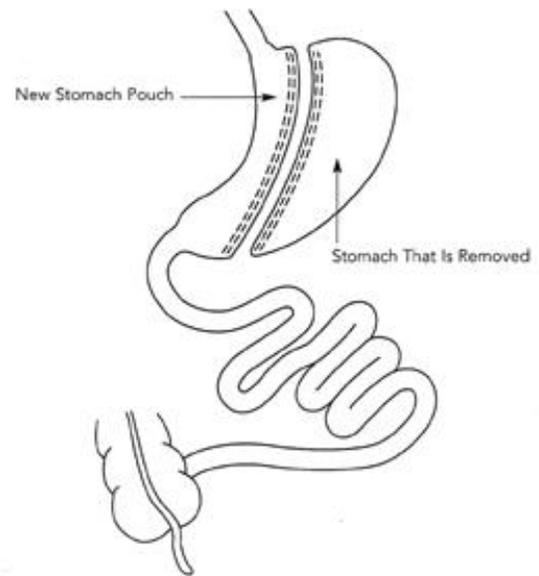
The end of the section of small intestine coming from the bypassed stomach is reconnected to the lower small intestine, forming a Y. This allows digestive juices to empty into the portion of small intestine where food is present. Care is taken to ensure that sufficient small intestine is available between this junction and the large intestine to allow for the absorption of nutrients. However, after surgery, absorption of protein, vitamins, and minerals is reduced and you will need to utilize nutrition supplementation the rest of your life in order to remain healthy and avoid nutrient deficiencies.

BARIATRIC SURGERY: THE SG PROCEDURE

The second type of bariatric surgery is the sleeve gastrectomy (SG) or gastric sleeve procedure. The procedure is classified as a *restrictive* procedure because it restricts the amount of food passing into the main portion of the stomach.

The procedure involves the surgical removal of the outer two-thirds or more of the stomach, leaving a tube-shaped stomach roughly the size of a small banana. The procedure is not as restrictive as the GBS and is not malabsorptive. Weight loss is similar to the GBS. The SG procedure works best for patients within the BMI range of 35 to 45. The SG procedure is NOT reversible.

The smaller stomach limits the amount of food that can be eaten at any one time and usually results in a feeling of fullness after eating a small amount of food.



CANDIDACY FOR BARIATRIC SURGERY

Bariatric surgery is an option for Kaiser Permanente members if you meet the following two criteria:

At the time you enter the OPTIONS Bariatric Surgery Preparation Program:

- **You have a Body Mass Index (BMI)* of 40 or greater, or a Body Mass Index of 35 to 39.9 with diagnosed conditions that confer a high risk for obesity-associated morbidity or mortality.** These include medical conditions like established coronary heart disease, type 2 diabetes, moderate-to-severe sleep apnea, and other clinically significant medical conditions directly related to obesity. See chart below for Weight/height/BMI conversion.
- **You have made serious attempts to lose weight and maintain a healthy weight with traditional approaches.** Surgery of any kind carries considerable risks. Bariatric surgery should never be considered the first strategy for managing excess body weight. Serious attempts mean participating in a structured program that includes a combination of interventions, i.e. nutrition/dietary counseling, behavior modification, and exercise.

BODY MASS INDEX Conversion Chart

	BMI of 35–39	BMI of 40	BMI of 50		BMI of 35–39	BMI of 40	BMI of 50
4'10"	167–186	≥ 190 pounds	≥ 239 pounds	5'7"	223–249	≥ 255 pounds	≥ 319 pounds
4'11"	173–193	≥ 200 pounds	≥ 247 pounds	5'8"	230–256	≥ 260 pounds	≥ 328 pounds
5'0"	179–199	≥ 205 pounds	≥ 255 pounds	5'9"	236–263	≥ 270 pounds	≥ 338 pounds
5'1"	185–206	≥ 210 pounds	≥ 264 pounds	5'10"	243–271	≥ 280 pounds	≥ 348 pounds
5'2"	191–213	≥ 220 pounds	≥ 273 pounds	5'11"	250–279	≥ 285 pounds	≥ 358 pounds
5'3"	197–220	≥ 225 pounds	≥ 282 pounds	6'0"	258–287	≥ 295 pounds	≥ 368 pounds
5'4"	204–227	≥ 230 pounds	≥ 291 pounds	6'1"	265–295	≥ 300 pounds	≥ 378 pounds
5'5"	210–234	≥ 240 pounds	≥ 300 pounds	6'2"	272–303	≥ 310 pounds	≥ 389 pounds
5'6"	216–241	≥ 250 pounds	≥ 309 pounds	6'3"	279–311	≥ 320 pounds	≥ 399 pounds

*Body Mass Index (BMI) is a measurement based on height in relation to weight and is closely linked to a person's body fat. BMI is calculated by dividing your weight in kilograms by height in meters squared (kg/m²).

OPTIONS PROGRAM OVERVIEW

To provide responsible medical treatment and the best possible outcome from surgery, the Southern California Kaiser Permanente Medical Group in San Diego requires that all patients electing to have bariatric surgery attend and complete the OPTIONS Bariatric Surgery Preparation Program. As a participant in the program, you will attend 10 class sessions on a weekly basis before your surgery. The class sessions cover a broad range of experiences and information.

The goals of the OPTIONS program are to:

- Assist you in deciding if bariatric surgery is right for you and to provide education on the benefits, complications, and risks associated with bariatric surgery.
- Help you prepare yourself physically and mentally for the surgery, post-op recovery, and the changes in lifestyle, dietary habits, and self-image that are crucial to long-term success and health.
- Assist you to develop a pre-surgery nutrition plan that helps decrease the chances of medical complications and increase the chances for long-term weight management by aiding you to lose at least 10% of your total body weight during the OPTIONS program.
- Assist you in developing an appropriate, individualized exercise plan. Achieving a certain level of fitness is required prior to having the surgery in order to reduce both post-surgical complications and recovery time.
- Provide information on support networks available in Kaiser Permanente to help you with your continued weight loss and healthy living efforts after the surgery.

OPTIONS PROGRAM DETAILS

- OPTIONS classes meet for 10 weekly sessions for 1½ hours per week. You are required to attend all 10 classes. You are allowed two absences during the program. You must make up any missed classes. If you miss a third class, you will be withdrawn from your OPTIONS class. You will be given the opportunity to begin a new OPTIONS class, starting with session 1. If you miss your initial class 1, you will be withdrawn from the track and will need to be rescheduled into another track.
- Each OPTIONS class has between 10 to 30 people enrolled, all of whom are there to make a decision about bariatric surgery.
- OPTIONS classes are currently being conducted **virtually** in an online platform called Blackboard. The program is offered in the morning, late afternoon, and early evening.
- Attendance in the OPTIONS Program requires you to participate in aerobic and muscle-building exercise prior to surgery. Group facilitators are mindful of different fitness levels and you will be supported in your efforts, no matter your fitness level. Exercise is an important component of the preparation program because successful outcomes require that four to six hours post-surgery, you be able to walk for at least 15 minutes on an ongoing basis to avoid deep vein thrombosis. Your life will depend on you having an adequate fitness level before surgery. Aerobic and muscle-building exercise also affects the quality of muscle tissue which is important during the surgery itself.
- A post-bariatric support group is available to aid you in long-term success. The group meets **virtually** on Blackboard every week and helps with the many dietary and lifestyle changes that need to occur post-surgery. This service is offered at no cost and is open to all Kaiser Permanente members who have had bariatric surgery.
- You have the option to decide against surgery at any time during your program.

- Completion of the OPTIONS Program does not automatically mean you are approved for the surgery. The surgical team reviews factors such as attendance, weight loss, psychological readiness, etc. as part as making the final approval for surgery.
 1. On occasion, participants may not be approved for surgery at the completion of the program due to psychological concerns and psychological services will be recommended.
 2. There will also be those who may not be approved at the completion of the 10-week program due to serious medical concerns that may make the surgery too great a risk.
 3. Those who have gained weight during the program may be held back from surgery by the bariatric surgeon until they lose weight. The surgeon has the last word on surgery approval.
- Moving forward to surgery requires that you:
 1. Complete the 10 Classes of the OPTIONS Program.
 2. Complete required pre-surgery lab work.
 3. Upon authorization for surgery, meet with one of the bariatric surgeons at Kaiser Permanente or with one of the contracted surgeons at Scripps Bariatric and General Surgery Fourth Avenue, as well as with an internist and psychologist at that location.

HOW TO BEGIN

Step 1: Attend the Bariatric Information Session.

As part of qualifying for the OPTIONS program, you will be required to attend a Virtual Bariatric Information Session. We use an online platform called Blackboard. Please call 858-616-5600 to schedule this session, if you haven't already done so.

Step 2: Complete your Medical Interview Appointment

After completing the information session and indicating your interest to move toward enrollment into the Options Program, our medical team will contact you to schedule an appointment with one of our program physicians. At this appointment, you will be medically cleared for the Options program. If it is determined that you are **not** a candidate for this program, you will be provided with information about alternative programs at Kaiser Permanente.

Step 3: Be enrolled in the Options 10-week Bariatric preparation program.

Upon the physician's approval, you will be contacted by our team to schedule your 10-week Options program.

Step 4: Complete required lab work.

At week 5 of your classes, you will be sent an email via kp.org with instructions for doing the necessary lab work in preparation for your surgery. Please complete them at your earliest convenience after receiving the instructions.

COMMON QUESTIONS — Bariatric Surgery

The following information is primarily regarding the GBS, the most commonly performed bariatric surgery. The information applies generally to both bariatric surgeries.

1. **Is bariatric surgery safe?**

All surgeries carry risks. Bariatric surgery carries greater risks of long-term complications and death because patients are obese — a general risk factor for surgery. Glucose intolerance, sluggish immune systems, poor muscle tone, heart disease, diabetes, poor circulation, and poor nutritional status, all common to obese patients, increase the risk of post-surgery complications such as heart failure, stroke, respiratory embolisms, infection, gastric leaks, and blood clotting.

Additionally, the malabsorption of micronutrients associated with post-bariatric surgery patients can lead to metabolic disorders and possibly death. After recovery from the surgery, long-term complications can occur. Most commonly these include gastric leaks along the suture lines, gastrointestinal obstructions, chronic nausea, hernia, bowel obstruction, gallstones, B₁₂ deficiency induced anemia, diarrhea, constipation, and nutrient deficiencies.

2. **How long does it take to recover from surgery?**

Each person is different and so recovery times vary, based on your health prior to surgery. The less you weigh, the more fit you are, and the more you have addressed any health concerns you have, the shorter your overall recovery time. People return to their usual activities within two to six weeks.

3. **How long will it take to lose weight?**

This varies for each person and depends on how much weight you have to lose. Your eating will be severely restricted and many people see a difference in their appearance within the first few months. The average weight loss for the first year is approximately 104 pounds. Keep in mind, however, that the surgery does not guarantee weight loss or weight maintenance. Fifteen percent of the people who have the surgery do not lose weight and the majority of people who have the surgery do not attain a non-obese weight due to non-compliance with eating and exercise recommendations.

4. **Is the surgery painful?**

Some people find the surgery very painful while others do not have much pain. The medical

team will help you with pain management. You should keep in mind that this is major surgery and it will require a good deal of recovery time.

5. **Why do I have to go to classes for 10 weeks?**

We interviewed many people who have had bariatric surgery and their overwhelming reaction to the surgery was, *If only I knew then what I know now* Bariatric surgery requires a lifelong commitment to exercise and to changing the way and amount you eat. Many people recognize, after the surgery, that the issues for them are not so much how much they eat, but why they eat. The classes will concentrate on helping you to understand your eating behaviors as well as giving you critical information to be successful post-surgery.

6. **How will my life change after the surgery?**

One of the biggest changes is the amount of food you will be able to eat at one time. You will be initially required to eat very small amounts of food (at first only one to two ounces) at a time. The goal will be to eventually eat one to three very small meals per day ($\frac{1}{2}$ to $\frac{3}{4}$ cup of food per meal) and to limit snacks to $\frac{1}{2}$ cup of protein supplement once or twice a day. Also, it will be critically important to consume water daily (48 to 64 ounces), and to avoid drinking water $\frac{1}{2}$ hour before a meal, during a meal, and until one hour after a meal. You will need to take vitamin and mineral supplements and will need to avoid caffeine, sugar, saturated fats, oils, alcohol, aspirin, Motrin™, and other non-steroidal anti-inflammatory drugs, tobacco, carbonated beverages, all citrus fruit, and crunchy snack foods for the rest of your life.

7. **After the surgery, will I have to diet and exercise?**

Yes, you will need to permanently eat very small amounts of food and avoid certain types of food. You will need to take vitamin and mineral supplements for the rest of your life and you will need regular exercise.

8. **After the surgery, will I need any medication?**

Depending on your health and fitness and psychological state, you may need to take medication. This is different for each person. Your primary care physician will work with you concerning appropriate medications and dosages.

9. **What are the drawbacks associated with the surgery?**

The major drawback of the surgery is that people can learn to **eat their way out of the surgery**, mostly by snacking between meals. What that means is despite having had the surgery, people continue eating the way they have always eaten and thus do not lose weight and can even gain weight.

10. **Will I be able to do everything I could do before the surgery after I have the surgery?**

You should be able to do everything you did before the surgery except continue to eat as you always have. Once you lose the weight, you may find you are more able to do things you weren't able to do because of carrying excess weight.

11. **What is important about using a protein supplement before and after surgery?**

A protein supplement prepares your body for surgery by ensuring adequate nutrient status, maintaining lean body mass, improving glucose tolerance, and strengthening your immune system. A protein supplement pre-surgery may also reduce surgical risk by helping you to lose pre-surgery weight. Post-surgery protein supplementation ensures an adequate nutrient intake during recovery and will help avoid the *dumping syndrome* (sudden nausea, vomiting and diarrhea).

12. **What is important about taking vitamins and minerals after the surgery?**

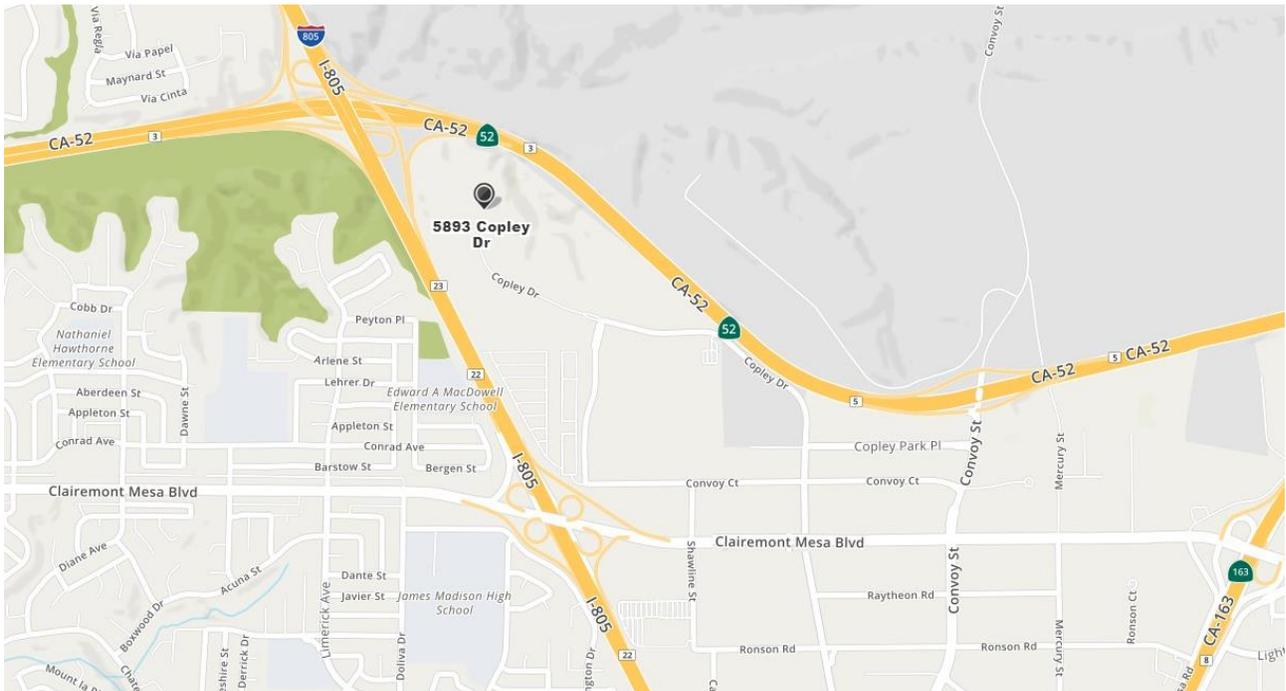
Vitamins and mineral supplements help to address the micronutrient deficiencies commonly found in obese, morbidly obese, and post-bariatric surgery patients.

13. **How long should I wait after my surgery to become pregnant?**

Kaiser Permanente recommends that you wait a minimum of 18 months after surgery (and ideally 24 months) before becoming pregnant. This allows your weight-loss phase to be completed and your body time to adjust to your new, lower calorie lifestyle.

Positive Choice Integrative Wellness Center

5893 Copley Drive, 6th Floor, Garfield Specialty Center, San Diego, CA 92111
(858) 616-5600



From I-805

I-805 to East Clairemont Mesa Blvd; left-hand turn onto Shawline (1st light off exit); down one block, make left turn onto Convoy Court, turn right onto Hickman Field Drive, Turn left onto Copley Drive; Arrive to 5893 Copley Drive, Positive Choice Integrative Wellness Center is located on the 6th floor.

From I-5

I-5 to Highway 52 East; Highway 52 East to I-805 South; Exit East Clairemont Mesa Blvd., Left-hand turn onto Shawline (2nd light off exit); down one block, make left turn onto Convoy Court; turn right onto Hickman Field Drive, Turn left onto Copley Drive; Arrive to 5893 Copley Drive, Positive Choice Integrative Wellness Center is located on the 6th floor.

From I-15

I-15 to Highway 52 West; exit Convoy Street (south or left); Right onto Convoy Court (second light); go several blocks; turn right onto Hickman Field Drive, Turn left onto Copley Drive; Arrive to 5893 Copley Drive, Positive Choice Integrative Wellness Center is located on the 6th floor.