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Seton Family of Hospitals

BARIATRIC SURGERY

*NEW APPROACHES REDUCE RISKS,
IMPROVE OUTCOMES*

U.S. obesity rates are on the rise – and so is the number of weight loss surgeries. But today's patients face fewer risks and enjoy healthier, longer lives.

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REACHING TEXAS' GOAL (AND COMPLYING WITH THE LAW!)

A free, internet-based immunization registry – *ImmTrac* – helps healthcare providers fulfill the Texas vaccine reporting requirement.

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BARIATRIC SURGERY

New Approaches Lower Risks, Improve Outcomes

by Paula S. Oliver, MD, FACS

We see it every day when we see our patients – more and more people are obese, and it’s affecting their health.

It’s estimated that at least two-thirds of the U.S. population is overweight or obese. Texas has some of the worst statistics. Obesity has even been predicted to soon surpass smoking as the leading cause of preventable mortality in our country. Yet, despite all the government reports and exercise infomercials, the trend isn’t reversing.

Weight loss surgery, too, is on the rise. It may seem surprising, considering the problems some of us saw with these procedures during our residency and the earlier years of our practice. But it’s not at all surprising when you consider that patients who have surgery today face fewer risks and are coming off their medications for diabetes, hypertension, arthritis and other serious obesity-related conditions. Basically, these patients now can enjoy a healthier, happier, longer life.

Why Surgery?

A Body Mass Index (BMI) of 40, which is considered morbidly obese, is associated with a 2.5 times greater mortality rate than a normal-weight BMI. Surgery seeks to improve the health conditions associated with obesity by decreasing the patient’s weight. Type 2 diabetes, hypertension, osteoarthritis, sleep apnea – these are just a few on a list of co-morbidities that is all too familiar. Obesity can impact every organ system, including the skin (intertriginous dermatitis) and even the psyche (depression). Plus, obesity is associated with an increased risk of breast, colon and pancreatic cancers.

Bariatric surgery has provided the longest period of sustained weight loss in severely obese people. Approximately 60-75 percent of non-surgical patients lose weight with diet and exercise alone at six months, but 95-98 percent of them have regained that weight (or more) at five years. Conversely, five years after surgery, most surgical patients have maintained successful weight loss.

Most morbidly obese patients live on the roller coaster of being “on” and “off” diets for years before they seek surgical help. Surgery is a tool that helps them adopt and maintain a healthy lifestyle so they can lose weight and reduce or eliminate serious medical conditions, then sustain their improvements.

Table I illustrates major co-morbidity resolution after Roux-en-Y gastric bypass surgery.

**Table I
Co-Morbidity Resolution
after Roux-en-Y Gastric Bypass**

Co-Morbidity	% Achieving Resolution
Type 2 Diabetes	83%
Obstructive Sleep Apnea	85%
Hypertension	75%
Hyperlipidemia	93%
Hypercholesterolemia	93%

Finkelstein EA, Fiebelkorn IC, Wang G. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. Obes Res 2004; 12:18-24.

The Procedures

Laparoscopy launched the revolution in bariatric surgery. As morbidity, mortality and hospital stays decreased, more were performed. With more taking place, techniques were refined, further decreasing risk and improving outcomes. And it hasn't been just surgical techniques that have evolved. Pre-operative and post-operative care protocols have also changed dramatically to improve the maintenance of weight loss and improve these patients' health.

The two most common bariatric procedures are the Roux-en-Y gastric bypass and the laparoscopic adjustable gastric band. In the United States, gastric bypass is considered the "gold standard" and is more frequently performed. In Europe, more band procedures are performed. Currently, only one gastric band is approved for use in the United States – Allergan's Lap-Band™ System.

In the Roux-en-Y gastric bypass, a 15-20 cc stomach pouch is created near the top of the stomach by stapling. This pouch is then connected to the small bowel, bypassing the lower portion of the stomach, the duodenum and part of the jejunum. It is a restrictive procedure in that the stomach pouch restricts intake and a malabsorptive procedure in that bypassing the stomach, duodenum and part of the jejunum decreases the absorption of glucose, fat and certain nutrients. The average hospital stay is two nights. Patients can expect to lose 60-80 percent of their excess weight (average), the majority of that in the first year after surgery.

Laparoscopy greatly reduced the incidence of wound infections and incisional hernias. However, other complications can occur including anastomotic leak, anastomotic stenosis, staple line bleeding and intra-abdominal bleeding. Operative mortality is reported to be up to 2.5 percent and is most often caused by pulmonary embolism, respiratory failure, myocardial infarction and postoperative leak and sepsis. (The mortality rate in Austin is lower.)

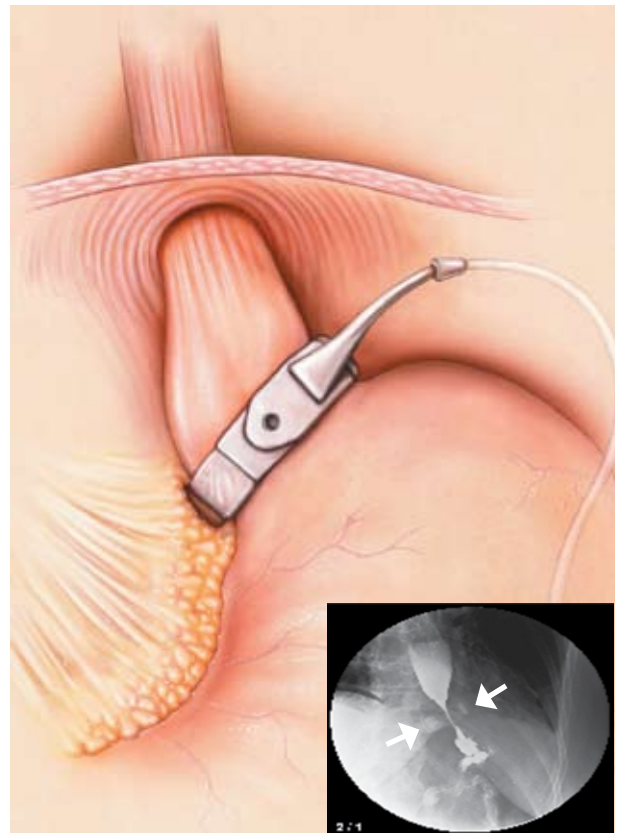
The bypass element of the procedure does cause some side effects. These patients are at risk for micronutrient deficiencies and must supplement prophylactically with B-12, folate, iron, thiamine and calcium. They also must take a multivitamin daily. Additionally, 70 percent of patients can experience dumping syndrome secondary to sugar and fat intake. Dumping syndrome can include cramping, diarrhea, hypoglycemia and other unpleasant reactions consecutively or concurrently. It serves as an effective deterrent to eating these unhealthy foods.

The laparoscopic adjustable gastric band is a restrictive procedure only, and can often be performed on an outpatient basis. The silicone band is placed around the top of the stomach with sutures placed to secure it. This creates a small open-ended pouch of approximately 15-20 cc. The patient's anatomy is not permanently altered.

The inside ring of the band has an inflatable balloon that connects to a catheter that is also connected to an access port sewn on top of the rectus abdominis, under the skin. In the office, saline is added or removed via the port to inflate and deflate the balloon. This process – called an "adjustment" or "fill" – alters the rate at which food empties from the pouch into the remaining part of the stomach, enabling customization to the patient.



Roux-en-Y Gastric Bypass



Allergan's Lap-Band™ System

The procedure works by restricting the amount of food a patient can eat and by helping the patient feel full longer due to the slowed emptying of the pouch. Patients can expect to lose an average of 50-70 percent of their excess weight. Weight loss is more gradual than with gastric bypass and stabilizes at two years.

Complications with the band typically occur further out than those with gastric bypass. Gastric prolapse, in which a portion of the main stomach slips up under the band, can sometimes be resolved by removing saline, but may require surgical intervention. Other complications include gastric erosion (in which the band erodes through to the stomach), port site hernias, tubing leaks and pulmonary embolism. The band's surgical mortality rate is reported as lower than the gastric bypass rate. Because there is no malabsorptive component, patients generally need only supplement with a daily multivitamin.

Selecting the procedure for an individual patient requires patient education to establish patient preference and an exploration of the patient's eating and lifestyle habits as well as current health status. Unfortunately, insurance can sometimes dictate the choice, as some plans still cover gastric bypass only, despite the Lap-Band's FDA approval in 2001.

Pre and Post-Op Care

A major facet of the evolution in bariatric surgery has been increased focus on patients' readiness for surgery and on monitoring patients long-term.

In selecting candidates, many practices, including ours, follow the guidelines from the National Institutes of Health. In a Consensus Statement, NIH stated that surgery is appropriate for patients with a BMI of 40 or above and for patients with a BMI of 35 or above who have an obesity-related co-morbidity. In addition, a patient is not considered to be a surgical candidate without evidence that more conservative attempts at weight loss have failed. Few patients have trouble presenting a lengthy list.

Pre-op care includes patient education and a multi-disciplinary evaluation. Education is critical in ensuring that patients understand not only the risks of surgery, but also

that their procedure is a tool that will require them to make significant lifestyle changes. Seton Medical Center Austin's Bariatric Program takes an active role in this process by sponsoring seminars and by providing patients with additional education after the surgeon has determined preliminary candidacy.

In our practice, patients not only meet with the surgeon to learn more about the procedure and be evaluated, but they also are required to attend a seminar and to undergo evaluation by a psychologist or psychiatrist, our on-staff dietitian and an exercise physiologist. Additional evaluations by cardiologists, pulmonologists and other physicians may be required depending on a patient's health history as well as information revealed by labwork and other tests the surgeon orders.

Long-term follow-up care makes weight loss surgery successful. The American Society for Bariatric Surgery has set a goal of 75 percent patient follow-up at five years. In the past, patients who had bariatric surgery saw their surgeon once afterward, then went on their way. Surgeons realized that for these patients to lose weight and sustain that weight loss, they must be followed more closely.

Of course, follow-up is also important in catching medical issues and serious micro-nutrient deficiencies, such as B-12. Patients are also encouraged to regularly see their other physicians so that their obesity-related conditions can be monitored and medication adjusted as conditions improve. Because this follow-up care is essential for success and to address any complications, it is advisable for patients to select a surgeon close to home.

Not the Easy Way Out

When they decide to have bariatric surgery, patients are besieged by feelings and accusations of "taking the easy way out." However, the restrictions and requirements they must follow make surgery anything but easy.

Patients must be committed to permanently changing eating patterns and food choices as well as to exercising. If they follow the rules and treat their procedure as the tool that it is, they should significantly improve their health and quality of life.



Dr. Paula S. Oliver (fourth from left) is president of Southwest Bariatric Surgeons. This 11-surgeon group performs gastric bypass and Lap-Band surgery as well as revises previous procedures. They have been performing bariatric surgery and providing follow-up care in Austin for more than four years.

For more information about bariatric surgery, please call (512) 334-1885 or visit www.southwestbariatric.com.



Reaching Texas' Goal (and Complying with the Law!):

REPORTING VACCINATIONS TO THE STATEWIDE VACCINE REGISTRY (IMMTRAC)

By Roberto L. Rodríguez, MD, MPH

With the vision of achieving improved health for all Americans, the Healthy People 2010 initiative, coordinated by the U.S. Department of Health and Human Services, has established a set of specific, measurable objectives for the nation's health during the next 10 years. One of these goals is to increase the proportion of children who participate in fully operational, population-based immunization registries.

As defined by the CDC, “a fully operational, population-based registry includes capabilities to:

1. Protect confidential information,
2. Enroll all children at the state or community level automatically at birth,
3. Give providers access to complete vaccination history,
4. Recommend needed vaccinations,
5. Notify children who are due and overdue for vaccinations,
6. Assess practice and geographic-level coverage, and
7. Produce authorized immunization records.

Texas’ answer to this objective: ImmTrac.

Background

First, here’s a brief history of ImmTrac. The Texas legislature took an important step in enhancing vaccination rates among Texas children in 2005 with the adoption of House Bill 1921. This bill, effective Jan. 1, 2005, requires that health providers report to the Texas Department of State Health Services (DSHS) all vaccines given to children younger than 18 years old and that the reporting is achieved within 30 days of vaccine administration.

To facilitate this reporting requirement, DSHS has developed ImmTrac, an internet-based immunization registry.

What Is ImmTrac?

ImmTrac is a free, confidential vaccine registry that maintains a children’s vaccination history (even when vaccines are received from multiple providers) and provides mechanisms to enhance immunization rates through the use of reminder/recall notices to parents. ImmTrac also serves a greater public health goal by providing DSHS with up-to-date vaccine coverage rates by geographic area. Such information can be used to target vaccinations to those communities most in need. To date, ImmTrac contains immunization records for more than 5 million children in Texas.

As physicians, we are committed to our patients’ health and well-being. But, keeping our pediatric patients vaccinated according to CDC guidelines can often be a challenge in a busy private practice or community clinic. The immunization schedule itself is complex and difficult to keep up with; an automated system for complying with the vaccine schedule is in my opinion a welcomed technology (and possible through ImmTrac).

Another challenge is managing new patients, many of whom present for care without a complete medical history or documentation of their previous vaccines from other providers. In my community

health center, it is not uncommon for me to have a new patient whose family circumstances resulted in the loss of private health insurance, therefore resulting in the family’s dependence on a public clinic for the child’s care. Without proper vaccine documentation, such a child may need to be “caught up” on shots, but in reality may be getting over-immunized. This results in both unnecessary discomfort for the child as well as unnecessary costs associated with vaccinations. Full participation in ImmTrac should help alleviate these burdens.

On a local level, I am privileged to be the Medical Advisor for the Children’s/Austin Independent School District’s Student Health Services program. I have been impressed by the program’s commitment to vaccination, as evidenced by a district-wide policy of mandating up-to-date vaccinations for school entry. This has resulted in a district-wide vaccination rate of more than 99 percent.

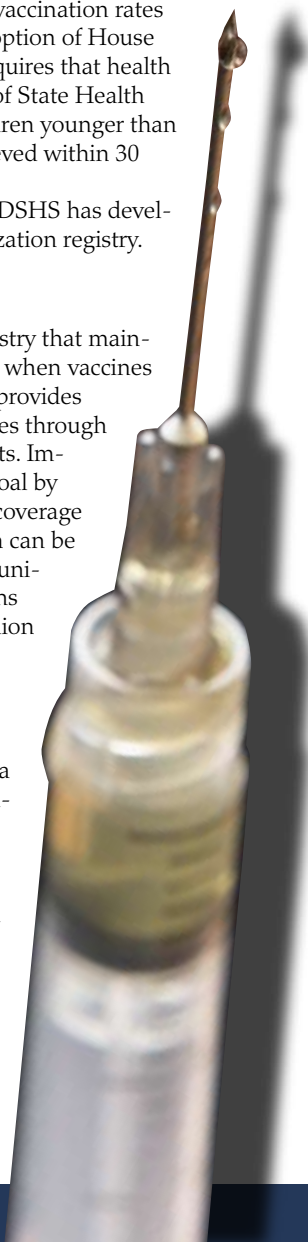
As you can imagine, the task of verifying each and every student’s vaccination record is crucial to the program’s success. ImmTrac will continue to be an invaluable resource for school personnel who track student vaccinations, so reporting your patients’ vaccines to ImmTrac will help us maintain our high rate of vaccination among school-aged children.

It should be noted, however, that our school health program is also committed to children of pre-school age. Children’s/AISD Student Health Services Director Judy Frederick, RN, chairs a local immunization collaboration that is currently promoting increased vaccination rates among children aged 0-4. The consensus from this collaboration is that full participation in ImmTrac will have a significant impact on improving vaccination rates among this age group, but only if provider participation is optimized. We hope such efforts will contribute to children being healthier and therefore more ready to learn when they start school.

As medical providers, we are now obligated to report our patients’ vaccines to DSHS as mandated by state law. ImmTrac provides us with a convenient and user-friendly way to comply with this regulation. I urge you and your practice to take advantage of ImmTrac. I truly believe the registry will have a positive impact on vaccination rates for children in Texas.

For more information, go online to:
www.immtrac.com.

Roberto L. Rodriguez, MD, MPH, is assistant clinical professor with UTMB Austin-Pediatrics and an attending pediatrician for East Austin and Rosewood-Zaragosa Community Health Centers. He also serves as medical advisor for Children’s/AISD Student Health Services.



Continuing MEDICAL EDUCATION

Seton Family of Hospitals

The following activities are offered throughout the Seton Family of Hospitals.

***Brackenridge Adult Cancer Management Conference**

Brackenridge Hospital
9th Floor Conference Room
4th Wednesday, 7 - 8 a.m.

***Brain & Spine Clinical Grand Rounds**

Brackenridge Hospital
9th Floor Conference Room
4th Friday, 7 - 8 a.m.
For more information, please contact Lauren Brandt (lbrandt@seton.org or 512/324-7782)

***Breast Pre-treatment Management Conference**

Brackenridge Hospital
9th Floor Conference Room
1st Monday, 12:15 - 1:15 p.m.

***Central Texas Monthly Pulmonary Chest Conference**

Seton Medical Center Austin
Front half of McFadden Auditorium
1st Wednesday of every month,
Noon - 1 p.m.

Clinical Psychopharmacology and Therapeutics Lecture Series

Seton Shoal Creek Hospital
6th Floor Large Classroom
Wednesdays, 1 - 2:30 p.m.
Please note: The lecture is not offered June - August

Internal Medicine Grand Rounds

Brackenridge Hospital
The Annex Classroom
1st and 3rd Thursday, 12:30 - 1:30 p.m.

***Invasive Cardiology Morbidity and Mortality Meeting**

Seton Medical Center Austin
McFadden Auditorium
Oct. 24, 5:30 - 7:30 p.m.

Neonatal Grand Rounds

Location alternates between Brackenridge/Children's Hospital of Austin and Seton Medical Center Austin
3rd Tuesday every other month, except in March and July, Noon - 2 p.m.

OB/GYN Grand Rounds

Seton Medical Center Austin Boardroom
3rd Monday, months TBD, 12:15 - 1:15 p.m.

***Pediatric Cancer Management Conference**

Children's Hospital of Austin
Lower Level ABC Conference Room
3rd Tuesday, 12:15 - 1:15 p.m.

***Pediatric Cardiac Conference**

Brackenridge Hospital
Emergency Department Conference Room
Every Friday, 7 - 8 a.m.

Pediatric Grand Rounds

Dell Children's Medical Center of Central Texas
DCMCCT Auditorium
2nd and 3rd Thursdays, 12:15 - 1:15 p.m.

***Pediatric Trauma Performance Improvement**

Children's Hospital of Austin
Lower Level ABC Conference Room
1st Friday, 12:45-1: 45 p.m.

Psychiatry Grand Rounds

Seton Shoal Creek Hospital
6th Floor Large Classroom
4th and 5th Tuesdays, Noon - 1 pm

Seton Medical Center Grand Rounds

Seton Medical Center Austin
Front half of McFadden Auditorium
Every Thursday, except 2nd Thursday,
7 - 8 a.m.

***Seton Medical Center Adult Cancer Management Conference**

Seton Medical Center Austin
Front half of McFadden Auditorium
2nd Thursday, 7 - 8 a.m.



***GYN Cancer Management Conference**

Seton Medical Center Austin Boardroom
Quarterly (Jan, Apr, July, Oct), 3rd Monday,
12:15 - 1:15 p.m.

***Seton Northwest Adult Cancer Management Conference**

Seton Northwest
Private Dining Room 2
3rd Thursday, 12:15 - 1:15 p.m.

***Stroke Case Conference**

Location varies: Brackenridge Hospital – 2 North Conference Room, or Seton Medical Center Austin – Support Services Conference Room
3rd Thursday every other month beginning in February,
Noon - 1 p.m.

***Transplant Board Meetings**

Seton Medical Center Austin Boardroom
2 Wednesdays/month, date varies,
7 - 8 a.m.

***Trauma Rounds**

Brackenridge Hospital
9th Floor Conference Room
Every Thursday, except 3rd Thursday
6:45 - 7:45 a.m.

* Open to all Seton medical staff members, but closed to non-Seton medical staff and all others.

Q&As

Are the programs listed above open to all physicians?

Activities are open to all Seton medical staff. An activity with an asterisk is closed to non-Seton medical staff and all others.

How do I obtain my CME report?

Contact Medical Staff Services at (512) 324-1000, ext. 10057.

How much do CME reports cost?

CME reports are free of charge for members

of Seton's Medical Staff and are \$25 for all others.

What is the registration fee for CME programs?

CME activities are free of charge, but the majority of special conferences charge a fee. These conferences can be located on DoctorLink at www.doctors.seton.org.

Could I submit topics for an activity or present an activity myself?

Yes. If you are interested in a specific topic, would like to present at one of the activities or require more information regarding the

application process, please contact the CME office at (512) 324-3023.

Get CME Credits for Your Activity

Does Seton participate in Joint Sponsorships?

Yes. Please call (512) 324-3023 for more information about applying for a Joint Sponsorship activity.

For more information regarding the application process, please contact the CME office at (512) 324-3023 or visit DoctorLink at www.doctors.seton.org.