

2019



Endoscopic Sleeve Gastroplasty



Dr. Robert Marvin

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VISION STATEMENT

Houston Surgical Specialists is a multi-physician practice, headed by an experienced surgeon with a track record of consistently excellent results. We strive to provide a global approach to the complex problem of morbid obesity with a wide range of treatment plans, from medically supervised diets, nutrition and vitamin plans, to all the proven effective surgical procedures. Our goals are to identify patients who will benefit from bariatric surgery, provide consistent error free application of surgical technique, and effective postoperative care with subsequent clinical outcomes that far exceed recognized standards. By fulfilling these goals, we anticipate that *Houston Surgical Specialists* will provide consistent, quality care to the obese patient, continue to be recognized by the pre-eminent society of obesity surgeons in the United States and become the premiere practice for the care of obesity in our region.

With help from Dr. Marvin you can be free from the burden of obesity.



HSS Endoscopic Gastroplasty Disclaimer

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2. Dr. Marvin can make NO guarantee of the longevity for endoscopic gastroplasty. Long term data is not available for this procedure. It is possible that the weight loss effect may decrease or be lost over time.
3. There may be a failure rate associated with Endoscopic Gastroplasty. Failure is defined as loss of the weight loss effect within the first 90 days after the procedure. Data from a large international center suggest the failure rate for this procedure may be 5-7%.

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PRE-OP INFORMATION & INSTRUCTIONS

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DAY OF SURGERY

Your Surgery Date is: _____

Location: _____

Arrival Time: _____

****THE ABOVE TIME IS ALWAYS SUBJECT TO CHANGE****

Herman Drive Surgical Hospital:

2001 Hermann Drive
Houston, TX 77004

Please call the facility for directions or any additional information
713-285-5500

****If you are running late, get caught in traffic or any other unforeseen delay, please the hospital know that you are scheduled for surgery at the time listed above and what time you will be arriving.**

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PRE-OP NUTRITION CONSULT & DIET

All ESG patients are required to complete a nutrition consult provided by PSYMED. This is to provide education on lifestyle changes after the surgery. Your weight loss success is defined by your post-op efforts on diet modification and increased exercise. A referral will be sent on your behalf and pricing is a separate fee. See handout.

To ensure the complete emptying of the stomach of food items, please begin the Stage One Clear Liquid only diet the morning before the ESG procedure. This means do not eat breakfast, you may have coffee. Refer to the Stage One Diet page. The surgery center will remind you of NO eating or drinking after midnight the evening before your ESG.

PRESCRIPTIONS

- You have been given a prescription for pain medication that you can fill at any Pharmacy.
- The B12 spray is the most effective delivery form yet may not be fully covered by your insurance. The sub-lingual (under the tongue) may be substituted and sold at our clinic. This is for use after the surgery.
- Antibiotics are given to you through your IV prior to surgery.

WHAT TO BRING TO THE HOSPITAL

- Wear comfortable clothes – Elastic waist pants are best so that your abdomen is not pinched or compressed by tighter clothing. Yoga Pants.
- If you use a walker, cane or other walking assistance device please bring this with you to the hospital. We want you up walking within a few hours after surgery.
- Do NOT bring anything valuable to the hospital – leave all your jewelry, cell phone, laptop, iPod, etc. with family or AT HOME.
- You DO NOT need to bring any of your home medications to the hospital with you. The hospital will dispense all medications.
- Some patients prefer to bring some of their favorite clear liquid beverages with them to the hospital. You will have a diet tray supplied to you, however, you are welcome to bring any of the sugar free clear liquid items.

MEDICATION AFTER SURGERY

For the first week after surgery you will need to **CRUSH** all pills to swallow them, to make this as easy as possible. Some of your medications may be avoided during the first week. Follow the guidelines below to help with your home medications and if you have any questions make sure to call the office!

Medications for high blood pressure:

- Resume these meds at home the morning after you are discharged
- Make sure to crush medication
- If the medication contains the terms “XR, CR, SR or XL” you will need **to have an alternate dose of these medications** as these are time release pills and cannot be crushed

Medications for diabetes:

- Resume your home meds at **half the normal dose**
- Be sure to check your blood sugar often and call if you start to notice either extreme high levels (>250) or extreme low levels (<60)
- If you are on insulin, resume **half the normal dose** – make sure to keep a log of your blood sugar readings, the time of day, and how much insulin you administered

Medications for high cholesterol:

- You may wait until week 2 of your diet (soft solids) to resume these meds
- If you decided to continue these medications at home during the first week after surgery, they will need to be crushed

Blood thinners and aspirin containing products:

- If you are taking Coumadin, Plavix or other blood thinning medications on a regular basis you should have received specific instructions regarding resuming these meds. **DO NOT RESUME THESE MEDICATIONS UNLESS THE MD/PA HAS INSTRUCTED YOU TO DO SO**
- A daily aspirin for “heart health” may be re-started at home 48 hours after surgery

Supplements:

- Supplements are not mandatory during the first week after surgery and may be held until week 2

Thyroid medication:

- Resume your normal dose of thyroid medication the morning after leaving the hospital

Heartburn/reflux medication:

- These medications should not be needed after surgery, if you begin to have symptoms, call the office for further direction

Stage One: Low Sugar, Clear Liquids

- Your **clear liquid** diet will last for one week. If you have surgery on Monday, you will be on
- **clear liquids** through the following Monday.
- All **clear liquids** should be sugar free. Labeled “*no sugar added*” does NOT mean **sugar free**. There should not be more than 10 calories per serving of liquid.
- A **clear liquid** is defined as a substance that you should be able to see light through. The color of the liquid is not important. Any liquid that has milk or a cream base to it is **NOT** considered a clear liquid.
- Avoid straws, sports top bottles or chewing on ice as this causes excessive intake of air and can worsen gas bubbles and gas pains.

Clear Liquid Shopping List – The Staples

- Crystal Light – all flavors
- Diet Snapple products
- Fruit H2 flavored water
- PowerAid ZERO
- Sugar Free popsicles
- Sugar Free Jell-O
- Iced tea – unsweetened
- Beef, Chicken, Vegetable broth
- Protein Water – Sugar Free Premier Clear and Isopure. Can use for popsicles.
- Sugar Free Tang, Kool-Aide or Hawaiian Punch
- Hot tea

Use artificial sweetener such as Splenda, Equal, Truvia, Sweet n Low, NutraSweet

You can use fresh lemon and limes to flavor plain water

AVOID all carbonation

Your goal is 60-80 oz. of liquids a day

STAGE TWO: SOFT - LOW FAT, LOW SUGAR

- You will be on Stage Two Soft weeks 2-4. You may move to solids one month post ESG.
- A **soft solid** is a food that can be mashed easily with a fork. The only meat is flakey fish.
- A **soft solid** does **NOT** mean chewed until soft and mushy before swallowing.
- Your **soft solids** should all be low fat and low sugar.
- During this stage of your diet, you need to remember to NOT DRINK liquid while eating your solid meals.
- You still need to concentrate on adequate hydration so remember to drink between your meals to reach your goal of 60-80 oz. of fluid.

Soft Solid Shopping List: The Staples

- Eggs – scrambled, hard boiled, egg salad (**low fat** Mayo or Miracle Whip)
- Cream of Wheat, Malt-o-Meal, Oatmeal; **avoid** high **sugar** “flavored” varieties
- Mashed sweet potatoes, no skin.
- **Low Fat** Cottage cheese, Laughing Cow Soft Cheese
- **Low sugar**, low carb yogurt
- **Sugar free, fat free** pudding
- Beans – black beans, pinto beans, refried beans, avoid added lard.
- Tofu – miso soup without seaweed
- Baked fish – flakey types, avoid breaded or fried
- Bananas, Avocado
- Cooked Carrots, cooked peas
- Soups - **Low fat** based soups, in a carton (Butternut Squash, Tomato Basil) and Campbell’s Healthy Choice (made with skim milk)

You may use spices. The best cooking oils are coconut and olive oil

Focus on eating high **protein** foods – your goal is **30%** of protein of daily calories

READ YOUR NUTRITION LABELS – get to know which foods are low in carbs, low in saturated fat and sugars...Remember your limits per serving. (4g sugar/6g fat)

VITAMIN SUPPLEMENTS

The following vitamins/supplements are MANDATORY
for all post-op patients starting week 2:

****Twice a day Bariatric Advantage Multivitamin**

****1500mg of Calcium Citrate daily with Vitamin D**

Many great products are sold in the clinic for your initial purchase.

Replacements can be found on our Bariatric Advantage web site, customized
specifically for Dr. Marvin's patients.

<https://www1.bariatricadvantage.com/catalog>

Validation Code MARVIN

The products range from vitamin chews, protein shake mix, snack bars
and so much more. You can sample or purchase many of these products
in our clinic.

Then order online at your convenience.

The staff will provide ordering instructions



POST - OPERATIVE ENDOSCOPIC SLEEVE GASTRECTOMY

Immediate Post-Operative Period

Recovery Room: Patients will first go to the recovery room after the operation is over. There he/she will be closely monitored while waking up from anesthesia. Family members are usually not allowed because of Government rules concerning privacy of other patients.

1 Hours Post-op: With assistance from a nurse the patients' needs to walk outside the room, in the hallway, at least 20 steps. After walking, the patient will be allowed to take low sugar liquids by mouth. Initially this is usually ice chips and sips of water. However, broth, sugar free popsicles and no calorie-non carbonated drinks are encouraged. Once the patient is ambulatory and able to drink water, the nurse will discharge the patient to a designated care giver. The hospital or surgery center will not release the patient without accompaniment.

At Home – Week 1

Medications: All necessary previous medications should be taken at the prescribed intervals after returning from the hospital. *Tablets will need to be crushed and capsules opened for the first week.* Usually these are taken with water. Any medication that can be skipped should wait until 1 week post-op. Examples are: cholesterol medications, previous pain medications, muscle relaxants, special vitamins, etc. Absolutely necessary blood thinners such as aspirin, Plavix or Coumadin should be restarted 48 hours after surgery. If any signs of bleeding occur they should be discontinued and the patient should call the office immediately. Diabetes medications should be reduced to ½ dose, and blood sugar levels should be monitored every 6 hours if the patient is on any insulin. If you are on diabetes medication, make an appointment to see the prescribing physician within 2-3 weeks.

Activities: Patients can do their activities of daily living (ADL) such as going up steps, or taking care of themselves in the bathroom or shower.* The patient does not need special assistance from someone else.* He/she should not stay in bed; moving about and even light exercise are encouraged. The patient's activity level should increase within 48 hours. All exercise is allowed after 2-3 days, including strenuous activity and lifting. Normal sexual activity can occur as soon as the patient feels comfortable enough.

Driving: A typical patient will be able to drive his/her car approximately 1-2 days post-operatively. *Driving should only be attempted if the patient feels that he/she can turn the wheel or apply the brakes in an emergency.* Nor should the patient drive on any pain medication.

Return to Work: Patients are typically able to return to work by day three post-op.

Diet: After the ESG procedure patient will be on a clear liquid, low sugar diet for 7 days. Please see the diet section for a description of the diet. Do not attempt to take soft or solid foods yet as these could breakdown the upper connection sutures. Also, avoid carbonated beverages until 1 month after surgery. Caffeine is allowed (with sugar substitutes and non-dairy, low fat creamer). Concentrated fruit juice and processed sugars should be avoided to avoid cramping, flushing and diarrhea which are the symptoms of the dumping syndrome.

APPOINTMENT 1 week Post-op

The clinic staff will schedule your week 1 Post Op prior to your surgery.

Week 2-4

Medications: All previous medications should be resumed and can be taken normally (i.e. as whole pills or capsules. Diabetes medications should remain at ½ the previous dosage, and the patient should make an appointment to see the prescribing physician to alter the dose.

Diet: Warning: it is ABSOLUTELY ESSENTIAL NOT TO OVEREAT after the ESG procedure. The length of the suture line will be vulnerable to stretching and inhibiting the expected success. A revision may be required to tighten the stomach or move to the more invasive laparoscopic sleeve gastrectomy. At this point the patient can follow the regular prescribed diet provided.

Vitamins: A multivitamin with folic acid (folate) should be started one week after surgery. Although this can be chewable, it is not necessary. The patient should take some form of a multivitamin indefinitely.

FOLLOW UP APPOINTMENTS

Your follow up visits will be scheduled in advance. It will be necessary to have blood tests done at the appointment. This will include blood counts, electrolytes, protein levels, calcium, iron, vitamin B1, vitamin B12 and folic acid levels, which we will take during your visit.

Activity after 1 month: Normal with increased exercise

Diet: No change until after week 4

Vitamins: Continue the multivitamin

APPOINTMENTS

1 Month

3 Months

6 Months

12 Months and yearly there after.

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POST-OPERATIVE PROBLEMS AFTER ESG

WARNING: Unpleasant symptoms occurring after surgery can indicate a progressing and/or life threatening problem that could require immediate hospitalization or surgery. Failure to notify the doctor immediately could result in preventable injury or death.

Call 713-993-7124 IMMEDIATELY if untoward symptoms occur.

In general, the first few weeks after a procedure is an important period to monitor for problems, as the majority of complications will occur during this time. Bleeding and abdominal infection, which are the most serious problems, tend to occur just after surgery and are less likely later in this period.

Bleeding This is the most common complication during and after an ESG. Because the stomach has a rich blood supply, and the sutures are placed deep into the gastric wall, significant bleeding can be seen during the procedure. Usually this is well controlled by applying the synching device to tighten the suture. Rarely, an additional endoscopic technique (or even surgery) could be required to control bleeding.

It is possible that a patient could also later develop symptoms and signs of bleeding. Symptoms include, dizziness, appearing pale, shortness of breath, rapid heart-beat, and low or absent urine output, vomiting blood or “coffee grounds”, or passing blood or black stools by rectum. Any of these symptoms should be communicated to the Endoscopist/Surgeon IMMEDIATELY.

Significant bleeding could require blood transfusion or extended hospital monitoring. Persistent or clinically significant bleeding could require repeat endoscopy and/or surgery to treat. The risk of significant bleeding requiring transfusion appears to be less than 1% with ESG¹.

Stomach Leak This is potentially a life-threatening complication. Theoretically, a stomach leak after ESG is from bacteria tracking out along a full thickness suture and causing an infection in the abdominal space. This has been described as a peri-gastric inflammation, as seen on CT scan. Because, the leak after ESG appears to be more limited than after surgery, this process can be termed a “micro-leak.”

Symptoms of stomach leak include: rapid heart rate, dizziness, shortness of breath, fever, worsening abdominal pain, left chest or shoulder pain, abdominal distention, the appearance of illness and a general feeling that something is very wrong. Unfortunately, many of the symptoms may be absent or could be from something else (e.g. bleeding). Diagnosis is dependent upon a variety of information sources, such as: clinical assessment, vital sign measurement, laboratory tests (white blood cell count) and radiologic studies (CT scan). The risk of an infection outside of the stomach after ESG appears to be less than 1%¹. Intervention is based on clinical factors, but, in general, the treatment for a micro-leak after ESG is less invasive than the treatment of a leak after a surgical sleeve operation¹. However, unusual or extreme cases could require an operation to manage.

Blood Clots This is a rare problem which occurs in less than 1% of patients. Obese patients are more prone to developing blood clots in the veins of the legs than are normal weight patients. The clot is dangerous because if it were to break off it might travel up the blood stream to the lung where it could suddenly decrease blood flow. This is known as a pulmonary embolism and can be fatal.

The treatment is PREVENTION of the formation of blood clots. Our patients are given a short-acting blood thinner before their procedure and sequential leg squeezing devices are fitted over the legs during the operation. Although, both of these are somewhat effective, neither is anywhere near as effective as the main treatment, which is getting out of bed and walking soon after the procedure is over. EARLY MOBILIZATION is the key to preventing blood clots. It is the most important thing the patient can do for him/herself around the time of the surgery.

Esophageal Injury Performing an ESG requires placement of instruments and tubes through the esophagus to reach the stomach. These include, in order, a small caliber diagnostic endoscope, a large caliber over-tube, and a dual channel operating endoscope with the mounted suturing device. The esophagus is thinner walled than the stomach and more easily injured by instrumentation. Conversely, these instruments are placed under direct vision, or over a device already in position (over-tube). So, injury should be very uncommon.

A partial thickness injury to the esophagus can probably be managed conservatively. However, a full thickness injury might require surgery to repair and treat. Full thickness injury with ESG has not been reported in the medical literature.

Failure to Lose Weight

As with any weight loss program procedure or surgery the patients choices after are of the greatest impact. We include detailed nutritional information in this packet and exercise recommendations. Although the data provides weight loss statistics, there is no guarantee of how much or for how long it can be maintained. The fact is, there only exist two years a research data on the Endoscopic Sleeve Gastroplasty. We look forward to following our patients' progress.

IMPORTANT: The problems above are a partial list of all possible complications that can occur after this procedure. Some complications are rare and may be beyond the experience of the surgeon or even the surgical literature. Complications are usually not foreseeable.

Reference

- 1) Lopez-Nava G, et al. Endoscopic Sleeve Gastroplasty for Obesity: a Multicenter Study of 248 Patients with 24 Months Follow-up. *Obes Surg.* April 27, 2017 (ONLINE)