A new support group for weight-loss patients started January 20. The "Y Weight? Graduate Course" is specifically designed for weight-loss surgery patients who are at least one year post surgery. The group meets at 5:30 p.m. every third Thursday of the month in St. Joseph’s and Essentia Health’s Lower Level B & C conference rooms. Please call Arlys Hess at 218-237-5588 for more information.

The Y Weight? Support Group meets at 4:30 p.m. every second and fourth Thursday of the month in Lower Level B & C conference rooms. Here’s what’s coming next:

Feb. 10: “Mindful Eating” discussion.
March 10: Open discussion/recipe exchange/planning a cookbook.
March 24: “Ask the Professional” with Betty Larsen, PA-C. Bring your question for Betty on a 3x5 note card.

A healthy weight day of education is being planned in Fargo. Check The Center for Weight Management’s website as plans for this April event unfold.

The Center’s website is: weightmanagementmn.com

Note: Designation as Blue Distinction Centers means these facilities’ overall experience and aggregate data met objective criteria established in collection with expert clinicians’ and leading medical societies’ recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and/or Blue Shield Plan.
Sleeve gastrectomies: another weight-loss option for patients

Dr. Daniel Smith and Dr. Robert Wroblewski offer sleeve gastrectomies as part of their surgical weight-loss treatment options at the Center for Weight Management in Park Rapids, MN.

The gastric bypass procedure is considered the gold standard for weight-loss surgery, but according to Dr. Smith, studies indicate promising results on behalf of sleeve gastrectomies as an effective treatment for obesity.

During a laparoscopic sleeve gastrectomy, a large portion of a patient’s stomach is removed, leaving a newly created pouch about the size of a ring finger or a cheese stick.

The procedure works to restrict food intake, decrease the hormone ghrelin, and increase gastric emptying and small bowel transit time from 298 minutes to 199 minutes.

Proposed indications for a sleeve gastrectomy include:

- Would prefer not to use small bowel (previous bowel surgeries or inflammatory bowel disease)
- Pre-transplant weight loss
- Hepatic cirrhosis
- Revisional procedure for failed LAGB
- Primary weight-loss procedure

Advantages of sleeve versus adjustable banding is that there is no foreign body introduced (no erosion, infection or slippage) and no adjustments need to be made. In addition, ghrelin cells are removed with the sleeve gastrectomy.

Other advantages of the sleeve are:

- No dumping syndrome
- No intestinal bypass or risk of intestinal obstruction
- No anemia, vitamin deficiencies, protein malnutrition, osteoporosis
- High BMI not a contraindication
- Better tolerance to a “regular” diet

Potential downsides to sleeve gastrectomies include gastric division in which a leak can occur, it’s non-reversible, and long-term results are unknown.

Contraindications are:

- Severe esophageal dysmotility, achalasia
- Severe GERD
- Large hiatal hernia
- Recalcitrant peptic ulcer disease
- Gastric Crohn’s disease

“Weight loss and reversal of co-morbidities make this and other weight-loss surgeries life-saving procedures,” Dr. Smith and Dr. Wroblewski agree.
ASMBS Centers of Excellence outcomes

The American Society of Bariatric and Metabolic Surgery Center of Excellence Program, developed and monitored by the Surgical Review Corporation, reports excellent outcomes. Outcomes at St. Joseph’s Area Health Services are even better than the already extremely good outcomes reported by Centers of Excellence nationwide.

Open & Laparoscopic GBP Complication Rates

Meta Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Open*</th>
<th>Lap*</th>
<th>SJAHS Park Rapids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leak rate</td>
<td>1.64%</td>
<td>1.96%</td>
<td>0.48%</td>
</tr>
<tr>
<td>PE Rate</td>
<td>0.75%</td>
<td>0.41%</td>
<td>0.20%</td>
</tr>
<tr>
<td>30-day mortality</td>
<td>0.85%</td>
<td>0.24%</td>
<td>0.15%</td>
</tr>
</tbody>
</table>

#SURGERY Clinics of North America, August 2005

Reversal of co-morbidities

<table>
<thead>
<tr>
<th>Type 2 DM</th>
<th>Hyperlipidemia</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric bypass</td>
<td>84%</td>
<td>96%</td>
</tr>
<tr>
<td>Sleeve gastrectomy</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Adjustable Banding</td>
<td>48%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Support groups

We have support groups located in the following regional service areas:

- Alexandria
- Bemidji
- Brainerd
- Deer River
- Fargo, ND (4)
- Fergus Falls
- Grand Rapids
- Hibbing
- Little Falls
- Moorhead
- Park Rapids
- Staples
- Virginia

Sustained weight-loss success

% Excess weight loss as function of time

Referrals

Referrals can be made to Leah Walters, the Center for Weight Management’s Bariatric Coordinator at 218-237-5705 or 218-255-3050 (c) or leahwalters@catholichs.net.
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