

Bariatric surgery cuts into Salisbury

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Peninsula Regional Medical Center, in conjunction with the Delmarva Bariatric Center, has begun the area's first multi-specialty program in bariatric surgery. Bariatric surgery, or surgery for morbid obesity, allows patients to successfully lose significant amounts of weight, where conventional diet and exercise regimens have failed. By coordinating efforts across disciplines including surgery, psychology, nutrition, nursing and fitness training, patients now have the opportunity to restore their health and lifestyle.

Acceptable patients are those with a body mass index (BMI) of 40 or greater, which corresponds to approximately 100 pounds over ideal body weight. As a comparison, an ideal BMI is considered to be 20, with 25 being objective criterion for obesity. A 5' 8" male with a BMI of 40 weighs 265 pounds. In fact, most patients who receive surgery are in a range from 250 to 350 pounds.

Not only are patients able to reduce their BMI's to an acceptable 20 to 25 numerical value, but they are also able to significantly alleviate, if not completely cure, many obesity related co-morbidities. Seventy-five percent of all patients who successfully complete a comprehensive bariatric program are cured of their hypertension and come off all medication. Eighty percent of bariatric patients are cured of their Type II diabetes and also come off all forms of oral hypoglycemic drugs. Other co-morbidities that are similarly reduced include hyperlipidemia, sleep apnea and osteoarthritis.

The pre-operative evaluation process is rigorous. Patients must be at least 100 pounds over their ideal body weight, or have a BMI of 40. Some patients with BMI's of 35 to 39.9 are included as candidates for surgery if they have documented co-morbidities. They must have tried, and failed, multiple diet and exercise regimens. In addition, they must be able to demonstrate the appropriate commitment and discipline needed to successfully complete the 12 month post-operative regimen. All patients see a surgeon, psychologist and internist during the evaluation process. If any of these physicians determine that the strict inclusion criteria are not met, the patient is not considered to be a candidate for the operation.

The procedure has two components. First, a small stomach pouch is created with a surgical stapling device. Next, approximately 1509 centimeters of small intestine are

Ask the Doctor



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Patients who are candidates for the laparoscopic procedure may be discharged in 2 to 3 days.

Post-operatively, the patient is entered into a program that includes weekly group meetings with a psychologist, comprehensive nutritional analysis with a detailed dietary plan, an exercise regimen individually designed by a certified personal trainer, in addition to close personal monitoring by both the surgeon and bariatric program coordinator. The program is 12 months in length and essential in the overall success of the operation. Yearly follow up with the surgeon is scheduled after the first 12 months.

The good news is that, in the state of Maryland, most insurance companies pay for the operation. Sometimes, an extensive pre-authorization process is encountered. Most often, with perseverance, the surgery is approved. The savings in terms of health care dollars is tremendous and most insurance companies would prefer that the appropriate candidate, proceed with surgery and its subsequent post-operative program.

Further information about this program can be obtained from your primary care physician. In addition, free educational pamphlets are available at the Delmarva Bariatric Center which is located at 951 Mount Hermon Road, Suite B.

■ This column is designed to educate the community on medical issues and procedures that are available locally. In no way do we use this column to give diagnosis. If you read information that may pertain to you, please see your physician for further consultation. Dr. Michael Sofronski is board certified in surgery.

bypassed giving the procedure a restrictive and malabsorptive component. Patients are started on water the very next day and advanced to a pureed diet of 2 to 3 ounces per hour by the time of discharge, which is typically on the fourth or fifth post-operative day.