Weight Loss Surgery in Mexico

15 Questions & The Answers You Should Know About Vertical Sleeve Gastrectomy Surgery

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Weight Loss Surgery in Mexico

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A Foreword

By Dr. Elias Ortiz

From both my perspective as a doctor and my perspective as a human being, I have come to recognize that Sandy Johnston is truly a caring and dedicated advocate for people battling life-threatening obesity. I first met her years ago. I had just received my degree in medicine from Autonomous University of Baja California and was impressed even then with her work. She had started to carefully assemble an expert team of bariatric professionals along with the best of coordinators to manage A Lighter Me – her weight-loss surgery network located in Mexico (and online at alighterme.com.) Sandy had brought together the talent of some of the best surgeons in Mexico at a dedicated bariatric hospital. Her
coordinators were actual patients who had undergone weight-loss surgery themselves. It soon became clear to me that her organization – A Lighter Me – was not only the ideal place for patients to go to for support and management of their weight-loss surgery. It was also the perfect place for me to grow my practice. Now, ten years later, I am proud to be part of her team.

During the days of my surgical residency I remember feeling humbled because so many people battling morbid obesity chose to put their faith and well-being in my hands. This motivated me to become the best surgeon I could be, not only based on my expertise as a surgeon, but also based on my ability to relate to my patients on another level. I began to recognize the courage it took my patients to take this major step toward a more healthful life. I came to understand the inevitable fears connected with facing a surgery that would jumpstart this positive change in their lives. Since then I have continued to take both my surgical practice and the understanding of my patients’ complex feelings most seriously.

Through my career I found that many patients who were facing surgery had several characteristics in common. First they were nervous about their surgery. Who wouldn’t be? Second, many of them had no idea what to expect or even what questions to ask their doctors.

Shortly after writing her book, Sandy asked me to write this foreword about the questions patients should ask of their doctors, surgeons, nurses, anesthesiologists, and other professionals involved with their bariatric surgery. Many of the questions had to do with a growing trend: medical tourism in Mexico.

At first her request made me smile because I knew there was really no end to the questions prospective weight-loss surgery patients bring up. Then, as I thought more about her request, I realized there really were a number of common questions patients should seek answers to before surgery. And who better to raise and answer
these than Sandy Johnston, a weight-loss surgery success herself who has gone on to become a dedicated advocate for bariatric surgery patients. I am only too glad to endorse her expertise by writing this foreword to her informative book you now hold in your hands.

Speaking of essential questions, a few months ago I was honored to be a member of a panel of experts on weight loss at the Obesity Help National Conference in Anaheim, California. During the event’s question and answer session I heard many of the same questions I’ve heard patients bring up through my ten-year-long career as a bariatric surgeon. These are the very same questions Sandy tackles in her book “Weight Loss Surgery in Mexico - 15 Questions & The Answers You Should Know About Vertical Sleeve Gastrectomy Surgery”. More importantly, Sandy has done a thorough job of answering each one fully and intelligently. It is not surprising that each answer leads to another question – many of which should be ultimately answered by a doctor who knows your health history — but the basic questions and answers Sandy provides will go a long way to contribute to successfully preparing you for and recovering from your own weight-loss surgery and return to an improved life.

I recently added a new achievement to my career goal of being the best surgeon I can be for my patients when I became the head of A Lighter Me’s surgical team. Sharing Sandy’s vision, I am committed to helping my patients realize the benefits her services provide. Not only are A Lighter Me’s patients well prepared for their weight-loss surgeries. They are also well educated on the procedure to be performed and well versed in the pre-op and post-op steps that are necessary to produce successful outcomes. A Lighter Me’s aftercare coordinator service is unique and second to none among the Medical Tourism facilitators operating in Mexico.
Sandy Johnston’s committed work with her weight-loss patients helps me be a better doctor every day. Reading her book will help you be a better patient. I salute her and her company – A Lighter Me.
INTRODUCTION

If you have downloaded this book, you are no doubt one of the more than two-thirds of Americans who are overweight. When you find yourself having to loosen your belt a notch or two or looking through the next largest size on the clothes rack, your immediate concern becomes how much heavier you may be looking. But being overweight is more than skin deep. As you pack on the pounds, you increase the risk of health issues that can lessen the quality of your life and even shorten it.

If you are struggling with more than a few unwanted pounds you have lots of company. Recently, obese Americans have increased to the point of actually outnumbering overweight Americans. This dangerous trend means that more Americans than ever have gone past the need to lose a few pounds just to look better. They need to lose fifty, a hundred, or even more pounds – to live better and, in many cases, longer.

Having engaged in this greater battle against weight gain, you know what it is like to diet, over and over again. You can remember losing ten, twenty, or even more pounds - over and over again. Then, before you knew it, you gained back the weight and went on to put on even more pounds than you lost in the first place. You know only too well how those extra pounds have gotten in the way of you becoming the healthful, active, and confident person you long to be.

Up to now, everything you’ve tried has left you feeling like Don Quixote attacking windmills. Right? Well, starting with you reading this ebook, I can help you defeat the beast of obesity once and for all with the latest advance in weight loss surgery – the gastric sleeve.
THE BEAST OF OBESITY

Sure you’ve heard about bariatric or weight loss surgery, but the idea of going under the knife has scared the bejeezus out of you. Chances are you’re unaware of gastric sleeve surgery – the latest advance in the every-improving field. An advance that now provides a simpler, safer, less invasive, and less expensive weight-loss operation than in the past.

Believe me; I speak from the heart – and from my own experience with weight loss surgery. I have lost over 100 pounds since my surgery five years ago. I know how complicated and emotional weight loss surgery can be before, during, and after the operation. After my experience, I decided I wanted to help people like you with the proactive, yet daunting decision-making process, as you explore the options of weight loss surgery. So I founded A Lighter Me, a firm that facilitates connecting patients with highly qualified bariatric surgeons in Mexico, at a much more affordable cost than in the USA. The doctors I can connect you to are carefully screened bariatric surgeons. They also have a true passion for their work.

From the very beginning I felt like I didn’t stand a chance. Obesity runs in both sides of my family. The obesity ran mainly my mother’s side where just about everyone is obese and many are morbidly obese.

I’ve been obese as far back as I remember. My mother tells me that I started to gain weight at about age 4. My doctor had my mother put me on my first diet at age 8. I remember that the only food I liked on that diet was chicken and water. That’s all I ate until I got so sick of it, I just couldn’t eat anymore chicken! From that point on, I’ve dieted, lost weight and gained it back plus more!
My first attempt at weight loss was when I was 12. By that time, I was 5’ tall and weighed over 200 lbs. My mother and I both joined weight watchers. I lost 85 lbs and got down to 124 lbs. That was the first, and only summer that I wore a bikini. I kept the weight off for about 3 years, and then put it all back plus more...again!

My weight continued to go up and down. The teenage years were hard with being teased and called every name in the book! So I did everything that I could to keep my weight down. I remember being hungry most of the time, but that was the only way I could keep my weight from getting out of control.

I met my husband and we got married at a young age. Later, when we decided to start a family, we had trouble conceiving and the doctors told me that I had to lose weight. In fact they said if I didn’t, they would not treat my infertility because it would be very unlikely that I could conceive with my extra weight.

That was it! I was determined to lose the weight for good! I wanted to have children so I went back to weight watchers and lost 111 lbs. I got my weight down to a little over 150 lbs and began treatment for infertility. Unfortunately the treatment didn’t work. Now that I had lost the weight so I could have a baby, my family was concerned that I would give up and put the weight back on. However, I didn’t. I felt like I had no control over my body with respect to having a baby, but I could control my weight. So it became an obsession with me. I really thought I had finally conquered my weight problem.

In 1991 my husband and I adopted our son. It was the happiest part of my life! I was thin, felt good physically and mentally and became a mother! Life couldn’t get any better than this!
I kept the weight off for almost 5 years. Then very slowly the weight crept back on. It was so slowly that it actually surprised me! It took several years before it was all back..and of course more again!

At that point I just gave up. I had decided that there was nothing I could do about my weight and I was destined to be obese for the rest of my life. I tried to make the best of it and enjoyed my family. Things weren’t so bad, at least that is what I told myself.

The weight did not bother me physically until I reached 40. Then, I was diagnosed with high blood pressure, my joints ached and I would get so tired with any activity. My son was only 10 and he wanted to be a normal active kid. He loved going to Disneyland and I was having trouble keeping up with him. My husband would take him on the rides because I was afraid that I wouldn’t fit and would be humiliated!

My weight became higher and higher. I started to do less and less. I was embarrassed to even leave the house. I would fear running into someone that I hadn’t seen in a long time. I also didn’t like being stared at and made fun of. We all know that kids can be cruel, but so can adults. I would go grocery shopping at night and ride on the store scooters and hoped that no one saw me.

I was now over 300 lbs! That is when I realized that I needed to do something. I felt like if I didn’t, I wouldn’t live to see my son grow up. I was also mentally exhausted and depressed. I felt so defeated! It was then that I heard about weight loss surgery. Back then, it was considered very extreme and dangerous. My family and some of my friends were against surgery and I wasn’t very excited about it either. But I went to a seminar given by a local bariatric surgeon.
The surgeon spoke and he also brought one of his patients who also spoke and we asked questions. She seemed to be doing well, but I was still very afraid of surgery. While the doctor spoke, one thing he said stood out. He talked about the gastric band or Lap Band. He explained that it was experimental but was being done in other countries. He said that it would soon be approved in the U.S. He
further explained that it seemed to be effective and that it was much safer than a gastric bypass.

As soon as I heard that, I went to work researching the procedure. To be able to have a safe surgery that would help me to lose weight was a dream come true!

As I did more and more research on the internet, I found that many people, even some bariatric surgeons, didn’t know about the Lap Band. After a few more months, it had just been approved in the U.S. but still many had never heard of it. I kept finding that many people were traveling to other countries to have it done. They were doing so because they didn’t have insurance or because their insurance company would not cover it because they deemed it experimental.

After calling my insurance company, I was told that it was covered under certain circumstances. So I applied for surgery to the bariatric group was within my insurance group. I was turned down because they stated that my BMI was too high and they felt the Lap Band would not be beneficial to me. Still, I was determined to find a way!

While researching on the internet I found that many people were traveling to Mexico to have their surgery. At first I thought that was crazy! But there were so many people going there, they couldn’t all be crazy! That’s when I decided to open my mind and seek out these people to talk to them. Back then, it was so hard to find any information about the doctors and hospitals. The only way to find any information was to talk to the people that went there.

I joined an online forum for people that went to Mexico and met a woman that had just come back. Come to find out, she lived only a mile from me! I met her in person and we talked. She showed me pictures that she had taken while
there and she had a great experience. So I finally decided to call and make an appointment.

I called the number that my new friend gave me and the doctor answered the phone. He told me that he was able to do my surgery and I could come down in 2 days! I took that appointment. I wanted to get it over and done with before I changed my mind! My mother came with me. We drove down to San Diego parked the car and took a shuttle over the border. I was picked up at the shuttle station and taken for my pre-operative testing.

Once all the tests were done, I was taken to the hospital for surgery. It was like a whirl wind! As soon as I got to the hospital, the nerves set in! But luckily I was taken back into the operating room quickly so I didn’t have too much time to be nervous!

The next thing I remember was waking up thinking “I made it!” I did have some problems that were due to my high BMI. I ended up having to stay in the hospital for 5 days because I was unable to get fluids down. I had to have an IV until I was able to take in enough fluids to stay hydrated. I also had one of my lungs collapse and had to see a pulmonologist. But the hospital was very well equipped and I had very good care. In fact I had the best care I’d ever had. It was better than any hospital I’d been to in the U.S. There were more nurses for fewer patients!

I returned home and started my weight loss journey! I lost 111 lbs. However, it wasn’t easy. In fact living with the band was difficult for me. I experienced pain when I ate and vomited a lot. But I was losing weight! After a few years I started having more and more problems. I was experiencing a lot of pain very high up in my stomach and into my chest. I went to my doctor and was sent to San Francisco where my insurance now had a bariatric program and
surgeons that were experienced with the band. They removed all the fluid in my band and sent me home to “heal”.

Without fluid in my band I was able to eat more and started gaining weight. They tried to slowly put the fluid back in my band, but when they did, I would begin to experience the pain again. I had gained back up to over 300 lbs. So after 6 years with the gastric band I decided that I wanted to have a revision surgery. After having several tests, my doctor said that my band needed to come out.

Once I had my surgery, I was able to eat a very small amount of food and feel full. It was a much different experience than the band. With the band, I stopped eating because it was painful. With the bypass, I stopped eating because I was full! I lost a total of 154 lbs from my highest weight. I was so happy!

After losing the weight I went for a tummy tuck. The doctor removed 10 lbs of skin from my stomach. I was down to a size 14, which was very small considering I started out at a size 32.

Shortly after my surgery in Mexico I decided that I wanted to help others that were in the same boat as me. I remember how hard it was to find information about surgeons and hospitals there. So I set out to research surgeons and hospitals in Mexico so that others could have the information that I found which would make it easier to choose a good surgeon and hospital. I’ve now spent the last 11 years in the medical tourism business and it’s been the most rewarding 11 years of my life! I’ve met so many wonderful people and have seen people regain their health and get their life back!

Medical tourism is now much more accepted and a lot of people are now traveling for all kinds of surgeries. The most recent being the gastric sleeve which has shown a lot of success! My goal is to get the word out to as many people as
possible that this is an option when you don’t have insurance or your insurance excludes weight loss surgery or the waiting list for the surgery can be several years long. You don’t have to live, or worse, die of morbid obesity. We provide an affordable option!

Enough about me and Mexico, for now – let’s get you informed about gastric sleeve surgery, one of the newest life-changing weight loss surgery options. It can make possible a lighter, more healthy, and vibrant YOU. Becoming an informed patient is the first step to realizing your weight loss goals safely and successfully.
A NEW GENERATION OF WEIGHT LOSS SURGERY

Trust me; the gastric sleeve is not your grandmother or grandfather’s weight loss surgery. Back in their day—the mid 1950s—A.J Kremen made history when he became the first American surgeon to link the upper and lower regions of the small intestine to bypass the middle section, where most food absorption takes place. By doing this, the amount of food processed by the intestine would decrease; thus the body would absorb fewer calories. Other methods of bypassing the digestive and absorptive tract soon followed, but recurring complications such as dehydration, diarrhea, and electrolyte imbalance often occurred after the drastic measures. So much so that doctors sought to replace intestinal by-pass surgery with safer operations.

Within ten years of Kremen’s groundbreaking work, Dr. Edward E. Mason of the University of Iowa substituted the problematic intestinal by-pass with the gastric by-pass,. Gastric – as in stomach. Using surgical staples, Mason formed a partition across the upper stomach. This barrier reduced the intake of food while creating a pouch that gave the patient a feeling of fullness after eating smaller amounts of food than usual. Eventually the surgery called for making an even smaller pouch, to accommodate even less food for fullness, and the staples were replaced by elastic bands. The bands, however, tended to stretch over time, lessening this surgery’s effect and appeal.

By the time our parents’ generation sought surgical treatment for obesity, in the mid- 1990s, doctors tried to, in a way, combine the earlier intestinal and gastric models in a procedure called the Roux-en-Y gastric bypass. (The odd name is derived from the name of the surgeon who first described the procedure – César
Roux – and how much the actual surgical connection looks like the letter Y!) In the Roux-en Y gastric bypass an even smaller area of the stomach, about the size of an egg, is used to create a new stomach pouch. This smaller stomach is then connected directly to the middle portion of the small intestine, bypassing the rest of the stomach and the upper portion of the small intestine. Less food intake coupled with less digestion results in far more successful outcomes.

You’ll find many complicated sounding names for major gastric bypass, stapling, and lap-band surgeries: vertical gastrectomy (VG), VG with duodenal switch, and adjustable gastric band are just a few, all of which are compared and contrasted in an easy-to-follow chart on my website, alighterme.com. Through the decades in which weight loss surgery has improved, a number of options have become less invasive.

Yes, as the new millennium approached, less became more in the field of weight loss surgery, a trend that has led to the procedure you will read about in this book – gastric sleeve surgery or Vertical Sleeve Gastrectomy (VSG). Even the name sounds less intimidating. The thought of wearing a sleeve sounds so much more comfortable than donning a lap band, doesn’t it?

The name of the surgery actually refers to the narrow tube or “sleeve” left behind after about 80% of the stomach is removed. And the surgical procedure is taken down a notch too. Since gastric sleeve surgery is laparoscopic, there is no need for a large incision. Instead, five very small incisions are made and a laparoscope is inserted. The laparoscope is a small tubular instrument fitted with a small camera that provides the surgeon with a clear view of the abdominal cavity during the procedure.
After the stomach is “sleeved” there remains less space for food to pass through the digestive tract, so patients will feel full after eating less food than it took to feel full before the surgery. This should result in the patient eating smaller portions.
15 QUESTIONS TO HELP YOU DECIDE IF VERTICAL SLEEVE GASTRECTOMY SURGERY IS FOR YOU.

Gastric sleeve surgery may just be the strategy that will help you defeat the beast of obesity you battle every day. Besides weight loss, over 80% of type II diabetes cases are resolved with bariatric surgery as well as hypertension being improved or resolved in many patients. One way to start to find out if this procedure is for you is to raise some important questions as you learn more and more about the surgery.
1. What are the advantages of gastric sleeve surgery over major weight loss surgeries?

- The gastric sleeve operation is less invasive because it is laparoscopic, requiring only small abdominal incisions.

- Appetite is reduced after the operation because the part of the stomach that is removed includes the area responsible for secreting the hormone Ghrelin – which controls hunger. Patients report that the surgery completely changes their relationship with food. They no longer have the constant hunger and cravings that plagued them before their surgery.

- Besides weight loss, over 80% of type II diabetes cases are resolved with bariatric surgery as well as hypertension being improved or resolved in many patients.

- The gastric sleeve does not involve a bypass. There is no re-routing of the digestive system. So, the stomach functions normally after gastric sleeve surgery – it is just smaller, making you feel full sooner.

- Patients who are too high risk for gastric bypass surgery, such as those with anemia, Crohn's disease, etc., often qualify for the less invasive gastric sleeve.

- The surgery takes about one hour (as compared to two or more hours for other weight loss surgeries), so the amount of time under anesthesia is shorter.

- Fewer complications follow gastric sleeve surgery than with the more major operations.
• There are no foreign bodies to break, slip, or erode and, unlike the adjustable gastric banding, nothing needs to be adjusted post-op.

• The hospital stay is one to two days (as compared to two or three days or more for other weight loss surgeries)

• Gastric sleeve surgery does not restrict healthfully prepared foods the patient can eat after the operation. It only restricts quantities. In addition, the feeling of fullness that you get after the sleeve procedure is much more satisfying than the feeling of obstruction or pain and discomfort that you get with the adjustable band surgery.

• Fewer follow-up visits are needed (as compared to other bariatric surgeries).

• Although the sleeve is irreversible, it can be converted to a gastric bypass six to eighteen months after the procedure if the patient’s weight loss stalls.

It’s not difficult to understand why more and more patients are choosing gastric sleeve surgery over the more invasive weight loss procedures. In addition, the sleeve costs significantly less than the lap band, gastric bypass, and duodenal switch surgeries. Depending on the patient’s health insurance situation, cost can be a make-or-break factor as to whether or not the surgery is a viable option. I’ll get back to much more about cost after I finish explaining more of the essential medical aspects.
2. What are the disadvantages and/or risks of gastric sleeve surgery?

Of course, all surgeries involve risks – even dental surgery. Yet, consider the diabetes, heart disease, and respiratory dangers that lurk for the over 35% of Americans who are obese. Along with these risks, the 25% of Americans who are morbidly obese (80 to 100 + pounds overweight) are bound to suffer even greater life-threatening health problems. These include severe respiratory dysfunction, asthma, sleep apnea, hypertension, elevated cholesterol, arthritis, type II diabetes, high blood pressure, urinary stress incontinence, and an increase in risk of colon, prostate, ovarian, and breast cancer.

The risks of gastric sleeve surgery seem to pale next to the consequences of not treating patients suffering from obesity. One doctor reinforces this point by asking his severely overweight patients “Tell me, how many 70-year-olds do you see walking around at your weight?” Nevertheless, I think it is important that, if you are considering gastric sleeve surgery, you are informed of the complications and risks that may occur.

• Immediately after surgery, minor side effects such as pain, bruising, bleeding, and swelling are common. For the vast majority of patients, these effects disappear within days to a few weeks post-op.

• A few patients may suffer more severe complications: internal bleeding or leaking, gastritis or the inflammation in the lining of the stomach, more than usual pain, and bloating in the abdominal area.

• As with all surgeries, a very small number of patients may develop an infection, pneumonia, and nausea and/or vomiting. All severe side effects should be checked by a doctor without delay.
• Blood clots, which can be fatal, occur in less than 1% of gastric sleeve patients. (In comparison, it is estimated that 30 to 50% of knee and hip surgery patients develop blood clots).

• Weight loss may not be as great with the gastric sleeve as with more major weight loss surgeries; yet, once again, the sleeve can also serve as a first step to more invasive surgeries.

• If, after the surgery, the patient does not follow diet restrictions, the sleeve could stretch out and cause weight gain.
3. Who is the best candidate for gastric sleeve surgery?

Weighing in at 329 pounds, music mogul Randy Jackson wore a 4XL shirt in 2002, during his first season of American Idol. He recently completed his last season on the show over 100 pounds lighter, wearing a size Large. From the ten years since Jackson’s gastric bypass surgery to a year or so ago, a number of celebrities, including Today show regulars Al Roker and Star Jones, writer Anne Rice, and Argentine soccer player Diego Maradona, have shared the stories of their major weight loss surgeries with the public.

More recently, however, the public has begun to hear about the simpler surgery – the gastric sleeve – from a high-profile patient or two. Comedian Lisa Lampanelli spoke candidly on Bethenny Frankel’s talk show Bethenny Ever After about her and her husband’s decision to both “get sleeved” in July of 2012. Lampanelli, well-known for her “Queen of Mean” barbs and appearance on the fifth season of Celebrity Apprentice, admits to having tried many do-it-yourself weight-loss regimes after she started putting on pounds “the minute” she left for college. She even laments about gaining weight after she bought a house that was part of the Canyon Ridge Health Resort network.

Lampanelli says she and her husband chose the gastric sleeve because “there’s not a lot of rewiring,” adding, “We both wanted to live longer.” Ten weeks after surgery she was down 52 pounds and “feeling great.” Her husband, who had the same surgery a few months later, lost 36 pounds in 2 ½ weeks. (Overall, men tend to lose weight quicker than women). Now, just over a year after the surgery, the comedienne has shed 106 pounds off her heavy 248 pound frame. “I feel like I’ve reached the weight I’m supposed to be,” she recently told In Touch Weekly.
Most likely, with the gastric sleeve, Lampanelli and her husband may not lose as much weight as Randy Jackson lost with gastric bypass surgery. Yet, with the results of the less invasive sleeve, the husband and wife are well on their way to living the longer, healthier lives they hoped for.

The question remains: who can be and should be “sleeved?” On my A Lighter Me website (http://alighterme.com) our surgeons advise that young adult and adult patients with a high Body Mass Index (BMI) of 30 or more and people suffering an increased risk of diseases and death from obesity consider the sleeve if traditional dieting and exercise have not worked for them. No doubt, if you have been trying to lose a lot of weight for some time now, you are already aware that your BMI is a measure of your human body shape and health based on a correlation between your weight and height. One of many online calculators that will do the math for you can be found on my website at http://www.alighterme.com/bmi.html

If you fit the BMI 30 plus range, you may be a good candidate for gastric sleeve surgery. But there are other factors that make for the ideal candidate.

- You’ve suffered from obesity for over five years and have already tried traditional methods of weight loss (diet and exercise) and have repeatedly failed using these techniques.
- You are a male who is 80 or more pounds overweight or a female who is about 100 or more pounds overweight.
- You are not addicted to drugs or alcohol.
- You are a nonsmoker.
- You have good mental health.
• You are willing to practice the long-term healthful lifestyle changes that will result in continued loss of weight and maintaining that loss over time.
4. How much weight can I expect to lose after gastric sleeve surgery?

Weight loss over time will vary from patient to patient, based on the individual’s starting BMI, gender, age, and medications. Even more influential will be the extent of the patient’s commitment to his or her healthy eating habits and lifestyle after the surgery. Because of these differences, it is more realistic to discuss what percentage of the patient’s excess weight can be shed with the gastric sleeve than an exact number of pounds.

Last year, the Obesity Action Coalition reported that gastric sleeve patients could lose 60% of their excess weight in about a year, with other sources offering a range of 40 to 70%. These studies include people who have faithfully followed their post-surgery regime and those who have not.

Here’s an example of weight loss expectations, using the Coalition’s estimate of a loss of 60% of excess weight. If I am a 235 pound woman who should weigh 135 pounds, I could expect to lose 60 pounds in six months to a year (which is 60% of the 100 pounds excessive weight I started out with). If I started out 50 pounds heavier, at 285 pounds (150 pounds overweight), I could expect a weight loss of 90 pounds during the same time. Overall, some patients the same height and weight as me will lose less and many will lose more, depending mostly on their commitments to their diet and exercise program after surgery. Most experts agree, however, the hardest part is the first 40 or 50 pounds. Once you start to notice results you will be motivated to lose more, eat healthier and keep fit.

In a recent blog article, Dr. Jeremy Korman cites a different study in which the researchers measured the long-term weight loss of 30 patients who had sleeve
surgery. At three years, the average amount of excess weight loss was 77.5%. Six years after the surgery, the average patient had gained some weight back, but had still maintained a net loss of 53.3% compared to before surgery.

The doctor explains that, most patients lost the great majority of their excess weight within the first three years, but gained some back between the third and sixth year. They still kept more than half of the weight off at that point, which doctors consider a successful outcome. Also, the study’s authors concluded that patients may have kept even more weight off in the long term had they had more frequent long-term after care.
5. **What is my next step if I am interested in gastric sleeve surgery?**

For any surgery you, of course, want to be treated by an expert doctor and team with whom you feel comfortable. Cost can also be a determining factor. Whether or not you have health insurance or, if you do, how well gastric sleeve surgery is covered in your plan, may limit the possibility of getting sleeved. Rest assured – that’s where I can help, whether you are insured or not.

I’ve been where you are right now; determined to finally drop the weight I had been trying to lose most of my life. I knew that being obese not only interfered with the quality of my life, but could shorten my life by years. I also knew no diet had worked long term over the years, no matter how hard I tried. So, I too was faced with the decision you are trying to make now – whether or not to undergo weight loss surgery. It took all the guts I could muster to go through with it, but here I am now, a lighter me. And, I might add, a healthier and happier 154 pounds-lighter me!

I wanted my success to inspire other success stories. That’s why, five years after my surgery, I started my company: A Lighter Me. The website (http://alighterme.com) provides a resource guide that will help educate you through the whole process of a variety of weight loss and metabolic surgeries that can also help with type II diabetes, sleep apnea, high blood pressure, coronary artery disease and even cancer. A Lighter Me specializes in connecting patients with carefully screened surgeons in state-of-the-art hospitals in Mexico at a fraction of what these same surgeries cost in the United States. The surgeons A Lighter Me represents are top in their field, have a true passion for their work, and are dedicated to their patients. As you continue to read this book about gastric sleeve surgery – the least
invasive and most affordable of all weight loss surgeries – take some time to visit my website to check out the high credentials of the surgeons A Lighter Me can connect you to. I’m sure you’ll be impressed.
6. Is gastric sleeve surgery covered by health insurance?

Up to a few years ago the gastric sleeve, which can cost upwards to $18,000, was considered experimental, which made it ineligible for insurance coverage. As more and more research showed gastric sleeves are an effective primary surgical procedure for weight loss, the ineligibility status began to change. Three years ago United Health Care added gastric sleeve surgery to its policies that already covered weight loss surgery.

According to a popular website, insurance coverage for the gastric sleeve varies by state and insurance provider. As it now stands, Aetna, Cigna, Emblem Health, HealthNet, Medica, Priority Health, Health Care Service Corp, and certain Blue Cross-Blue Shield programs have joined United Healthcare in covering at least some of the services of gastric sleeve surgery for individuals whose policies cover weight loss surgery. These patients’ doctors are required to inform the insurance company that the surgery is medically necessary and supply documentation, including records of doctor-supervised attempts to lose weight such as drug therapy and group therapy. Medicare, the U.S. government health plan for people 65 or older, partly covers weight loss surgery, under similar conditions, as well. Right now, very few state Medicaid programs cover gastric sleeve surgery.

Yet, even patients with weight loss insurance coverage may wind up with an expensive bill after surgery. Some insurance companies or employers require a co-payment, which can range from a small amount to up to $9,000.

The website goes on to explain that insurers usually cover the anesthesia fee, hospital facility fee and the surgeon's fee. Some insurers may pay the entire bill,
but others only pay 50 to 80% of what is considered "usual and customary" for gastric sleeve surgery. That could leave a significant balance. ("Usual" refers to the normal rate charged for the service by the provider rendering the treatment, and "customary" is defined as the usual rates of the provider's competitors in that local area). The usual and customary rate differs for every situation and is determined by the insurance company.

Interestingly, Lisa Lampanelli and her husband chose to self-pay out-of-pocket for their surgeries. More patients are making this decision as getting sleeved becomes more competitively priced – especially at certified and licensed hospitals outside the U.S. like the ones in Mexico represented by A Lighter Me.

Janese Pitcher, a patient coordinator at A Lighter Me, decided to forego her insurance to pay for her gastric sleeve surgery out-of-pocket when she first came to me as a patient. Janese, who lives in California (about an hour from one of our hospitals in Tijuana), had Kaiser Permanente health insurance. When she looked into her plan, she found out there would be a $3500 deductible for the gastric sleeve surgery, along with a number of contingencies.

“I knew that wasn't the route I wanted to go,” says Janese. “All the waiting I’d heard about with insurance companies . . . Will I be approved? Will I not be approved? And six months of classes and jumping through all their hoops . . . just so they could justify the cost,” says Janese of the insurance company’s demands. So she started researching the gastric sleeve itself and came across different companies that arranged the surgery in Mexico.

“I called a couple of them based on price alone” explains Janese, “until I came across A Lighter Me. I got in contact with Sandy and I was ready to start my journey,” a journey that has since provided the path for Janese to lose the weight that had plagued her for decades.
A few gastric sleeve surgery patients recently responded to a question and answer forum about how much insured patients had to pay out-of-pocket for the sleeve surgery (after insurance paid the rest.) For those patients whose insurance paid 80% of the surgery, the out-of-pocket costs ranged from $700 to $1168.20.
7. What if I’m not insured?

You may be one of the millions of Americans who do not have health insurance. Or perhaps you have a barebones policy that does not cover the gastric sleeve. Or you may not meet all of the insurance company’s criteria to have the surgery covered. If any of these is the case, you’ve probably ruled out weight loss surgery because the cost – especially in hospitals in the United States – is prohibitive. Yet, there is a significant range in the cost of gastric sleeve surgery in the U.S, - from $12,000 to $35,000 or more. And the same surgery can cost less than half of those amounts outside of the United States. Why such a difference?

Location, location, location!

- Just as the same house will cost more in one part of the country than another, so do the same medical procedures performed in one region as compared to another.

- Surgery fees are usually more expensive in larger cities, such as Los Angeles, Boston, New York, and other Eastern and Western seaboard cities because overhead is higher in such areas and surgeons are in greater demand in more highly populated areas.

- The most expensive region is the northeast United States, followed by the West Coast, and then the central and southern states.

- Mexico beats them all.
8. **Does a lower price mean the surgeon is less skilled?**

According to one study, there does not appear to be a direct correlation between price and surgeon experience or skill (which is difficult to measure). One study goes on to explain that a U.S. hospital usually creates the cash price (for patients paying out-of-pocket) for an operation. This cash price is lower – sometimes extremely lower – than the price an insurance company is charged. Surgeons can sometimes choose which price to offer to their uninsured patients. Some surgeons will choose the higher insurance price and others will choose to offer the lower cash price in order to gain more business. This is especially true for new surgeons (that may be highly trained) who are still trying to build their base of business.
9. **How can I be sure I have an expert surgeon?**

A strong indicator of skill is the surgeon's experience and complication rate. When you start interviewing surgeons, be sure to ask

- how many gastric sleeve surgeries the surgeon has performed and
- what is the surgeon’s complication rate?
- The US average complication rate ranges from 7% to 14% according to most studies.
10. Is it safe to have gastric sleeve surgery performed outside the United States?

A 2008 report on medical tourism estimated 750,000 Americans traveled overseas for health care in 2007 and that by 2017 as many as 23 million Americans may travel internationally for medical treatments. I bet you didn’t know that Mexico has become one of the top destinations for medical tourism from the United States, Canada, Europe and the Caribbean, with many patients receiving equal to or in some cases more advanced treatment in Latin America than they can receive in their average local hospital.

How did this all start? The Mexican Director of Tourism likes to cite the example of Andres Oppenheimer, a well-known Miami Herald columnist, who needed emergency heart surgery while in Mexico several years ago. He recovered, analyzed all his bills and compared the cost of his care in Mexico with similar care in the U.S. It would have cost ten times more in the United States!

Today, highly effective and safe weight loss surgeries performed in Mexico cost a fraction of what the same surgery would cost in the United States. As General Manager of A Lighter Me, I’ve spent the last five years connecting patient after patient with affordable hospitals throughout the country that employ licensed, board-certified surgeons who are experts in the field of weight loss surgery.

My staff at A Lighter Me knows how difficult, confusing and time-consuming it can be to research weight loss surgery options, consider all the facts, and choose the best surgeon and facility. We can take the guesswork out of your life-altering decision to pursue treatment at a hospital in Mexico.
“I am so passionate about the service Sandy provides people,” says Janese Pitcher, who started out as a patient at A Lighter Me from nearby California and is now a patient coordinator. Like many women, she didn’t have a weight problem until after the birth of her son, back in 1980, when she was 22 years old. Over time she had gained and lost a 100 pounds - twice! Sound familiar?

Eventually Janese found herself tipping the scale at 256 pounds. After her successful gastric sleeve surgery, she joined the A Lighter Me staff to help others change their lives as healthfully and happily as she changed hers.

“I wanted to work for Sandy and help other people see that there are options out there for anyone needing weight loss surgery and is not insured or is underinsured here in the States,” says Janese.
11. How should I start to prepare for gastric sleeve surgery?

Gastric sleeve surgery can and will dramatically change your life. Whether you decide to have A Lighter Me coordinate your weight loss surgery in Mexico or schedule it someplace else, there are important preparations to ensure its success. As you start to seriously consider vertical sleeve surgery

- Continue to read up on the procedure

- Make an appointment for a consultation. Prepare for this meeting with a doctor by

  - Reviewing and writing down your own medical history and that of your parents, including anesthesia complications you or any member of your family has experienced.

  - Making a list of the prescription drugs, over-the-counter drugs, and vitamin and herbal supplements you take regularly.

  - Jotting down any questions and concerns you have before consultations with your coordinator and/or doctors.

  - If you are insured, find out what portion of the surgery you will be responsible to pay for. If you are not insured or choosing to self-pay, make arrangements to have this money available.

  - Start to make healthier lifestyle changes: walk more, stop smoking now! Smoking can make the lungs more sensitive during surgery and may possibly lead to pneumonia. Smoking can also slow the healing process by
narrowing the blood vessels and thus restricting the flow of blood to the healing sites. Many surgeons will not operate on patients if evidence exists that they are smokers and even go so far as to require blood or urine testing for nicotine levels before surgery.

Prepare for the new diet you will be facing pre and post-surgery. Here are some helpful diet preparation tips:

- Cut down on fried foods
- Cut down or stop if possible the drinking of high sugar drinks such as soda
- Stop using sugar and instead switch to sugar substitutes such as Splenda
- Cut down on beverages with carbonation. Carbonated drinks tend to make you feel full/bloated faster and could potentially stretch your stomach after surgery.
- Focus on proteins. You will need to ensure that the food you eat is rich in this essential nutrient that your body requires now and after surgery.
- Cut down on alcohol. These are empty calories that will have no place in your diet immediately after surgery.
- Start drinking fluids in between meals and NOT with meals.
- Decrease portion size. This will not be a choice you have after surgery.
- Eat three meals a day and be sure to chew all of your food thoroughly. You don't want large amounts of food or large pieces of food getting stuck in your newly created stomach pouch after the surgery.
• Now is the time to request information about support groups for assistance before and after the procedure.

• If you are having your surgery performed outside of the United States, make sure you have a valid passport or pass card if traveling to Mexico.

• Make travel arrangements to the medical facility where the surgery will take place. If you coordinate your surgery through A Lighter Me, we provide you free transportation from the San Diego airport to the hotel and the hospital in Mexico, and then back to the airport after the surgery. We also assign you a patient advocate and can accommodate a family member or friend that may come with you. We also have an after care coordinator who will answer questions and give you support in the weeks following your surgery.

Here is what one of our vertical sleeve patients had to say about our assistance with her travel arrangements.

_I wish to personally thank you for arranging for my sleeve surgery on March 15th. Everything went just as smooth as could be. I was treated with the utmost respect from ALL the staff. I arrived in San Diego with no worries. Ricardo was there when he said, actually early. He was such a nice gentleman. Arrival at the hospital was also non-stressful for me. The hospital staff treated me with such kindness._

If you would like to experience the same TLC this patient received, contact me through the A Lighter Me website (http://alighterme.com) for more information.
12. What should I expect in the weeks and days before surgery?

By now you have had one or a number of consultations with the surgeon. In this short time before the surgery,

- you will need to have various lab tests and exams.

- you will have increased restrictions on eating and drinking and which medications you can take. Two-weeks before surgery, your bariatric surgeon will place you on a special diet to prepare your body for surgery and improve surgical outcomes. Because individuals with severe obesity often have enlarged livers, laparoscopic surgery can be difficult to perform. The pre-op diet is designed to reduce the size of the liver and the amount of body fat in the abdomen region. Reducing body fat in and around the liver can make vertical sleeve surgery easier for your surgeon to perform and safer for you.”

The following overview describes the general requirements of a pre-op surgery diet. This is NOT meant to take the place of the specific instructions given to you by your surgeon, but provides information on the basic dietary and nutritional guidelines that are common to gastric sleeve patients.

- Two weeks before surgery, patients will begin a diet of one protein shake for breakfast, one protein shake for lunch and a healthy salad along with a lean protein (fish or chicken) for dinner.

- Diet will consist of high-protein supplements that are low-carbohydrate and low-fat

- Calorie intake will be limited to 1000 to 1200 per day
To prevent dehydration, the patient should drink six to eight glasses (48 - 64 oz) of water each day; and/or other low-calorie, sugar-free, caffeine-free, and non-carbonated liquids (such as Crystal Light).

The patient will also most likely be instructed to begin taking protein supplements as his/her surgery date approaches. Protein is necessary to preserve and protect muscle tissue and to help the body heal and recover after surgery. These supplements are available as ready-to-drink or powders. Generally, supplements with whey protein isolate are better absorbed by the body than those with whey protein concentrate, which contain lactose/milk sugar.

If you are making your own protein shakes, here are some tips.

• Mix the supplement with non-fat plain yogurt to increase protein and creaminess
• Freeze skim milk into "ice cubes" and blend into shake to make it cold and slushy
• Add 1 teaspoon of decaffeinated instant coffee to create a protein shake latte
• If you cannot tolerate dairy, try fat free Lactaid milk or plain soy milk

In addition, as the surgery date nears, some liquids should be eliminated from the diet, including:

• High-sugar liquids (such as fruit juices, sports drinks, and alcoholic beverages)
• Whole or 2% milk
• Carbonated beverages (including regular and diet soda)
• Caffeinated beverages (including coffee and tea)

Some doctors further warn that patients must be aware to monitor their blood glucose levels carefully once they begin the pre-op surgery diet. Low-carbohydrate diets can alter insulin production and affect medication dosages. If you have diabetes, make sure you talk to your doctor about any questions or concerns you have during this time.

Now is also the time to

• Find out what kind of support the surgeon's practice offers throughout recovery.

• Request emergency contact phone numbers.

• Arrange for a friend or relative to accompany you to and from surgery and possibly stay with you for several days afterward. You will not be able to drive and perform personal hygiene and cooking tasks by yourself for a short amount of time.

• Fill any postoperative prescriptions.

• Stop drinking alcohol for at least 48 hours before surgery.
13. **What should I expect immediately after gastric sleeve surgery?**

After the one to two hour surgery, your stomach will be about one-fifth of its previous size and be able to hold about 2 ounces of nourishment. How will you feel when you wake up?

- It is not unusual to feel some discomfort in your stomach or shoulder immediately after surgery. A nurse will ask you to rate whatever pain you are feeling on a scale from 0 to 10, with 10 being the worst pain you have ever experienced. You will be medicated through an IV for the initial discomfort based on this number. This is no time to “grin and bear it” because, as pain worsens, it becomes more difficult – and takes longer – for medication to get a patient feeling more comfortable.

- As soon as you are fully awake, you will be encouraged to walk. This movement promotes the flow of oxygen throughout the body and maintains normal breathing function, diminishing the risk of post-operation complications. Walking also improves the gastrointestinal and urinary tract functions which have been slowed down by the surgery.

- You will be given ice chips and/or small sips of liquid soon after surgery. When you’re able to tolerate enough liquids to sustain hydration, your IV will be removed.

The hospital stay varies patient to patient, based on individual needs and complications. Most are released on the second day, others may stay longer. Through the first two weeks after surgery, you will maintain a clear liquid diet which usually includes water, broth, sugar-free Jell-o, flat sugar-free soda, diluted...
juice without added sugar, Gatorade, and tea, depending on the surgeon’s instructions. These fluids will be sipped very slowly and over a stretch of time, since you will not be able to drink much immediately post-op.
14. What will life after gastric sleeve surgery be like?

The surgery is the first step to the healthier you. It provides the jump start to weight loss goals you’ve tried to reach in the past, but never could accomplish without that extra push. Now it is up to you to initiate and continue the lifestyle change that will ensure the surgery’s success.

- When you return home you will, at first, continue to be on clear liquids and begin to take vitamin supplements as directed by your surgeon.

- After you have tolerated clear liquids (for about two weeks) you will move onto full liquids in the next two weeks. These include, first and foremost, protein shakes which are vital for nutrition and foods such as soups, milk, puddings or thinned cream of wheat or rice.

- A month or so after surgery you will begin to eat pureed meat, vegetables, fruits, eggs, and soups. During this time you will start to drink liquids between meals rather than with meals, because of the diminished capacity of your stomach. You should get into the habit of not drinking with meals. Your new stomach pouch needs to have full access to the food you eat. Drinking during meals can wash food out of your stomach prematurely.

- Six to eight weeks after surgery the doctor will have you start on soft healthy foods that are low in sugar and fat content. These include low fat cottage cheese, oatmeal, blended soft cooked vegetables, unsweetened puddings, etc. High protein foods are recommended.
• Three or four months after surgery you will begin to eat some regular solid foods, such as lean meats, soft poached eggs, fruits, vegetables, and grains, taking in 600 to 800 calories a day.

• Rice, pasta and bread may not be tolerated until 6 months or more after surgery.

• When you’ve achieved your weight loss goal – in six months to a year – your calorie intake will be increased to 1000 to 1200 calories a day.

How you eat will change as much as what you eat. Through the stages of your new diet – and more healthful life – you will learn to

• eat only small quantities of food at a time

• chew food well and swallow only completely chewed food

• avoid carbonated and high calorie drinks

• avoid eating and drinking at the same time

• rule out fast foods, fatty foods, oily foods, and foods high in cholesterol

• stop eating as soon as you feel full

Finally, it is important to start an exercise program as soon you have received an okay from your surgeon. You will begin slowly and gradually increase your time and intensity.
15. How can A Lighter Me provide me with high quality care and support through gastric sleeve surgery?

For the most part, this book provides vital information for anyone considering gastric sleeve surgery. Yet, for many of good reasons, from cost to comfort, A Lighter Me will assist you every step of the way if you decide to have your surgery performed at our state-of-the-art, full service hospital in Mexico.

Notice I said “hospital” – not clinic or surgery center. As I’ve said before, our facilities meet or exceed U.S. Standards. And it bears repeating that our carefully screened surgeons are top professionals in their field. Beyond our doctors’ expertise, our patients can detect that “extra something” that reveals their true passion for their work.

Past patients often let us know what a difference their doctors have made in their lives. One patient who has lost 100 pounds, recently wrote, “I have full confidence in my doctor’s skills, knowledge, and ability. he knows his stuff!”

Another patient wrote to say, “Without any insurance, I would never have been able to afford to have (my surgery) done in the U.S. I am so happy there are great surgeons and people in other countries like you so I can get healthy and live a better life.”

And still another admitted, “I was so nervous about going to Mexico for surgery, but Dr Ortiz put me at ease. I couldn’t have had a better doctor anywhere!”

While our surgeons’ medical expertise is upmost in our services, coordinating with A Lighter Me can also lessen the stress of surgery by adding the
amenities of a vacation to your experience. In addition, unlike other facilitators, we have a U.S. coordinator on site to assist you and your travel companion.

What else can you expect from the A Lighter Me staff?

- When you arrive in San Diego, one of our drivers will pick you at the airport and transport you to your hotel to check in and relax. This will be a first class hotel that offer spacious accommodations specially designed and equipped to provide an ideal place to rest and relax before heading to the hospital the next day.

- The next morning you will be transported to the hospital where you will begin your pre-operative testing. At completion, your highly qualified surgeon, assisted by a team of experts, will perform your gastric sleeve surgery.

- Once your doctor releases you from the hospital, you will be taken back to your private hotel room (with U.S. TV and Internet service) to finish your recovery. Just as before the operation, A Lighter Me staff members will be on hand to help with any needs and wants you may have.

Yet, as professional and complete as the A Lighter Me coordinating services are, the next step to the new, healthier, happier you must be taken by you alone - the newly informed you, thanks to your choice to download and read this book.

If you decide to have your surgery performed in Mexico, A Lighter Me can help you make arrangements that ensure the best experience possible – as described in so many of our patients’ own words:
I have my life back! I was afraid I wouldn’t be here to watch my grandchildren grow up. Now I can get down on the floor and play with them! Now I can look forward to playing with my great grandchildren. I want to thank A Lighter Me for taking care of the details and putting up with all my questions. You guys are great! – Shirley

I would recommend A Lighter Me, Mexico Weight Loss Surgery to anyone wanting weight loss surgery. In fact, I already have recommended them to some of my friends and family. They take great care of you and the surgeons, staff, and hospital are topnotch! I can’t imagine finding better experience even at twice the price! – Mark

I will highly recommend the doctor and hospital to my friends. I especially want to commend the nurses too. They went out of their way to make sure I was happy and that I had everything I needed. Please let these ladies know how much they mean to us patients. Thank you for an excellent experience.—Tammie
Are you ready to have A Lighter Me help you take control of your life as you defeat that beast of obesity? Contact our helpful staff at http://alighterme.com to inquire further about gastric sleeve surgery, so that you too can become one of our success stories.