

The team that heads up Oakwood Bariatric Options is highly qualified. These leaders have a wealth of experience working with obese patients, treating the whole patient and not just one specific health problem.

The Oakwood Bariatric Options team can be reached at 313.982.5288.

Daniel Bacal, MD FACS

Medical Director
Bariatric Surgeon

Edward Mavashev, MD

Bariatric Surgeon

Terry Marentette, RN

Nurse Coordinator

Nicolle Bacal, RN BSN

Bariatric Nurse

Lindsey Guerrero, RD

Dietitian

Amy McGuire

Office Manager

If you would like to make a referral, or have a patient that may benefit from attending an informational seminar, please call 800.543.WELL.

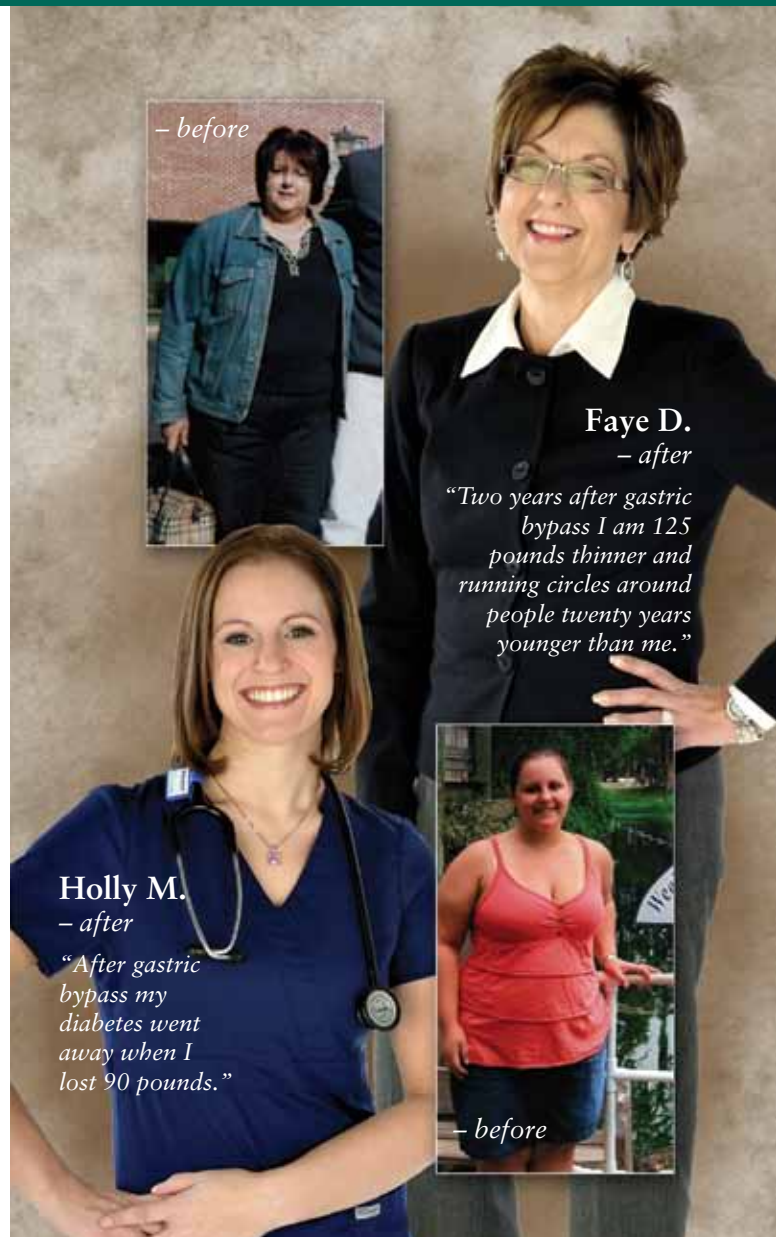


Oakwood[®]
We specialize. In you.SM

**Oakwood Bariatric
Options**

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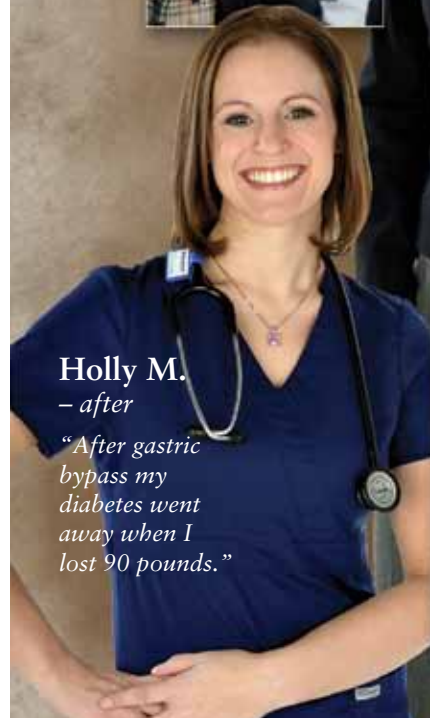


- before



Faye D.
- after

“Two years after gastric bypass I am 125 pounds thinner and running circles around people twenty years younger than me.”



Holly M.
- after

“After gastric bypass my diabetes went away when I lost 90 pounds.”



- before

OAKWOOD BARIATRIC OPTIONS



Oakwood[®]

Oakwood Bariatric Options - “Weight No Longer”

If you are struggling with severe obesity and suffering from related health conditions, Oakwood Bariatric Options can help.

Approximately 11-15 million Americans today are estimated to be morbidly obese. Morbid obesity is a debilitating disease of the mind, body and spirit – something that diets, medication and exercise have no lasting impact upon.

Now there is an answer: weight loss surgery.

Oakwood Bariatric Options offers a surgical solution that is proven effective. It will change your life and reduce the risk of developing life-threatening diseases such as diabetes, cancer or heart disease.

What is Bariatrics?

Bariatrics is the field of medicine that focuses on the treatment and control of morbid obesity.

Do You Suffer From Morbid Obesity?

Morbid obesity is a chronic condition. There is no known cure. Obesity is determined by the following factors: genetics, behavior, internally set points of weight, and eating habits. Because of these factors, the morbidly obese person loses the ability to control his or her weight.

Morbid obesity is a medical term describing people who have a Body Mass Index (BMI) of 40, or a BMI of 35-40 along with significant medical problems caused or exacerbated by weight. These medical problems include:

- High Blood Pressure
- Heart Disease
- High Cholesterol
- Esophageal Reflux
- Infertility
- Diabetes
- Sleep Apnea
- Joint Disease
- Loss of Bladder Control
- Reduced Life Expectancy



Patient Criteria Before Surgery

To qualify for weight reduction surgery the patient should have a:

- Body Mass Index (BMI) of 40 or higher.
- BMI of 35 or higher, and obesity related disorders such as diabetes, high blood pressure, sleep apnea, and/or other problems.
- Demonstrated history (under medical supervision) of unsuccessful weight loss by non-surgical means such as diet, exercise, and lifestyle modifications.

You can calculate your BMI using the chart on the next page.

In addition, patients must have:

- A primary care physician willing to provide long-term care.
- Consultation with a dietician and a psychiatrist.
- Preoperative tests including chest X-ray, EKG, complete blood count, serum chemistry panel, thyroid function test, B12, iron levels, as well as other tests indicated by individual medical conditions.

Bariatric surgery involves changes in the stomach and gastrointestinal physiology. The patient should be thoroughly convinced that he or she has exhausted all reasonable alternatives of weight loss before selecting surgery.

Who is a Candidate for Bariatric Surgery?

Adult patients who have a:

- BMI ≥ 40 or
- BMI ≥ 35 with obesity-related comorbidities

	Height (ft)									
	4'9"	4'11"	5'1"	5'3"	5'5"	5'7"	5'9"	5'11"	6'1"	6'3"
154	33	31	29	27	26	24	23	22	20	19
165	36	33	31	29	28	26	24	23	22	21
176	38	36	33	31	29	28	26	25	23	22
187	40	38	35	33	31	29	28	26	25	24
198	43	40	37	35	33	31	29	28	26	25
209	45	42	40	37	35	33	31	29	28	26
220	48	44	42	39	37	35	33	31	29	28
231	50	47	44	41	39	36	34	32	31	29
243	52	49	46	43	40	38	36	34	32	30
254	55	51	48	45	42	40	38	35	34	32
265	57	53	50	47	44	42	39	37	35	33
276	59	56	52	49	46	43	41	39	37	35
287	62	58	54	51	48	45	42	40	38	36
298	64	60	56	53	50	47	44	42	39	37
309	67	62	58	55	51	48	46	43	41	39
320	69	64	60	57	53	50	47	45	42	40
331	71	67	62	59	55	52	49	46	44	42
342	74	69	65	61	57	54	51	48	45	43
353	76	71	67	63	59	55	52	49	47	44
364	78	73	69	64	61	57	54	51	48	46
375	81	76	71	66	62	59	56	52	50	47
386	83	78	73	68	64	61	57	54	51	48
397	86	80	75	70	66	62	59	56	53	50
408	88	82	77	72	68	64	60	57	54	51
419	90	84	79	74	70	66	62	59	56	53
430	93	87	81	76	72	67	64	60	57	54
441	95	89	83	78	73	69	65	62	58	55
452	98	91	85	80	75	71	67	63	60	57
463	100	93	87	82	77	73	69	65	61	58

Weight (lbs)

To learn more about Oakwood Bariatric Options, please call 800.543.WELL or visit our website at www.oakwood.org.

Weight Category

BMI

Normal Weight
Overweight
Obesity
Severe Obesity
Morbid Obesity

18.5 - 24.9
25 - 29.9
30 - 34.9
35 - 39.9
 ≥ 40

Laparoscopic Gastric Banding

This adjustable band is the least invasive and safest weight loss operation currently available for the treatment of morbid obesity. Many patients choose the laparoscopic gastric banding procedure because it is a simple operation with minimal risks.

The laparoscopic gastric banding system is also the only adjustable weight loss surgery available in the United States. The diameter of the band is adjustable to meet your individual needs – needs that can change as you lose weight. The most appealing feature of the system is that these adjustments are made without additional surgery.

The band, which is placed around the top portion of the stomach, induces weight loss by creating a smaller stomach pouch, which restricts the amount of food that can be eaten at any one time. By adjusting the band, the surgeon can adjust the size of the pouch outlet.

Unlike Roux-en-Y gastric bypass, placement of the band does not alter the gastrointestinal tract, and does not reroute or divide intestine or stomach, which reduces potential surgical complications such as leakage, obstruction and infection. Laparoscopic gastric banding is easily reversible with very low re-operative risk. It is also a procedure that is easily reversible with very low re-operative risk.

Vertical Sleeve Gastrectomy

The vertical sleeve gastrectomy is another option in weight loss surgery in which over 60% of the stomach is removed, leaving a sleeve shaped stomach that is drastically reduced in size. Unlike many other forms of bariatric surgery, the outlet valve and the nerves to the stomach remain intact and stomach function is preserved. The sleeve gastrectomy is not

reversible, or adjustable. The gastric sleeve does not involve any bypass of the intestinal tract.

The sleeve gastrectomy can usually be performed laparoscopically. Sometimes it is performed as the first of a two-part weight loss solution for extremely obese patients, to provide an initial drop in weight which then will make other bariatric procedures easier.

Roux-en Y Gastric Bypass (RYGB)

The RYGB combines restrictive and malabsorptive approaches for effective weight loss. This produces an early sense of fullness and reduced absorption of calories combined with a sense of satisfaction that reduces the desire to eat.

The restrictive part of the procedure creates a small stomach pouch with a small outlet, which produces the sense of being full. The malabsorptive part of the procedure, which reduces caloric absorption, involves cutting and then rerouting the small intestine. The national average expected weight loss with the RYGB procedure is approximately 60% to 70% of excess weight. About half of the expected weight loss occurs in the first six months after the operation. The remaining half is lost at a slower rate during the next six months.

This RYGB procedure is performed laparoscopically at Oakwood. Compared to open bypass surgery, a laparoscopic procedure results in a shorter hospitalization, reduced postoperative pain, faster recovery, reduced blood loss during surgery and fewer wound complications.

Besides successful weight loss, the most important benefit of the RYGB is its ability to improve – and often eliminate – the medical diseases associated with obesity. Diabetes, hypertension, as well as other medical problems are cured in a large majority of patients.