As a 344lb / 53 BMI obese woman AND nurse, I am hoping that my perspective on Dr. Frantzides will leave an impression on those that are searching for the answer that weight loss surgery can bring. After researching my options for over two years, seeking the support of my family, and determining with my personal care physician if I was an appropriate candidate; I chose to move forward with the surgery in January 2005. My choice of Dr. Frantzides was multifaceted, taking into account his number of years performing the procedure I was going to have, the mortality complication rates he has published, and his advocacy and passion for performing the procedure laparoscopically. There were several times during my pre-procedural course where I relied upon my clinical knowledge to help the soon-to-be ‘patient’ side of me to understand the information that was key to making my decision. I’ve researched nearly every program offered in the state of Illinois and can share that Dr. Frantzides has some of the best statistics around. I attribute this to his competence and confidence in performing the procedure laparoscopically. As a nurse and a patient, there is no better option than experiencing this procedure laparoscopically. The relative complication rate and recovery time of an open procedure is not anything anyone should have to experience, unless there is absolutely no other option. Think about it this way...when your surgeon performs this procedure, and it is done through an open incision in your abdomen, there is a good deal of fat that has to be ‘moved’ out of the way in order for the surgeon to even SEE well enough to conduct the complex surgical procedure. In addition, there is only one person in that operating room that actually can see what is going on and that is the surgeon. In the laparoscopic procedure, every aspect of the procedure is projected on monitors that allow the entire surgical/anesthesia team to clearly view the ‘surgical field’. Dr. Frantzides has successfully performed the procedure laparoscopically on patients up to a BMI of 91.

It seems that other surgeons may not have the same level of expertise, passion for, or desire to take the time to perform the procedure laparoscopically; as the open incision is, to some degree, an easy way out. So I ask you...do you want a surgeon who believes that the best way to perform this procedure is through a laparoscopic approach? Do you want a surgical team that can all ‘see’ what is happening during the procedure and advocate for you? Do you want a post-procedural recovery that is free of complication with the best possible short and long term results? If your answer to these questions is YES, then I, as a nurse and a gastric bypass patient, strongly encourage you to have the procedure laparoscopically. In addition, if you are starting your journey and looking to choose a surgeon, then I can give no higher recommendation than Dr. Frantzides and the Chicago Institute of Minimally Invasive Surgery team.

**Gastric Bypass & Dr. Frantzides’ “Gentler Surgery”**

**Constantine T. Frantzides MD, PhD, FACS.**

Dr. Frantzides is the Director of the Chicago Institute of Minimally Invasive Surgery, Director of the Minimally Invasive Fellowship Program at Evanston Northwestern Healthcare, and Professor of Surgery at Northwestern University. His experience in laparoscopic gastrointestinal surgery is one of the most extensive in the U.S. He has traveled internationally to perform and teach laparoscopic operations. During the last 16 years, he has organized 31 laparoscopic courses through which 331 surgeons were trained in laparoscopic surgery, he has made more than 200 contributions to medical literature and has published 2 books on laparoscopic surgery. Dr. Frantzides 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. He is also credited with inventing two surgical instruments used in laparoscopic surgery. Because of his academic activities in laparoscopic surgery, as well as his surgical skills, he was given the “Achievement award for advanced laparoscopic surgery” by the American Society of General Surgery. See complete curriculum vitae for Dr. Frantzides at www.laparoscopicexperts.com.

**Laparoscopic Procedures Performed by Dr. Frantzides**

**BARIATRIC SURGERY**
- Laparoscopic Gastric Bypass (Weight loss surgery)
- Laparoscopic Sleeve Gastrectomy
- Laparoscopic Gastric Banding

**COLORRECTUM/SMALL INTESTINE**
- Laparoscopic Enterectomy (Resection of small bowel)
- Laparoscopicileoceleotomy
- Laparoscopic Low Anterior Resection of the rectosigmoid colon
- Laparoscopic Abdominoperineal Resection
- Laparoscopic Total Proctocolectomy
- Laparoscopic Rectopexy
- Laparoscopic Appendectomy

**ESOPHAGUS**
- Laparoscopic Fundoplication (Gastroesophageal Reflux Surgery)
- Laparoscopic Hiatal Hernia Repair with or without mesh
- Laparoscopic Esophagomyotomy (Heller Myotomy - For the treatment of Achalasia)
- Laparoscopic Esophagectomy
- Laparoscopic Transgastric Esophageal Mucosal Resection (For the treatment of severe dysphagia)

**HERNIA**
- Laparoscopic Inguinal Hernia Repair
- Laparoscopic Ventral/Incisional Hernia Repair
- Laparoscopic Femoral Hernia Repair
- Laparoscopic Diaphragmatic Hernia Repair (Congenital or Traumatic)

**KIDNEY/ADRENAL**
- Laparoscopic Nephrectomy (Kidney removal)
- Laparoscopic Donor Nephrectomy
- Laparoscopic Adrenalectomy
- Laparoscopic Liver/Bile Ducts/Gallbladder

**LIVER/BILE DUCTS/GALLBLADDER**
- Laparoscopic Cholecystectomy (Removal of the gall bladder)
- Laparoscopic Common Bile Duct Exploration
- Laparoscopic Liver Biopsy
- Laparoscopic Hepatotomy (Removal of a segment of the liver)
- Laparoscopic Liver Cyst Drainage/Removal
- Laparoscopic Radiofrequency Ablation of Liver Tumors

**PANCREAS**
- Laparoscopic Pancreaticojejunostomy (For the treatment of severe dysplasia)
- Laparoscopic Pseudocystojejunostomy/Pseudocystogastrostomy (Drainage of Pancreatic Cyst)

**SPLICE**
- Laparoscopic Anterior Spinal Fusion
- Laparoscopic Spine

**STOMACH**
- Laparoscopic Highly Selective Vagotomy (For treat ment of duodenal ulcer)
- Laparoscopic Total Vagotomy and Pyloroplasty
- Laparoscopic Gastric Partial Resection (For the treatment of benign and malignant disease)
- Laparoscopic Gastricjejunostomy
- Laparoscopic Gastrostomy

**ORIEN**
- Laparoscopic Peritoneal Dialysis Catheter Placement
- Laparoscopic Mesenteric/Retroperitoneal Lymph Node biopsy
- Laparoscopic Omental Flap

For more information visit: www.cimis.info.
To Make an appointment Please call: 847-676-2200