

**MYWTLOSSURGEON.COM**



**BRIDGES**  
CENTER  
FOR SURGICAL WEIGHT LOSS



**DR. PARESH RAJAJOSHIWALA**  
**1-888-870-9474**

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## Welcome to Bridges Center for Surgical Weight Loss!

Our Practice is designed to help weight loss surgery patients lose weight and keep it off.

We go far beyond the weight loss surgery procedure by providing a life-changing program that includes nutritional guidance, support groups, and coordination of counseling services. All of the weight loss procedures are performed by laparoscopic or minimally invasive Technique. The procedures we offer include gastric bypass, adjustable gastric banding, sleeve gastrectomy, revision operation, and StomaphyX™.

At our program you will enjoy a team approach to your weight loss surgery treatment. Your weight loss surgery team consists of a bariatric surgeon, bariatric coordinator, diet and exercise counselor, and medical assistant. This team approach to your weight loss surgery procedure is specifically designed to maximize your long-term outcome. You will be accessing a bariatrics program that is tailored to your needs. This will include an empowering approach resulting in a new life and way of eating. You will attend an educational seminar and meetings with our weight loss surgery staff. Additionally, we will refer you to a psychologist who will provide an evaluation before weight loss surgery. This life altering experience returns the control of your weight to you.

## The ASMBS Designates Bridges Center for Surgical Weight Loss as a Bariatric Surgery Center of Excellence

The Bridges Center for Surgical Weight Loss, announced that it has been named an American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgery Center of Excellence. The ASMBS Center of Excellence designation recognizes surgical programs with a demonstrated track record of favorable outcomes in bariatric surgery.



According to a report released in 2007 by the Agency for Healthcare Research and Quality, the number of bariatric surgeries has grown from 16,000 procedures performed in 1992 to 170,000 performed in 2005. Faced with clinical evidence that the most experienced and best-run bariatric surgery programs have by far the lowest rates of complications, the ASMBS Centers of Excellence program was created to recognize bariatric surgery centers that perform well and to help surgeons and hospitals continue to improve the quality and safety of care provided.

To earn a Center of Excellence designation, The Bridges Center for Surgical Weight Loss, underwent a series of site inspections during which all aspects of the program's surgical processes were closely examined and data on health outcomes was collected. The Bridges Center for Surgical Weight Loss and other centers receiving the Bariatric Surgery Center of Excellence designation agree to continue to share information on clinical pathways, protocols and outcomes data.

Surgical Review Corporation (SRC) an organization dedicated to pursuing surgical excellence, formulates and establishes the rigorous standards with which The Bridges Center for Surgical Weight Loss and other Centers of Excellence must comply, thoroughly inspects and evaluates each candidate for designation and upon review recommends approval of designation for those physicians and facilities whose practices and outcomes meet the stringent demands set forth by SRC for ASMBS.

## About Obesity

Obesity results from the excessive accumulation of fat that exceeds the body's skeletal and physical standards. Today 97 million Americans, more than one-third of the adult population, are overweight or obese. An estimated 5 to 10 million of those are considered morbidly obese. Obesity becomes "morbid" when it reaches the point of significantly increasing the risk of one or more obesity-related health conditions or serious diseases, also known as co-morbidities that result in significant physical disability or even death.

### Causes of Obesity

In scientific terms, obesity occurs when a person consumes more calories than he or she burns. What causes this imbalance between calories in and calories out may differ from one person to another. Genetic, environmental, psychological, and other factors may all play a part.

- ❑ **Genetic factors:** Obesity tends to run in families, suggesting a genetic cause. Yet families also share diet and lifestyle habits that may contribute to obesity. Separating these from genetic factors is often difficult. Even so, science shows that heredity is linked to obesity. In one study, adults who were adopted as children were found to have weights closer to their biological parents than to their adoptive parents. In this case, the person's genetic makeup had more influence on the development of obesity than the environment in the adoptive family home.
- ❑ **Environmental factors:** Environment also strongly influences obesity. This includes lifestyle behaviors such as what a person eats and his or her level of physical activity. Americans tend to eat high-fat foods, and put taste and convenience ahead of nutrition. Also, most Americans do not get enough physical activity. Although you cannot change your genetic makeup, you can change your eating habits and levels of activity.
- ❑ **Psychological factors:** Psychological factors may also influence eating habits. Many people eat in response to negative emotions such as boredom, sadness, or anger. Most overweight people have no more

psychological problems than people of average weight. Still, up to 10 percent of people who are mildly obese and try to lose weight on their own or through commercial weight loss programs have binge eating disorder. This disorder is even more common in people who are severely obese. During a binge-eating episode, people eat large quantities of food and feel that they cannot control how much they are eating. Those with the most severe binge eating problems are also likely to have symptoms of depression and low self-esteem. These people may have more difficulty losing weight and keeping it off than people without binge eating problems. If you think you might have binge eating disorder, seek help from a health professional such as a psychiatrist, psychologist, or clinical social worker.

- **Other causes of obesity:** Some illnesses can lead to obesity or a tendency to gain weight. These include hypothyroidism, Cushing's syndrome, depression, and certain neurological problems that can lead to overeating. Also, drugs such as steroids and some antidepressants may cause weight gain. A doctor can tell whether there are underlying medical conditions that are causing weight gain or making weight loss difficult.

## Body Mass Index

In recent years, body mass index (BMI) has become the medical standard used to measure overweight and obesity. BMI uses a mathematical formula based on a person's height and weight. BMI equals weight in kilograms divided by height in meters squared ( $BMI = \text{kg}/\text{m}^2$ ). A BMI of 25 to 29.9 indicates a person is overweight. A person with a BMI of 30 or higher is considered obese. BMI does not show the difference between excess fat and muscle. BMI, however, is closely associated with measures of body fat. It also predicts the development of health problems related to excess weight. For these reasons, BMI is widely used by health care providers.

## Consequences of Obesity

Co-morbidities are health conditions, which whether alone or in combination, can significantly reduce your life expectancy. A partial list of common conditions follows.

- **Diabetes:** Obese individuals develop a resistance to insulin, which regulates blood sugar levels. Over time, the resulting high blood sugar can cause serious damage to the body.
- **High blood pressure/Heart disease:** Excess body weight strains the ability of the heart to function properly. The resulting hypertension (high blood pressure) can result in strokes, as well as inflict significant heart and kidney damage.
- **High cholesterol:** Elevation of lipids and triglycerides in the blood, which contributes to early heart disease, blood vessel disease and stroke.
- **Sleep apnea/Respiratory problems:** Fat deposits in the tongue and neck can cause intermittent obstruction of the air passage. Because the obstruction is increased when sleeping on your back, you may find yourself waking frequently to reposition yourself. The resulting loss of sleep often results in daytime drowsiness and headaches.
- **Gastroesophageal reflux/Heartburn:** Acid belongs in the stomach and seldom causes any problem when it stays there. When acid escapes into the esophagus through a weak or overloaded valve at the top of the stomach, the result is called gastroesophageal reflux, and heartburn and acid indigestion are common symptoms. Approximately 10-15% of patients with even mild sporadic symptoms of heartburn will develop a condition called Barrett's esophagus, which is a pre-malignant change in the lining membrane of the esophagus, a cause of esophageal cancer.
- **Osteoarthritis of weight-bearing joints:** The additional weight placed on joints, particularly knees and hips, results in rapid wear and tear, along with pain caused by inflammation. Similarly, bones and muscles of the back are constantly strained, resulting in disk problems, pain and decreased mobility.
- **Gallbladder disease:** The formation of gallstones within the gallbladder, which can lead to symptoms of severe abdominal pain, nausea and vomiting.

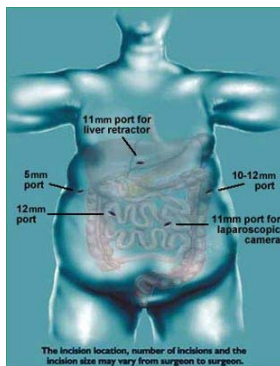
- Menstrual irregularities: Morbidly obese individuals often experience disruptions of the menstrual cycle, abnormal menstrual flow and increased pain associated with the menstrual cycle.
- Infertility/Pregnancy complications: The inability or diminished ability to produce offspring or maintain a healthy pregnancy.
- Urinary stress incontinence: A large, heavy abdomen and relaxation of the pelvic muscles, especially associated with the effects of childbirth, may cause the valve on the urinary bladder to be weakened, leading to the leakage of urine with coughing, sneezing or laughing.
- Depression: Seriously overweight individuals face constant challenges to their emotions: repeated failure with dieting, disapproval from family and friends, sneers and remarks from strangers. They often experience discrimination at work, cannot fit comfortably in theatre seats, or ride in a bus or plane.
- Increased surgical risks: Obese individuals are at high risk for surgical complications because they may be experiencing medical problems such as the ones listed above.



## Surgical Procedures

### Open vs. Laparoscopic weight loss Surgery

There are two ways to perform weight loss operations. The open operation involves performing the surgery through an eight to ten inch incision in the abdomen. The other method is called laparoscopic technique. During this procedure, the surgeon makes five or six very small incisions, each one ¼ to ½ inch long, on the abdomen. Small hollow tubes are inserted into each incision, which allow for insertion and removal of necessary instruments to perform the operation.

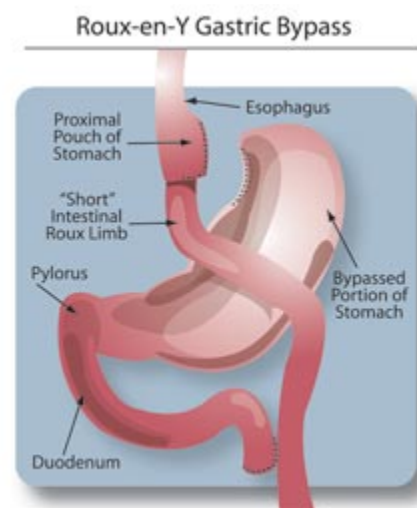


Carbon dioxide is filled in the abdominal cavity to make room for the operation. For the procedure, a fiber optic tube, connected to a video camera is inserted into the abdomen through one of the incisions. A television screen near the operating table gives the surgeon a view of the patient's internal organs and allows him to perform the surgery by inserting instruments into the abdomen through the other openings.

The benefit of laparoscopic surgery is that it can lead to minimal incisional scars, less postoperative pain, increased mobility, shortened hospital stay, shorter convalescent time, and fewer late ventral Hernias. All of the operations are performed by laparoscopic technique at our program.

### Gastric Bypass

The Gastric Bypass, Roux en-Y is considered the “gold standard” of the weight loss surgery operations. It sets the benchmark to which all other operations are compared. The Gastric Bypass operation has been performed since the 1960’s and has been proven in numerous studies to result in durable weight loss and an improvement in weight-related medical illnesses. The



### **Gastric Bypass (continued)**

obesity-related medical problems that may be improved or cured with gastric bypass include: Type 2 diabetes, hypertension, high cholesterol, arthritis, venous stasis disease, bladder incontinence, liver disease, certain types of headaches, heartburn, sleep apnea and many other disorders. Furthermore, this operation has resulted in marked improvements in quality of life.

Gastric bypass achieves its effects by creating a very small stomach pouch from the existing stomach. The normal stomach is about the size of a football and the new pouch is about the size of a golf ball. The small intestine is cut about 15 inches below the stomach, and is re-arranged so as to provide an outlet from the new pouch. The remaining part of the bypassed stomach is responsible for producing some of the digestive juices that are responsible for the breakdown of food. These digestive juices travel down the intestines and mix with food about 60 inches from the new pouch. The digestive and absorptive processes begin after the gastric juices mix with food.

The operation works by reducing food intake, reducing the feeling of hunger and reducing the available intestinal surface area where calories are absorbed. Ghrelin, an appetite-stimulating hormone secreted by the stomach, was first identified by Japanese researchers in 1999. According to the various scientific studies, dieting raises ghrelin levels, increasing the feeling of hunger, while gastric bypass sharply reduces it, to almost undetectable levels, virtually eliminating hunger.

The result of gastric bypass is:

- Decrease in appetite and cravings.
- Decrease in the amount of food necessary to achieve satiety.
- Decrease in the amount of calories that are absorbed from the meals consumed

It is important to recognize that even though the meal portion size is small, there is little to no hunger, and little to no feeling of being deprived.

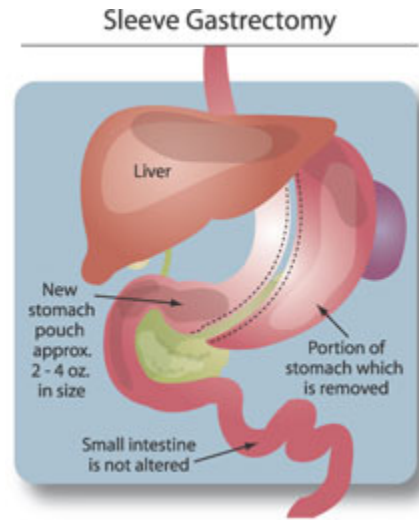
The gastric Bypass provides an excellent tool for gaining long-term control of weight, without the hunger or cravings usually associated with small portions, or with dieting.

### **Gastric Bypass (continued)**

Most patients achieve a weight loss of 75-80% of excess body weight, and long-term maintenance of weight loss is very successful. The success, however, does require adherence to simple and straightforward life style changes.

### **Sleeve Gastrectomy**

Sleeve gastrectomy is the restrictive part of the more extensive the duodenal switch. The duodenal switch, like gastric bypass, is a combination of a restrictive and malabsorptive operation. The duodenal switch and similar operations, which include sleeve gastrectomy, have been performed since the 1970's. Over the last 5-7 years, the sleeve gastrectomy has been offered as a stand-alone procedure to morbidly obese individuals. In June 2007, the American Society of Metabolic and Bariatric Surgery



recognized the sleeve gastrectomy as a weight loss procedure based on scientific data that demonstrated durable 5-year weight loss. The obesity-related medical problems that may be improved or cured with the sleeve gastrectomy operation include: Type 2 diabetes, hypertension, high cholesterol, arthritis, venous stasis disease, bladder incontinence, liver disease, certain types of headaches, heartburn, sleep apnea and many other disorders. Furthermore, this operation has resulted in marked improvements in quality of life.

In sleeve gastrectomy, the surgeon removes approximately 85 percent of the stomach. The stomach then takes the shape of a tube or "sleeve." The part of the stomach that is most susceptible to stretching and relaxing is removed. The removal of the majority of the stomach also results in the virtual elimination of the hormone ghrelin. Ghrelin is responsible for stimulating the appetite and has been found to increase the appetite before eating and to decrease it afterward. In laboratory tests, humans who were injected with ghrelin reported an increase in hunger. In addition, research seems to demonstrate that

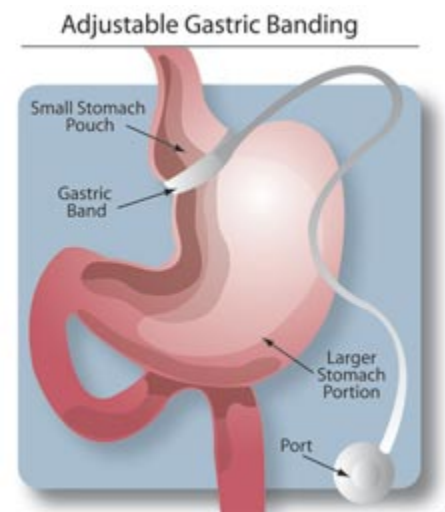
### **Sleeve Gastrectomy (continued)**

ghrelin suppresses the utilization of fat in the adipose tissue. In essence, ghrelin appears to be at least partially responsible for letting the body know when it is hungry and for keeping the body informed about energy balance. Sleeve gastrectomy preserves the stomach's normal outlet valve, the pylorus, and the nerves to the stomach thus preserving the functions of the stomach while reducing the volume. There is no intestinal bypass or malabsorption with this procedure, only stomach reduction.

Sleeve gastrectomy achieves restriction without the use of a foreign body as in the adjustable gastric banding operation and thus no adjustment is required. Long term complications of the adjustable gastric band such as port problems, erosions and slippage are also eliminated. It does not involve bypass of the intestinal tract and thus patients avoid the complications of intestinal bypass such as dumping syndrome, intestinal obstruction, anemia, osteoporosis, vitamin deficiency and protein deficiency. If weight loss is inadequate, the option to convert to gastric bypass remains available. Scientific studies available to date document weight loss of 60-65 % of excess body at three years following the sleeve gastrectomy. Long-term weight loss results following the sleeve gastrectomy are unknown. As with all weight loss operations, success does require adherence to simple and straightforward life style changes.

### **Adjustable Gastric Banding**

Adjustable Gastric Banding (AGB) has been performed to treat morbid obesity since the 1990's. Since its availability on the world market, thousands of these procedures have been performed. Various scientific studies, following patients who have had AGB, have proven that this procedure is safe and effective in addressing morbid obesity when performed by a skilled surgeon. Based on these results the United States Food and Drug Administration approved the use of the Lap-Band, in June 2001. In September 2007, a competing



### **Adjustable Gastric Banding (continued)**

product, Realize band, was also approved for use in the USA. To date neither product has been shown to be clearly superior to the other. The obesity-related medical problems that may be improved or cured with the AGB operation include: Type 2 diabetes, hypertension, high cholesterol, arthritis, venous stasis disease, bladder incontinence, liver disease, certain types of headaches, heartburn, sleep apnea and many other disorders. Furthermore, this operation has resulted in marked improvements in quality of life.

In adjustable gastric banding a silicone band lined with an inflatable balloon is wrapped around the upper part of the stomach, to create an hourglass shaped stomach; it produces a small stomach pouch with a narrow outlet. The balloon is connected to a port that is placed under the skin of the abdomen through which the diameter of the band can be adjusted. Inflation of the balloon tightens the band, narrows the outlet and thereby increases weight loss. Deflation of the balloon loosens the band, increases the size of the outlet, and reduces weight loss.

The AGB operation works by reducing food intake when the feeling of hunger arises. The AGB operation may be particularly suited for persons between 200 and 270 lb weight. For successful outcomes following AGB, it is essential that patients follow up regularly with their surgeon to have the band adjusted. Without regular adjustment, the weight loss may halt and/or reverse. As with all weight loss operations, patients with AGB are required to adhere to a simple and straightforward life style changes.

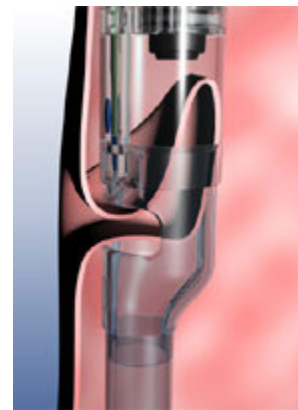
Excess weight loss with the AGB is lower than that with the gastric bypass procedure, typically about 50-55% of extra weight at 5 years. Some studies have documented weight loss equal to the gastric bypass with fewer complications; other groups have had disappointing outcomes. Some studies document a substantial number of patients, up to 30%, who have required re-operation from long-term complications of the adjustable gastric band such as for port problems, erosions and slippage, or inadequate weight loss. Compared to the gastric bypass, the impact on co-morbidities appears to be somewhat less favorable. Remission of diabetes with AGB is seen in 80% at 2 yrs versus 93% at 9

### **Adjustable Gastric Banding (continued)**

years with the Gastric Bypass operation. Long-term results comparing AGB with gastric bypass are not yet available.

### **StomaphyX™**

Some gastric bypass patients may see weight gain after 3-5 years due to an enlarged stomach pouch or an increase in the size of the stoma (the opening at the bottom of the stomach pouch). This results in a reduced ability to feel full after small meals. In the past in order to reduce the size of the pouch or stoma meant another operation with a higher rate of complications than the original bypass surgery. Today there is a new, non-surgical option called StomaphyX™. The procedure typically takes less than an hour and because there are no incisions, patients can return to daily activities after a short recovery and observation period.



StomaphyX™ is a new transoral device. The procedure is performed under general anesthesia by using a small flexible endoscope and the StomaphyX™ device. The scope and the instruments are inserted through the mouth into the stomach pouch in the same manner as a standard endoscope. Once inside the stomach, a small section of the stomach wall is suctioned up into the device and fastened with a suture-like fastener creating a fold called a plication. The surgeon will then use the same technique to perform multiple plications in the stomach pouch to reduce its volume capacity; as many as 10-20 plications may be created during a typical procedure depending on the needs of the patient. The patient is kept in the hospital over night for observation. After the procedure the patient will enter our standard bariatric surgery follow-up program of nutrition counseling and exercise, similar to the one being prescribed for our patients after their gastric bypass surgery.

## Comparison of the Gastric Bypass, Sleeve Gastrectomy, and the Adjustable Gastric Band

	Gastric Bypass	Sleeve Gastrectomy	Adjustable Gastric Band
Cutting of stomach or intestines?	Yes	Yes	No
% Excess weight loss	75-80%	60-65%	50-55%
Average days in hospital	1-2	1	0-1
# of office visits in year after surgery	4	4	5-9
Adjustments in the office after surgery	No	No	Yes
Reversible	Not practical	No	Yes
Cost	Higher	Moderate	Lower
Speed of excess weight loss	Faster	Intermediate	Slower
Reduction of medical problems	More	Intermediate	Less

## Complication rates after bariatric surgery

	Gastric Bypass	Sleeve Gastrectomy	Adjustable Gastric Band
International mortality rate	1/200	1/500	1/1000
Serious complications	10-15%	5-10%	2-5%
Need to take vitamins long-term	Yes	Yes	Ideally
Vitamin deficiencies	More	Less	Less
Protein deficiencies	More	Less	Less
Stretching of the pouch	Yes	Yes	Yes
Other complications specific to each operation	Dumping Syndrome	Nausea/Vomiting	Slippage Erosion

## Dr. Paresh Rajajoshiwala

Dr. Paresh Rajajoshiwala is an advanced bariatric surgeon, specializing in the gastric bypass, the sleeve gastrectomy and the adjustable gastric band. Bariatric surgery constitutes the main focus of his practice. He has 8 years of general and advanced laparoscopic surgery experience, and 5 years of laparoscopic and open bariatric surgery experience. Dr. Rajajoshiwala has been Board Certified in General Surgery since 2001 and is a Fellow of the American College of Surgeons (FACS). He is an active member of the American Society of Metabolic and Bariatric Surgery (ASMBS), the largest society for surgical treatment of obesity in the world.



Dr. Rajajoshiwala completed his undergraduate studies and received his Bachelor of Science degree from the University of California at Irvine. He attended Northwestern University Medical School in Chicago, Illinois. Dr. Rajajoshiwala completed his Surgical Internship at the University of Southern California, Los Angeles County Hospital. He completed his Surgical Residency at The Cottage Health System in Santa Barbara, California.

Dr. Rajajoshiwala has been an integral part of the Bridges Center for Surgical Weight Loss at Southwest General Hospital since 2003. Over the past five years he has cared for hundreds of bariatric surgery patients with a strong track record of minimal complications. Dr. Rajajoshiwala has received the designation as an ASMBS Center of Excellence surgeon.



## Patient Testimonials

“...The next biggest benefit of my weight loss is being able to run around with my kids without getting winded. I am no longer the mom who just sits on the sidelines. I am right out there with them, laughing and screaming and running around. I am a part of their lives now, and not just observing them grow up.



Before Gastric Bypass  
252 pounds

I started off as a 252 pound, 5 foot 6 inch, size 24 woman who didn't know where life was going to lead her. Today, I stand here, weighing 130 pounds and wearing a size 2. The journey wasn't always an easy one, but gastric bypass surgery was the tool I needed to help me lose the weight while facing the issues of why I was overweight to begin with. Gastric bypass is far from the magic

pill; it is only a tool for weight loss, and is what I needed to get me started on the rest of my life. I no longer feel ashamed and I no longer have a negative self-image. Instead, I am at peace with who I am on the inside and out, and that is a priceless gift that this surgery has given me.”

- Dawn



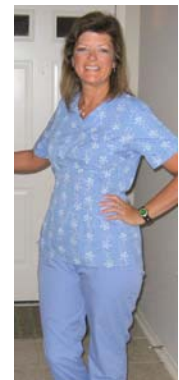
After Gastric Bypass  
130 pounds



Before Gastric Bypass  
287 pounds

“...It has been 9 months since my surgery, and I weigh 160 pounds and wear a size 10, which is the same size I wore in high school. I could not be happier and I have never felt better. I no longer have to wear insoles and I can wear any kind of sandal I want, comfortably. I run up and down the stairs with no pain in my knees. Before, I hated any situation where I had to sit in small seats and avoided them as much as possible. Now, I love flying and going to the movies. It is amazing how exciting it is when you first realize that you can fit into the seats anywhere...”

-Becky



After Gastric Bypass  
160 pounds



Before Gastric Bypass  
312 pounds

“...I have now lost 143 pounds, wear a size 8/10 and I am still losing weight. I no longer require blood pressure medication because I no longer have high blood pressure. I never thought I would be able to exercise, but now I am a member of the local gym. I was so amazed at myself when I started running with my kids since I haven't run since junior high. I know that my kids loved me before, but I see such a difference in the way that they treat me. I have so much fun with them now. My son and I wear the same size clothing, so we make sure that when we go shopping, we each approve of the other's selections. We weigh each morning to see how much closer to his weight I am. They are so proud of me, and so am I.

This is the best decision I could have ever made. I just wish that I had made the choice to be healthier and happier a lot sooner. I would recommend this procedure and Dr. Raja to anyone struggling with a weight problem. My life has improved so much. Thanks, Bridges, for my new life!”

-Tami Benavente



After Gastric Bypass  
169 pounds

## Insurance

**General Information:** We work with all of our patients to help them obtain insurance approval if there is potential coverage. This process begins at your first visit to our office. Our insurance coordinator will call your insurance company to ask about coverage for weight loss surgery on the day of your first consultation. If you do not have coverage, our coordinator can discuss financing options with you if you wish. Based on the days visit, we will submit a comprehensive medical package to your insurance company for authorization for the weight loss operation of your choice. Please verify your policy's network status for Dr. Rajajoshiwala and Southwest General Hospital. Network participation affects patient's responsibility for surgical services.

It is important to recognize that many commercial insurance companies may list weight loss surgery as an excluded benefit. Some insurance policies may cover what they call "medically necessary" weight loss surgery if the employer is paying for supplemental obesity surgery "rider" to provide this benefit to their employees. In all instances, insurance companies make rules as to what is considered medically necessary.

Typical requirements to establish "Medical Necessity" are that the individual seeking weight loss surgery meet the following criteria:

- Have a Body Mass Index (BMI) of over 40, or
- Have a Body Mass Index (BMI) of over 35 and have one or more co-morbidities.

Commonly accepted co-morbidities are:

- Diabetes
- High blood pressure/Heart disease
- High blood cholesterol
- Sleep apnea/respiratory problems
- Gastro-esophageal reflux/Heartburn
- Osteoarthritis of weight-bearing joints
- Gallbladder disease
- Menstrual irregularities

- Infertility/Pregnancy complications
  - Urinary stress incontinence
  - Depression
- Has tried a medically supervised diet for at least 6 months in the proceeding 2 years without a successful outcome. Most insurance companies will require documentation from the physician who supervised this dietary regiment. If you have not done this, we encourage you to get started on this requirement as soon as possible.

**Medicare / Medicaid:** We are designated as ASMBS Center of Excellence and as such we are able to provide care for Medicare and Medicaid patients. Please note that both of these agencies have published strict criteria in regards to qualified candidates for weight loss surgery. We strictly adhere to these policies and will not deviate from their requirements.

**HMO:** If you have an HMO insurance policy, you must verify that our office visit has been authorized by your insurance prior to your first appointment. If there is no authorization on file with your insurance for the initial consultation, your appointment may be cancelled. If you wish to proceed with the consultation, you may be financially responsible for the services you receive.

## Cash Pricing/Financing

- Our cash pricing for bariatric surgery includes the first appointment, pre-operative appointment, surgeon's fee, hospital fee, anesthesia, and post-operative appointments.

<b>Procedure</b>	<b>Price</b>	<b>Hospital nights included in cost*</b>	<b>Extras included</b>
Adjustable Gastric Band	\$13,500	2	4 adjustments in first 12 months
Gastric Bypass	\$18,000	3	
Gastric Bypass Revision	\$21,000	3	
Sleeve Gastrectomy	\$16,500	3	
StomaphyX™	\$9,200	1	

\* The average hospital stay for each procedure is one night.

- Bridges works with many financing companies
- Long term financing can be arranged when needed.
- Our insurance coordinator can discuss financing options with you during your first visit
- It is important to begin the application process early in the event financing is needed
  - If you are approved for financing, you are under no obligation to use it

## **Southwest General Hospital**

**Serving San Antonio's south side since 1979**

### **Key Services**

- 289 Bed General Acute Care Hospital
- Bariatric Program with dedicated unit
- 24-Hour Emergency Services
- Intensive Care Services
- Surgical Services
- Inpatient Rehabilitation Unit
- LTACH
- Adult Psychiatric Unit
- Geriatric Psychiatric Unit
- Cardiac Catheterization
- Orthopedics/Joint Center
- Wound Care/Hyperbaric Therapy
- Occupational Medicine
- Outpatient Imaging
- Patient Transport/Outreach Services
- Women's Services/The Birth Place



### **Southwest General Hospital holds the following**

- American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgery Center of Excellence
- Joint Commission Accredited
- Commission on Accreditation of Rehabilitation Facilities Accredited
- College of American Pathologist Accredited
- Clinical Laboratory Improvement Amendments Certified
- Accredited Center for Wound Care and Hyperbaric Medicine
- Certificate of Distinction through Joint Commission for Diabetes and Joint Care

### **Southwest General Hospital is pursuing the following:**

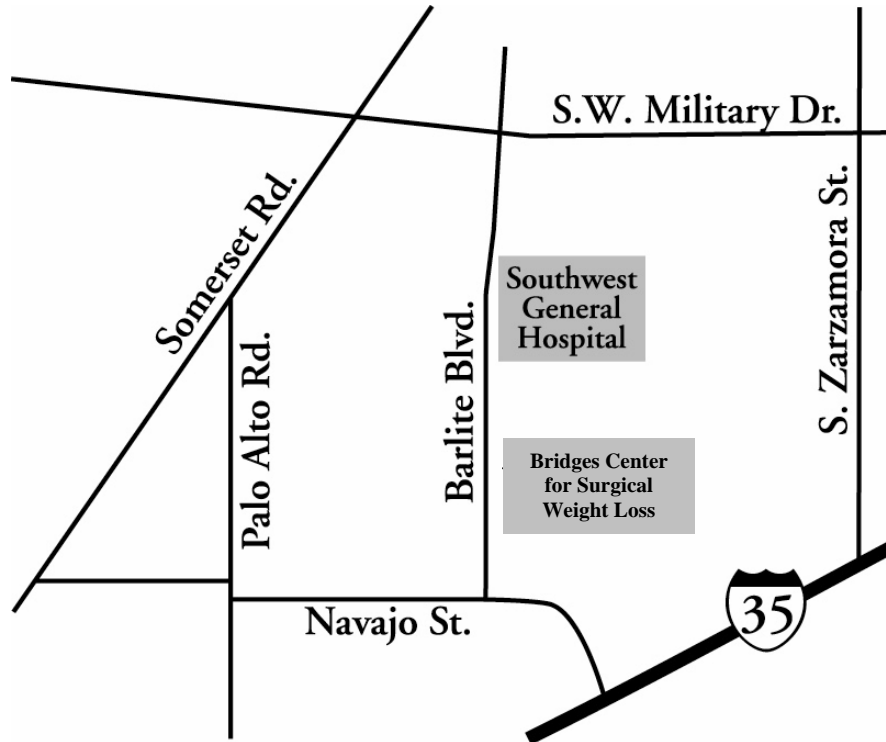
- Magnet Status for Nursing

## Southwest General Hospital

**The Bridges Center for Surgical Weight Loss at Southwest General Hospital provides safe and effective bariatric surgical procedures**

- Southwest General is a ASMBS Bariatric Surgery Center of Excellence
- Southwest General Hospital is Joint Commission Accredited
- Southwest General Hospital is a member of American Hospital Association, and is accredited by the Commission on the Accreditation of Rehabilitation Facilities
- The Bridges Center for Surgical Weight Loss has a dedicated bariatric wing at Southwest General Hospital, including:
  - Large, private patient rooms with flat-screen televisions
  - Unparalleled, nurse to patient ratios
  - Specially trained and knowledgeable bariatric staff
  - Comfortable waiting area for friends and family
- Southwest General Hospital also offers Bridges Center patients:
  - Scheduling flexibility
  - Convenient location near expressway
  - Shopping center located nearby

## Directions to Bridges Center for Surgical Weight Loss



**The Bridges Center for Surgical Weight Loss Clinic is located at  
7500 Barlite Boulevard, Suite 311  
San Antonio, TX 78224  
Office Hours: Monday-Thursday 8am-5pm  
1-888-870-9474**

**From Downtown-** Take I-35 South to S.W. Military Drive exit. Turn right at S.W. Military Drive. You will pass three lights. Take a left on to Barlite Blvd. The Bridges Center is located in the Southwest Medical Office Building on your left.

**From the Airport-** Take 281 South. Merge on to IH35 South. Continue to S.W. Military Drive and exit here. Turn right at S.W. Military Drive. You will pass three lights. Take a left on to Barlite Blvd. The Bridges Center for Surgical Weight Loss is located in the Southwest Medical Office Building on your left.

**From Laredo-** Take IH35 North to S.W. Military Drive exit. Turn right at S.W. Military Drive. You will pass three lights. Take a left on to Barlite Blvd. The Bridges Center for Surgical Weight Loss is located in the Southwest Medical Office Building on your left.

## On-line Registration

- Patients must register on-line on our electronic medical record, Exemplo Medical, prior to attending their first visit. If you do not have access to a computer at home you may use one in the clinic, please arrive at least 15 minutes early to your appointment.
- To access Exemplo Medical, please type the following web address into your browser: [www.myWTlossSurgeon.com](http://www.myWTlossSurgeon.com) and click on the red “Exemplo” link on the left hand side of the page.
- Please provide as much detail as possible. You will be asked to provide the following information:
  - Co-morbidities
  - Past surgical history
  - Family history
  - Medical conditions
  - Weight loss program history
  - Allergies
  - Insurance information
  - Current medications
- If you are unable to complete your registration all at once. Please click on the save button. You will then be prompted to create a password. Above the password fields will be a Patient ID that has been assigned to you. Keep your Patient ID and password to log back in to Exemplo Medical in order to complete your registration.