Upper GI Surgery



Bariatric Surgery Guide

Tailored patient-centred care every step of the journey

SRC MASTER SURGEON IN METABOLIC & BARIATRIC SURGERY

SRC SURGEON OF EXCELLENCE METABOLIC & BARIATRIC SURGERY

SRC CARE SPECIALIST METABOLIC & BARIATRIC SURGERY

CONTENTS

1 Hello from A/Prof Michael Talbot

2 The Team

3 Your Weight Loss Journey

4 Bariatric Surgery Cost

5 Am I a Candidate for Surgery?

6 Make An Appointment



Hello from

A/PROF MICHAEL TALBOT



Hello, I'm Associate Professor Michael Talbot, founder and senior surgeon here at Upper GI Surgery.

I first became interested in Bariatric & Metabolic Surgery / Weight Loss Surgery (WLS) while finishing my surgical training in the late 1990s. At the time it wasn't possible to get exposure to this in Australia, so I undertook training in the USA, NZ, Brisbane and Adelaide. In early 2003 I started as a consultant in Sydney and Wollongong, then established the Upper GI Surgery practice. Soon after it became apparent that our patients needed long-term care and support, so we moved from the traditional "solo practitioner" model to become a practice with multiple practitioners, all sharing a vision of collaborative and person-centered care.

Our welcoming and committed team comprises specialist surgeons, physicians, nurses, dietitian, psychologist and admin support staff, ensuring you are in the best hands for the duration of your treatment and the crucial aftercare period.

The reason this is such an exciting area to work in is not just the challenge of complex surgeries using keyhole methods, but the joy we see on our patient's faces when they finally get the chance to live without weight problems. In so many other parts of medicine and surgery we are treating diseases, but not actually restoring our patients to the overall level of health they wish to obtain. The average 30-50 kg weight loss we can offer patients having WLS not only helps with disease but restores a level of overall health and function they haven't had for years or decades.



Our Bariatric surgery experience is second to none and we have Australian leading experience in many procedures, including the less commonly performed complex revision and robotic surgery; we are part of an accredited Centre of Excellence in Bariatric Surgery.

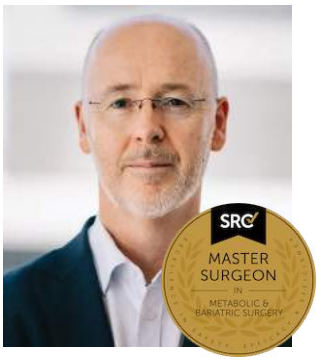
I hope you find our resources useful on your journey to a healthier life.

With thanks,

Michael Talbot

THE TEAM

Bariatric Surgeons



Associate Professor Michael Talbot
MBChB FRACS



Dr Daniel Chan
MBBS MPH FRACS AFHFA



Dr Jason Maani
BHB MBChB FRACS

Bariatric Care Specialist



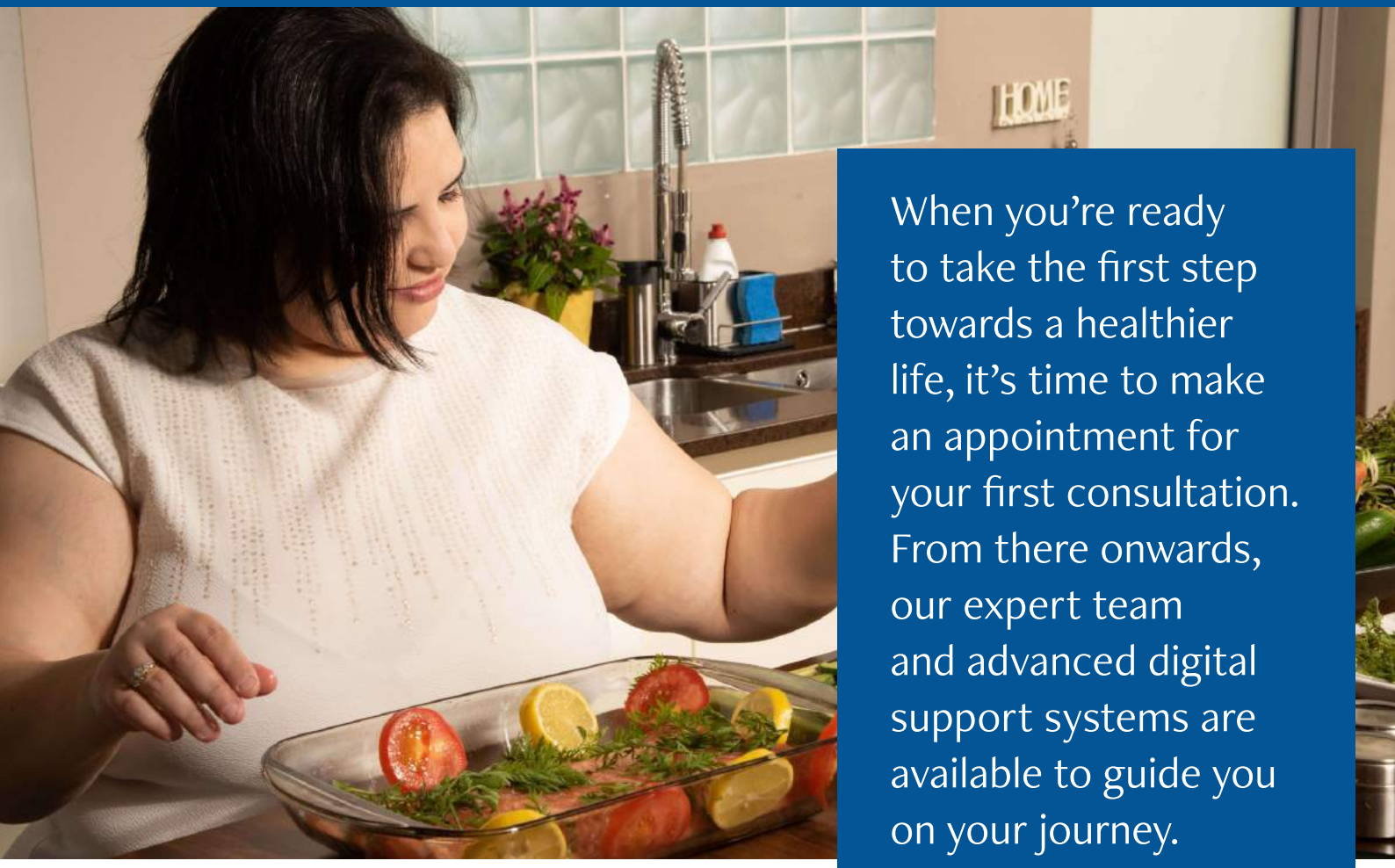
Dr Jennifer Matthei
BSc(med) MBBS FRACGP

Support Team



From left to right: **Tania** (Registered Nurse), **Rosanna** (Receptionist), **Gina** (Receptionist), **Tania** (Dietitian), **Debra** (Practice Manager/Registered nurse) and **Heidi** (General Manager). Plus: **Kim** (Accounts Manager), **Agnes** (Receptionist) and **Madeline** (Registered Nurse).

Your Weight Loss
JOURNEY



When you're ready to take the first step towards a healthier life, it's time to make an appointment for your first consultation. From there onwards, our expert team and advanced digital support systems are available to guide you on your journey.

Before Surgery

First Consultation

We gather your history, share important information, discuss treatment options and desired surgery outcomes, organise any further testing and provide you with a full information pack to take home to read through and consider.

Second Consultation

Detailed discussion about surgery, risks and benefits of chosen surgery option, paperwork for admission is completed. If you decide to proceed with surgery a date is booked with our Practice Nurse and you're connected with our digital platform that provides useful information and guidance each step of the way.

Dietitian Appointment

During your second consultation you'll make an appointment to meet with our Dietitian to discuss your pre and post-operative diet. She will inform you when to start your pre-operative diet, and our digital platform will also give you a reminder nearer the time.





Our Aftercare Program



At Upper GI Surgery we believe that coaching people during their journey towards a healthier lifestyle maximises chances of getting the most out of surgery, and avoids both weight regain and nutritional complications. This is why we provide all our Bariatric surgery patients with an extensive Patient Aftercare Program.

Follow-up Appointments

Unless you come in for follow-up appointments after surgery, you are losing the opportunity to benefit from the expert advice we provide. This advice is based on our experience managing thousands of patients over decades.

Follow-up appointments with your Surgeon or Bariatric Specialist post-op are scheduled for:

- 2 weeks (one appointment with the Surgeon/Bariatric Specialist, one appointment with the Dietitian);
- 6 weeks;
- 12 weeks, then;
- Every 3 months for the first year;

All follow-up appointments are free of charge (Medicare only) for the duration of your clinic fee to help if any issues or concerns arise, or if deemed clinically indicated.



Dietitian - Tania Chaanine

What's included in the Patient Aftercare Program?

Following weight loss surgery you will be provided with a tool kit to help you start your journey towards a healthier lifestyle. In addition to a second appointment with our Dietitian, you will also receive:

- A copy of 'Your Complete Guide to Nutrition for Weight Loss Surgery' book by Sally Johnston.
- A 'Portion Perfection' bariatric plate and bowl, designed to help you with portion control at meal times.
- One month's supply of bariatric multivitamins.







Taking the first steps after bariatric surgery is an exciting but sometimes overwhelming journey. At Upper GI Surgery, we understand that lasting success isn't just about the procedure – it's about the support, knowledge and guidance you receive along the way. That's why we've developed a comprehensive Ongoing Care Program (OCP) to help you confidently navigate life after surgery.

OCP
Ongoing Care Program

- Identify clear and achievable goals in terms of your health and weight loss.
- Break stubborn habits, such as emotional eating or self-sabotage.
- Learn smart strategies for tackling nutrition, movement and stress management.

This is all included in your Bariatric surgery clinic fee.

Bariatric
SURGERY COST



Bariatric surgery has been conclusively shown to increase life expectancy and quality of life for patients suffering with morbid obesity. While surgery may seem expensive, it is a positive investment for the majority of patients as it often improves employment options, decreases medical costs and improves cash flow through reduced food bills.

Bariatric Surgery Clinic Fee - from $5,500

We provide our Bariatric patients with an extensive aftercare program along with follow-up from our team who have decades of experience.

Our Clinic Fee includes:

- Access to our pre-op digital platform for important information and updates before and after your surgery
- Bulk-billed follow-up appointments with our specialist medical team for the duration of your clinic fee.
- Two Dietitian appointments
- A Nutrition Pack consisting of:
  - 'Portion Perfection' bariatric bowl and plate, designed to help you with portion control at meal times.
  - One month's supply of bariatric multivitamins
  - A copy of 'Your Complete Guide to Nutrition for Weight Loss Surgery' by Sally Johnston.

Additional Fees

Additional fees are dependent upon a patient's individual health insurance cover. For reference here is a guide to potential fees you may incur in addition to the Clinic Fee:

Patients with Private Health Insurance*	Patients with NO Private Health Insurance
Anaesthesist - from $1,500	Anaesthesist - from $1,500
Hospital Charges - $0	Hospital Charges - from $10,000
Assistant Surgeon - $0	Assistant Surgeon - $500

**Please check with your provider to ensure that you are eligible. Item numbers for the main Bariatric Surgery procedures are: Sleeve Gastrectomy - 31575 | Gastric Bypass - 31572 | Gastric Band - 31569*

Bariatric
SURGERY OPTIONS

Weight Loss Surgery Procedure Options: Overview

Procedure	Description	BMI	Est. Wt Loss	Advantages	Disadvantages
	**Laparoscopic Gastric Band**	35 or 30+ comorbidities	15%-20%	Low complication rate, reversible	Challenging for patient to adapt to
	**Laparoscopic Sleeve Gastrectomy**	40 or 35+ comorbidities	25%-35%	Easiest procedure to adapt to	Irreversible. Vitamin requirement for life. Reflux risk
	**Laparoscopic Gastric Bypass**	40 or 35+ comorbidities	30%-50%	Powerful operation	Moderately challenging adaptation for patient, vitamin requirement for life, nutritional risks
	**Laparoscopic Omega Loop Bypass**	40 or 35+ comorbidities	30%-50%	Lower risk of bowel twists than bypass, also simpler operation than bypass	Larger risk of reflux and ulcers than Gastric Bypass
	**Lap. Single Anastomosis Duodenal Switch (SADI)**	40 or 35+ comorbidities	30%-50%	Powerful operation	Largest nutritional risks

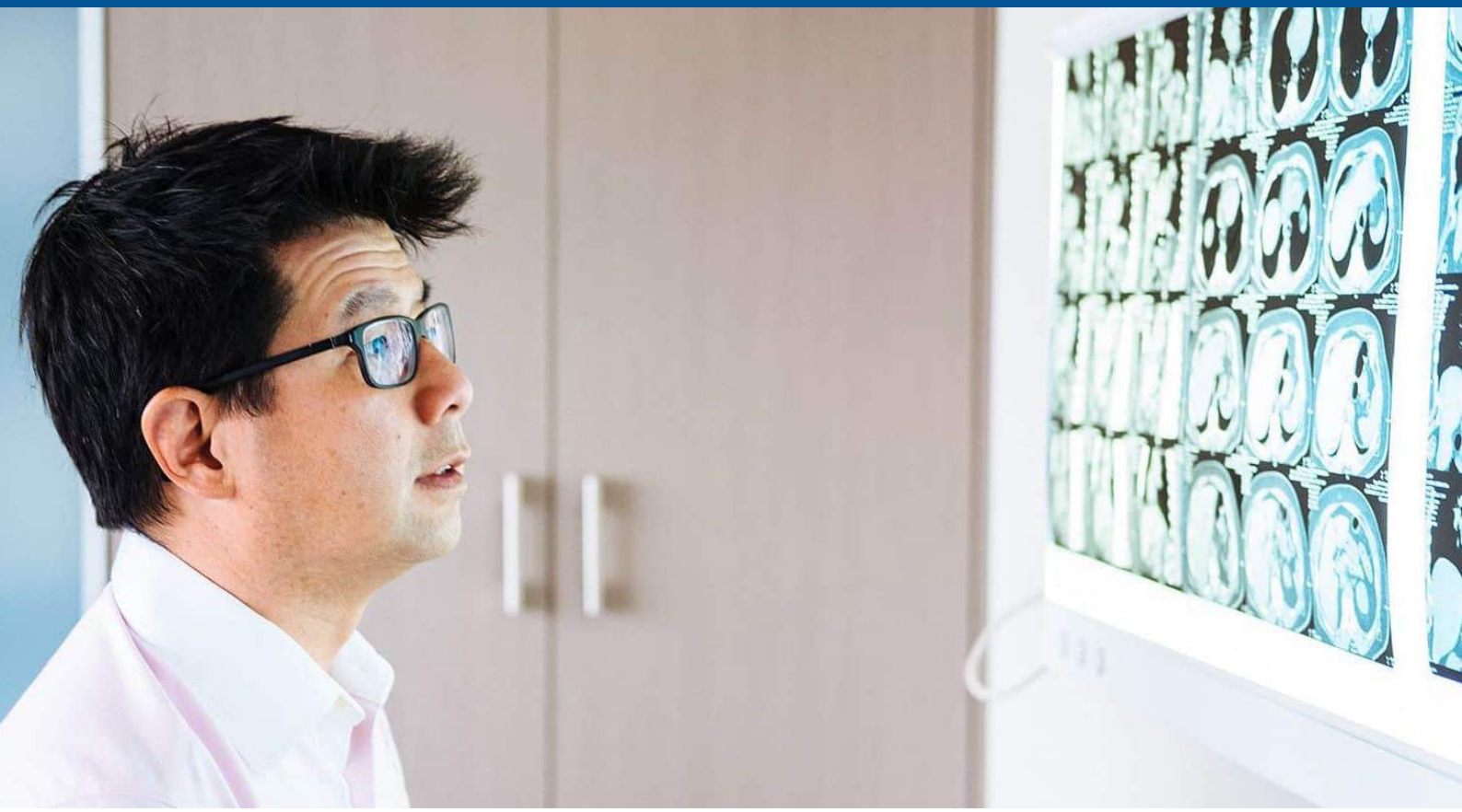
Bariatric
SURGERY OPTIONS

Weight Loss Surgery Procedure Options: The Details

Procedure	Laparoscopic Gastric Band	Laparoscopic Sleeve Gastrectomy	Laparoscopic Gastric Bypass	Laparoscopic Omega Loop Bypass	Lap. Single Anastomosis Duodenal Switch (SADI)
					
Variations	Plicated Band. For patients wishing for the procedure to behave more like a "sleeve".	Banded sleeve gastrectomy. This will cause more swallowing problems and vomiting but may lead to more weight loss	Banded bypass. This is our preferred versions as it leads to better long-term weight loss than non-banded bypass.	Banded bypass. May lead to better long term weight loss than non-banded version but has more side ettects	Standard "old fashioned" duodenal switch. Leads to significantly higher risk of malnutrition.
Suitable For	BMI 35-45, or BMI 30+ with co-morbidities. Younger, highly motivated and organised people who will lose weight with appetite suppression	BMI 40+, or BMI > 35+ co-morbidities. Patients who wish to lose weight quickly with lowest side effect profile.	BMI 40+, or BMI > 35+ co-morbidities. People who need to lose more weight (> 40-50kg). Poorly controlled diabetics. Poorly controlled reflux. People who have had previous Lapband or other gastric surgery.	BMI 40+, or BMI > 35+ co-morbidities.People who need to lose more weight (> 40-50kg). Poorly controlled diabetics. People who have had previous Lapband or other gastric surgery.	BMI 40+, or BMI > 35+ co-morbidities. People who need to lose more weight (> 40-50kg). Poorly controlled diabetics. People who have had previous Sleeve surgery.
Est. Wt Loss	15%-20%	25%-35%	30%-50%	30%-50%	30%-50%
Advantages	Reversible. Safest procedure. Short hospital stay. Quick recovery.	Good weight loss. Seems to suit the largest range of patients. Low risk of major operative complications and nutritional disturbances.	Reversible/modifiable. Good short and long-term weight loss (25+ years duration) with proven improvement in survival as well as reduction of weight associated diseases.	Reversible/modifiable. Seems similar in results to gastric bypass as well as being easier therefore sometimes safer to perform. Less risk of small bowel blockages post-surgery than a bypass.	May prove to be an ideal option for some patients who have regained weight after a Sleeve. Especially for people who have regained weight because of snacking.
Disadvantages	Highest side effect profile while eating compared with other operations. Can have irreversible effect on esophageal function if band is overtightened.	Irreversible. Requires patients to re-train their eating habits within 2 years or weight regain occurs. Need daily multivitamins and nutritional monitoring.	5% of patients get problems with prolonged food intolerances. 2-3% of patients develop small bowel twists - need surgery. Gastric ulceration in 2-3%. Abdominal pain common in patients, taking opioid pain meds long term. Need daily multivitamins, 6 monthly Vit B12 injections and nutritional monitoring lifelong.	5% of patients get problems with prolonged food intolerances. Gastric ulceration occurs more frequently than in gastric bypass. Risk of loose bowels, and greater risk of nutritional problems than a gastric bypass. Need daily multivitamins, 6 monthly Vit B12 injections and nutritional monitoring lifelong.	We don't have as much long-term data as for other operations. Risk of malnutrition and loose bowels greater than other operations.
Minor Complications	Reflux. Food intolerances. Regurgitation of lumpy food.	Reflux, controlled with a tablet in 10% increasing to 20% in 10 years.	Food intolerances early on, persisting in 5%. Constipation. Intolerance to very fatty and sugary foods. (dumping)	Food intolerances early on, persisting in 5%. Constipation. Intolerance to very fatty and sugary foods.(dumping.) Reflux in 5-10%. Loose bowels for a while are not uncommon.	Loose bowels and bloating if excessive carbohydrate or fatty
Major Complications	Rare, under 1 in 1000 early on. Band slippage will occur if the band is overtight. Risk of band erosion about 0.3% per year.	Leaks (internal infections), bleeding and blood clots under 1%. Major Side effects in 2-3%.	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects of 2-3%. RIsk of stomach ulcers in 2-3%, risk of bowel blockages in 2-3%.	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects in 2-3%. Risk of stomach ulcers in 3-5%. Malnutrition under 5%.	Leaks (internal infections), bleeding and blood clots under 1%. Major side effects in 2-3%. Malnutrition in 5%
10 yr Re-Op Rate	50%	20%	20%	20%	Unknown %
Disclaimers	Overtightening the band at patient request with daily or near daily vomiting will create significant risk of emergency complications.	Small but real risk of dangerous and permanent complications in patients who are non-compliant with multivitamins.	Small but real risk of dangerous and permanent complications in patients who are non-compliant with multivitamins. Smoking , alcohol and aspirin-like drugs will likely cause bleeding or perforating ulcer disease in patients who are not taking strong antacids. Regular drinkers have an increase risk of becoming alcoholic.	Small but real risk of dangerous and permanent complications in patients who are non-compliant with multivitamins. Smoking, alcohol and aspirin-like drugs will likely cause bleeding or perforating ulcer disease in patients who are not taking strong antacids. Regular drinkers have an increase risk of becoming alcoholic.	Non-compliance with vitamin & mineral supplements highly likely to lead to potentially irreversible nutritional complications.

Am I a Candidate

FOR SURGERY?



Am I a candidate for surgery and if so, how do I choose?

Requirements for people wishing to undergo Bariatric/weight loss surgery and information about various procedure options are outlined above and below. We provide professional support to assist you in choosing the most appropriate procedure, as well as providing long-term care to help you achieve and maintain your weight loss goals.

People suitable for bariatric surgery

- BMI greater than 35
- BMI 30–35, with medical complications
- No hormonal cause for obesity
- Obesity present for at least five years and persisted despite adequate attempts with other weight loss measures
- No alcohol or drug abuse
- Absence of major, untreated psychiatric conditions
- Ability to comply with long-term vitamin supplements and follow-up after surgery
- Actively supportive GP

Make an appointment for your first consultation

Weight loss surgery is a step toward a healthy lifestyle; the changes you make combined with dedicated and holistic support can help you achieve results that last a lifetime.

If you would like to discuss your weight loss treatment options with one of our specialists, call our practice on ***(02) 9553 1120*** to book an appointment.

Upper GI Surgery



Locations

St George Private Hospital (Kogarah, Sydney NSW)
St Vincent's Clinic (Darlinghurst, Sydney NSW)
Illawarra Family Medical Centre (Wollongong NSW)
Orange Specialist Clinic (Orange NSW)

Contact details

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