



Bariatric Patient Guide

A Message from Your Weight Loss Services Team

SEARHC's Weight Loss Service Team is here to help you reach and maintain your weight loss goals. Our role is to provide you with tools, support and services that will lead to long-term weight loss. As obesity is a multifaceted disease, it requires a multi-disciplinary, individualized treatment plan. We are pleased to offer a variety of services including nutrition education, support groups and medical assistance with weight loss and bariatric surgery.

The SEARHC Weight Loss Services team includes:

- Weight Management Specialists
- Registered Dietitians
- Bariatric Surgeon
- Behavioral Health Providers
- Bariatric Coordinator
- Physical Therapists
- Primary Care Providers

The purpose of this guide is to give a brief introduction to our services while raising awareness of obesity as a disease and its treatment options so patients are able to make informed decisions regarding their bodies and healthcare.

We value your trust and look forward to partnering with you.

Sincerely,
Your Weight Loss Services Team

Nonsurgical Weight Management: 907.966.8504

Bariatric Surgery Clinic: 907.966.8366

Email: weightlossservices@searhc.org



Defining Obesity

Obesity is a disease. It is a long lasting, ongoing disease that worsens over time. Obesity is also a relapsing disease, meaning it reoccurs after periods of improvement. How many times have you lost and regained the same 20 pounds? Obesity is a complex disease that causes physiological changes in the gut and brain, making it difficult to lose excess weight. Most importantly, obesity is treatable. While eating healthy foods in healthy amounts and increasing physical activity are a part of any weight loss program, studies show most people will not lose and maintain a significant amount of weight without additional intervention.

Bariatric Surgery

Bariatric surgery is one of the most powerful tools we have in treating severe obesity. Bariatric surgeries work by physically restricting the amount of food that can be eaten. Post-operatively, patients feel full while eating significantly less food. The surgeries also affect hunger hormones and can reset the body's set weight point. When combined with physical activity and healthy eating habits, most patients will lose 30-40 percent of their total body weight over 12-18 months.

Surgery is not a quick or easy fix. It takes months of preparation and workup to make sure patients are ready for surgery and prepared for the lifestyle changes needed for it to be a success. Patients may move through the program at their own pace; however, testing and appointments must be completed within two years of surgery date. Highly motivated patients take about three months to work through the program. While most visits can be done via telehealth, at least one appointment needs to be in person in Sitka, Alaska to complete diagnostic testing.

Workup for the surgery includes diagnostic testing and referrals to several other specialties:

- ☐ Barium swallow
- ☐ Echocardiogram
- ☐ Electrocardiogram (EKG)
- ☐ Chest x-ray
- ☐ Nutritional labs
- ☐ Sleep study
- ☐ Upper GI Endoscopy (EGD)
- ☐ Behavioral Health evaluation and clearance
- ☐ Registered Dietitian clearance

Who is a Candidate for Bariatric Surgery at SEARHC? ---

For the safety of our patients, SEARHC follows strict selection criteria:

- Aged 18-64
- No previous bariatric surgery or procedures (including lap banding)
- Body Mass Index (BMI) between 40-55 for males, 40-60 for females or anyone with BMI >35 and an obesity related comorbidity
- *Nicotine free

*Nicotine significantly alters healing and increases complications postoperatively. We require two months of being nicotine/vape free prior to an initial consult. Patients must remain nicotine free to be eligible for surgery. The goal is to not use again after surgery. We may require a blood test to confirm this before surgery. Quitting is not easy, but help is available. Ask your Primary Care Provider about your options.

If you are interested in bariatric surgery you can talk with your Primary Care Provider, call the surgery clinic or email weightlossservices@searhc.org.



Pregnancy, Contraception and Bariatric Surgery ---

For the safety and health of baby and mother, women of childbearing age should avoid pregnancy until weight has stabilized, at least 12-18 months after surgery. As surgery can change fertility, even those with difficulty getting pregnant should be using birth control during this time. Due to the increased risk of blood clots associated with both surgery and the combination of taking birth control pills, it is recommended patients be off of these one month prior to surgery. Talk with your Primary Care Provider about your options.



Nutrition

All bariatric patients need clearance from one of our Registered Dietitians prior to surgery. While our Dietitians work at the pace of the patient, a minimum of three, one-hour visits are required and active participation is expected. Appointments are spent working with patients on preoperative weight loss, dietary changes needed preoperatively and understanding dietary progression after surgery.

Behavioral Health

A bariatric surgery-specific behavioral health evaluation is needed prior to surgery. Our behavioral health providers screen patients for mental health issues such as addiction and eating disorders that need to be addressed prior to surgery.

Preoperative Weight Loss

Patients must show consistent weight loss prior to surgery. The goal is 10 percent body weight reduction. Dietary changes, such as adequate intake of protein, water and smaller portions need to be adopted prior to the surgery. Physical activity should be a daily routine to reduce loss of muscle mass and decrease surgery recovery time. These changes reduce the risk of complications from the surgery.

If patients need assistance with preoperative weight loss, non-surgical weight management appointments are available.

Surgical Risks

All surgeries include risks such as infection, pneumonia, bleeding and blood clots. In addition, early post-op complications of bariatric surgery include gastric leak, dehydration and post op blood.

Long-term complications of bariatric surgery include:

- Malnutrition
- Dehydration
- GERD (heartburn)
- Hernia
- Dumping syndrome
- Addiction transfer or cross addiction
- Weight regain

Preoperative workup and follow-up are meant to minimize the occurrence of these complications. Daily vitamins help prevent malnutrition. Working with a Registered Dietitian to make adequate water and protein intake a habit help prevent hair loss and dehydration. Following postoperative dietary progression and a healthy diet will help prevent dumping syndrome. It is important to follow doctors' orders for lifting/physical activity restrictions and preventing constipation to reduce the risk of hernias. Bariatric surgery is a lifelong commitment to changed eating habits, vitamin supplements and follow-up.

Some postoperative weight regain is expected. Most patients will regain a small amount of weight after reaching their lowest postoperative weight. However, some patients can regain a significant amount of weight. Surgery is intended to be used with the other tools of weight loss across the life span. Additionally, bariatric surgery patients are at increased risk for addiction transfer. If food is no longer able to be used as a source of comfort, escape or reward, patients may turn to other compulsive behaviors or addictive substances. This is not meant to scare, but rather to be aware so that compulsive behaviors can be addressed before surgery and/or patients can seek treatment if they see signs of this occurring after surgery.

Non-surgical weight management, behavioral health and Dietitians are available to work with patients who experience weight plateaus, weight regain or were expecting greater weight loss.

Bariatric Requirements Before and After Surgery

Preparation for bariatric surgery can be done at the patient's pace with a minimum timeframe of three months. Testing and appointments are good for two years. Patients must show some weight loss during workup, goal is 10 percent of body weight. Non-surgical weight management providers are available to help patients reach this goal.

Workup

Bariatric Surgeon

Minimum of three visits. One of the follow-up appointments must be in person for EGD.

- One-hour initial consultation - diagnostics and referrals ordered at this appointment for appropriate candidates
- 30-minute follow-up (typically in person w/EGD)
- 30-minute follow-up
- As needed until cleared

Registered Dietitian

Minimum of three bariatric-specific nutrition appointments that focus on pre-op nutrition changes and post-bariatric surgery diet stages. Clearance from Registered Dietitian is required prior to scheduling surgery.

- Initial Consult
- Follow up
- Follow up
- As needed until cleared

Diagnostics

Ordered at initial consult. Sitka residents may schedule at their convenience. Non-Sitka residents can complete diagnostics during a two-day visit to Sitka arranged with Bariatric Coordinator.

Radiology | 907.966.8327

- Chest X-ray
- Barium Swallow (nothing to eat or drink eight hours prior)
- Echocardiogram

Surgery Clinic | 907.966.8366

- EKG
- EGD (in Sitka)
- Sleep study (at home)

Lab: MEMC walk in, non-Sitka residents call to schedule appointment at local clinic
Fasting nutritional labs

Behavioral Health –

ordered after initial consult w/ surgeon
Intake Assessment – One-hour screening
Clinical Evaluation – 1 ½ hours

Preoperative

Patients will be admitted to Mt. Edgecumbe Medical Center in Sitka overnight with planned discharge the morning after surgery.

- Insurance prior authorization for surgery
- Liver Shrinking Diet (start two weeks prior to surgery)
- Identify post-op caregiver
- Prepare for two-week post op stay in Sitka
- Preoperative appointment with bariatric surgeon
- Schedule postop appointments

Postoperative

Patients will be admitted to Mt. Edgecumbe Medical Center in Sitka overnight with planned discharge the morning after surgery.

2+ days

Outpatient post operative barium swallow

3-7 days

Follow up with Primary Care Provider for medication management

2 weeks

Follow up with Bariatric Surgeon
Follow up with Registered Dietitian

2 months

Follow up with Bariatric Surgeon
Follow up with Registered Dietitian

6 months

Fasting nutrition labs
Follow up with Bariatric Surgeon
Follow up with Registered Dietitian

12 months

Fasting nutrition labs
Follow up with Bariatric Surgeon

Yearly follow-up with Bariatric Surgeon & fasting nutritional labs.

Nutrition follow up as needed after six months.

Additional appointments as needed.

Meet Our Surgeon



Dr. James Taggart, MD is a general surgeon with specialized training in bariatric surgery. He enjoys working with patients to understand their needs and provide them with personalized care. He strives to provide patients with less discomfort, quicker recovery times and shorter hospital stays. Dr. Taggart is dedicated to getting patients back to a quality of life they can enjoy.

Born and raised in Indiana, Dr. Taggart completed medical school at the Indiana University School of Medicine. He completed his general surgery internship at the University of Washington in Seattle. He moved to New York City for his residency and while there, completed his fellowship in advanced gastrointestinal and bariatric minimally invasive surgery. Dr. Taggart, his wife and their daughter have been a part of the Sitka community since 2018. He has been instrumental in creating the bariatric program at SEARHC.

Dr. Taggart is an outdoor enthusiast. He spends his free time exploring the Southeast Alaska waterways, islands and trails with his family and friends. Dr. Taggart enjoys competing in trail runs. He can often be seen training for his next marathon, jogging to and from work.

Education

Premedical education:

BA in Spanish at Grinnell College, IA

Medical school:

MD at the Indiana University School of Medicine, IN

Residency

University of Washington, WA
Northwell Health Lenox Hill Hospital, NY

Fellowship

Northwell Health Lenox Hill Hospital, NY

Memberships

Fellow, American College of Surgeons

Member, American Society for Metabolic and Bariatric Surgery

Member, Society of Advanced Gastrointestinal Endoscopic Surgery

Member, Alaska State Medical Association

Bariatric Coordinator

The Bariatric Coordinator guides patients through the preoperative process and checks in periodically through the postoperative period. The Bariatric Coordinator is the patient's key point of contact through the program. Available as needed pre and postoperatively.

SEARHC Bariatric Coordinator | 907.966.8712

Bariatric Support Group

If you, or a loved one, is thinking about surgery, working toward surgery or have already had surgery, this group is for you. The Bariatric Support Group is intended to create a safe place to learn about bariatric surgery. This is achieved by creating a supportive community and providing education built on the guidelines of confidentiality, respect and acceptance. While all are welcome, what is said and who is in attendance remains within the group. This is a non-judgmental space to share struggles with food/weight, learn about the disease of obesity and all aspects of bariatric surgery from program staff and other patients. Studies show that those who participate in support groups lose more weight (and maintain it) than those who do not.

The SEARHC Bariatric Support Group meets monthly via Zoom. Contact the Bariatric Coordinator at 907.966.8712 for more information.

No-Show Policy

Bariatric surgery is nonreversible and requires life-long follow up due risk for malnutrition. Because follow up is so important, patients are expected to demonstrate they are willing to participate in this life-long care by attending appointments preoperatively. If you cannot make an upcoming appointment, call the clinic or message through the WellApp more than 24 hours prior to appointment to reschedule. Patients who no-show for two appointments associated with bariatric surgery during the workup (this includes nutrition, diagnostics, weight management, behavioral health and bariatric surgery) will be required to see their Primary Care Provider for an obesity-specific visit and be re-referred to the program.