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Minimally Invasive Gastric Bypass Surgery

What to expect

By Cheryl Warren

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People with clinically severe obesity are at great medical risk of disability or premature death. Over the next few decades, life expectancy for the average American could decline unless aggressive efforts are made to slow rising rates of obesity, according to a team of scientists supported in part by the National Institute on Aging (NIA), a component of the National Institutes of Health (NIH) of the Department of Health and Human Services (HHS) (www.nia.nih.gov).

"Surgery becomes the only option for the vast majority of the obese population because they are unable to lose weight and maintain weight loss through diet and exercise alone," says Constantine T. Frantzides, M.D., Ph.D., F.A.C.S., who is a pioneer of laparoscopic gastric bypass surgery. He was the first to introduce and perform 13 different laparoscopic procedures and developed a new safer technique for the laparoscopic gastric bypass surgery. He says, "With this surgery, life expectancy can be increased by 15 years – no other surgery I perform has a prognosis that good."

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Qualifying for surgery

Patients considering surgery must first meet specific body mass index (BMI) criteria. The BMI must be 40 or greater, which translates to about 100 pounds over ideal body weight for men or 80 pounds over ideal body weight for women. However, a person will also qualify if their BMI is 35 or greater and they also suffer from diabetes, obesity-related heart disease or severe sleep apnea. You can calculate your own BMI at www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/.

If a person meets the BMI requirement, there are a multitude of medical tests that also will be performed. Frantzides explains that

[EDTA Chelation Therapy Breakthrough! Special Research Report Documents Exciting Results in Unclogging Arteries, Lowering Cholesterol and Blood Pressure. Free Course of Treatment](#)

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age is not a determining factor for this surgery but what is important is an individual's *biological* age. "A person who is 45 years old may not be as biologically good of a candidate as someone older," he says.

Weight loss surgery patients also will be required to undergo psychological evaluation and testing. This is designed to assess their mental status and their competency and commitment to comply with the lifelong postoperative follow-up needed for post-surgical success. Frantzides explains that the patient must also have a support tree. "Family and friends must understand that this is not the easy way out for obese patients – it is often their only option," he says.

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Explore the benefits and risks

Because the overall outcomes are better with minimally invasive gastric bypass, Frantzides calls it "the gentler surgery.™" He notes that it takes less time to perform the surgery, so patients are not under anesthesia as long. There is a much shorter recovery and hospitalization time. In addition, patients who undergo minimally invasive surgery are not placed in the intensive care unit following surgery. Instead, these patients usually go into a step down unit, where they will be up and around within a few hours.

"Early mobilization of the patient provides better circulation and oxygenation of the blood, which is important in helping patients heal better and faster; in addition to reducing the probability of clot formation and respiratory complications," explains Frantzides. There is also minimal scarring and minimal pain, and the morbidity and mortality rates are greatly reduced, with the laparoscopic operation.

Possible risks and complications do exist and can include – but are not limited to – infection, leaks or blockage, breathing problems, bleeding and blood clots.

With any surgery, patients should always talk with their surgeon and understand the risks involved. "A conscientious surgeon does not want anything bad to happen to a patient. It's our responsibility to help patients understand the procedure, the benefits and risks," says Frantzides.

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What about insurance?

Each plan varies and may change at any time. Frantzides suggests working closely with your surgeon's office, as they should have the most current criteria and prerequisites required by the insurance companies.



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He says, "Patients need to know they are not alone in working through the insurance process." For example, his office offers personalized assistance to patients and also provides a clear and concise packet of information that outlines exactly what the patient must provide to the insurance companies to obtain a pre-authorization. Patients not covered by insurance should ask their surgeon about self-pay options.

Post-op

Typically patients who have minimally invasive bypass surgery stay in the hospital for one or two nights and then see their surgeon again seven to 10 days after the surgery. For open gastric bypass, the hospital stay can be seven to 10 days or longer.

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Weight loss and nutrition

Gastric bypass can successfully start patients on the road to recovery from severe obesity, but there is much more involved for long-term success.

It's important for patients to adjust their eating habits and exercise patterns. Initially a patient's diet is limited to sugar-free clear liquids, is slowly expanded to include soft foods and then, finally, solid foods. Patients will need to eat only a little helping of food to feel full and are instructed to eat small amounts several times a day. Frantzides says, "The greatest weight loss usually occurs in the first year to 18 months after surgery."

Vitamins are a critical factor after surgery. Gastric bypass surgery changes the digestive process, so there is a risk of malnutrition. This is prevented by taking daily vitamins in addition to B12, iron and calcium supplements, *for the remainder* of a person's life. A complete detailed list may be furnished by your surgeon's office. Patients should discuss nutritional training and ongoing support with their surgeon before surgery.

After surgery, patients will be instructed to see their doctor or a member of their health care team weekly or monthly. As a patient adjusts to the changes, visits will be less frequent. Patients should always involve their primary care doctor and any specialists they regularly see in their progress as a means to help stay healthy.

"There are many reasons why we place a strong emphasis on our psychological pre-evaluation of a patient – they must be willing to comply with the lifelong postoperative issues. Surgery is only a tool to help the body lose weight. A strong commitment from the patient is essential after the surgery," says Frantzides.

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About Dr. Constantine Frantzides

Constantine T. Frantzides, M.D., PhD, F.A.C.S. is the director of the Minimally Invasive Fellowship program at Evanston Northwestern Healthcare and professor of surgery at Northwestern University, Chicago. He is recognized worldwide as an expert in the field of laparoscopic surgery and is a charter member of the United States Laparoscopic Founders' Society.

His experience in laparoscopic gastrointestinal surgery is one of the most extensive in the United States. Dr. Frantzides created the Minimally Invasive Surgery Center at the Medical College of Wisconsin in Milwaukee and was director of the center from 1995 to 1997. Dr. Frantzides has made more than 200 contributions to the medical literature and has written two books on laparoscopic surgery. In addition, he is credited with inventing two surgical instruments used in laparoscopic surgery.

He has traveled internationally to perform and teach laparoscopic operations. In recognition of his efforts in teaching advanced laparoscopic techniques, he was named honorary member of the Brazilian Society of Surgery, the Hellenic Surgical Association and the Greek Laparoscopic Society. During the last 16 years, he has organized 31 laparoscopic courses through which 331 surgeons were trained in laparoscopic surgery. He has created the first laparoscopic fellowship program in the American Midwest for training young surgeons in the art of minimally invasive surgery. Dr. Frantzides is a member of numerous professional societies and has been the recipient of several awards and honors as well as grants from the National Institutes of Health (NIH) and from the surgical industry.

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Resources:

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www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/
www.nia.nih.gov (National Institutes of Health of the Department of Health and Human Services)
www.asbs.org (American Society for Bariatric Surgery)
www.laparoscopicexperts.com
www.bariatricexperts.com
www.enh.org (under clinical programs)

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