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BARIATRIC SURGERY: A Comprehensive Overview



Patient Awareness Program for Bariatric Surgery

Welcome

A warm welcome to BARIATRIC therapy information guide. This booklet will help you understand more about Obesity and its management. It will guide you through the treatment options available and also explain the relevant medical terms, symptoms and risk factors.

The information in this booklet should not be taken as a preference for a given treatment option over another. The information in the booklet is no substitute for medical device and only qualified medical experts can review your condition to guide you regarding your individual treatment.

We wish you a smooth and speedy recovery to celebrate life.



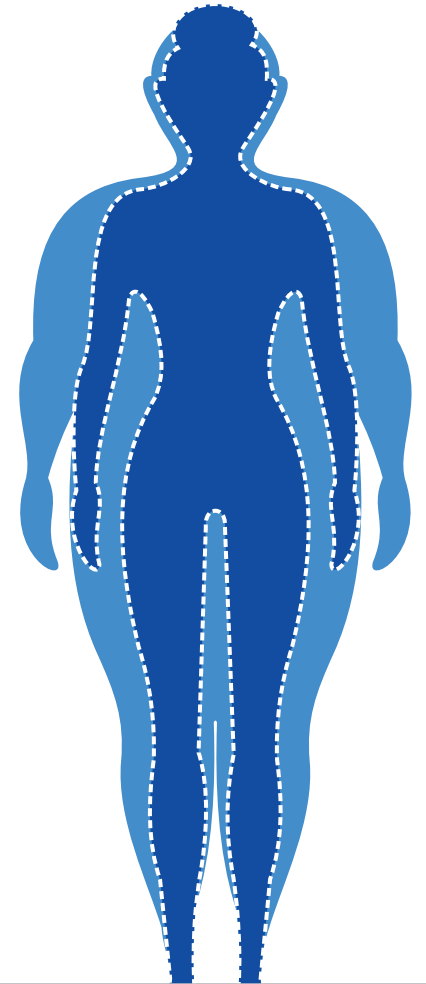
REDUCE WEIGHT BEFORE ITS TOO LATE.

**TREATMENT
ZAROORI HAI.**

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ARE THESE MYTHS STOPPING YOU TO TAKE THE RIGHT TREATMENT?



Bariatric surgery is only for cosmetic reasons

Men are more obese than women.



You will regain all the weight you lose after bariatric surgery.



Obesity is caused by a lack of willpower.

Bariatric surgery is a major life change that is not worth the risk.



Obesity is only a problem in Western societies.



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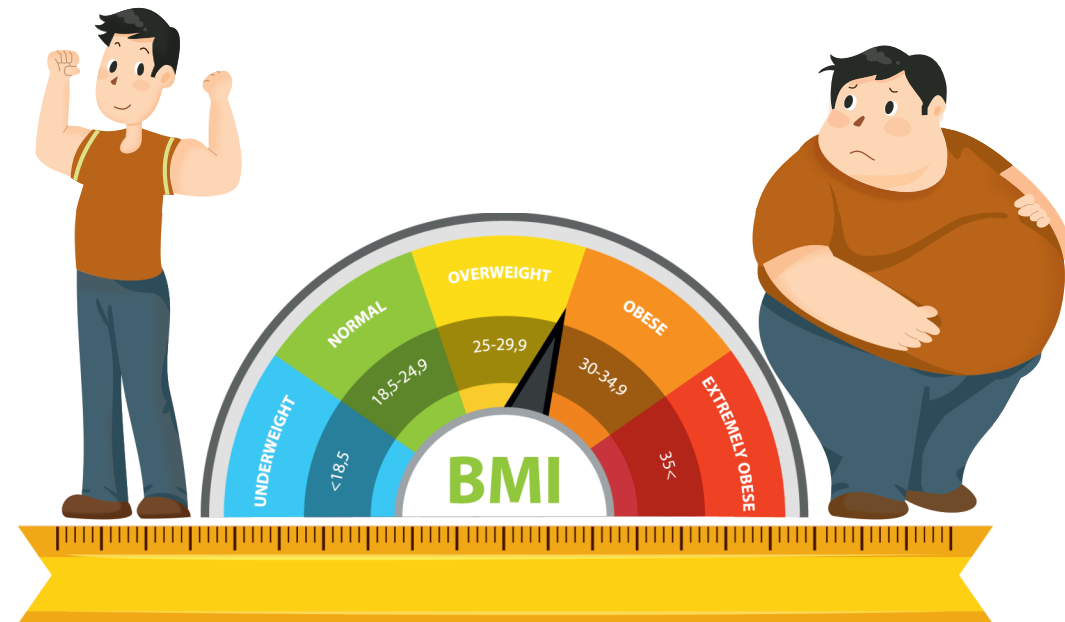


* Source: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_dis.htm

WHAT IS OBESITY?

Obesity is a chronic complex disease defined by excessive fat deposits that can impair health. Obesity can lead to increased risk of type 2 diabetes and heart disease, it can affect bone health and reproduction, it increases the risk of certain cancers. Obesity influences the quality of living, such as sleeping or moving.

The BMI (Body mass Index) categories for defining obesity vary by age and gender in infants, children and adolescents.



*Reference: <https://www.who.int>

Note: Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters.

CAUSES AND RISK FACTORS OF OBESITY

Overweight and obesity occur when calorie intake consistently exceeds calorie expenditure, leading to an energy imbalance. This happens when the calories consumed through food surpass those used by the body for functions like breathing, digestion, and physical activity. The body converts nutrients from food, such as carbohydrates, proteins, and fats into energy. This energy is used immediately for daily activities or stored for future use. Sugars are stored as glycogen in the liver and muscles, while fats are stored as triglycerides in fat tissue.

Causes of Obesity

Genetics:

- Certain genetic factors can predispose individuals to obesity by influencing body fat distribution and metabolism.
- These genetic factors can also affect how the body processes and stores fat, and how it regulates appetite.

Lifestyle Choices:

- High-calorie diets, especially those rich in sugars and fats, contribute significantly to weight gain.
- Sedentary behavior, such as excessive sitting or lack of physical activity, can lead to weight gain and obesity.

Medical Conditions:

- Conditions such as hypothyroidism, polycystic ovary syndrome (PCOS), and Cushing's syndrome can lead to weight gain.
- Certain medications, including antidepressants and corticosteroids, can contribute to weight gain as a side effect.

Psychological Factors:

- Emotional stress, anxiety, and depression can lead to overeating as a coping mechanism.
- Binge eating disorder and other eating disorders can result in excessive calorie intake and weight gain.

Environmental Factors:

- Easy access to unhealthy food options and large portion sizes promote excessive calorie consumption.
- Limited opportunities for physical activity in one's environment can contribute to a sedentary lifestyle and weight gain.

Risk Factors for Obesity

Family History:

- A family history of obesity increases the likelihood of developing obesity due to shared genetics and lifestyle habits.
- Children of obese parents are more likely to adopt similar eating and activity patterns leading to weight gain.

Age:

- Metabolism slows down with age, making it easier to gain weight and harder to lose it.
- Age-related muscle loss reduces calorie burning capacity, contributing to weight gain.

Sleep Deprivation:

- Lack of sleep can disrupt hormones that regulate hunger, leading to increased appetite and calorie consumption.
- Sleep deprivation is associated with higher levels of stress and reduced physical activity, both of which can contribute to weight gain.

Socioeconomic Factors:

- Limited financial resources can restrict access to healthy food options and recreational activities.
- Low-income communities often have higher concentrations of fast-food outlets and fewer opportunities for physical activity.

Quitting Smoking:

- Weight gain is a common side effect of quitting smoking due to changes in metabolism and increased appetite.
- Nicotine withdrawal can lead to increased food intake as a way to cope with cravings.

*Source: <https://www.nhlbi.nih.gov/health> & <https://www.mayoclinic.org/obesity/causes>

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**OBESITY - A DISEASE THAT WE CAN DEFEAT.
BARIATRIC PROCEDURE IS ONE OF THE MOST
EFFECTIVE TREATMENT FOR OBESITY WITH
MINIMAL RISKS.**

Look out for these symptoms

 HIGH BODY MASS INDEX	 DIABETES
 HIGH BLOOD PRESSURE	 SLEEP APNEA
 JOINT PAIN	 INFERTILITY AND HORMONAL IMBALANCES

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HEALTH RISKS ASSOCIATED WITH OBESITY



Health Risks Associated with Obesity

Obesity is linked to numerous health problems, including:

*Source: <https://www.ncbi.nlm.nih.gov/books/NBK574535/>

TREATMENT OPTIONS FOR OBESITY

LIFESTYLE CHANGES

This includes weight loss efforts designed to help people consume fewer calories and increase physical activity



PHARMACOTHERAPY

The pharmacological treatment is prescribed by doctors, along with a prescribed nutrition and exercise program



PRESCRIBED NUTRITION

This is a step beyond lifestyle changes which entails a doctor directed diet tailored to patients, Includes vegan eating, fasting and others



BARIATRIC SURGERY

Bariatric surgery is one of the most effective treatment for obesity and obesity related co-morbidities.

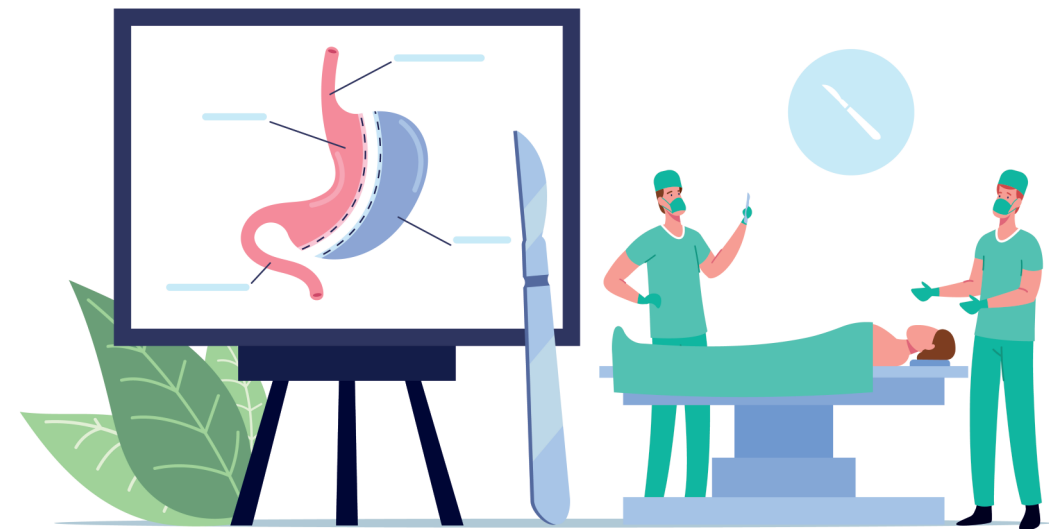


WHAT IS BARIATRIC SURGERY?

Bariatric surgery, sometimes known as weight loss surgery, refers to a group of surgical techniques meant to enable people who are very obese achieve considerable and long-term weight loss.

These procedures function by changing the structure of the digestive tract, which affects how the body absorbs and processes food.

Bariatric surgery not only attempts to reduce weight but also to treat or resolve obesity-related health issues, resulting in an improved quality of life.



*Source: <https://www.niddk.nih.gov/health-information>, <https://www.mayoclinic.org>

*Reference: <https://asmbs.org/>

ELIGIBILITY FOR BARIATRIC SURGERY AS PER OSSI GUIDELINES FOR INDIANS:

- **BMI > 27.5 with uncontrolled type 2 diabetes:**

If you have a BMI of 27.5 or more, and are struggling with uncontrolled type 2 diabetes despite trying different medications, Bariatric/metabolic surgery could be an option.

- **BMI > 30 with Obesity related Co-morbidities:**

If your BMI is 30 or more and you have two or more obesity-related health problems like sleep apnea, hypertension, type 2 diabetes, Bariatric/Metabolic surgery might be considered.

- **BMI > 35**

If your BMI is 35 or higher Bariatric surgery could be an option.

- **Central Obesity/Abdominal Obesity:**

If you have excess weight around your belly (waist circumference \geq 80cm for females, \geq 90cm for males) along with type 2 diabetes and other weight-related issues, weight loss surgery may be considered as a treatment option.

- **Age:**

Bariatric/Metabolic surgery may be an option for eligible patients with the specified BMI criteria who are 18 years or older.

For patients under 18, it could be considered in special cases, with approval from a team of experts including a pediatrician, endocrinologist, dietitian, psychologist, and bariatric surgeon. Puberty and skeletal maturity should be considered for younger patients.

The surgery is generally advised for patients up to 65 years old. For those above 65, it might still be an option if they are medically fit, and the benefits outweigh the risks.

*Source: <https://www.theossi.com/pdf/ossi-guidelines>

SURGICAL PROCEDURES

Today's metabolic and bariatric operations have been refined over the course of many decades and are among the best studied treatments in modern medicine.

They are performed with small incisions using minimally invasive surgical techniques (laparoscopic and robotic surgery). These advancements allow patients to have a better overall experience with less pain, fewer complications, shorter hospital stays and a faster recovery.

LAPROSCOPIC SURGERY

Procedure: Surgeons insert a camera-equipped tube (laparoscope) and surgical instruments through small incisions in the abdomen.

The camera provides real-time visuals of the surgical area on a monitor, guiding the surgeon's movements.

The surgeon performs the bariatric procedure by manipulating instruments from outside the body.

Smaller incisions lead to reduced scarring, less pain, shorter hospital stays, and quicker recovery times.

Precision: Laparoscopic surgery offers high precision, enabling surgeons to achieve the same outcomes as open surgery with smaller wounds.

ROBOTIC SURGERY

Procedure: Surgeon sits at a console, operating robotic arms equipped with surgical instruments and a camera.

High-definition 3D visuals are used.

Robotic arms replicate surgeon's movements with increased range of motion and dexterity.

Small Incisions are made leading to quicker recovery and less scarring.

Surgeon maintains full control throughout the procedure, guiding the robot's movements.

Enhanced Accuracy is maintained.

TYPES OF BARIATRIC SURGERY

- 01 Intra gastric balloon
- 02 Sleeve Gastrectomy
- 03 Mini Gastric Bypass (MGB)
- 04 Roux En Y Gastric bypass (RYGB)
- 05 Biliopancreatic diversion with duodenal switch (BPD/DS)
- 06 Single Anastomosis Duodeno-Ileal Bypass (SADI-S)

INTRA-GASTRIC BALLOON

A gastric balloon is a soft and durable balloon made of silicone rubber. It's designed to go into your stomach to make you feel full with less food.

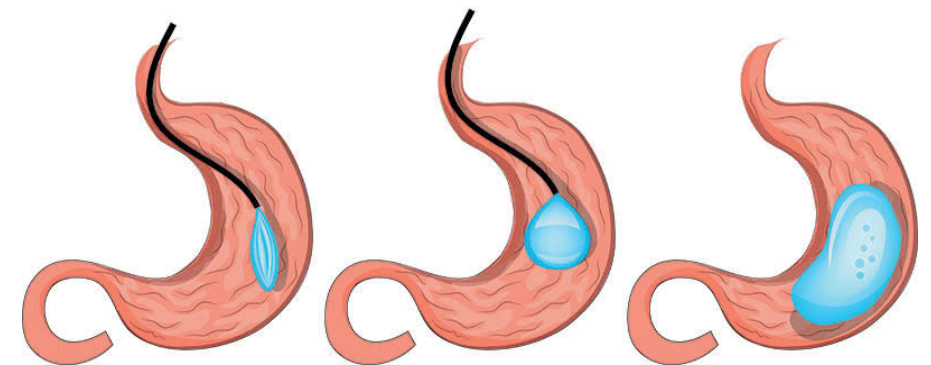
During the procedure, a deflated balloon is placed in your stomach through your mouth using a thin tube called an endoscope.

There are new balloons available that can be swallowed orally, but it still needs to be taken out using an endoscope.

Once in your stomach, the balloon is filled with saltwater. This takes up space in your stomach, making it harder to eat large amounts of food. The goal is to make you feel full more quickly after eating smaller meals and to help that feeling last longer, so you're not as hungry between meals.

The intra gastric balloon lasts for a period of 4-6 months in the stomach depending upon the various types of balloons available in the market

To remove the balloon, you will have another endoscopic procedure.



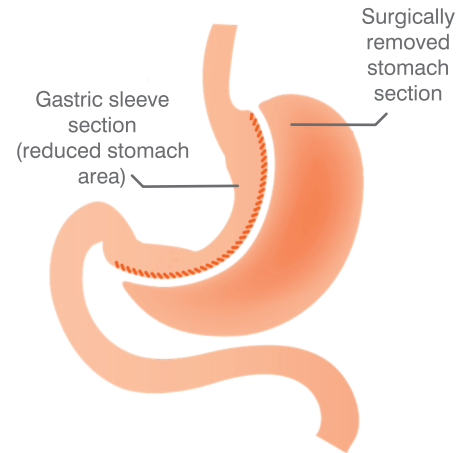
*Reference: <https://asmbs.org/>

*Source: <https://my.clevelandclinic.org>

SLEEVE GASTRECTOMY (VSG)

Surgical process:

- The majority of Sleeve Gastrectomy are performed laparoscopically.
- During the procedure, about 80% of the stomach is removed using surgical staplers. This leaves a narrow gastric tube, or “sleeve.”
- No intestines are removed or bypassed during this procedure.



How it helps:

- You can eat and drink less since your stomach is smaller, which helps you consume less calories.
- The procedure helps control blood sugar and weight by eliminating the portion of the stomach that makes the most of the "hunger hormone," which also reduces hunger and promotes feelings of fullness.

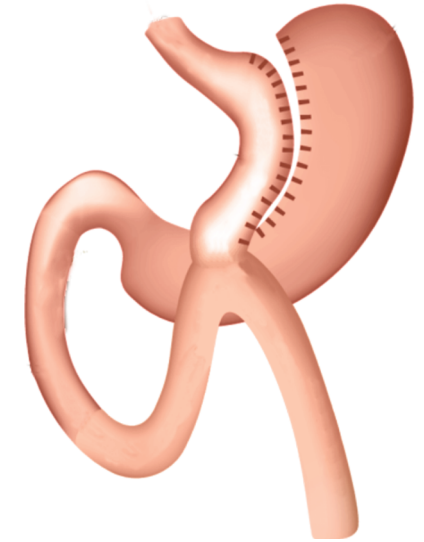
*Source:<https://www.urmc.rochester.edu>

MINI GASTRIC BYPASS (MGB)

Surgical process:

The surgery is basically performed laparoscopically:

- During the surgery, a smaller stomach pouch is created using surgical staples. This pouch will be separate from the rest of your stomach. Enough space is left to ensure that stomach juices can still flow normally.
- A loop of the small intestine, from the duodenum, is identified and prepared.
- The small intestine loop is attached to the stomach pouch.



How it helps:

- Mini gastric bypass (MGB) surgery aids in weight loss by combining restriction and malabsorption. The creation of a small stomach pouch limits food intake by reducing stomach capacity, leading to quicker satiety with smaller portions.
- Additionally, the surgery bypasses a portion of the small intestine, decreasing the absorption of calories and nutrients.
- This dual approach—reducing caloric intake and limiting nutrient absorption—results in significant weight loss.
- Furthermore, MGB can alter gut hormones, enhancing feelings of fullness and reducing hunger.

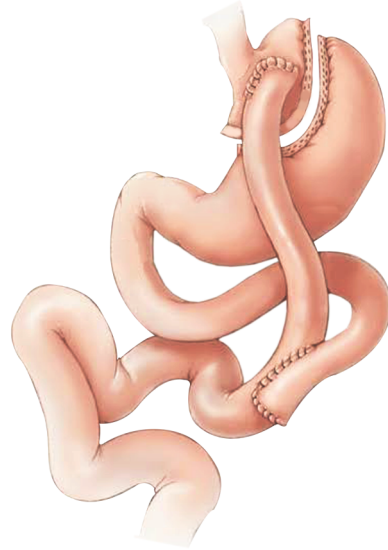
*Source:<https://doi.org/10.1016/j.ijso.2018.10.042>

ROUX-EN-Y GASTRIC BYPASS (RYGB)

Surgical process:

The surgery involves three basic steps:

- Dividing the stomach into two small separate stomachs, creating a small pouch (proximal pouch of stomach) and a larger, excluded lower pouch (remnant pouch of stomach)
- Bypassing part of the small intestine to create the “Short” Intestinal Roux Limb
- Attaching the bypassed intestine (Roux-Limb) to the proximal pouch



How it helps:

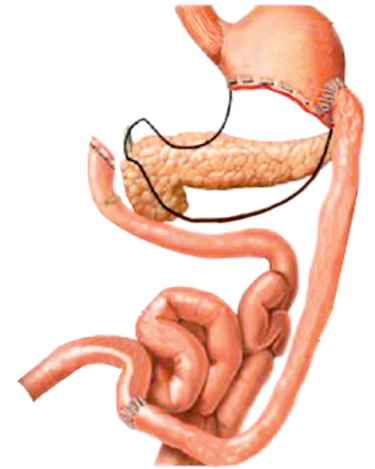
- The smaller stomach pouch stores less food, lowering calorie consumption.
- Food absorption is reduced due to the bypass of a portion of the small intestine.
- The changed meal path through the digestive tract lowers appetite, enhances fullness, and aids in weight management.
- It benefits hormones and metabolic health, reducing adult-onset diabetes even before weight reduction.
- The operation frequently relieves reflux (heartburn) problems.
- Patients must adopt healthy eating choices and avoid tobacco and some drugs. Simply said, gastric bypass allows you to eat less, absorb fewer calories, and assist your body achieve a healthier weight while also treating other health conditions like as diabetes and GERD.

*Source: <https://www.niddk.nih.gov> and <https://asmbs.org>

BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH (BPD/DS)

Surgical process:

- The outer part of the stomach is removed (approximately two-thirds, like a sleeve gastrectomy) and the intestines are rearranged to shorten the area where food mixes with digestive juices.
- A portion of the stomach is left with the pylorus still attached and the duodenum beginning at its end.
- The duodenum is then divided, allowing for the pancreatic and bile drainage to be bypassed.



How it helps:

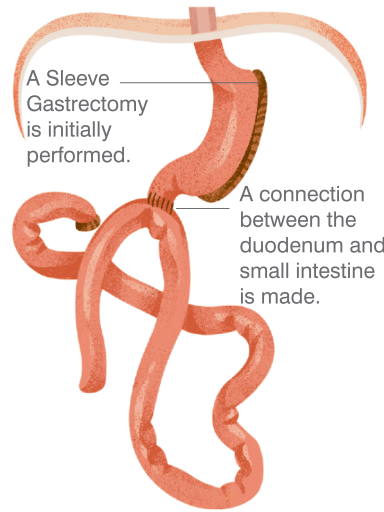
- The smaller stomach shape (like a banana) helps you eat less.
- About 75% of the small intestine is bypassed, reducing the absorption of calories and nutrients significantly.
- After the surgery, you need to take vitamins and mineral supplements.
- BPD-DS affects intestinal hormones more than gastric bypass and sleeve gastrectomy, reducing hunger, increasing fullness, and improving blood sugar control.
- It's considered the most effective approved surgery for treating type 2 diabetes.

*Source: <https://www.mayoclinic.org> and <https://asmbs.org>

SINGLE ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S)

Surgical process:

- The operation starts the same way as the sleeve gastrectomy, making a smaller tube-shaped stomach.
- The first part of the small intestine is divided just after the stomach.
- A loop of intestine is measured several feet from its end and is then connected to the stomach. This is the only intestinal connection performed in this procedure.



How it helps:

- When you eat, food goes through the small stomach pouch and directly into the latter part of the small intestine.
- The food mixes with digestive juices from the first part of the small intestine, allowing enough absorption of vitamins and minerals for healthy nutrition.
- This surgery provides effective weight loss, reduces hunger, increases fullness, and helps control blood sugar, leading to improvements in diabetes.

*Source:<https://www.niddk.nih.gov> and <https://asmbs.org>

FOLLOW UP CARE POST BARIATRIC SURGERY

Given the huge influence of bariatric treatment on metabolism and nutrition, it is natural to expect that efficacious postoperative care and constructive follow-up programs should be provided. In support of this statement, it is worth mentioning the Obesity and Metabolic Surgery Society of India (OSSI) recommends the following schedule of post operative visits, which emphasized the necessity of a 2-year follow-up in bariatric surgical treatment to ensure patient safety through regular assessment of diet, comorbidities, medication, as well as physical and psychological activity.

Schedule of Postoperative Visits

First visit: Scheduled 1-2 weeks after bariatric surgery.

Second visit: Scheduled 4-6 weeks after bariatric surgery. A new solid diet is prescribed.

Quarterly visits: Scheduled at approximately 3 month intervals for the first year after the operation.

Annual / biannual visits: Scheduled at 6-12 month intervals after the first year. Follow-up will continue annually for an indefinite period of time.

*Source:<https://www.theossi.com>

DIETARY REQUIREMENTS POST BARIATRIC SURGERY

Nutrition after surgery:

Every patient will receive thorough nutrition counselling by the clinical dietician. Patients will need to learn to take small bites and swallow slowly.

Typical post surgery diet:

- Day of surgery: No food or drink
- Day 1 after surgery and for rest of the hospital stay: May be progressed to clear liquids and water if no signs of a leak and after approval from surgeon. Then 1-2 ounces every 20 minutes while awake.
- First week after discharge: Full liquids including 2 high protein drinks daily. Sugar-free pudding and fat free/light yogurt may be consumed during this diet stage. Drink/eat one to two ounces no more frequently than every 20 minutes while awake.
- Second and third week after discharge: Pureed food with an emphasis on those high in protein plus one high protein drink daily. To eat one to two ounces of a pureed food every three hours. Patients should stop drinking 15 minutes before eating and should not drink for 30 minutes after they have finished eating. They should try to drink four ounces every 30 minutes between meals.
- As the surgery involves malabsorption and patients won't be replaced with adequate diet in the early stages, significant nutritional deficiencies ensure if adequate replacement is not ensured. Severity of deficiencies will be depending on the type of surgery. Your doctor will design an individualised diet that will limit your calorie intake, while ensuring that you get all the nutrition that your body requires. It is necessary to follow this diet to prevent any deficiencies and maintain your muscle tone. You will be suggested to take vitamin and mineral supplements for a year after the surgery to avoid nutrient deficiencies and associated diseases.
- The variety of food can be slowly introduced over time and most of the foods that may have been intolerable initially (bread, meat, highly fibrous fruits and vegetables) can be tolerated after a few months of the surgery. It is also important that you take in sufficient amount of water to stay hydrated.

*Source: <https://www.sciencedirect.com>, <https://www.theossi.com>

EXERCISE AND LIFE STYLE MODIFICATION POST BARIATRIC SURGERY

Activity is a very important part of your recovery and weight loss. Activity helps to prevent pneumonia, blood clots, and constipation, and it increases weight loss. For these reasons, patient's exercise program will start while they are in the hospital. Most patients will be assisted out of bed on the evening of surgery. They will start walking in the hall the day after surgery.

Perform the following exercises at least once every hour after surgery. It's also a good idea to practice these movements before surgery to promote lung function and agility.

- Beginning the first night after surgery, sit up and dangle your feet, then stand at your bedside with the help of your nurse or physical therapist. This may hurt but will become easier each time. Your strength will return and your pain will lessen every day.
- The day after surgery, you'll be asked to get out of bed and walk. After that, walk at least three times per day and perform leg and breathing exercises hourly. You may not feel well enough to go for a walk, but try to do as much as possible.

Activities to avoid:

For three to six weeks post-op, strenuous activity is not recommended. Avoid lifting anything heavier than 15 to 20 pounds for the first six weeks.

The more physically active you are, the better for your recovery. Following these recommendations will help you get back to your baseline energy level more quickly.

*Source: <https://www.ucsfhealth.org>, <https://www.theossi.com>

1 Bariatric surgery can lead to significant and sustained weight loss

2 Bariatric surgery can dramatically improve or even resolve Type 2 Diabetes Mellitus

3 Blood pressure can be controlled with Bariatric surgery

4 Bariatric surgery have also reduced lower the blood cholesterol levels

5 Bariatric surgery can significantly improve the quality of life.

6 Bariatric surgery reduces the risk of cancer in patients

7 People who have bariatric surgery often report feeling more energetic

8 Post Bariatric surgery people have reported improved self-esteem



ADVANTAGES OF BARIATRIC SURGERY

*Source: <https://pubmed.ncbi.nlm.nih.gov/32125645/>, <https://asmbs.org/patients/>

FREQUENTLY ASKED QUESTIONS (FAQ's)

Q. Am I a candidate for bariatric surgery?

A. Candidates typically have a BMI of 35 or higher, or a BMI of 30-35 with serious obesity-related health conditions. A thorough evaluation by a healthcare professional is necessary to determine eligibility.

Q. How do I choose the right type of bariatric surgery for me?

A. The choice depends on various factors, including your medical history, weight loss goals, and preferences. Your bariatric surgeon will discuss the options and help you decide the best procedure for your situation.

Q. What is the recovery time after bariatric surgery?

A. Recovery time varies by individual and procedure. Most patients stay in the hospital for 1-3 days and can return to normal activities within 4-6 weeks. Full recovery and adaptation to lifestyle changes may take several months.

Q. What dietary changes will I need to make after surgery?

A. Post-surgery diet progresses from clear liquids to pureed foods, then to soft foods, and finally to regular foods. Long-term, you'll need to follow a high-protein, low-sugar, low-fat diet with small, frequent meals and adequate hydration.

Q. Will I need to take vitamins and supplements after surgery?

A. Yes, due to reduced nutrient absorption, you will need to take lifelong vitamin and mineral supplements to prevent deficiencies. Your healthcare provider will recommend specific supplements based on your needs.

Q. How much weight can I expect to lose?

A. Weight loss varies by procedure and individual. On average, patients lose 50-70% of their excess weight within two years. Success depends on adherence to dietary and lifestyle changes.

Q. Are there any risks or complications associated with bariatric surgery?

A. A: Yes, there are some risks with bariatric surgery, but many patients do very well. Some possible short-term risks include infections, bleeding, or reactions to anesthesia. In the long run, patients might experience nutritional gaps, stomach issues, or might need more surgeries. However, with proper care and follow-ups, these risks can be managed effectively, leading to a healthier, more fulfilling life.

Q. Will bariatric surgery affect my ability to get pregnant?

A. It is generally recommended to avoid pregnancy for 12-18 months after surgery to allow for weight stabilization. Bariatric surgery can improve fertility in obese women, but you should discuss family planning with your healthcare provider.

Q. Can I drink alcohol after bariatric surgery?

A. Alcohol should be avoided initially after surgery due to its high-calorie content and potential for rapid intoxication. Discuss with your healthcare provider when it may be safe to consume alcohol in moderation.

Q. Will I experience hair loss after bariatric surgery?

A. Temporary hair loss can occur due to rapid weight loss and potential nutritional deficiencies. Ensuring adequate protein intake and taking prescribed supplements can help minimize hair loss.

Q. Can bariatric surgery cure diabetes?

A. Bariatric surgery can lead to significant improvements in type 2 diabetes and, in some cases, remission. However, it is not guaranteed and varies by individual.

Q. What kind of support is available after surgery?

A. Many hospitals and clinics offer support groups, nutritional counseling, and psychological support to help you adjust to the lifestyle changes required after surgery.

Q. Is bariatric surgery covered by insurance?

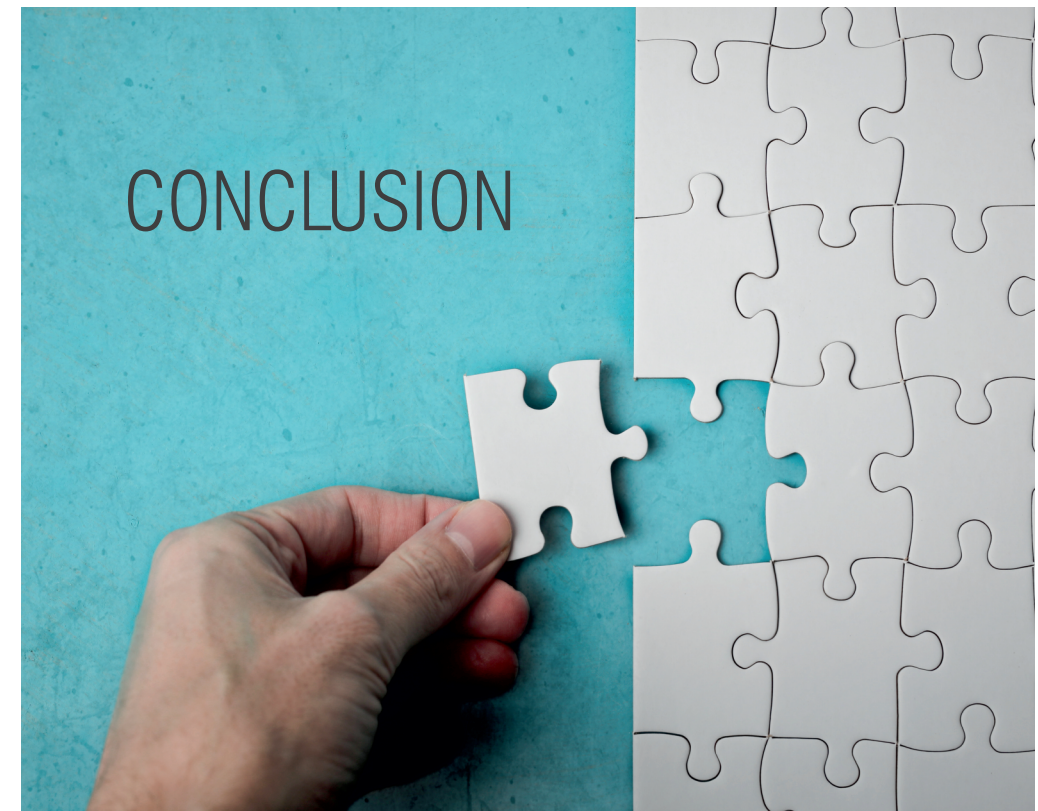
A. Coverage varies by insurance plan. Many insurance providers cover bariatric surgery if certain criteria are met. Check with your insurance provider and healthcare team to understand your coverage options.

Q. Can bariatric surgery be reversed?

A. Some procedures, like adjustable gastric banding, RYGB, MGB can be reversed. Others, like sleeve gastrectomy, are generally considered permanent and not reversible.

Q. What happens if I don't follow the recommended lifestyle changes after surgery?

A. Failure to adhere to dietary and exercise recommendations can lead to inadequate weight loss or weight regain. Long-term success requires commitment to lifestyle changes and regular follow-up care.



- »» The rising obesity epidemic requires a comprehensive and multifaceted approach that encompasses education, prevention, and interventions such as bariatric surgery.
- »» Bariatric surgery has a multifaceted approach,
- »» It is vital to recognize that bariatric surgery is not a panacea.
- »» Bariatric surgery stands as a transformative solution in our battle against the rising tide of obesity and its associated health complications.