

Sergey Lyass, M.D.
General, Minimally Invasive and Bariatric Surgery
8631 W. Third St. Suite 900E, Los Angeles, 90048, CA
Tel: (310) 623-1786 / Fax: (310) 623 1922
e-mail: Sergey.Lyass@cshs.org <http://www.lyassmed.com>

INTRODUCTION

Thank you for your inquiry regarding obesity (bariatric) surgery. I specialize in advanced laparoscopic surgery and I devote the majority of my practice to laparoscopic weight loss surgery. Currently, I perform the Roux-en-Y Gastric Bypass and Laparoscopic Bands implantation. I also do revisions of failed weight loss operations. Most insurance companies authorize both procedures if you meet criteria.

There are numerous issues regarding these procedures that we will need to discuss during your office visit. Therefore, I would greatly appreciate if you would investigate the numerous issues surrounding obesity surgery on the internet prior to your appointment. Please also review the list of complications and changes listed below. Expect to spend about 10-20 hours reviewing all of the available information. You should have several well informed questions to ask during your appointment with me. Bear in mind that many websites are biased and discuss only the procedure that is being performed within that program.

Visit my website for more information www.lyassmed.com

I recommend the following websites:

1. http://www.wlscenter.com/Announce_Book.htm : you can purchase the book for about \$22.50 and it is very useful as it is comprehensive and unbiased. Detail about the procedures is reasonable and I will answer additional questions for you. It is more oriented towards patients interested in the Roux en Y gastric bypass. There are other books available, like "Weight Loss Surgery For Dummies ", and you can find them at www.amazon.com or at local bookstore.
2. <http://obesityhelp.com/> : Good resource for patients to learn more about obesity surgery.
3. <http://www.asbs.org/Newsite07/patients/benefits.htm> : Organization of Bariatric surgeons.
4. <http://obesity.org/> Official site of the American Obesity Society.
5. <http://obesitylaw.com/> Helpful tips on how to get faster approvals from insurance companies. I strongly recommend this for any patients who have concerns about their insurance.
6. <http://www.carecredit.com> , www.surgeryloans.com or <http://advancedpatient.com/> : websites of a companies that specializes in loans for patients.

ARE YOU A CANDIDATE?

Please use a BMI calculator on my website to determine if your BMI is high enough. The National Institute of Health guidelines established in 1991 state a candidate should:

- Be at least 100 pounds over ideal body weight
 - Have a body mass index(BMI) over 40
 - **Or** have a BMI over 35 along with significant co-morbidities such as: diabetes, sleep apnea, hypertension, cardiovascular disease
 - **Or** have a BMI over 35 along with significant obesity-induced physical problems which severely interfere with your ability to do things such as: walking, working, caring for your family
 - **And** have no significant contraindications to surgery
-
-

THE OFFICE

My office is in Los Angeles, CA, next to Cedars-Sinai Medical Center. Any questions you may have or additional information you wish to send in can be sent by fax (310-623 1922) or email. You can reach me at Sergey.Lyass@cshs.org . I answer my emails numerous times each day and on the weekends. Just leave your phone numbers if you need me to call you back. You can also call us in the office between 9:00 and 5:00 pm Monday through Friday. Before and after these hours you will get the answering service. Usually, only postoperative patients need to call at these hours.

WHAT NEEDS TO BE DONE TO BE SCHEDULED FOR SURGERY

1. **Patient history:** Please complete questionnaire in detail and bring it with you to your office consultation ([download questionnaire by clicking here](#)). Do not wait to complete this at the time of your visit. I will use this and our office visit to prepare a comprehensive evaluation that will be used for insurance authorization and to return to your primary care physician. It is also helpful to have a letter of support and medical clearance from your primary care doctor (sample letter found on Page 5).
2. **Preoperative evaluations:** These evaluations can be done in your home town or I can refer you to the appropriate physicians. Please be sure copies of reports are faxed to me and get a hard copy for yourself for extra security. Do not rely on physician's offices or hospitals to relay test results as this will most likely lead to a long delay. A copy for the hospital pre-admitting appointment will help prevent delays and cancellations on the day of surgery. All tests should be done within 90 days of surgery. The following algorithm will help expedite the entire process and improve your chances of getting authorized for surgery:
 - a. **All patients need psychological clearance.** This can be done in your home town by a local psychologist or we can refer you to one near where you live. Let your psychologist know that I am concerned about whether you have a drug dependency history, alcohol abuse history and any underlying psychological issues. I also want to be sure you understand the implications of the surgery and you have a good support system of friends and family.
 - b. **All patients need lab tests:** These tests are generally done at the hospital's preadmission visit.
 - c. **Select patients will need more:** Patients who are over the age of 40 or have any history related to their heart or lungs will need a chest X ray and ECG. These should be done within one month of surgery. Patients who are super obese(BMI>50), have limited mobility, used Phen Fen for more than two months or have a history of heart problems will also need an Echocardiogram. Should you have an abnormal ECG and/or Echocardiogram you may need to have a complete cardiac evaluation by a Cardiologist which may include cardiac stress tests.
 - d. **Sleep studies:** Sleep studies can diagnose Obstructive Sleep Apnea. This is a condition in which air cannot flow into or out of the nose or mouth, resulting in pauses in breathing (apnea) during sleep. These events can lead to low levels of oxygen that can lead to heart attacks, high blood pressure, stroke and even death. Treatment for this prior to surgery can reduce the chances of having a complication. Treatment involves the use of CPAP or BI-PAP which involves wearing a mask, while you sleep, that forces air through the nose. After surgery,

sleep apnea will resolve with weight loss. There are two main reasons to have a sleep study. If you answer yes to 3 or more of the sleep apnea questions in the patient questionnaire then some physicians believe that you should have the study and may possibly need CPAP. On the other hand, since the problem will probably resolve after you lose weight, it may be reasonable to not do the study unless you are symptomatic enough to want to be treated even if only for a short time. If your BMI is between 35 and 40 Kg/M2 and you are concerned that you do not have enough medical cormorbidities to get your insurance company to authorize the surgery, then a sleep study may diagnose sleep apnea and help support the need for surgery. Your primary care physician or my office (if your insurance lets me) can simply write a prescription referral for a Consultation, Diagnostic and Therapeutic (CPAP/BiPAP) Sleep Study.

3. **Insurance Authorization:** Please see the guidelines that we have compiled on the next several pages to assist you in obtaining insurance authorization. This is usually the most time-intensive process, and if you are able to complete this prior to seeing us in consultation, we will be able to expedite the scheduling of your surgery. All insurance authorizations will be submitted to your insurance company within 48 hours of receipt of all required medical documentation. If we do not hear back within one week then we will contact them again and ask that they make it a priority.

INSURANCE AUTHORIZATION

We are committed to providing the highest level of care possible, but we also realize that it is difficult for many patients to pay for the costs associated with this quality of care. Therefore, we make every effort to work with you and your insurance company to get the surgical procedure authorized. To do this we need your help. We ask that you follow the steps below to help facilitate the entire process. **Please document, document, document every step of the way.**

Prepare yourself

1. **Be informed:** Go to the internet and gather useful tips on how to be prepared. You must review obesitylaw.com. Go to the articles section and review “so you want to get your insurance company to cover surgery?” Walter Lindstrom has a “top ten” list of what to do and he knows. You can also review obesityhelp.com. There is a sample letter of medical necessity. Be sure you are informed on the insurance issues but also on the surgical issues. Attending at least one support group is critical. This is where you can ask important insurance questions of other patients who have had similar experiences.
2. **Personal information:** You should ***know your height, weight, BMI, diet history and medical problems related to obesity***. Most primary care physicians will write a supportive letter detailing the medical necessity for you. Remember that BMI calculators are on many websites. Have your insurance card available at all times.

3. **Know the Diagnosis and Procedure codes:**

Diagnosis code for morbid obesity: **278.01**

Procedure codes for surgery:

Roux-en-Y gastric bypass, laparoscopic **43644**

Laparoscopic adjustable gastric band placement **43770**

- a. You can fill out the questionnaire that you downloaded from the website and call us to schedule an appointment, Date and time of appointment: _____
- b. **Psychological Consult:** Many patients already have a therapist or know of one. If this is the case, please give your therapist a copy of **Letter to Psychologist**, (found on Page 6) to help your therapist judge your readiness for weight reduction surgery and as a guide for the letter we need. Date and time of appointment: _____
- c. **Letter of Medical Clearance and Medical Necessity from your Primary Care Physician.** Since your Primary Care doctor will be required to provide a letter of medical clearance with specific documentation to Dr. Lyass, it is important that you schedule an appointment no more than 90 days prior to your estimated date of surgery. Your doctor may want to perform a complete physical before providing this letter, so make sure you schedule your appointment in a timely manner.

Request a letter be sent to Dr. Lyass with the following information:
the results of this examination, your medical history including all co-morbidities, a statement of your weight-related medical problems, a list of all weight loss attempts/outcomes, especially physician-directed weight loss programs and to indicate that he/she feels the surgery is medically necessary . Bring your questionnaire with you, as this will help your doctor.

If your doctor needs more information on what surgical weight reduction is, let them know that they can call us and we would be happy to send them information or look on the website.

Date and time of appointment: _____

* Be sure to ask all of the individuals you see to fax copies of the reports to our office at (310) 623 1922. It is also a good idea to obtain hard copies for yourself.

Step 3: What we do

When you have your appointment with your surgeon an evaluation will be dictated that will be sent, along with the required documentation, to your insurance company requesting authorization for surgery. We will also like discuss an approximate date for surgery with you, usually within about 3-6 weeks of your appointment, provided all of the necessary items are completed.

NEW! FOR PATIENTS WITH NO INSURANCE COVERAGE

We are now able to offer a package prices for both LapBand and Roux-en-Y gastric bypass. For prices call (310) 623 1786 and let your information to assistant – we will return to you.

SAMPLE LETTER FROM PRIMARY CARE PHYSICIAN

ON YOUR PROFESSIONAL LETTERHEAD

(Date)

RE: (Patient's Name)
(Date of Birth)

Dear Dr. Lyass:

Mr./Mrs./Ms. (Name of Patient) has been a patient of mine for ___ years. The patient is (height) and weighs (weight in lbs.) with a BMI of _____. The patient has been excessively overweight for (period of time) and having attempted and been unsuccessful at many different methods of weight loss, would certainly benefit from Bariatric surgery.

In addition to morbid obesity, the patient is suffering from the following co-morbid conditions: (e.g. diabetes, hypertension, obstructive sleep apnea, hypercholesterolemia, hyperlipidemia, ASHD, exertional dyspnea, urinary incontinence, degenerative joint disease, osteoarthritis, PVD, shortness of breath, etc.)

****The patient has tried many methods of weight loss including diet pills (SPECIFIC DATES & LENGTH OF TIME) with (# of pounds lost and whether it was regained or not), Physician administered diets for (SPECIFIC DATES & LENGTH OF TIME) with (# of pounds lost and whether it was regained or not), etc. The patient is limited due to his/her co-morbidities in the ability to exercise but has tried (LIST ALL ATTEMPTS AND AN SUCCESSES OR REGAINING OF WEIGHT).**

Family medical history is positive for (e.g. Obesity, hypertension, diabetes, hypercholesterolemia, etc.)

I feel that my patient would benefit greatly from bariatric surgery as a tool to help lose the excess weight, lessen the co-morbidities and regain a more healthful life.

Sincerely,

Please mail or fax the report to our office at: 310-6231922

LETTER TO PSYCHOLOGIST OR PSYCHIATRIST:

Our mutual patient is considering surgical weight reduction and requires an evaluation by a psychologist or psychiatrist. Both the insurance companies and the surgeons require this. Most insurance companies will not authorize the surgery without a letter of support from a psychologist or psychiatrist. It is helpful if you provide documentation on the following issues:

1. How does the patient think the surgery will help?
2. How long has obesity been a problem?
3. Please list and describe some sources of stress in the patient's life.
4. Please provide details of the patient's personal history such as where he/she is from, where he/she lives now, education, marital status, home situation and family interactions, physical and sexual abuse.
5. Provide details of tobacco, alcohol, and recreational drug use.
6. Any history of addictions or substance abuse?
7. Any significant untreated or incompletely treated psychiatric illness?
8. Provide details of depression, suicidal tendencies, eating disorders, compliance issues.
9. Provide details of comprehension of the surgery and the ability to make lifestyle changes.
10. Provide details of compliance in diet, exercise, and lifelong vitamins and follow up.
11. Is the patient reliable? Will he/she be compliant with postoperative instructions?
12. Does the patient understand that noncompliance puts the patient at risk for complications?
13. Does the patient have realistic expectations and understand that numerous complications can occur?
14. Does the patient have adequate support?
15. Is the patient capable of giving informed consent?

Please mail or fax the report to our office at: 310-623-1922

PAYMENT POLICY AND INSURANCE ISSUES

Payment for your initial visit is \$250.00 and is expected at the time of the appointment unless your insurance has office visit coverage. If you are a member of an HMO, **you must obtain a written referral/authorization form** or you will be responsible for the charge. It is useful to check with your insurance plan to see if they even cover weight loss surgery (most do). If there are any problems, it may still be worth your time to make an appointment with me and we can try to sort out the insurance issues. The codes you will need are as follows:

ICD-9

278.01 Morbid Obesity

CPT

43644 Laparoscopy, surgical, gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 150 cm) Roux-en-Y gastroenterostomy.

43770 Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band.

I participate with most insurance companies, and they generally cover the cost of surgery (less deductibles and co-pays) and 90 days of post-operative care.

Patient Risk and Complications

Despite excellent surgical care and 100% patient compliance, complications still occur. We must both work together to reduce the chance of having a complication; and to promptly diagnose and treat any complication that may occur. To this end, it is important to understand the risk group that you are in and to try to reduce it by undergoing proper preoperative evaluation and treatment.

Patients can be classified as being low risk or high risk. Low risk patients are most likely to recover quickly and unlikely to have a significant complication. A typical low patient would be under the age of 40, have a BMI between 35 and 50 Kg/M² and have only one or two medical comorbidities. A high risk patient is more likely to have a complication and needs thorough testing prior to surgery. A typical high risk patient would be someone over the age of 40, a BMI greater than 50Kg/M² and have several medical comorbidities. Please note that even very high risk patients can be operated on safely but it does require careful preoperative planning.

Some medical problems make patients risk higher such as: diabetes; heart disease; steroid dependent asthma; any medical condition requiring blood thinners (Coumadin); and history of prior obesity surgery or prior abdominal surgery.

Some factors may make the surgery more difficult and lead to a conversion to open, such as: fragile tissues, small caliber intestines, poor blood clotting, adhesions and extensive fat within the abdomen.

Patients can try to reduce their risk and optimize their recovery by doing the following in the month or two before surgery: increase activity, try to lose 10% of body weight, quit smoking and quit drinking alcohol.

Checklist of Complications and changes that may occur with weight loss surgery (Please review and be prepared to ask questions at the time of your visit).

1. Pain or vomiting can occur if you eat too much or too fast.
2. Prolonged hospital stays do occur when patients have complications.
3. Prolonged nausea, weakness and fatigue may occur in the first 3 months as you are entering a period of starvation.
4. Lactose intolerance
5. Gas and bloating
6. Dumping syndrome occurs only with the Roux en Y gastric bypass.
7. Allergic reaction to medications can occur.
8. Bleeding/Blood transfusion is less than 1% so I do not get blood products ready for surgery unless you are high risk for bleeding or have anemia.
9. Conversion to open can occur for the reasons listed above and most surgeons consider this good judgment. I do not believe it is safe for a patient to be on an operating table for more than 3-4 hours so if the procedure is taking too long I will often open. Fortunately, this is uncommon.
10. Musculoskeletal injury: during your hospitalization you will be moved, positioned and transported several times. There have been a few patients who have developed temporary numbness in their hands or feet and even one patient with a shoulder injury.
11. Splenectomy can occur with any operation on the stomach. I have never had to do this but if it does happen you will need a vaccine afterwards.
12. Bile Duct Injury if concomitant removal of gallbladder performed: I have never done this but if it occurs you will need an open operation to fix it.
13. Incidental procedures (gallbladder removal, appendix, ovary, etc): Findings at the time of surgery may lead to this. Patients have had liver tumors, cysts, Meckel's diverticulum, umbilical hernias, etc.
14. Abdominal infection usually occurs with a leak that is diagnosed late. You can become very sick from this and that is why it is important let me know promptly if you feel you are not doing well.
15. Wound Infection or Dehiscence: about 5% of patients have some drainage from their wound and a few of them will need antibiotics to treat it. Some even need to do dressing changes at home.
16. Clostridium difficile colitis: this is a bacterial infection of your colon and can explain why you may have many episodes of diarrhea per day for several days. Let me know if this happens as I may need to treat you with an antibiotic.

17. Atelectasis/pneumonia: This is lung collapse and can be avoided by lots of walking, deep breathing and coughing after surgery.
18. Bladder infection: very uncommon, especially if I get the catheter out of your bladder the morning after surgery.
19. Kidney and/or liver failure: usually only occur if you develop numerous other complications. There are a few reports of patients lost to follow up who developed severe malnutrition and liver failure-so please keep in touch.
20. Kidney stones: may occur years after surgery and this is often related to dehydration so drink plenty of water.
21. Blood clots and pulmonary embolism: These occur in less than 1% of patients and can be avoided by lots of walking and moving your legs while in bed.
22. Intestinal Leak: fortunately, newer techniques have reduced the frequency of these to less than 1%. It is important to pick these up while in the hospital and that is why I have a low threshold for additional x-ray testing while you are in the hospital.
23. Intestinal obstruction: this can occur right after surgery or years afterwards. It is uncommon and can usually be treated without additional surgery. This is true for anyone who has ever had any type of surgery on their abdomen.
24. Stricture: if you develop vomiting after surgery you may need an evaluation for this.
25. Adhesions occur to some degree in everybody. Usually, it is good to have adhesions as they will keep things in place but sometimes they can cause an intestinal obstruction.
26. Reoperation: may be necessary for any of the above.
27. Readmission: may be necessary for any of the above.
28. Multiple organ failure: usually occurs if you have developed numerous other complications. This is very rare.
29. Death: Most surgeons quote a 0.5% chance of dying from obesity surgery. This is much lower for low risk patients and higher for high risk patients.
30. Acute Cholecystitis: this can occur if your gallbladder is left in. The chance of it occurring can be reduced by taking Actigall during the period of rapid weight loss.
31. Hernias occur about 5% of the time and usually at the umbilical wound.
32. Permanent Alteration of Bowel Movements
33. Permanent Alteration in Dietary Habits(sugar restriction, lactose intolerance)
34. Hair Loss is usually transient.
35. Vitamin and Mineral Deficiencies will most certainly occur if you stop taking your vitamins and will be unlikely to occur if you take your vitamins.
36. Inadequate Weight Loss requiring revisional surgery.
37. Excessive Weight loss requiring revisional surgery.
38. Protein Malnutrition can occur with too rapid of a weight loss and that is why you must be monitored closely in the first year.
39. Psychological changes: these are usually positive but can be stressful so it is important to have a good support system.
40. Lifestyle changes: are usually positive as you become more active. Remember, the surgery is a tool for improving your health and changing to a more active lifestyle. While the early months after surgery are very difficult, most patients are very satisfied and feel their life has been changed.

Patient Signature _____

Date_____