

Metabolic Surgery: Benefits & Risks

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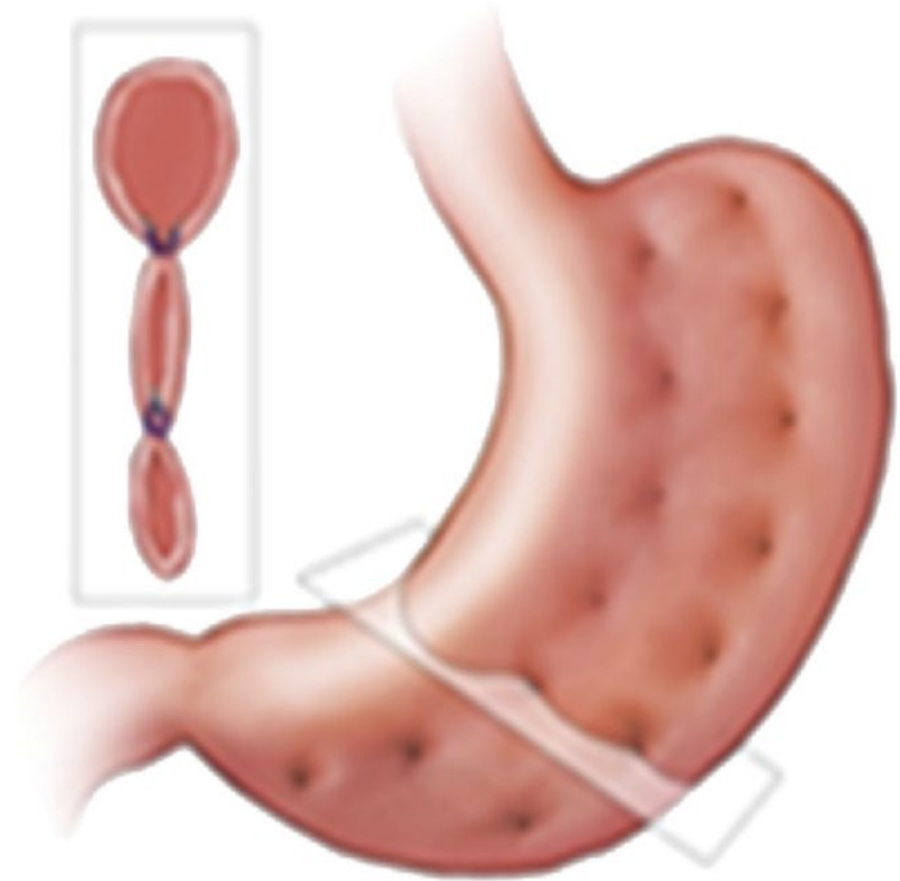
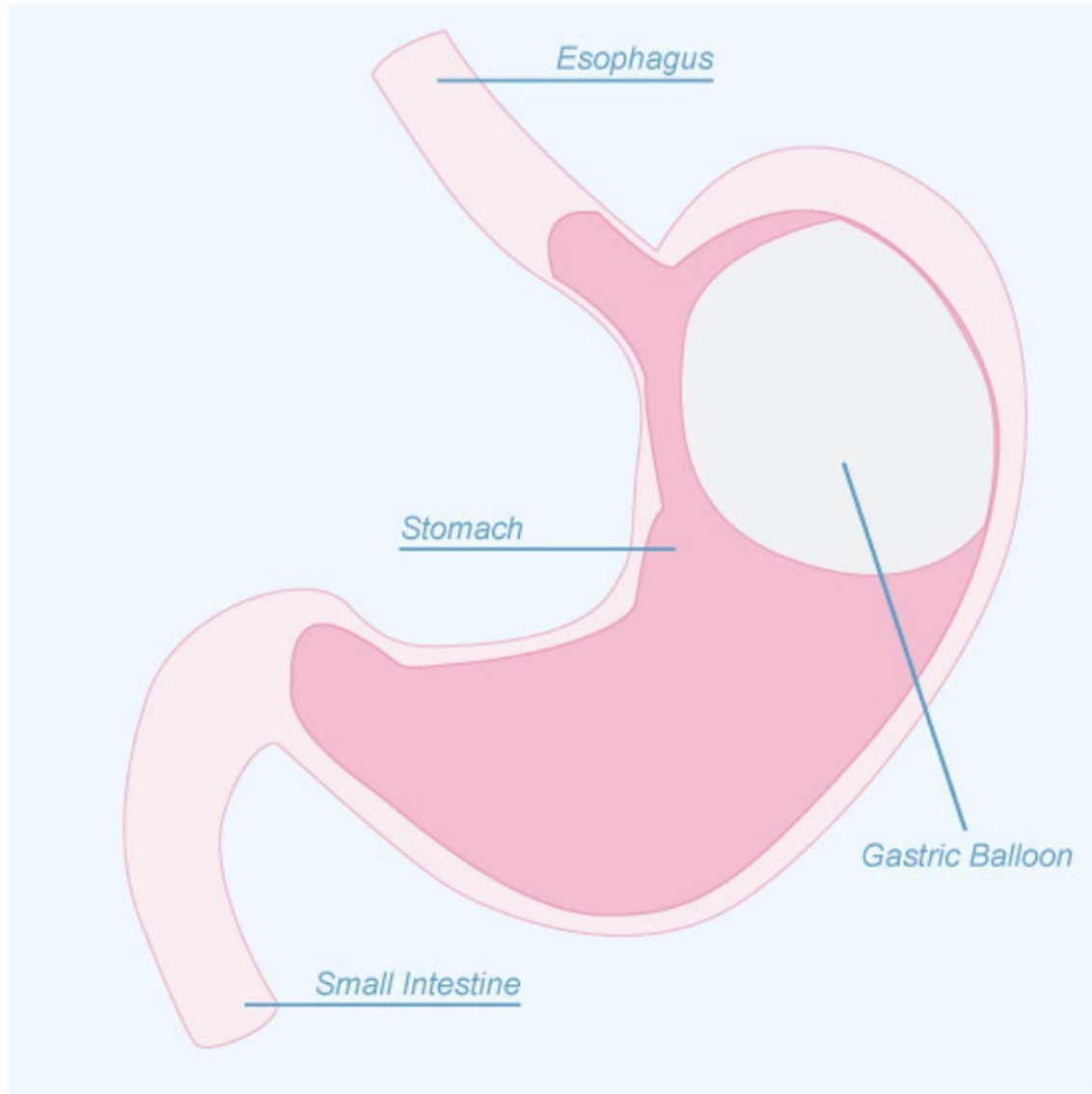
NO DISCLOSURES

OBJECTIVES

- Distinguish between procedures
- Identify benefits of each procedure
- Identify potential risks of each procedure
- Learn needs of long-term follow-up

PROCEDURES

- Endoscopic
 - Gastric Balloon
 - Gastroplasty
 - Transpyloric bulb
- Aspiration therapy
- Vagal Nerve Blocking Therapy
- Laparoscopic
 - Adjustable Gastric Band
 - Vertical Sleeve Gastrectomy
 - Roux-en-Y Gastric Bypass
 - Duodenal Switch



Endoscopic Sleeve Gastroplasty

NON-TRADITIONAL PROCEDURES

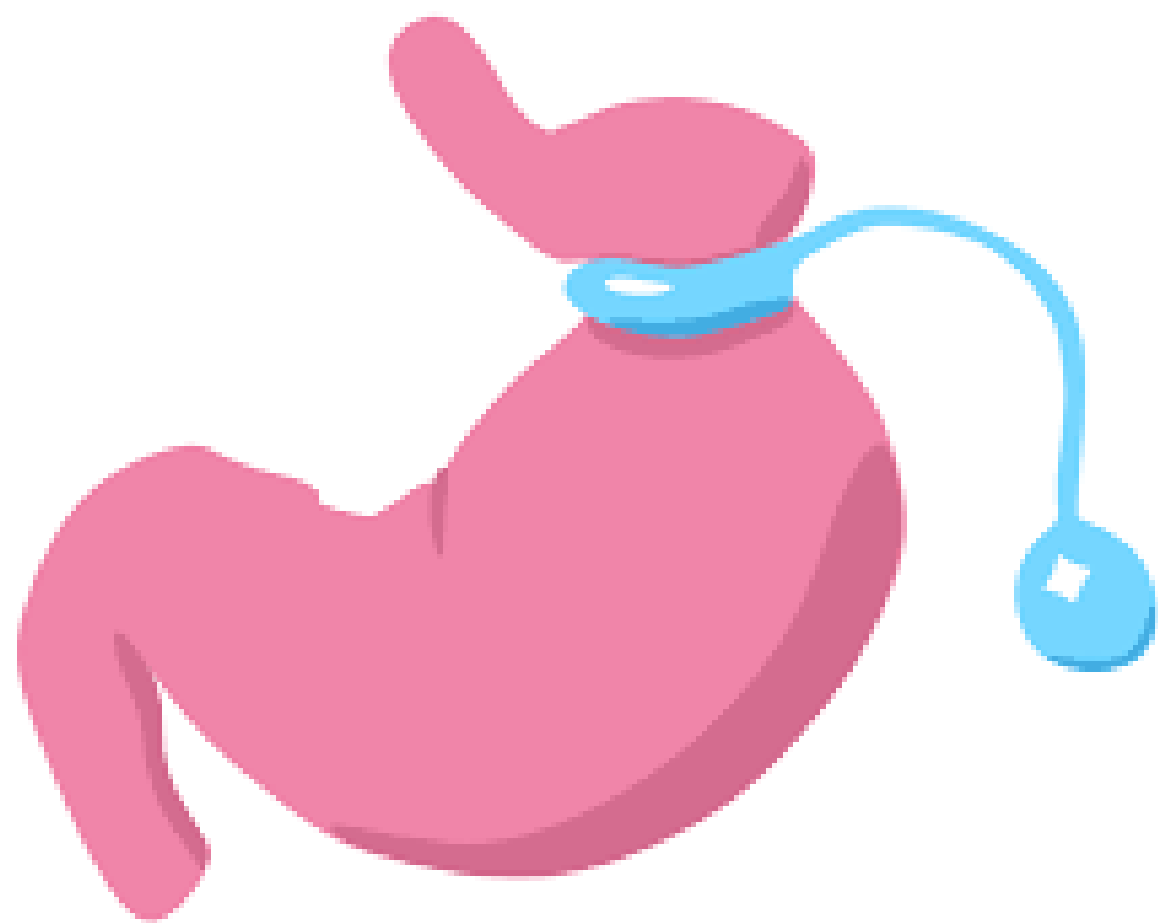
BENEFITS

- Restricts intake
- Less invasive
- Shorter hospital stay
- Available for lower BMIs

RISKS

- Costly
- Less weight loss
- Perforation
- Obstruction





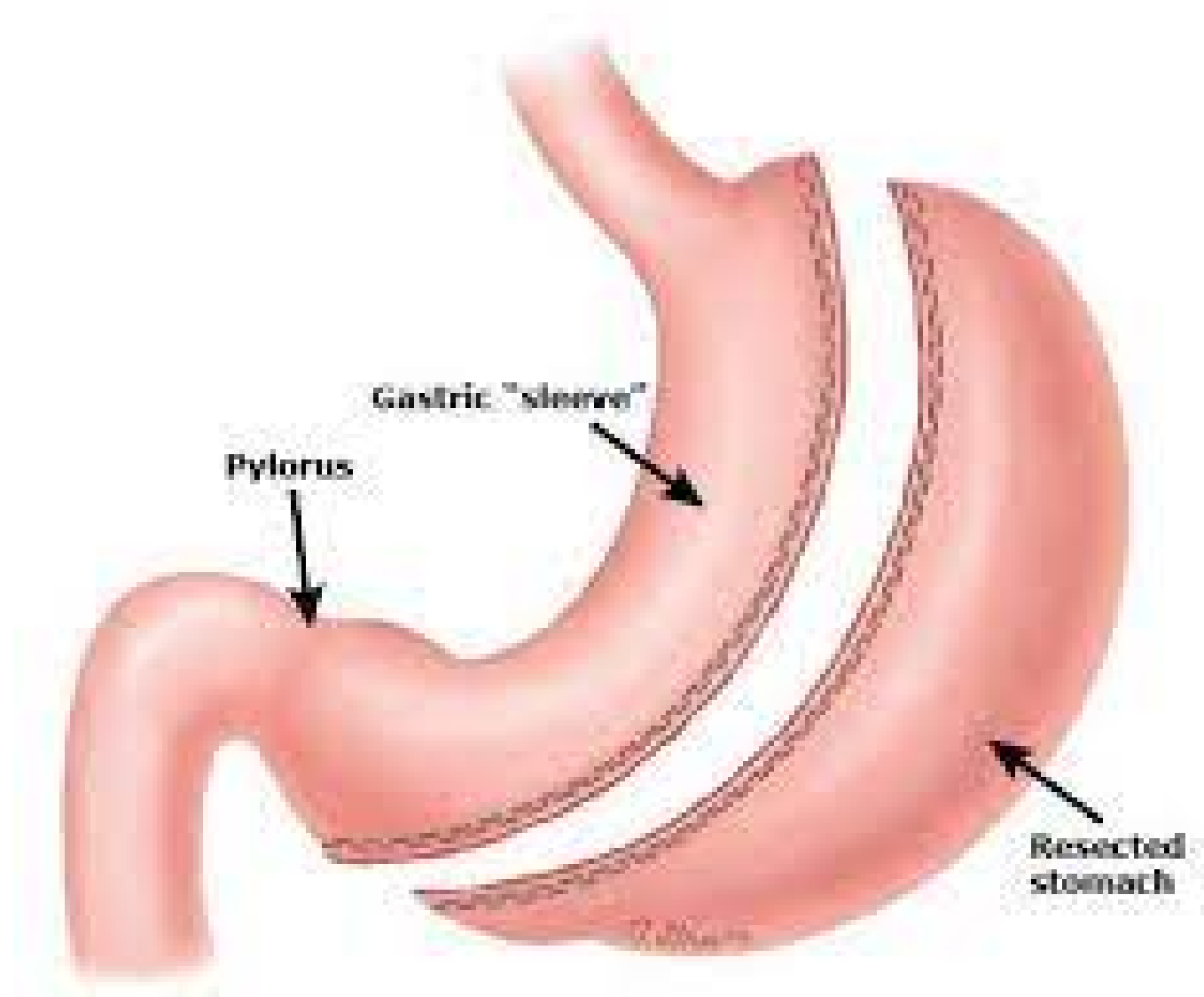
GASTRIC BAND

BENEFITS

- Restricts intake
- Modest weight loss
- Reversible
- Adjustable
- Less malnutrition risk

RISKS

- Reflux
- Slippage
- Obstruction
- Erosion
- Esophageal dilation
- Port dislodgement
- Highest reoperation rate



VERTICAL SLEEVE GASTRECTOMY

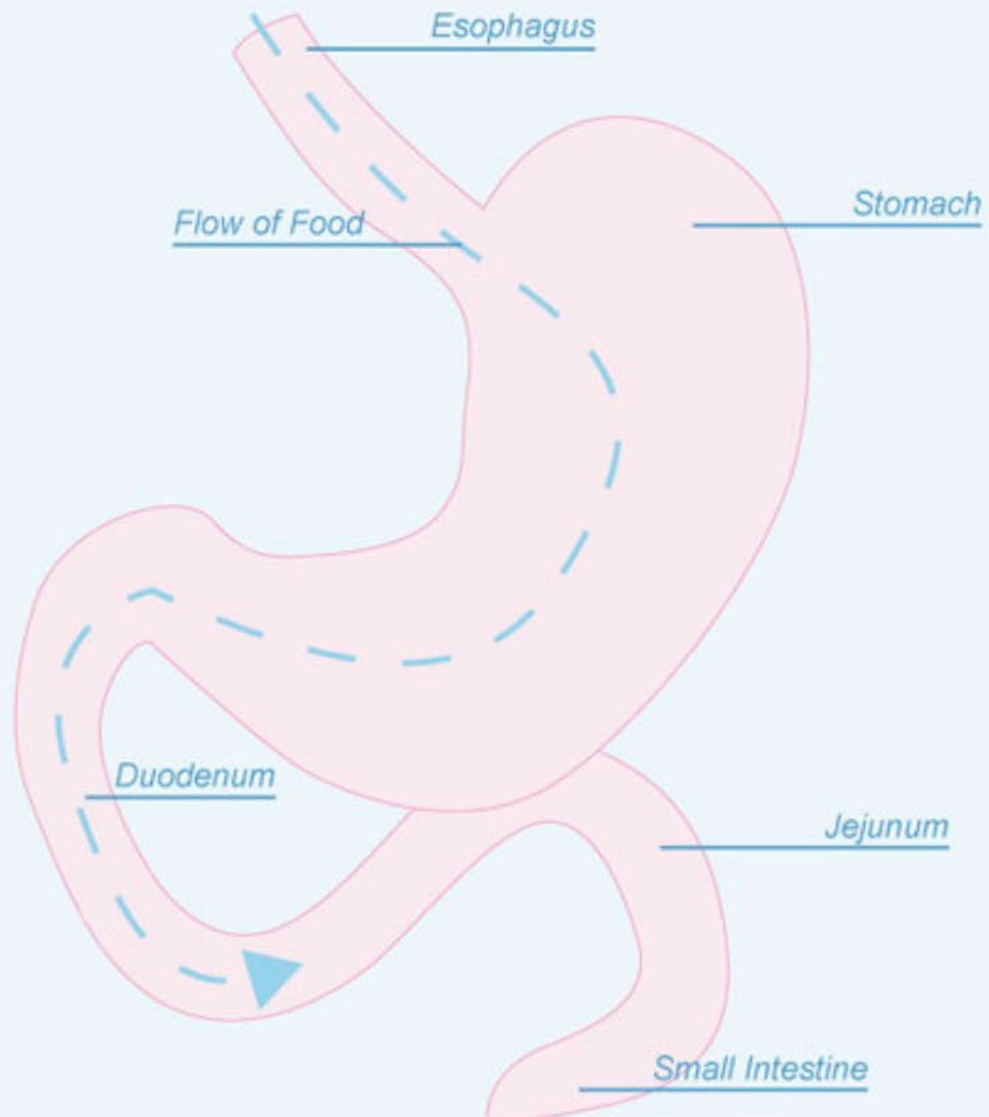
BENEFITS

- Restricts intake
- Reduction in ghrelin production
- No foreign body
- >50% of excess weight loss

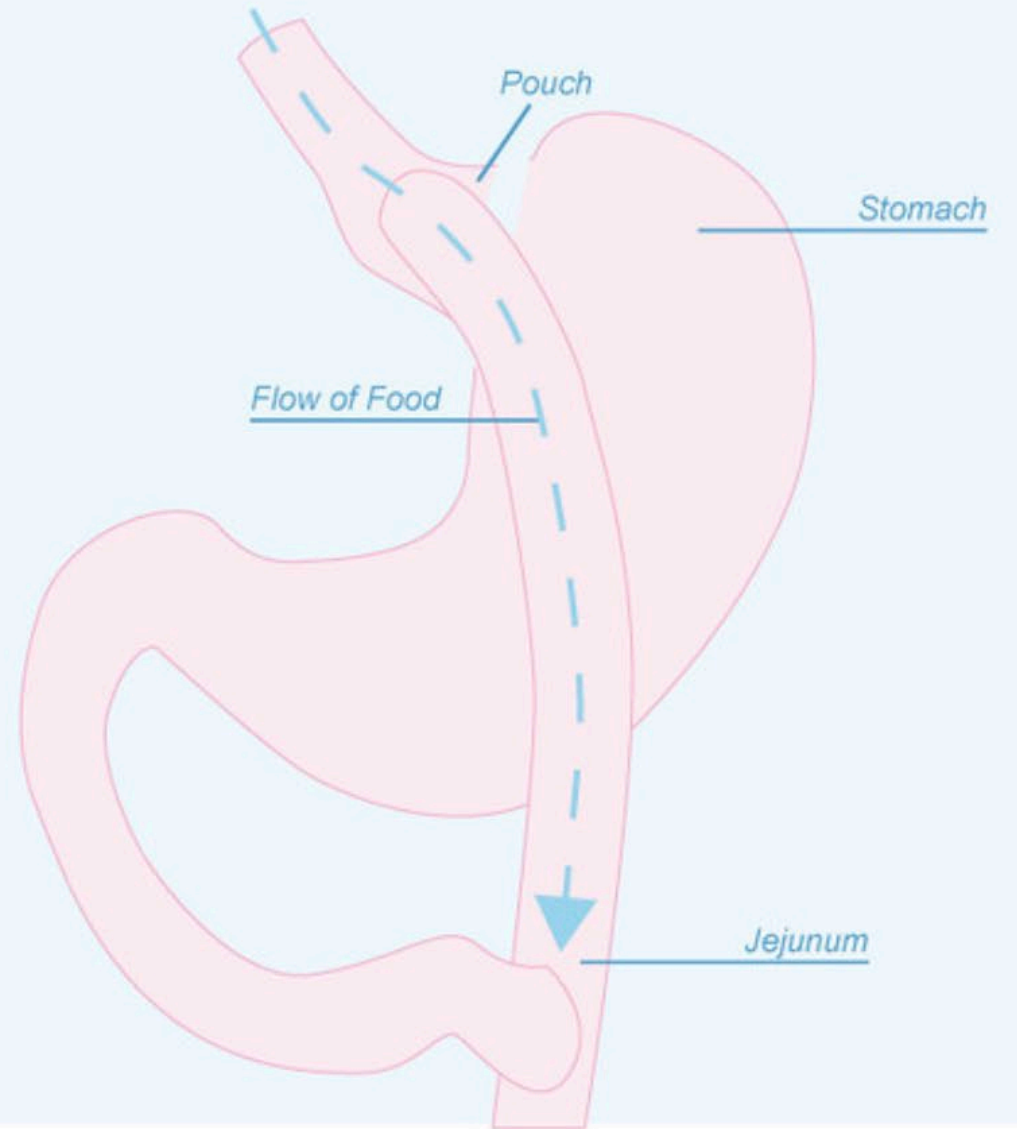
RISK

- Complication rate <1%
- Irreversible
- Leak
- Bleed
- Malnutrition
- Reflux
- Infection
- DVT
- PE

Before Surgery



After Surgery



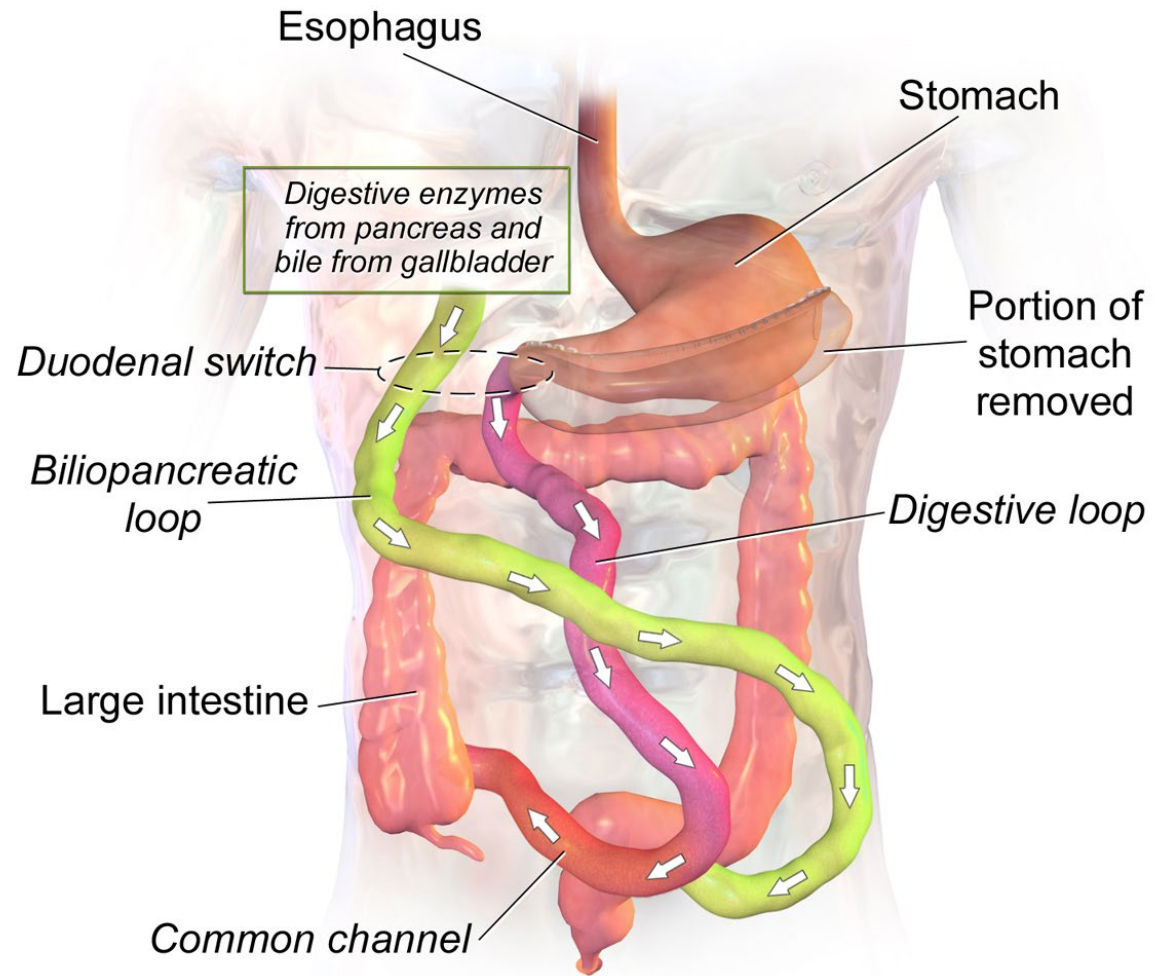
Roux-en-Y Gastric Bypass

BENEFITS

- Restricts intake
- Improved BG control
- Increased satiety
- Good for gastroparesis and reflux
- Up to 80% of excess weight loss
- No foreign body

RISKS

- 1.25% complication rate
- Marginal ulcer
- Internal hernia
- Bowel obstruction
- Malnutrition
- SSI
- Dumping syndrome
- Post-prandial hypoglycemia
- DVT
- PE



Biliopancreatic Diversion with Duodenal Switch

DUODENAL SWITCH

BENEFITS

- Restricts intake
- Significant weight loss, reserved for super obesity
- Improved BG control
- Increased satiety
- Good for gastroparesis and reflux
- No foreign body

RISKS

- Comparable to RYGB
- Bleed
- Leak
- Marginal ulcer
- Internal hernia
- Bowel obstruction
- Dumping syndrome
- Malnutrition
- Infection
- DVT
- PE

What Should You Do?

- Encourage regular follow-up with surgical team (surgeon, dietitian, behavioral health, support groups, etc.)
- Ensure patient is maintaining vitamin and mineral supplementation
- Adjust medications as needed
- Check labs!!! Every 3 months for the first year, then at least annually thereafter



Recommended Labs

- CBC
- SMA-21
- Lipids
- Thyroid panel
- PTH
- Iron studies
- 25-vitamin D



- Vitamin A
- Folic acid
- Copper
- Zinc
- Selenium
- Thiamin
- DXA

What Should You Do?

- Refer!!!
- Benefit verification completed by surgeon's office
- Coverage improving:
 - Medicare
 - Some state Medicaid plans
 - Commercial plans vary by policy

Qualifiers for Surgery:

- BMI \geq 40
- BMI \geq 35 with comorbidities
- Previous attempts at weight loss

RESOURCES

Find a Provider

- <https://asmbs.org/patients/find-a-provider>

Coverage

- <https://www.obesitycoverage.com/insurance-and-costs/am-i-covered/check-my-insurance>

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QUESTIONS?

