

Welcome to Fairfield Medical Center's Bariatric Program

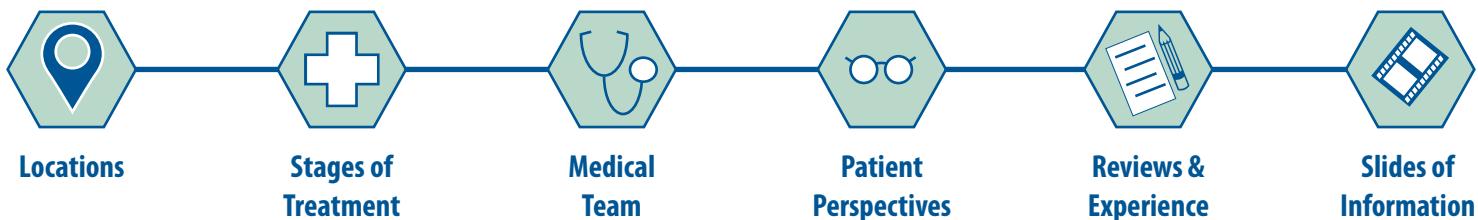


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THE FUTURE STARTS NOW

Thank you for your interest in our program. We understand the importance of this decision, and we are grateful for the opportunity to join you on your journey to a happier, healthier future.

Important information in your packet:



As a team, we look forward to guiding you, encouraging you and celebrating your victories. But first, we want to educate you. Joining our team for a free information session is the perfect way to build a foundation for success.

Welcome to our program. We can't wait to see what the future holds.

Sincerely,

Your Bariatric Services Team



Learn More About Our Health System: Fairfield Medical Center

REGIONAL HEALTH SYSTEM, PERSONALIZED CARE



Fairfield Medical Center is a regional health system serving more than 250,000 residents in the counties of Fairfield, Pickaway, Perry, Hocking, Athens and beyond. With a network of specialty services owned and operated by our organization, your access to care includes more than the providers you'll meet within our bariatric program.

While FMC has more than 20 satellite locations, you are most likely to utilize the following:



River View Medical Office Building

This location houses the program's offices, and you will visit this space throughout your journey for your consultations and check-ups with Dr. Custer and Bethany.

Several other specialty offices are located in this building, including cardiology.



River Valley Campus
2384 N. Memorial Dr.
Lancaster, OH

FMC River Valley Campus

This location is home to many of our education courses. From our free information sessions to your in-program classes and one-on-one meetings with our registered dietitians, you will learn several tools for success at RVC.

Also offered: lab and imaging services, orthopedic care, emergency services and a full-service gym in partnership with the Robert K. Fox YMCA.



Main Campus Surgical Tower
401 N. Ewing St.
Lancaster, OH

FMC Main Campus

This location features our state-of-the-art surgical tower and a centralized pre-admission testing clinic, which means that you can find comfort in a straightforward pre-surgical process and a peaceful recovery in a private, expertly staffed room.

Guide to FMC's Bariatric Program: Pathway to Success

THE TOOLS YOU NEED, THE SUCCESS YOU WANT



Fairfield Medical Center's Bariatric Services Program is about more than an excellent surgical experience. When it comes right down to it, surgery is only one piece of the puzzle as you work toward building your new future. When you join our program, you will learn about the tools and lifestyle changes that will make you successful for years to come.

Here's a brief look at the bariatric program pathway:

What to Expect	Why It's Important
<p><i>Introduction stage:</i> Information seminar Insurance verification</p> <p>Information session slides included in packet</p>	<p>Congratulations on taking the first step! In this stage, you will learn more about bariatric surgery in our free information session, and our team will help you understand insurance requirements specific to your coverage.</p> <p>If bariatric surgery is not covered by your insurance, our team can help you explore alternative options.</p>
<p><i>Education stage:</i> Team consultation Preparatory program (education classes)</p>	<p>Once you have a basic understanding of surgical options, you will meet with the surgeon and program coordinator to discuss a personalized treatment plan and enroll in education classes.</p> <p>This six-month preparatory program is designed to meet insurance requirements while teaching you the basics of nutrition, how to use tracking tools, meal planning and more.</p>
<p><i>Approval stage:</i> Case review Medical clearance and approval</p>	<p>As you finish your education classes, you will roll into the approval stage. Your team will meet to confirm you're ready for surgery, and you may be referred to receive medical clearance from heart and lung specialists, as well as a mental health professional.</p> <p>Please note that all patients are required to meet with a psychiatrist or health psychologist before surgery. This is another tool for success and a great resource on your path to health.</p>
<p><i>Surgical stage:</i> Procedure Recovery Life-long health</p>	<p>By the time your surgery date arrives, you will have formed a trusting relationship with your team and gained valuable knowledge to ensure your success.</p> <p>You will remain in touch with your FMC Bariatric Services Team for years to come, and we will be cheering you on every step of the way.</p>

Meet the Bariatric Services Team: Key Players in Your Care



Timothy Custer, MD, FACS | General and Bariatric Surgeon

Sharing the tool of bariatric surgery to help individuals live happier, healthier lives is among the most rewarding experiences of Dr. Custer's career. In addition to making a difference for his patients in Ohio, Dr. Custer also supports medical missions hospitals in West Africa. Even after years of service, he continues to find each trip humbling and full of purpose. When not serving others, Dr. Custer enjoys hiking national parks with his family and keeping up with his children as they pursue their goals.



Bethany Smith, PA-C | Program Coordinator

Bethany is a natural caregiver with a nurturing spirit. She was inspired to pursue a career in medicine when she realized the decision would allow her to build a life full of meaningful relationships and giving back to the people she meets along the way. Many may not know that Bethany spent much of her childhood on a cattle farm in New Jersey and feels most at-home in a small town. In her free time, Bethany loves to create art, with oil painting and ceramics being her go-to mediums.



Angela Rowe | Clinical Coordinator

As a long-time member of the team, Angela has spent several years helping patients move seamlessly and confidently through the bariatric program. From the beginning of the decision-making process to setting a surgical date, Angela is often the point of contact for patients looking to transform their lives, and she loves having the opportunity to cheer others on at a personal level. If you have questions or concerns, Angela's words of encouragement and experience are sure to put your mind at ease.



Elizabeth Beougher | Benefit and Eligibility Coordinator

Elizabeth helps others achieve their dreams by navigating the world of insurance claims and requirements. Her expertise allows patients to find peace in knowing the paperwork and headache of coverage and reimbursement have been taken care of, allowing them to focus on their education and new lifestyle. Elizabeth grew up in Circleville, but has lived in Hocking County for more than 30 years. When she's not working alongside the team, she loves to spend her time reading, gardening, traveling, camping and visiting with friends.



Emily Schmelzer, RD | Registered Dietitian

Emily grew up in the Lancaster area, where her own childhood experience inspired her career path as a registered dietitian. Emily loves empowering others as they learn the importance of proper nutrition and the many ways a balanced diet can improve health, and she is among the first in line to celebrate the victories and accomplishments of her patients. Emily is also the mother of two young children and spends her "free time" embracing the interesting (and exhausting) antics of raising her family alongside her husband.



Kimberly Kohli, PhD | Psychologist and Certified Bariatric Counselor

Dr. Kohli is a lover of animals, outdoor hobbies and an avid sports fan. When she's not cheering on the Reds, Broncos or Blue Jackets, she is likely outside exploring with her family. Above all else, Dr. Kohli is passionate about helping people. As a mental health provider, she offers support, guidance and resources to patients as they navigate the transformation that comes with bariatric surgery. From adopting healthy habits to fostering awareness and building confidence, Dr. Kohli offers compassionate, personalized care to all.



Angeline Stergiou, MD | Psychiatrist

Mental health is health, and Dr. Stergiou has been caring for minds at Fairfield Medical Center for nearly thirty years. As a psychiatrist, Dr. Stergiou is dedicated to expanding access to mental health resources in the community and creating treatment opportunities for wellness, growth and life-long success.

Real People, Real Success:

Patient Experiences Matter

PATIENT PERSPECTIVES



When Chris and Jennifer Boggs, of Gloucester, decided to attend a free information seminar with FMC's bariatric team back in 2019, the couple was struggling with excess weight gain and a multitude of related health problems that had led them to adopt near-sedentary lifestyles. Because they had struggled with more traditional weight loss methods in the past, Chris and Jennifer were apprehensive about whether they were headed down another dead end. Luckily, the information session put their minds at ease. "During the session, they re-framed obesity in a way that made sense – and we left feeling like there was hope," Chris said.

FMC's Bariatric Services Program is a comprehensive Center of Excellence made up of experienced and specialized clinicians and experts who give patients the tools they need to ensure success after surgery. Chris and Jennifer said their experience with the team at FMC's Bariatric Services Program was different than past interactions with other providers.

"From the very beginning, there was no judgment from the team. We didn't feel like we needed to be ashamed," Jennifer explained. "It was a relief to understand what was happening, why other weight loss methods didn't work."

Today, Chris and Jennifer, who both underwent Roux-en-Y gastric bypass procedures, have lost 215 pounds and 193 pounds, respectively, and have developed healthier and more active lifestyles (including biking, hiking, kayaking and even zip-lining) to help keep the weight off for good.

"It feels like we're finally able to live life," Jennifer said. "We are completely different people now."



Jennifer & Chris Boggs hold a "before" photograph of themselves

Real People, Real Success:

Patient Experiences Matter

PATIENT TESTIMONIALS



Over the years, we've asked our patients to share their honest feedback about our program and their journey at their one-year follow-up appointment. Here are some of their responses:

What are you able to do now that you could not do prior to weight loss surgery?

- Walk, jog and run (and enjoy it)
- Stand for long periods of time
- Cross my legs and sit comfortably
- Look forward to shopping for clothes
- Have more energy to enjoy my life
- Stop taking so many medications
- Ride my bike again
- Keep up with my young kids
- Sleep all night and feel rested

- Great doctor and team. Thank you!
- This is the best team to help with everything needed during weight loss.
- They are great! Thanks for helping me and making me feel more positive!
- Thank you for helping me get my life back! Everybody involved was great.
- Everyone was amazing and very understanding.

- Do it! I feel so much better now.
- Go for it. You will feel so much better.
- Do it now, don't wait: Prepare yourself and your mind.
- Don't delay the process. It's easily the best decision I've ever made.
- Weigh the positives and negatives. For me, the positives made it all worth it.
- Pay attention in class!

What advice would you give someone considering weight loss surgery?

- It's a journey you won't regret. Well worth it! I feel like a new person.
- It's not just surgery, you have to change the way you live. If you can do that, surgery is right for you.
- Do it if you need it! Stay positive, work towards your goal. Keep pictures and records of your weight loss!

What would you like to share about the treatment and care you received from the FMC Bariatric Services Team?

“ I was planning on going to another facility before my primary care doctor recommended this team, and I'm so pleased he did. Everyone was so helpful as well as knowledgeable.”



Information Session Slides

The following slides are meant to supplement Dr. Custer's discussion, so don't worry if they don't make sense to you right now. Our team will walk you through each of the topics covered in the presentation. If you have questions, be sure to write them down as you go. We want to provide you with all the information you need to make an informed decision about this step in your life.



Learn more about bariatric surgery, frequently asked questions and more at fmchealth.org, or scan the QR code using the camera on your mobile phone for quick access to additional resources.

A presentation slide for Fairfield Medical Center's Bariatric Services. The slide features a blue and green abstract background graphic on the right side. On the left, the FMC logo (a green interlocking circular emblem) is positioned above the text "Fairfield Medical Center". The main title "FMC Bariatric Services" is displayed prominently in large white font. Below the title, the name "Timothy Custer, MD" is written in smaller white font. In the bottom right corner, there is a small white speaker icon.

Meet the Team



Timothy Custer, MD, FACS
General and Bariatric Surgeon

Bethany Smith, PA-C
Physician Assistant

Angeline Stergiou, MD
Psychiatrist

Kimberly Kohli, PhD
Psychologist

Emily Schmelzer, RD
Registered Dietitian

Elizabeth Beougher
Eligibility Coordinator

Angela Rowe
Program Coordinator



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The collage consists of four photographs arranged in a 2x2 grid. The top-left photo shows a woman holding a baby in 2002. The top-right photo shows the same woman sitting at a table in 2012. The bottom-left photo shows her standing in a dark dress in 2019. The bottom-right photo shows her standing in a light-colored dress in 2019. A speaker icon is in the bottom-left corner, and the years 2002 and 2019 are displayed below their respective photos.

Over the past two decades, we have learned a lot about the causes, consequences, and best treatment of severe obesity.



Obesity: Prevalence, Theories, Medical Consequences, Management, and Research Directions

Colin Paul Wilson, Jacqueline Beckham, Bill Campbell, Trista Harvey, Melyn Galbraith, Paul La Bounty, Erika Nasar, Jennifer Wissmann, and Rachael Kinsella

Study: Extreme adult obesity soars

A HEAVY BURDEN ON HOSPITALS
The number of Americans who are extremely obese has quadrupled in nearly a decade, according to a new study.

**Obesity on the Rise in the US
What da Hell Can We Do About It?**

Community Based

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A collage of journal covers related to obesity research and treatment. The journals shown include 'OBESITY SURGERY', 'OBESITY', 'Childhood OBESITY', 'International Journal of Obesity', 'Diabetes, Obesity and Metabolism', and 'British Journal of Obesity'. A speaker icon is located in the bottom left corner.

Over the past two decades, we have learned a lot about the causes, consequences, and best treatment of severe obesity.



Obesity Medicine Association



OBESITY SOCIETY
Research. Education. Action.



AMERICAN SOCIETY OF BARIATRIC PHYSICIANS
ESTABLISHED 1985



OAC
Obesity Action Coalition



ASMBS
American Society for
Metabolic & Bariatric Surgery



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Despite this:

- the *problem continues to grow*, and
- *universal misperception* persists in the way our society views those who struggle with weight.



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Obesity Bias

- Defined as “negative attitudes and beliefs about others because of their weight.”
- It remains perfectly acceptable to shame and mock those who struggle with their weight.
- It is held by both the *general public* and *healthcare workers* alike.

This poisons everything we believe about and how treat those with this problem



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Five Myths About Obesity

1. Obesity is simply a consequence of being lazy and gluttonous.
2. Those who are not obese people lead healthy, disciplined lifestyles.
3. Obese people could lose weight if they would just stick to diet and exercise.
4. Bariatric surgery is a last resort for those who are too weak to succeed “on their own.”
5. Weight loss surgery is not only dangerous and fraught with complications, but often fails.



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“... Studies have shown that those with obesity are perceived as lazy, slow, dirty, stupid, ugly, sloppy, and with poor will power ...”

On the other hand, fit and attractive people are generally perceived as disciplined and successful.



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"If you just try hard enough..."

The assumption that weight control is dependent upon ***will power*** leads to the common belief that obesity is the result of ***character defects*** within that person”



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Many feel **defeated, embarrassed and ashamed** that they are forced to consider such a “**radical and dangerous solution**” to their problem.



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The Reality of Obesity

- Severe obesity is a ***serious disease*** and should be treated as such.
- Those with this problem lead lifestyles ***very similar*** to the rest of the US.
- Diets and exercise are almost ***universally unsuccessful***. This is primarily a result of normal physiology, not poor discipline.
- Weight loss surgery is ***safe and effective***, with excellent long-term results.



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What is Morbid Obesity?

- “Fat deposition sufficient to prevent normal activity or physiologic function, or to cause the onset of a pathologic condition”

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Defined as a BMI of > 40

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Body Mass Index (BMI)

- Index number that allows us to compare weight among individuals of different height

$$\text{BMI} = \text{Wt (Kg)} / \text{Ht (M}^2\text{)}$$



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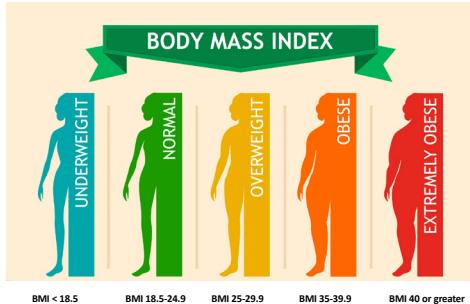
Underweight = BMI <18
Normal Weight = BMI 18-25
Overweight = BMI 25-30
Obese = BMI >30
Severe Obesity = BMI > 35 - 40

		Weight (lbs)																			
		120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	28	29	300	
Height	5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	
		22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	
5'2"	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	
		19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	
5'6"	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	
		17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	
6'0"	6'2"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	
		15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	
6'4"	6'6"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	
		15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	



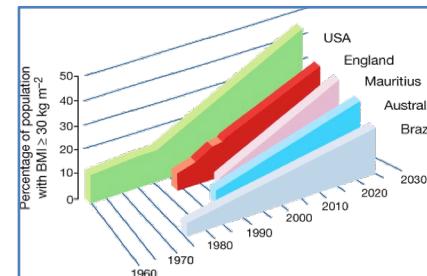
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Obesity in the United States



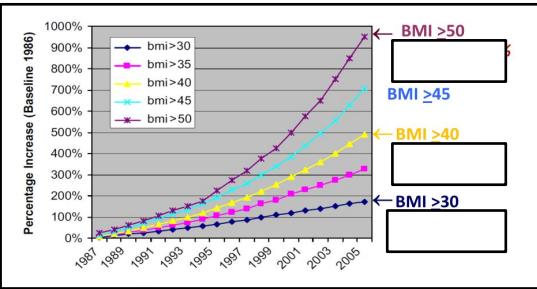
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Obesity is a Worldwide Epidemic



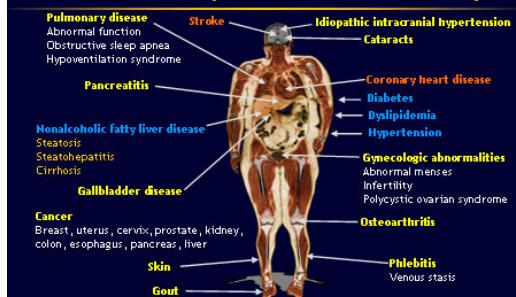
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Growth of Morbid Obesity



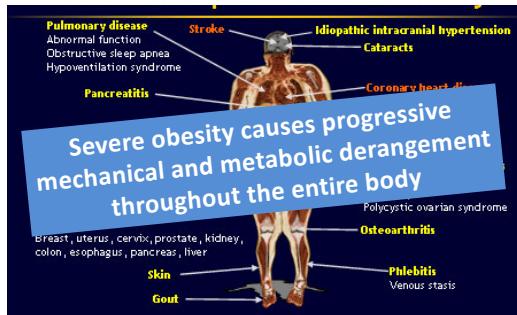
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Consequences of Obesity



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Consequences of Obesity



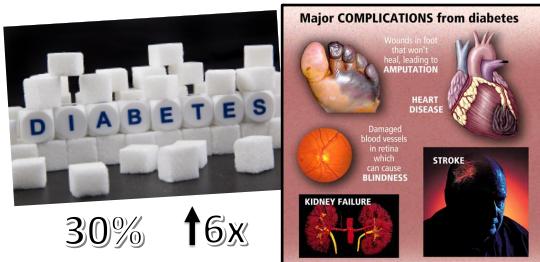
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Obesity is associated with over 50 diseases and 10 types of cancer



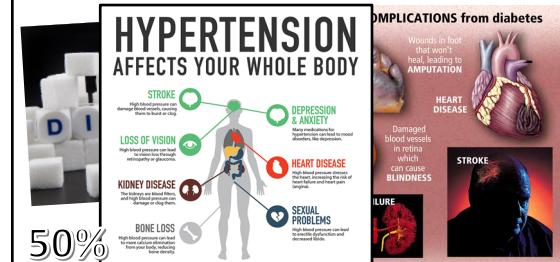
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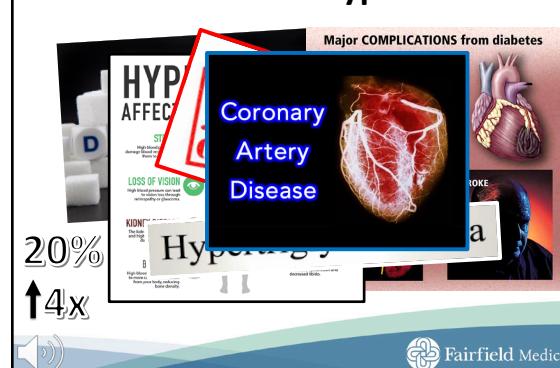
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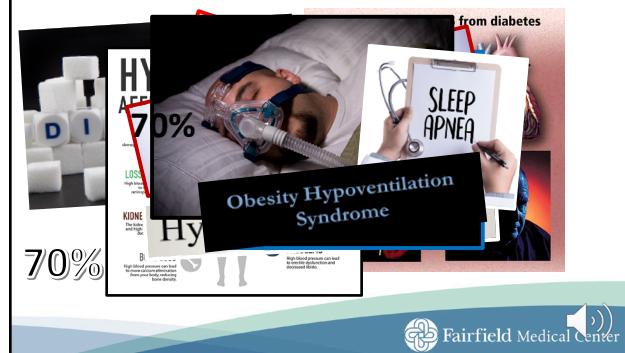


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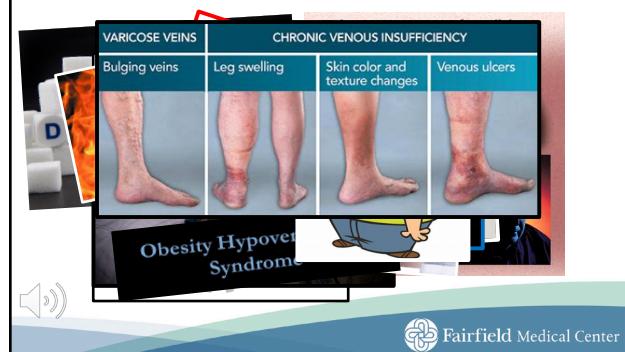
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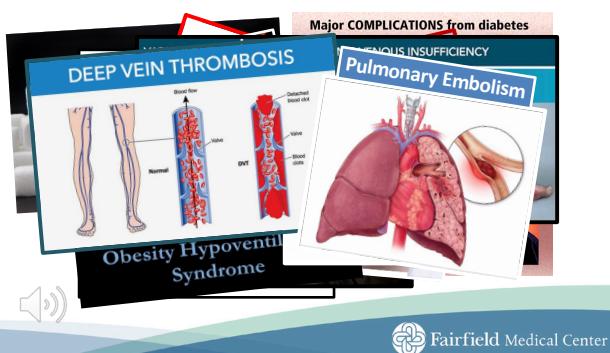
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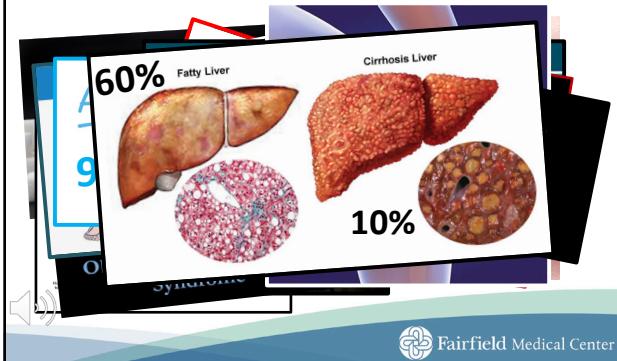
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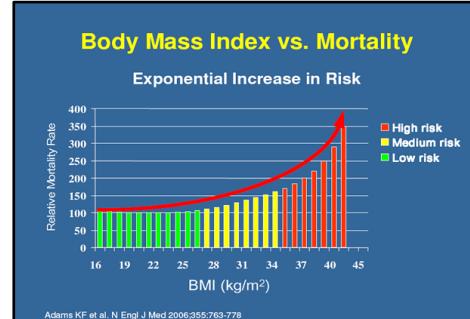
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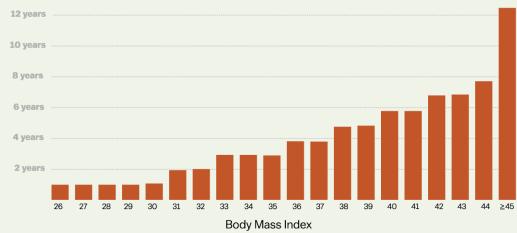
To sum it all up ...



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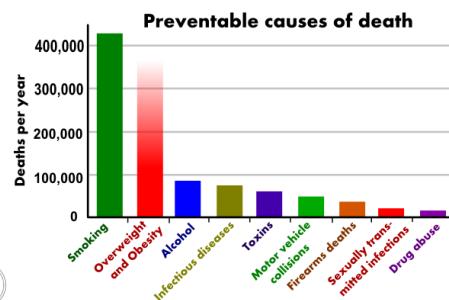
Years of life lost due to obesity

Estimated for 20-year-old white men in the US

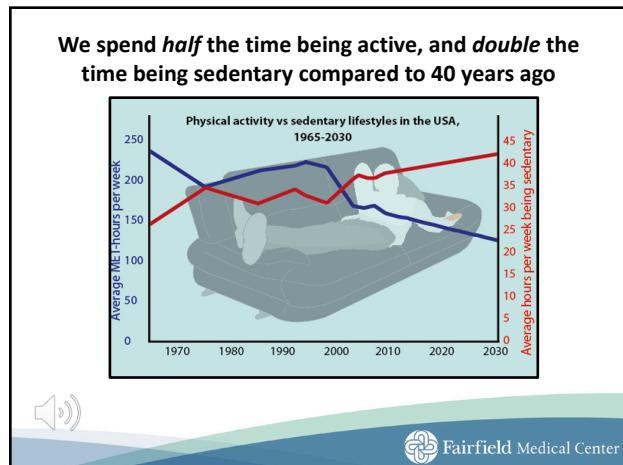
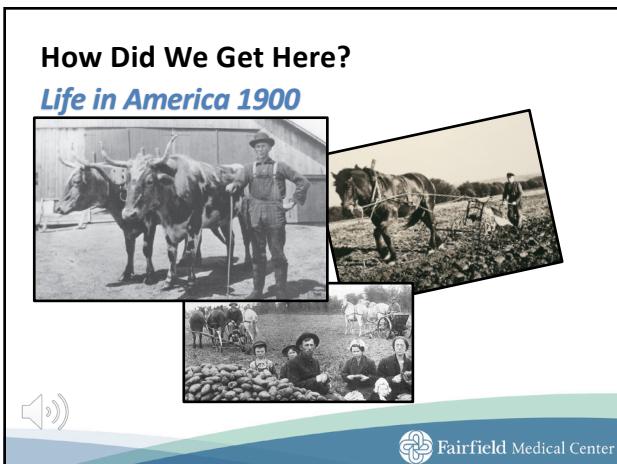
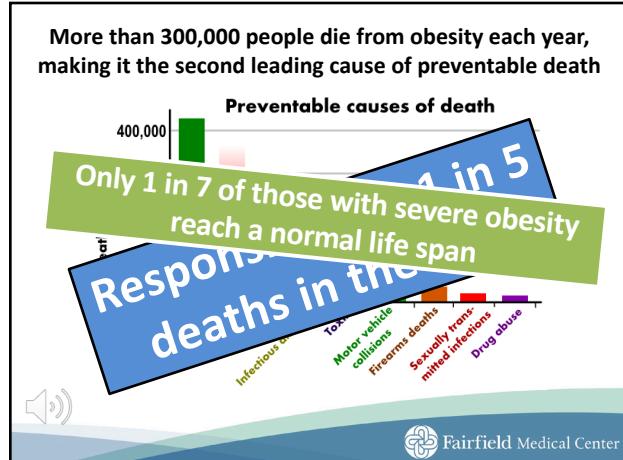
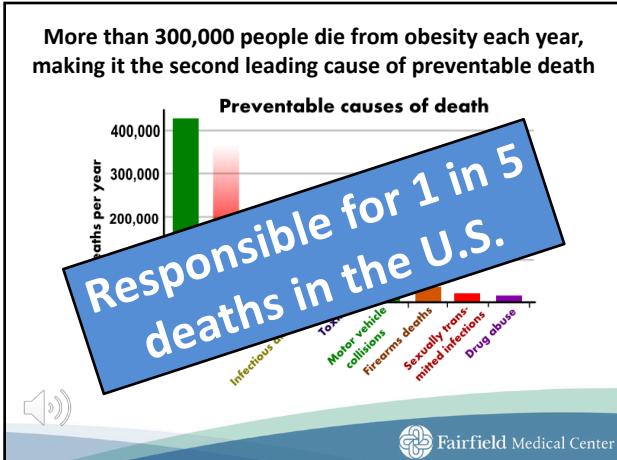


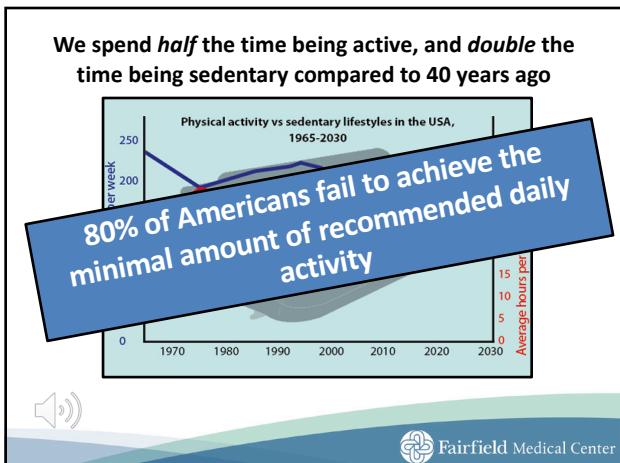
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More than 300,000 people die from obesity each year, making it the second leading cause of preventable death

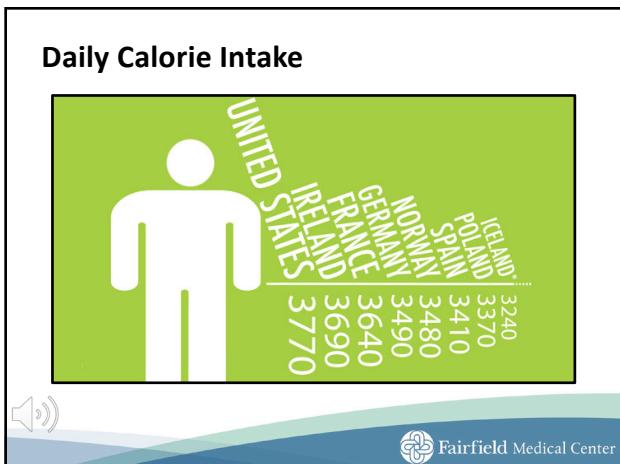
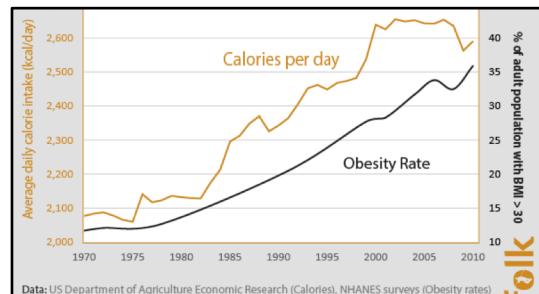


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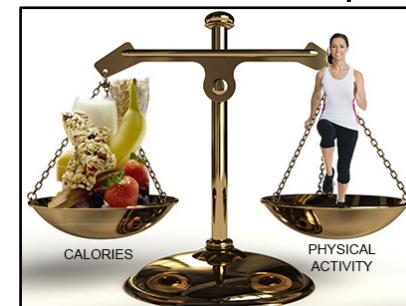




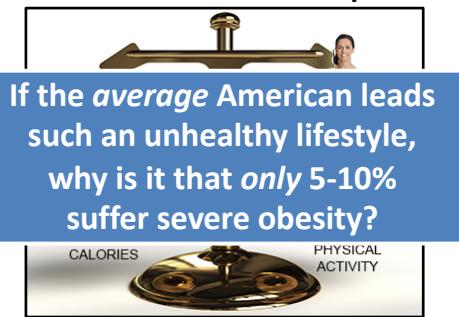
Modern American Diet



But the numbers don't add up?!



But the numbers don't add up?!



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Consumption Paradox

- Recommended Calories = 2,500/day
- Actual Caloric Intake = 3,500/day
- Extra Calories = 1,000/day or *7,000/week*
- Calories/pound Fat = 3,500
 - So, if weight is as simple as balancing calories in versus calories out, every American should, on average, be *gaining 2 lbs./week*, or 100 lbs. each year



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Furthermore, if weight is a result of simple caloric balance, then only 100 extra calories a day would cause 100 lbs. weight gain in 10 years!



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Furthermore, if weight is a result of simple caloric balance, then only 100 extra calories a day would cause 100 lbs. weight gain in 10 years!



Any way you look at it,
many more Americans
should be severely obese
than really are.



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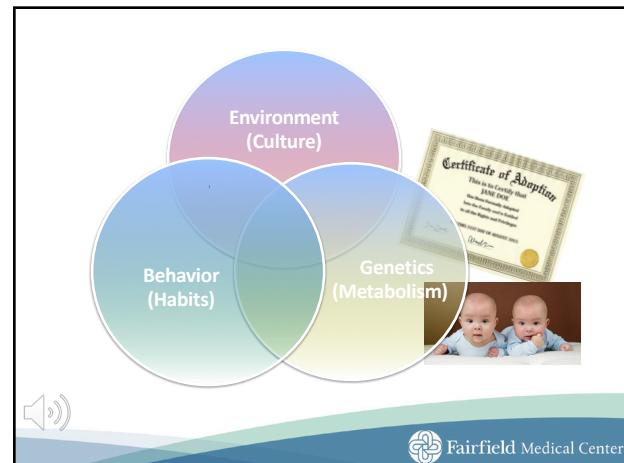
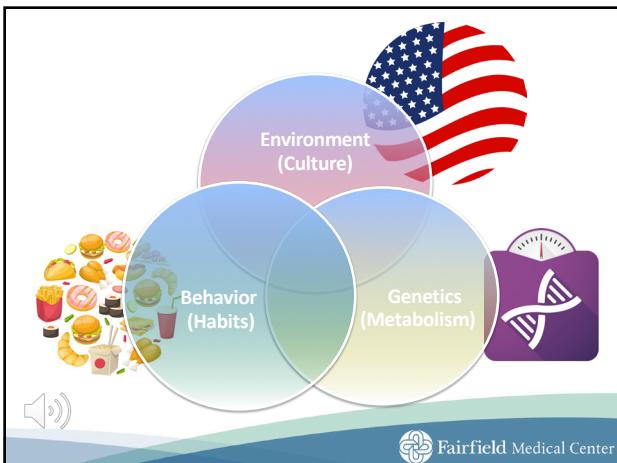
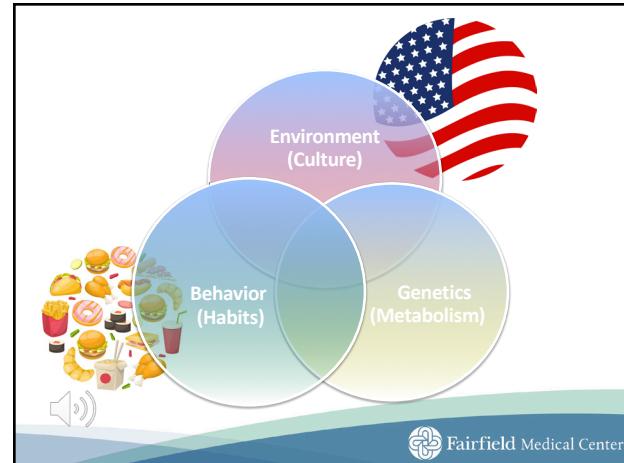
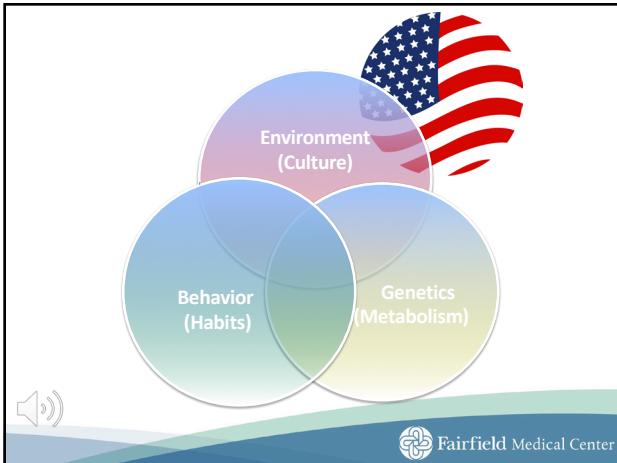
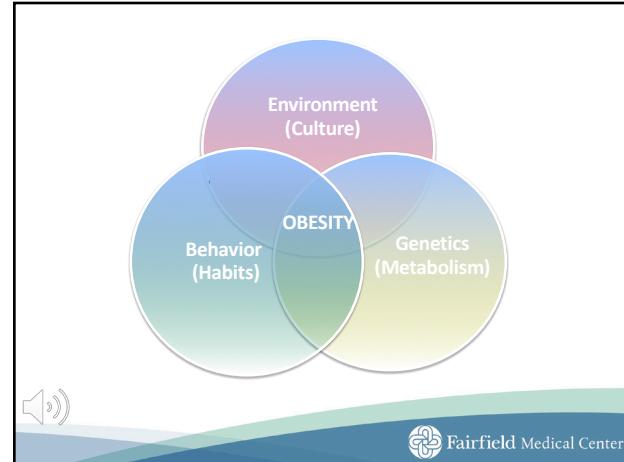
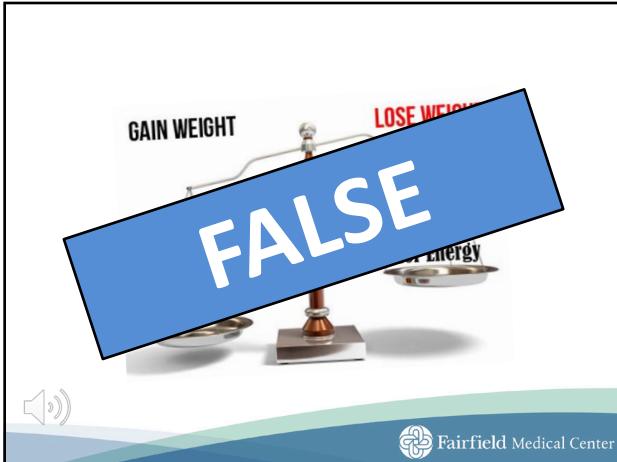
And then there's this ...



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To date, over 40 different genes have been linked to the development of obesity within the correct environment. Up to 85% of obesity has been said to be attributable to genetics.

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To date, over 40 different genes have been linked to the development of obesity within the correct environment. Up to 85% of obesity has been said to be attributable to genetics.

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Myth # 1 Debunked: Obesity is *not* simply a result of being lazy and gluttonous, but rather a result of embracing our modern lifestyle combined with a metabolic/genetic propensity to conserve energy.

Further, it is a serious, life-threatening disease, and should be treated as such.

Myth # 2 Debunked: Those who are not obese *do not*, in fact, live healthy lifestyles. Rather, virtually *all* of us in the US consume way more than we should and are remarkably sedentary.

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Treatment of Obesity

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Medical Weight Loss

ADIPEX-P® @ (phentermine HCl) 37.5 mg
OPTIFAST®
The serious solution for weight loss™
Weight Watchers®
LOSING WEIGHT OVERNIGHT
Physicians WEIGHT LOSS Centers®
Medifast.
16 WAYS TO LOSE WEIGHT FAST
“25 Pounds in Only 2 Weeks!”
Scientists Discover New Weight Loss “Wonder Herb”
• Works on Both Fat Cells
• Get the Body You Deserve in 2009!
Ultimate Weight Loss Lose up to 30 pounds in 30 days!
HCG Program

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108 million people

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So what do the studies say?

- All non-surgical weight loss attempts achieve (at best) modest and short-term success in the morbidly obese population, with about 10% weight loss, and regain in about 95% of individuals within two years

Diets and exercise *do not work* for those with severe obesity



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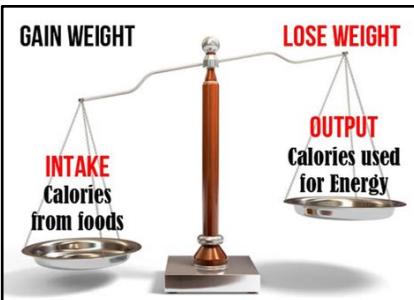
WHY?

Diets and exercise *do not work* for those with severe obesity



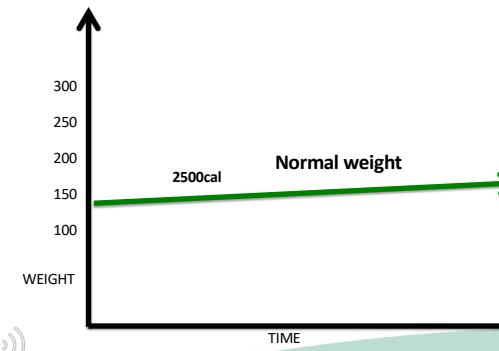
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Calories in vs. Calories out?

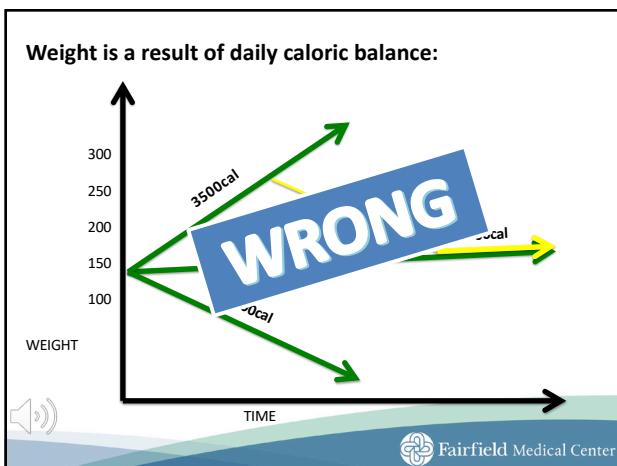
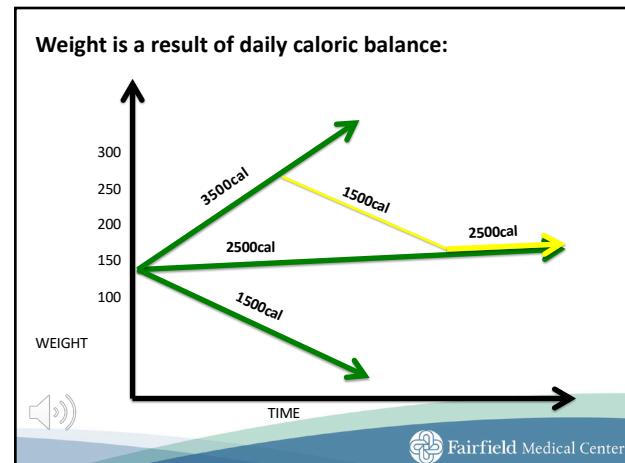
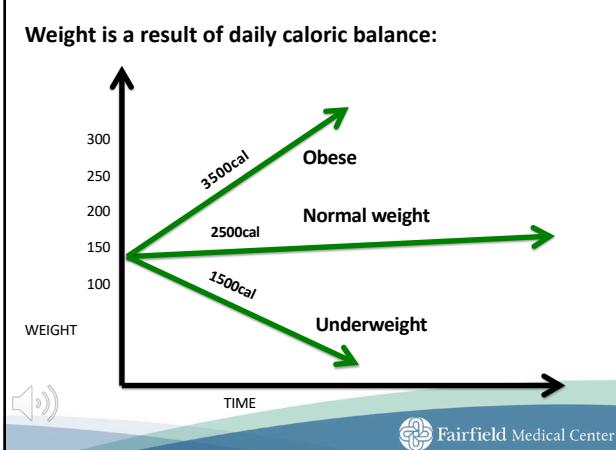


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Weight is a result of daily caloric balance:



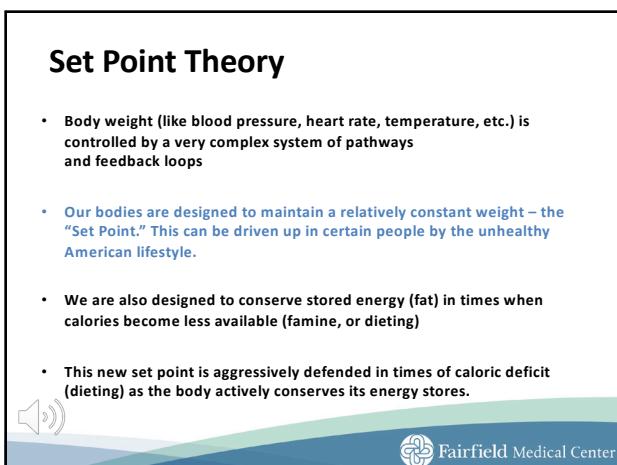
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Set Point Theory

- Body weight (like blood pressure, heart rate, temperature, etc.) is controlled by a very complex system of pathways and feedback loops
- Our bodies are designed to maintain a relatively constant weight – the “Set Point.” This can be driven up in certain people by the unhealthy American lifestyle.
- We are also designed to conserve stored energy (fat) in times when calories become less available (famine, or dieting)
- This new set point is aggressively defended in times of caloric deficit (dieting) as the body actively conserves its energy stores.

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What the Research Says ...

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Huh?



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Weight Gain

Increased Appetite/
Slowing of Metabolism

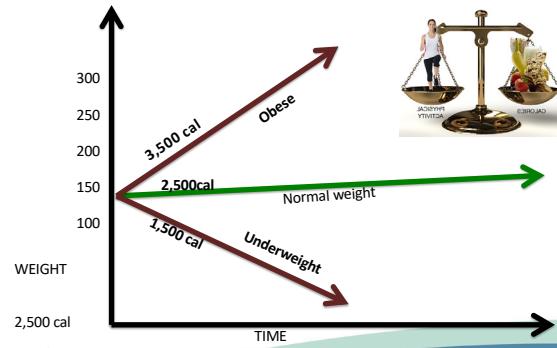
Diet &
Exercise
to Reduce
Weight

Hormone Levels/
Signaling Change to
Keep Weight On



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Body Weight is Controlled by Caloric Balance



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Body Weight is Controlled by a “Set Point”

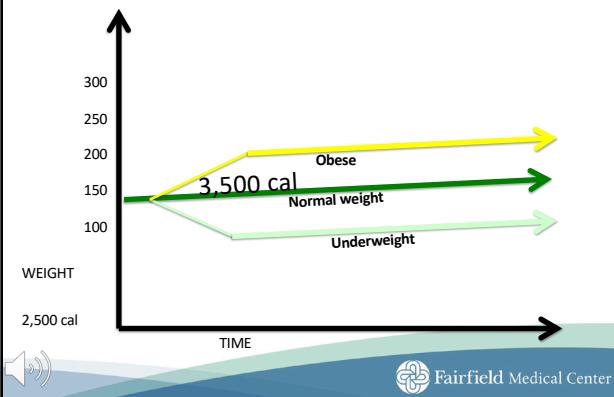
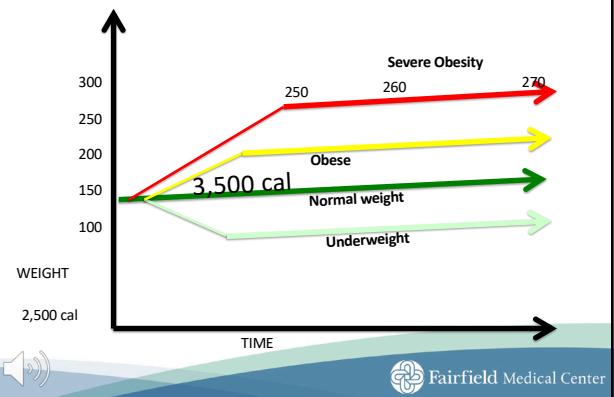
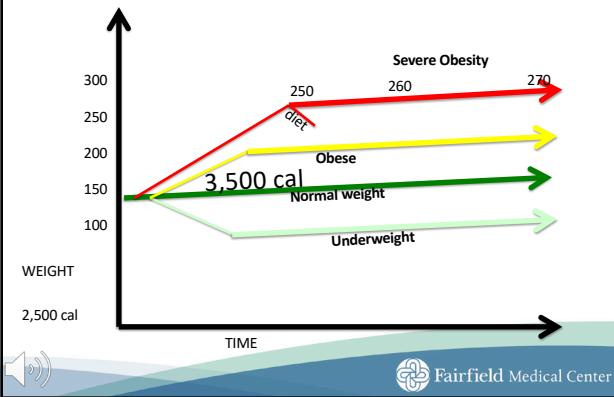
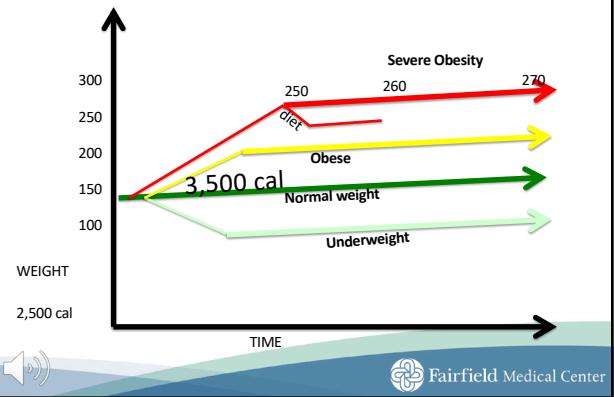
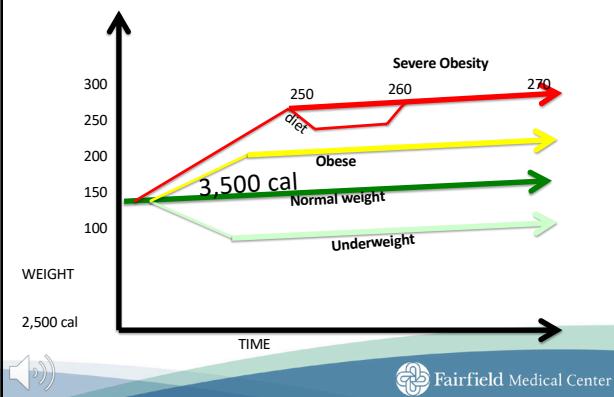
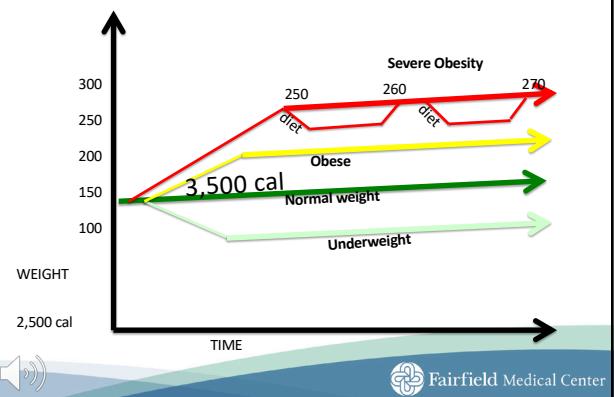


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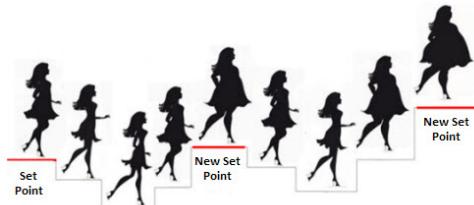
Body Weight is Controlled by a “Set Point”



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Body Weight is Controlled by a “Set Point”**Body Weight is Controlled by a “Set Point”****Body Weight is controlled by a “Set Point”****Body weight is controlled by a “Set Point”****Body weight is controlled by a “Set Point”****Body Weight is Controlled by a “Set Point”**

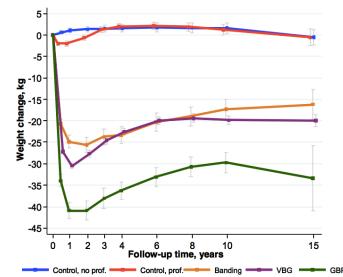
The Set Point in Action:



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Medical vs. Surgical Results

Figure S3. Weight changes over 15 years in SOS subjects without diabetes at baseline in the surgery subgroups and in controls not obtaining (no prof) or obtaining (prof) professional help. 95% CI are shown.



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Myth #3 Debunked: Losing weight by simply eating less and exercising more is doomed for failure.

This is a result of normal physiology, *not* poor discipline.



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These trends were recognized almost 30 years ago by the National Institutes of Health (NIH)

Gastrointestinal Surgery for Severe Obesity



National Institutes of Health
Consensus Development Conference Statement
March 25-27, 1991



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1991 NIH Consensus Conference on Obesity

- Medical Therapy is rarely successful
- Those who fail medical therapy should be treated surgically
- Criteria for surgical therapy:
 - BMI > 40
 - BMI > 35 with significant comorbidities
 - Failed attempts at medical weight loss



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Societies Supporting Weight Loss Surgery (WLS)

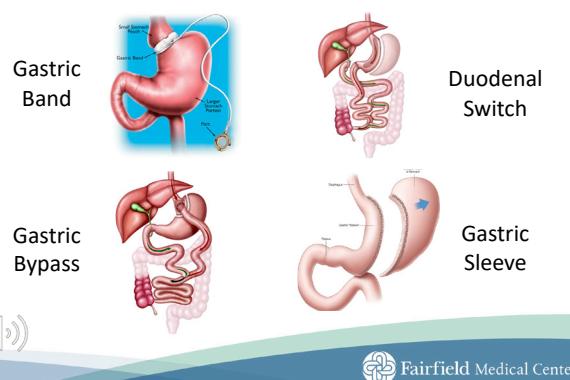


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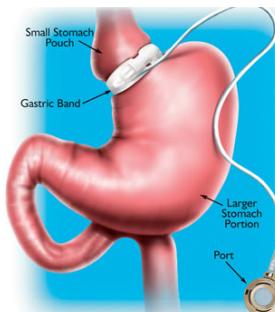
Societies Supporting Weight Loss Surgery (WLS)



Surgical Options



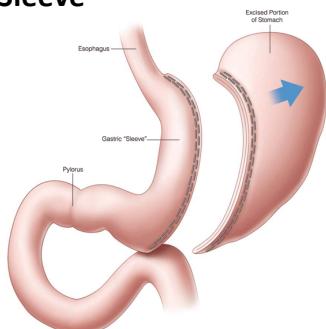
Gastric Band



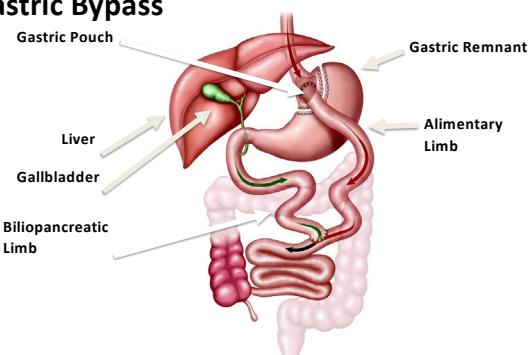
Duodenal Switch



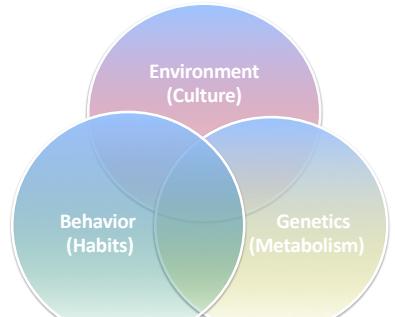
Gastric Sleeve



Gastric Bypass

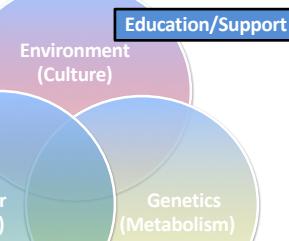


How Does Surgery Work?



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How Does Surgery Work?

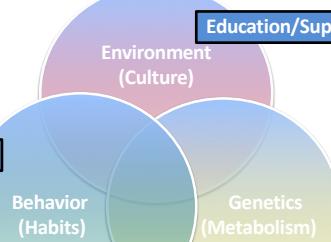


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How Does Surgery Work?

Education/Support

Restriction



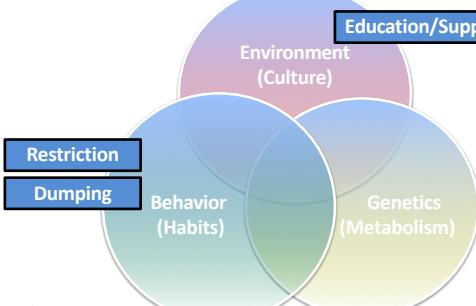
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How Does Surgery Work?

Education/Support

Restriction

Dumping

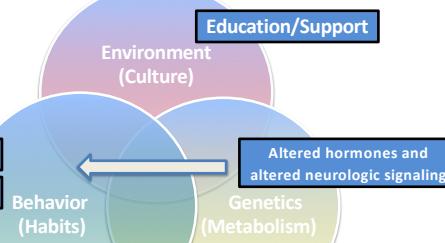


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How Does Surgery Work?

Education/Support

Restriction
Dumping



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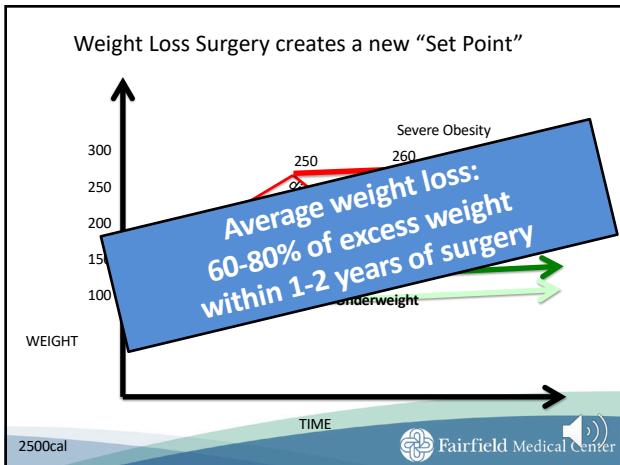
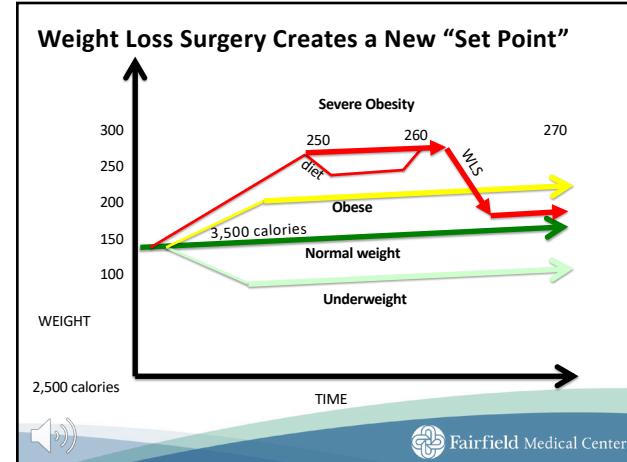
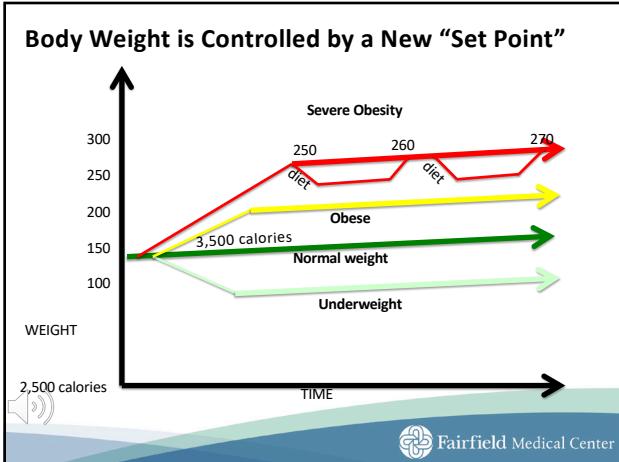
Tools of WLS

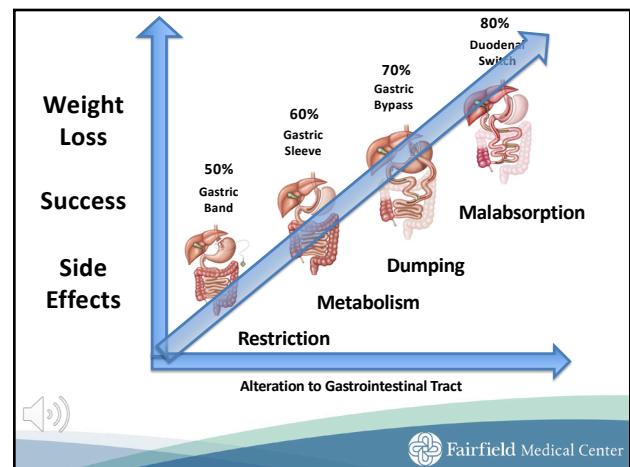
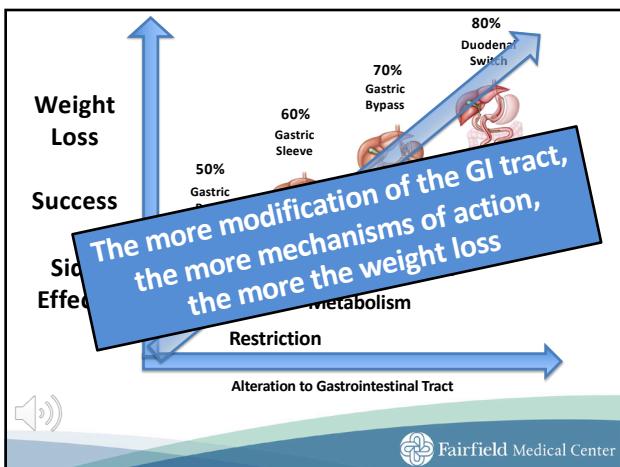


Decreased Hunger
Increased Satiety
Taste/Cravings Change
Increased Metabolic Rate
Decreased Set Point



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Medical Problems

- Arthritis
- Hypertension
- Sleep Apnea
- Gout
- CHF
- Asthma

Medications

- Lasix
- Gabapentin
- Lisinopril
- Metformin
- Metoprolol
- Topamax
- Cyclobenzaprine
- Albuterol
- CPAP

374 lbs

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Medical Problems

- Gout

Medications

- Vitamins

250 lbs

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362 lbs.

Medical Problems

- Hypertension
- Sleep Apnea
- Osteoarthritis
- Depression
- Anxiety
- Hypothyroidism
- Stress Incontinence
- Leg Edema
- Pulmonary HTN
- COPD
- Wheelchair Bound

Medications

CPAP	Atenolol
Lasix	Vicodin
Wellbutrin	Diclofenac
Xanax	Levothyroxine
Oxybutynin	Metoprolol
2 Inhalers	Omeprazole

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155 lbs.

Medical Problems

- Hypothyroidism

Medications

- Levothyroxine

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257 lbs.

Medical Problems:
Diabetes
Hypertension
Sleep Apnea
Coronary Artery Dz
Angina
Atrial Fib
Osteoarthritis
Hypothyroidism
Hyperlipidemia
GERD
Gout

Medications:
Metformin
Glimepiride
Lisinopril
Coreg
Lasix
Omeprazole
Carafate
Synthroid
Pravastatin
CPAP
Cardizem
Aspirin
Allopurinol



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136 lbs.

Medical Problems:
Hypothyroidism

Medications:
Synthroid
Aspirin



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Perception vs. Reality

Bariatric surgeries are dangerous
1 in 200 die
72% suffer complications

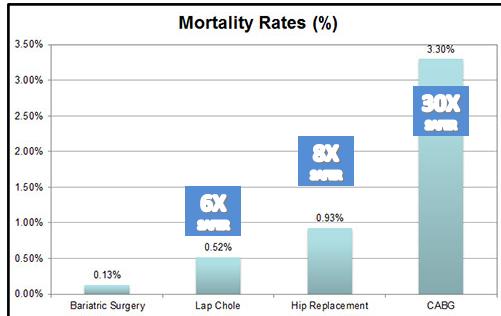


FALSE

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Isn't Bariatric Surgery Dangerous?

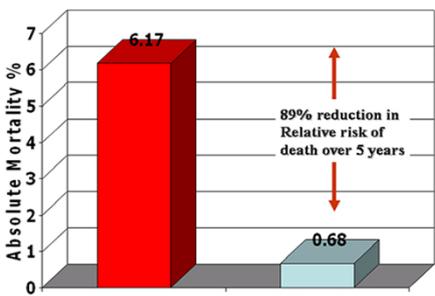
Mortality Rates (%)



Procedure	Mortality Rate (%)	Comparison
Bariatric Surgery	0.13%	
Lap Chole	0.52%	6X safer
Hip Replacement	0.93%	8X safer
CABG	3.30%	30X safer

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6,000 patients: 5 year mortality



Absolute Mortality %

No Surgery Weight Loss Surgery

6.17 0.68

89% reduction in Relative risk of death over 5 years

(Christou,Sampalis,Liberman, 2004)

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6,000 patients: 5 year mortality



Absolute Mortality %

No Surgery Weight Loss Surgery

6.17 0.68

It is actually much more dangerous not to have weight loss surgery

(Christou,Sampalis,Liberman, 2004)

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Risks of Weight Loss Surgery

- Staple Line Leak/Sepsis: .3%
- Pulmonary Embolism: 1%
- Bleeding: 2%
- Bowel Obstruction: 2%
- Marginal Ulcer: 5%
- Pneumonia
- Vitamin Deficiency: Variable
- Malnutrition: <1%
- Death: .1-.3%



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Our Team's Rate of Complication:

Outcomes from 2012–2017 (n=450)

- Mortality: 0%
- Staple line leak/infection: 0%
- Pulmonary Embolism: 0%
- ICU admission: less than 1%
- Average length of stay: 2.5 days



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Myth #4 Debunked: Weight loss Surgery is *not* the last resort for those who are weak-willed. Rather, it is the correct (and the *only* effective) treatment for the disease of obesity.

Myth #5 Debunked: Weight loss surgery is *not* more dangerous than many other common surgeries. In fact, its often safer and often achieves excellent long-term success.



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Conclusions

- Morbid obesity is a *serious disease* and should be treated as such.
- It stems from a combination of *genetic propensity* and the *modern American lifestyle*.
- Medical treatment for this disease is almost *universally unsuccessful*.
- Failure of medical weight loss is a result of physiology, *not a lack of willpower*.
- Surgical therapy is *safe and effective*, reversing the vast majority of medical problems, and dramatically improving the quality and length of life.



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Next Steps:

Angela – Clinical Coordinator:

(740)475-0442
angela.rowe@FMHealth.org



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FMC Bariatric Services

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Suite 250

Lancaster, OH 43130

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