Sleeve gastrectomy has gained increased popularity and acceptance as a successful alternative to gastric bypass or adjustable gastric band for primary weight-loss surgery. The newer procedure has surpassed stomach banding at many centers, and results have been excellent for this operation.

The Lourdes bariatrics program starts with a focus on screening, evaluation and holistic care of patients, and rigorous qualification of individuals considering surgery. Over the course of several months, the program develops a close working relationship with the patient, who takes advantage of bariatric counseling and nutritional intervention, as well as behavioral and lifestyle modification. Prior to weight-loss surgery, patients must have attempted a managed weight-control program with unsuccessful results, and must have cardiac and pulmonary approval, psychological review and sleep apnea screening. A candidate for bariatric surgery must also have a BMI of greater than 40, although those with a BMI greater than 35 and significant co-morbid risk factors may also be considered.

Minimally Invasive with a Number of Advantages

In sleeve gastrectomy, the surgeon removes the left side of the stomach, leaving the stomach connection between esophagus and duodenum in a tube configuration about the size and shape of a banana. The procedure requires the same five laparoscopic access points as gastric banding or gastric bypass, leaving very little scarring. Sleeve gastrectomy has these advantages:

- No resection of the intestines makes for a simpler operation and no risks later of inadequate digestive absorption.
- Unlike stomach banding, there is no need to implant an artificial device inside the abdomen.

Sleeve gastrectomy removes approximately three quarters of the volume of the stomach without the need for anastomosis.

Bariatric surgery is the most effective therapy available for morbid obesity and its complications.

Dramatic Benefits in Expanding Patient Pool

Most patients are mobile the evening of their procedure, and stay two nights in the hospital. As with gastric banding and gastric bypass, the large majority of patients see resolution of, or significant improvement in, type 2 diabetes, high blood pressure, high cholesterol and obstructive sleep apnea. If patients have an inadequate response to sleeve gastrectomy, the procedure can serve as the first stage of a stomach bypass.

“We have seen a significant shift to sleeve gastrectomy even without Medicare payment approval yet, which is expected to come soon,” said Bernadette C. Profeta, MD, FACS, director of minimally invasive and bariatric surgery at Our Lady of Lourdes Medical Center. “In addition, the FDA is considering expanding use of bariatric surgery for the moderately obese.”

Complete Attention to Patient Before, During & After Surgery

Average BMI for patients in the Lourdes program is 48 and most have been more than 100 pounds overweight throughout their adult lives. The Lourdes bariatrics program provides a patient-to-patient mentoring program, access to the Lourdes Wellness Center and a monthly support group. Counseling with the program’s nutritionist is an included part of the services. In addition, the staff is highly experienced in insurance precertification.

“We also maintain a volume that permits the surgeon familiarity and involvement with details of every patient’s case, and gives patients 24/7 access to me or their surgeon,” said Shawwna Cannaday, MSN, APN-C, the program’s bariatric nurse practitioner.

For more information, visit www.lourdesnet.org or call 1-888-LOURDES (1-888-568-7337).
Among the hundreds of thousands who opt each year in the U.S. for bariatric surgery, an increasing portion are African-Americans. The International Bariatric Registry reports that nearly one in 10 weight-loss surgery patients is now African-American.

“As an African-American, I understand that there was been some reluctance in the community around elective surgery. But I see significant change in that now,” said surgeon Yves J. Manigat, MD, FACS, associate director of bariatrics at Lourdes. “The number of African-Americans that I treat has doubled over the past three years.”

African-Americans are 1.5 times more likely to be obese than whites, and four out of five African-American women are overweight or obese. Yet mistrust of doctors and a desire to avoid changing one’s features has kept many from having weight-loss surgery. But with obesity-related problems such as heart disease, stroke and type 2 diabetes among the leading killers of African-Americans, minds are changing said Dr. Manigat, who has studied the effect of patients’ ethnic differences on weight-loss behaviors.

Both Caucasians and African-Americans struggle with diet and exercise, but favorite foods many African-Americans grew up with are high in fat and carbohydrates. It’s difficult to switch to low-carb, low-fat, high-protein foods, said Dr. Manigat, who adds, “I encourage African-Americans in our service area to come to one of our free information sessions to learn more about bariatrics.”

For more information, visit www.lourdesnet.org or call 1-888-LOURDES (1-888-568-7337).

Lourdes Bariatrics Program Adds Surgeons

Lourdes Health System is one of the largest providers of bariatric surgery in southern New Jersey, and has been recognized by leading healthcare insurers for its excellent outcomes. Lourdes is a Blue Cross Blue Shield Center for Bariatric Surgery and a Cigna Bariatric Surgery Center of Excellence. In addition, Our Lady of Lourdes Medical Center and Lourdes Medical Center of Burlington County are each designated a Bariatric Surgery Center of Excellence by the American Society for Metabolic & Bariatric Surgery.

Now also complementing Lourdes’ impressive record and resources in bariatrics are two accomplished, board-certified general surgeons who joined Lourdes Medical Associates in 2012:

Lisa A. Medvetz, MD, FACS, director of bariatric and metabolic surgery at Lourdes Medical Center of Burlington County, is a graduate of Jefferson Medical College. She completed her surgical residency at Temple University Hospital and a fellowship in minimally-invasive surgery at Beth Israel Medical Center.

Mark A. Salcone, DO, of LMA Surgical Associates in Haddon Heights, NJ, is a graduate of the University of Medicine and Dentistry of New Jersey, where he also did his residency. He completed his fellowship in minimally-invasive and bariatric surgery at Virginia Commonwealth University.