PATIENT MANUAL

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André Teixeira
BARIATRIC SURGERY

ABOUT DR. ANDRÉ TEIXEIRA

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One of the most renowned health professionals, Dr. Teixeira completed his undergraduate studies in biology at Augusta State University and earned his medical degree from the Morehouse School of Medicine in Atlanta. He completed his internship in general surgery at Orlando Regional Medical Center and his residency training at Orlando Health, where he also served as chief resident of general surgery. He specializes in bariatric surgery and advanced minimally invasive surgery at the Cleveland Clinic in Florida.

Reference in studies related to bariatric surgery, Dr. Teixeira is consistently cited in several journals in the field, including The Obesity Journal, Surgery for Obesity and Related Diseases, and The American Surgeon. Author of several book chapters, he is an authority on the development of medicine, presenting important topics at international conferences on topics related to general surgery and bariatric surgery.

The Doctor. Teixeira is a member of the Society of American Gastrointestinal and Endoscopic Surgeons, the American Society of Metabolic and Bariatric Surgery, the American College of Surgeons, the American Medical Association, the Morehouse School of Medicine Chapter, the American Medical Student Association and the School of Medicine Chapter. Morehouse Medicine.
Dr. Teixeira is fluent in Portuguese and Spanish, as well as English.

- Follows Other Surgeons' Patients
- Laparoscopic BPD w/ Duodenal Switch
- Laparoscopic Roux-en-Y Gastric Bypass
- Other Gastric Restriction
- Pediatric (Patients Under 18)
- Revision/Conversion of Prior Procedure
- Laparoscopic Sleeve Gastrectomy tudent Association and the Morehouse School of Medicine Chapter.

Each patient has specific health and well-being needs. However, some general recommendations are important to improve quality of life and increase safety.

In this presentation we will offer general recommendations and information about the main questions.

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WHAT IS BARIATRIC SURGERY?

Bariatric surgery is a procedure that brings together a set of stomach reduction techniques aimed at reducing weight in obese patients. The procedure is done when physical activities no longer have an effect on the person, requiring medical intervention. However, the procedures differ as follows:

SLEEVE SURGERY OR VERTICAL GASTRECTOMY (GV)

Sleeve surgery removes 70-85% of the patient's stomach, turning it into a narrow tube. In this way, there is a reduction in the hormone ghrelin, associated with hunger, and the absorption of iron, calcium, zinc and vitamins from the B complex is not affected. If it doesn't work, it can be turned into a Gastric Bypass or Bileopancreatic Diversion, but it's not reversible, like the Gastric Band. In addition, as it involves more complex procedures, it is also linked to a higher risk of complications. Corresponds to 15% of procedures.

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ROUX-EN-Y GASTROPLASTY (GYR)

Also known as Gastroplasty, diminished the orientation and deviation towards the duodenum, until the decrease of the direction and deviation of the contour of the organ, the first je 10% of Roux to stomach food, re That way, reduction of the large intestine, responsible for hunger and satiety release. With it, the patient is reduced without diarrhea and nutrition, and associated diseases, the patient's appetite can quickly improve. Risks include fistula, pulmonary embolism and infections. This surgery corresponds to 75% of the procedures.

BILEOPANCREATIC BYPASS (BPD)

It is an association of Vertical Gastrectomy, with 85% of the stomach removed, with intestinal diversion. This deviation causes the food to come in one way and the digestive juices (bile and pancreatic) to come in the other and are only 100 cm away from the end of the small intestine, inhibiting the absorption of calories and nutrients. possibility of greater food intake, reduced food intolerance and greater loss. On the other hand, malnutrition of varying intensity may occur over time. Diarrhea, flatulence and vitamin deficiencies are also common. Bileopancreatic Diversion corresponds to 5% of procedures.

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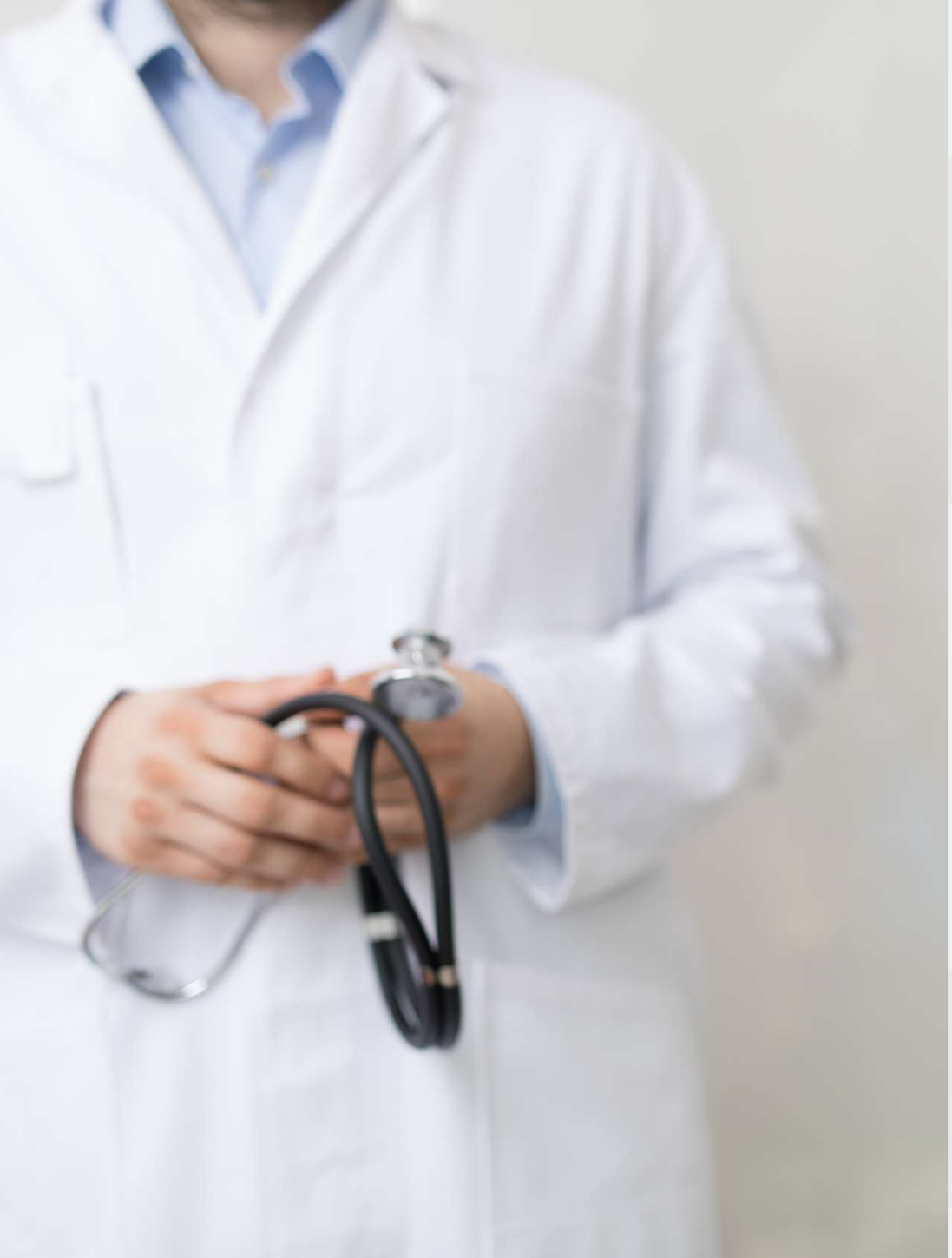
ADJUSTABLE GASTRIC BAND

It is a silicone device placed at the beginning of the stomach. It is connected to a kind of reservoir into which it is possible to inject distilled water to tighten the stomach more or empty it to relieve the restriction. The advantage of the method is the fact that it is reversible, less invasive, which reduces mortality, and allows individualized adjustments. On the other hand, there is a risk of rejection of the prosthesis or infection and weight loss is often insufficient to that the patient's health is considered stable. It is also inappropriate for patients with a craving for sweets, people with reflux esophagitis and massive hiatal hernia. Corresponds to 5% of procedures.

BILEOPANCREATIC BYPASS (BPD)

It is an association of Vertical Gastrectomy, with 85% of the stomach removed, with intestinal diversion. This deviation causes the food to come in one way and the digestive juices (bile and pancreatic juice) to come in the other and are only 100 cm away from the end of the small intestine, inhibiting the absorption of calories and nutrients. This technique allows for greater food intake, reduces food intolerance and promotes greater weight loss. On the other hand, malnutrition of varying intensity may occur over time. Diarrhea, flatulence, and vitamin deficiencies are also common. Bileopancreatic Diversion corresponds to 5% of procedures.



INDICATIONS

A belief that many people have is that just because you are overweight, you will be able to appeal to gastroplasty. But the reality is totally different: it is necessary to fulfill a series of rigorous requirements, with well-defined criteria on the health issue, previous treatment attempts and multiprofessional follow-up.

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AGE GROUP

To be eligible to undergo the procedure, in theory, it is recommended that people be over 16 and under 70. It takes into account the risks of surgery, recovery time and physiological complexity.

For cases that deviate from this rule, it is necessary to undergo an intense multidisciplinary evaluation, in order to be authorized.

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BODY MASS

The requirements are also specific according to the patient's BMI. For people who have a BMI of 35 to 40 kg/m², it is necessary to have the aggravation of serious diseases caused by obesity, such as diabetes and hypertension, for example.

For people with a BMI equal to or greater than 40 kg/m², without weight loss even with previous treatments with follow-up by doctors and nutritionists for at least 2 years, the presence of comorbidities is waived.

Where there is a BMI greater than 50 kg/m, surgery is recommended without the prerequisites, it is enough to have no contraindications.

Presence of comorbidities

For patients with a lower BMI, it is necessary to prove comorbidities, that is, diseases that are caused or aggravated by the condition. Some of the more classic examples are:

Type 2 diabetes;
Arterial hypertension;
High cholesterol;
Sleep apnea;
Gastroesophageal reflux, etc.

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MULTIPROFESSIONAL FOLLOW-UP

Even if you meet all the above requirements, it does not automatically make you approved for bariatric surgery. As it is an invasive intervention, which alters functioning, structure and even hormone production, the patient needs to undergo strict monitoring.
In addition to the surgical team, he goes through:

Complex exams, especially nutritional, cardiac and neuronal exams;
Consultation with a cardiologist to assess cardiovascular capacity;
Follow-up with a nutritionist, to set up the preoperative period and prepare for the post-operative diet;
Psychological and psychiatric evaluation, to present the full impact of the operation on the patient's life and also its consequences.

After passing through all this sieve, the approval for the surgery is finally given, guaranteeing its greater effectiveness and safety.

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WHAT ARE THE BENEFITS OF BARIATRIC SURGERY?

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Last but not least, let's talk about the benefits that betting on gastroplasty can bring to you and your health, in addition to simply losing weight:

Control and remission of type 2 diabetes;
Increased capacity and improved cardiovascular function;
Improves sleep capacity by fighting apnea;
Reduces mobility problems such as chronic joint pain;
Combats metabolic syndrome;
Controls disorders such as depression and anxiety, among others.

So, if you are looking to have gastroplasty, look for a trusted doctor and follow all the necessary procedures, especially the follow-ups. Remember that it is a surgery that will change your life forever, as well as your habits!

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FOOD

A balanced menu helps the immune system; improves mood and memory; reduces tiredness and stress; increases the quality of sleep; prevents premature aging of the skin; improves the digestive system; and provides mood and more energy for daily activities.

Bariatric surgery is an important tool for the improvement of several conditions and hormonal changes in the reversal of the obesity process. According to the SBCBM (Brazilian Society of Bariatric and Metabolic Surgery) bariatric patients are able to eliminate 50% or more of excess body weight.
However, to ensure success in weight loss and the achievement of a better quality of life, other factors are essential, such as nutrition, physical exercise and behavior change.

Attention to nutrition should start in the preoperative period, outlining an individualized strategy with a low-calorie, low glycemic and high-protein diet. 1 month in this nutritional pattern, the liver and visceral fat are already reduced in size, which facilitates laparoscopic surgery and reduces complications during surgery and in the postoperative period.
Regardless of the surgical process, whether Y Roux, gastric sleeve or sleeve, it is essential to respect the adaptation phases and change in eating habits.

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1ST POST-OPERATIVE PHASE – LIQUID DIET.

This phase takes an average of 2 weeks and the food should be liquid, containing approximately 50 ml every 30 minutes. At this stage, there is a significant weight loss, reaching up to 10% of the weight. And powder supplementation is essential. In some patients lactose intolerance may arise, in these cases it should be withdrawn from the diet.

2ND POST-OPERATIVE PHASE – PASTY DIET

This is a transition phase that should last from 7 to 10 days and should have the consistency of creams and purees, always starting the meal with protein and already observing possible food intolerances as the foods are introduced. It is essential to encourage the consumption of liquids between meals. The choice of ingredients should always give preference to foods that are more densely nutritious, as the volume will be small.

3RD POST-OPERATIVE PHASE – BLAND DIET

It is a phase of cooked foods, always starting with proteins rich in iron and calcium and introducing lots of vegetables and fruits to guarantee vitamins and minerals.
The food must be chewed thoroughly and the duration of this phase is at least 15 days.

4TH POSTOPERATIVE PHASE – GENERAL DIET (NORMAL)

This phase usually occurs from the 1st postoperative month. At this point, the diet must be complete and in the way that most satisfies the patient, prioritizing the most nutritious foods and avoiding the most fatty foods, fundamentally those rich in trans fat, foods with a high sugar content and alcoholic and/or gas.
Very anxious patients should pay special attention to the chewing process, which is essential for good digestion and, consequently, absorption. Nutritional supplementation should begin within the first few months and should be in tablet or powder form during the period when tablets or capsules are restricted.
The most common deficiencies are protein, iron, zinc, calcium, vitamin D and B vitamins, but each individual must be analyzed individually by their nutritionist. The most frequent symptoms caused by deficiencies are hair loss, brittle nails, anemia, tiredness, dry skin, tingling in the extremities and memory deficit.

RISKS

Bariatric surgery is considered a safe operation because it has low mortality rates, between 0.1 and 1%, however there are always risks involving surgical procedures and it has a direct connection with the patient's health condition.

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