

BRIGHAM HEALTH



BRIGHAM AND WOMEN'S
Center for Metabolic and Bariatric Surgery

New Patient Information

75 Francis Street
Boston, Massachusetts 02115
(617) 732-8500



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Dear Prospective Patient:

Welcome to the New Patient Information Session for Brigham and Women's Center for Metabolic and Bariatric Surgery. We are happy that you are considering our program for weight loss surgery.

The goal of today's session is to help you understand the following:

- The qualifications for surgery
- The different weight loss surgery procedures we provide
- The risks and benefits of weight loss surgery
- How to handle insurance coverage
- The types of appointments you'll have before and after surgery
- What to expect during your hospital stay
- What your post-operative care will include
- How to have long-term success with weight loss surgery

Thank you for attending this information session. We hope to become part of your team throughout this lifelong journey towards your best health.

Sincerely,

Scott A. Shikora, MD, Director

Neil Ghushie, MD

Malcolm K. Robinson, MD

Eric Sheu, MD

David Spector, MD

Ali Tavakkoli, MD

Ashley H. Vernon, MD

To qualify for weight loss surgery, you must have:

- A **BMI of 35**, with weight-related health problems
 - Weight-related health problems include type 2 diabetes, high blood pressure, and sleep apnea

OR

- A **BMI of 40**, with or without weight-related health problems

| Body Mass Index (BMI) Table | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|----------------------|-----|-----|-----|-----|------------|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| BMI | Normal | | | | | Overweight | | | | | Obese | | | | | | | | | Extreme Obesity | | | | | | | | | | | | | | | | |
| | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 |
| Height (feet, inches) | Body Weight (pounds) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4'10" | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 148 | 153 | 158 | 162 | 167 | 172 | 177 | 181 | 186 | 191 | 196 | 201 | 205 | 210 | 215 | 220 | 224 | 229 | 234 | 239 | 244 | 248 | 253 | 258 |
| 4'11" | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 173 | 178 | 183 | 188 | 193 | 198 | 203 | 208 | 212 | 217 | 222 | 227 | 232 | 237 | 242 | 247 | 252 | 257 | 262 | 267 |
| 5'0" | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 174 | 179 | 184 | 189 | 194 | 199 | 204 | 209 | 215 | 220 | 225 | 230 | 235 | 240 | 245 | 250 | 255 | 261 | 266 | 271 | 276 |
| 5'1" | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 164 | 169 | 174 | 180 | 185 | 190 | 195 | 201 | 206 | 211 | 217 | 222 | 227 | 232 | 238 | 243 | 248 | 254 | 259 | 264 | 269 | 275 | 280 | 285 |
| 5'2" | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 | 196 | 202 | 207 | 213 | 218 | 224 | 229 | 235 | 240 | 246 | 251 | 256 | 262 | 267 | 273 | 278 | 284 | 289 | 295 |
| 5'3" | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 175 | 180 | 186 | 191 | 197 | 203 | 208 | 214 | 220 | 225 | 231 | 237 | 242 | 248 | 254 | 259 | 265 | 270 | 278 | 282 | 287 | 293 | 299 | 304 |
| 5'4" | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 180 | 186 | 192 | 197 | 204 | 209 | 215 | 221 | 227 | 232 | 238 | 244 | 250 | 256 | 262 | 267 | 273 | 279 | 285 | 291 | 296 | 302 | 308 | 314 |
| 5'5" | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 186 | 192 | 198 | 204 | 210 | 216 | 222 | 228 | 234 | 240 | 246 | 252 | 258 | 264 | 270 | 276 | 282 | 288 | 294 | 300 | 306 | 312 | 318 | 324 |
| 5'6" | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 | 192 | 198 | 204 | 210 | 216 | 223 | 229 | 235 | 241 | 247 | 253 | 260 | 266 | 272 | 278 | 284 | 291 | 297 | 303 | 309 | 315 | 322 | 328 | 334 |
| 5'7" | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 | 204 | 211 | 217 | 223 | 230 | 236 | 242 | 249 | 255 | 261 | 268 | 274 | 280 | 287 | 293 | 299 | 306 | 312 | 319 | 325 | 331 | 338 | 344 |
| 5'8" | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 203 | 210 | 216 | 223 | 230 | 236 | 243 | 249 | 256 | 262 | 269 | 276 | 282 | 289 | 295 | 302 | 308 | 315 | 322 | 328 | 335 | 341 | 348 | 354 |
| 5'9" | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 209 | 216 | 223 | 230 | 236 | 243 | 250 | 257 | 263 | 270 | 277 | 284 | 291 | 297 | 304 | 311 | 318 | 324 | 331 | 338 | 345 | 351 | 358 | 365 |
| 5'10" | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 216 | 222 | 229 | 236 | 243 | 250 | 257 | 264 | 271 | 278 | 285 | 292 | 199 | 306 | 313 | 320 | 327 | 334 | 341 | 348 | 356 | 362 | 369 | 376 |
| 5'11" | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 222 | 229 | 236 | 243 | 250 | 257 | 265 | 272 | 279 | 286 | 293 | 301 | 305 | 315 | 322 | 329 | 338 | 343 | 351 | 358 | 365 | 372 | 379 | 386 |
| 6'0" | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 228 | 235 | 242 | 250 | 258 | 265 | 272 | 279 | 287 | 294 | 302 | 308 | 316 | 324 | 331 | 338 | 346 | 353 | 361 | 368 | 375 | 383 | 390 | 397 |
| 6'1" | 144 | 151 | 159 | 168 | 174 | 182 | 189 | 197 | 204 | 212 | 219 | 227 | 235 | 242 | 250 | 257 | 265 | 272 | 280 | 288 | 295 | 302 | 310 | 318 | 325 | 333 | 340 | 348 | 355 | 363 | 371 | 378 | 386 | 393 | 401 | 408 |
| 6'2" | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 241 | 249 | 256 | 264 | 272 | 280 | 287 | 295 | 303 | 311 | 319 | 326 | 334 | 342 | 350 | 358 | 365 | 373 | 381 | 389 | 396 | 404 | 412 | 420 |
| 6'3" | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 279 | 287 | 295 | 303 | 311 | 319 | 327 | 335 | 343 | 351 | 359 | 367 | 375 | 383 | 391 | 399 | 407 | 415 | 423 | 431 |
| 6'4" | 156 | 164 | 172 | 180 | 189 | 197 | 205 | 213 | 221 | 230 | 238 | 246 | 254 | 263 | 271 | 279 | 287 | 295 | 304 | 312 | 320 | 328 | 336 | 344 | 353 | 361 | 369 | 377 | 385 | 394 | 402 | 410 | 418 | 426 | 435 | 443 |



Comparison of Procedures

| | Gastric Bypass | Sleeve Gastrectomy |
|--------------------------|--------------------------------------|-----------------------------------|
| Technique | Laparoscopic | Laparoscopic |
| Length of Surgery | 2 hours | 1-2 hours |
| Time in Hospital | 1-2 days | 2 days |
| Return to Work | 2 weeks | 2 weeks |
| Weight Loss | ~30-35% Total Weight Loss at 2 years | ~25% Total Weight Loss at 2 years |



Administrative Program Fee

All patients are required to pay a **\$150 Administrative Program Fee** to help pay for services *not* covered by health insurance. We strive to provide the very best professional care and support while attaining your weight loss goals. This level of care requires a comprehensive program of dedicated specialists.

This fee will be due after you meet with your surgeon, at your Nutrition New Patient Assessment. The full payment will be expected. If the fee is not paid in full before your surgery date, your surgery will be cancelled.

Program Fee Frequently Asked Questions (FAQ)

What is the fee used for?

The fee is used to pay for services not covered by insurance. These services include but are not limited to: pre- and post-operative phone and email support, support groups, insurance assistance, educational materials, and technology to provide patient care.

Does my insurance cover the \$150 fee?

No, unfortunately. However, you can use your Health Savings Account (HSA).

What are the acceptable forms of payment?

You can pay with check, debit/credit card, or with your Health Savings Account (HSA).

Can I see the surgeon first and then pay?

Of course! You may see the surgeon first to assess your eligibility for weight loss surgery.

Can I get a refund if I change my mind?

Refunds are possible if your insurance company denies surgery coverage or if you are determined ineligible for surgery by CMBS.



POWR Questions & Answers

1. What is POWR?

- POWR stands for **Pre-Operative Weight Reduction**. This group covers topics to help patients get ready for surgery. It also meets insurance requirements for patients that need to participate in a mandated, medically supervised weight loss program prior to surgery. All are welcome to attend POWR!

2. What's the difference between POWR and a nutrition appointment?

- A nutrition appointment is a **scheduled** appointment with our dietitian that meets our program's preoperative requirements. POWR is an unscheduled nutrition education group meeting.

3. Do I need to make an appointment for POWR?

- You do **not** need to make an appointment! POWR groups meet at various times across all 3 locations. You may attend on the day that works best for you. See attached schedule.

4. How do I meet my insurance requirement?

- You **MUST** attend **at least 1** nutrition visit OR attend 1 POWR group **per month** for the amount of time required by your insurance (i.e. 3-6 consecutive months, depending on your insurance).

5. Do my nutrition appointments count for my insurance requirement?

- YES!** Your Nutrition Class, Nutrition Assessment, and Nutrition Follow-up are mandatory for our bariatric program and count towards the insurance requirements.

6. What happens if I miss a month?

- If you **miss** a month, you must **restart** the monthly insurance requirement. (See examples below)

Completed POWR Example

| Nutrition Visit/ POWR | Month | Attended? |
|-------------------------------|---------------------------|-----------|
| Nutrition Class | March (month 1) | ✓ |
| Nutrition Assessment | April (month 2) | ✓ |
| POWR | May (month 3) | ✓ |
| Nutrition Follow-up | June (month 4) | ✓ |
| POWR | July (month 5) | ✓ |
| POWR | August (month 6) | ✓ |
| Completion of 6 months | | |

Incomplete POWR Example

| Nutrition Visit/ POWR | Month | Attended? |
|----------------------------|--------------------------|-----------------|
| Nutrition Class | March (month 1) | ✓ |
| Nutrition Assessment | April (month 2) | ✓ |
| POWR | April (month 3) | ✓ |
| Nutrition follow up Missed | May (month 4) | No |
| POWR | June (month 1) | *Restart |

*please refer to #6

Please note that you **can** attend a POWR group **before** any of your scheduled visits.



2019 Pre-Operative Weight Reduction (POWR) Group Schedule

This group class is designed to help pre-op patients be successful with surgery. It also meets insurance requirements for patients that need to participate in a supervised medical weight loss program before surgery.

Guidelines:

- You do not make an appointment. You can just attend on the day that works for you.
- You **MUST** attend **once** a month for 3 or 6 (insurance specific) **consecutive months** (in a row).

Brigham & Women's Faulkner Hospital 1153 Centre St. Boston MA 02130 (617) 983-7000

When: 1st Wednesday of the month

Where: 4th floor, Sadowsky Conference Room (room can change; please check at Info Desk)

Time: 9:30-10:30am

Directions to Sadowsky: From 3rd floor entrance, take the elevators to the 4th floor. Take a right out of the elevators and a right around the corner. Sadowsky will be about 20 feet down the hallway on your left. **From 1st floor entrance,** take the elevators to the 4th floor. Turn right out of the elevators and walk all the way down the hallway until you are forced to turn. Turn right and Sadowsky will be about 20 feet down the hallway on your left.

Brigham and Women's Surgical Associates 51 Performance Dr. Weymouth MA 02189 (781) 624-4906

When: 2nd Monday of the month*

**There will be no POWR on October 14th, POWR will be held on October 7th instead.*

Where: 3rd floor conference room in Suite 300

Time: 4:30-5:30pm

Directions to Suite 300: Enter the complex at Entry 2. Take the elevators on your left up to the 3rd floor. Suite 300 will be on your right.

Brigham & Women's Hospital 75 Francis St. Boston MA 02115 (617) 732-8500

When: 3rd Monday of the month*

**There will be no POWR on January 21th and Feb 18th*

Where: Duncan Reid Conference Room

Time: 4-5pm

Directions to Duncan Reid Conference Room: From 75 Francis Street entrance, bear to your right down the Brigham & Women's "ground pike." You will see the "J" elevator on your left. If you walk past the copper statues, you have gone too far. Take the "J" elevator up to floor 2. Exit the elevator to the right and turn right in the hall. Turn left towards the "K" elevator. Walk past the elevators and turn right in the hall.

When: 4th and 5th Wednesdays of the month*

**There will be no POWR on November 27th and December 25th*

Where: Anesthesia Conference Room

Time: 6:30-7:30pm

Directions to the Anesthesia Conference Room: From 75 Francis Street entrance, bear to your right down the Brigham & Women's "ground pike." You will see the "J" elevator on your left. If you walk past the copper statues, you have gone too far. Take the "J" elevator down to L1. Exit the elevator; you will see a sign pointing to the Anesthesia Conference Room. The room is located at the end of the hall on the right hand side.



What are My Next Steps?

- 1) **Everyone** needs to contact their insurance company to ask:
 - Make sure you speak to your **benefits representative**
 - Is bariatric surgery a covered procedure?
 - Are Brigham and Women's Hospital and/or Brigham and Women's Faulkner Hospital "Within Network"?
 - Do I need a referral for specialists?
- 2) Speak to your **HR representative** to make sure bariatric surgery is not excluded
- 3) **Contact Patient Registration at 866-489-4056 if:**
 - You are a new patient to BWH or BWFH
 - You are an existing patient but have demographic changes (phone number, address, insurance, etc.)
- 4) **Contact Primary Care Physician (PCP):**
 - For a referral (if needed)
 - For a recommendation letter (Requirement for ALL patients; see page 10)
- 5) **Contact our New Patient Coordinator at 617-732-6960** to schedule appointments.
 - If we are unable to answer the phone, please leave a detailed voice message and we will return your call within 48 hours.

Looking for More Information about Our Program?

- **Center for Weight Management and Metabolic Surgery (CWMMS)** offers non-surgical, medical treatment for weight management.
 - Call 617-983-7280 ext. 3
- **Visit our website** to learn about our team and upcoming program events, find and resources, and more! www.brighamandwomens.org/weightlosssurgery
- **We're on Facebook!** Let us know if you would like to join our group!
- **Attend a Bariatric Forum** to meet other pre-op and post-op patients as well as members of our team. The schedule for these monthly meetings is on our website.



Bariatric Patient Checklist

Please bring this checklist with you to each appointment.

- Surgeon Consult _____
- Group Nutrition Class _____
- Nutrition Individual Assessment _____
- Nutrition Follow-Up (as needed until cleared) _____
- Psych Consult _____
- UGI (or other abdominal imaging) _____
- Blood Draw (ordered by surgeon at first consult) _____
- Letter of Medical Necessity from primary care provider _____
- Clearance from other providers as needed _____
- POWR meetings 3 or 6 months in a row (if required by insurance)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



Recommendation Letter Template for Primary Care Physician

All insurance companies require a recommendation letter from your primary care physician (PCP). Please feel free to provide the following information to your PCP.

The letter must include the following sections:

1. Identifying Demographics
2. History of Morbid Obesity
 - a. Minimum should be 2 years, best to include 5 years
 - i. History of actual weights should be documented (ex. 11/15/2016 weight 345lbs)
3. Past Medical History
 - a. History of any co-morbid factors as a result of or related to morbid obesity
 - i. Diabetes Mellitus
 - ii. Hypertension
 - iii. Asthma
 - iv. Obstructive Sleep Apnea
4. Statement of Medical Clearance and Recommendation for Bariatric Surgery

This note must be sent to your surgeon's office in order to allow us to obtain authorization for surgical intervention from the insurance carrier. This letter can be faxed to 617-734-0336.

List of Surgeons:

Scott A. Shikora, MD, Director
Neil Ghushe, MD
Malcolm K. Robinson, MD
Eric Sheu, MD
David Spector, MD
Ali Tavakkoli, MD
Ashley H. Vernon, MD

If you have any questions, please do not hesitate to contact us.

Sincerely,

The Center for Metabolic and Bariatric Surgery

Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital, and Brigham and Women's Surgical Associates at South Shore Hospital

Tel: 617-732-8500 ext. 1 Fax: 617-734-0336