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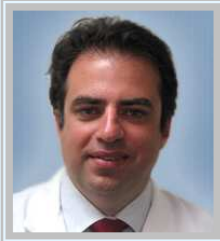
Weight Loss Surgery



**EXPERTISE
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QUALITY CARE**

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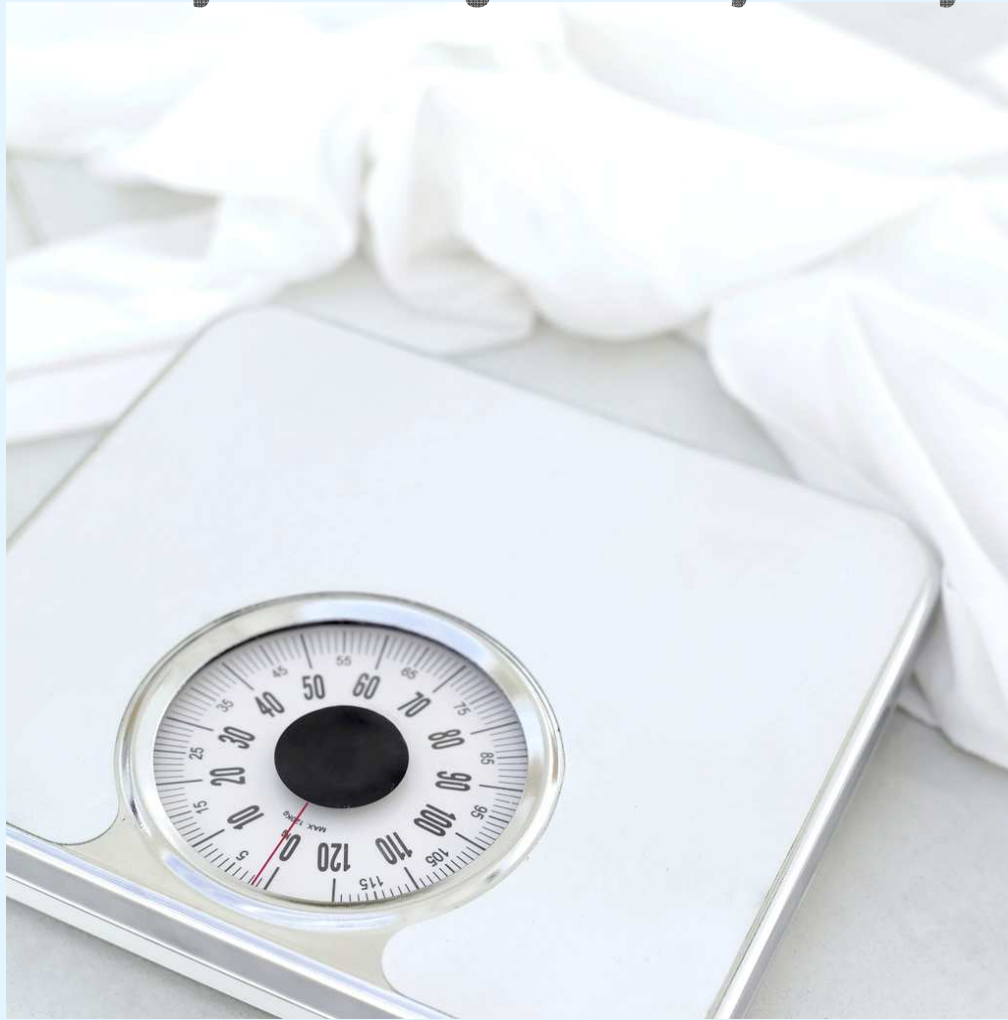
Surgical Associates provides you with the highest quality, comprehensive and compassionate care for Morbid Obesity. We have assembled a team of experts in all aspects of the care of the severely overweight patient and our center follows the guidelines of Centers of Excellence. Take advantage of our experience in weight loss surgery as well as the various health promotion and exercise programs we offer at Virginia Hospital Center.

You will have access to the most modern and comfortable facility in the region providing you with all private rooms, enhanced infection control and greater privacy. In addition to providing exceptional care, Virginia Hospital Center strives to be among the top 20% of medical facilities in the U.S in terms of patient satisfaction.

This hand-out gives you an overview of weight loss (or bariatric) surgery and is meant to be for educational purposes only. It is required reading for all patients considering weight loss surgery. This hand-out is in no way intended to serve as medical advice; all medical related concerns should be discussed directly with your physician.

J. R. Salameh, MD, FACS
Medical Director, Bariatric Surgery Center

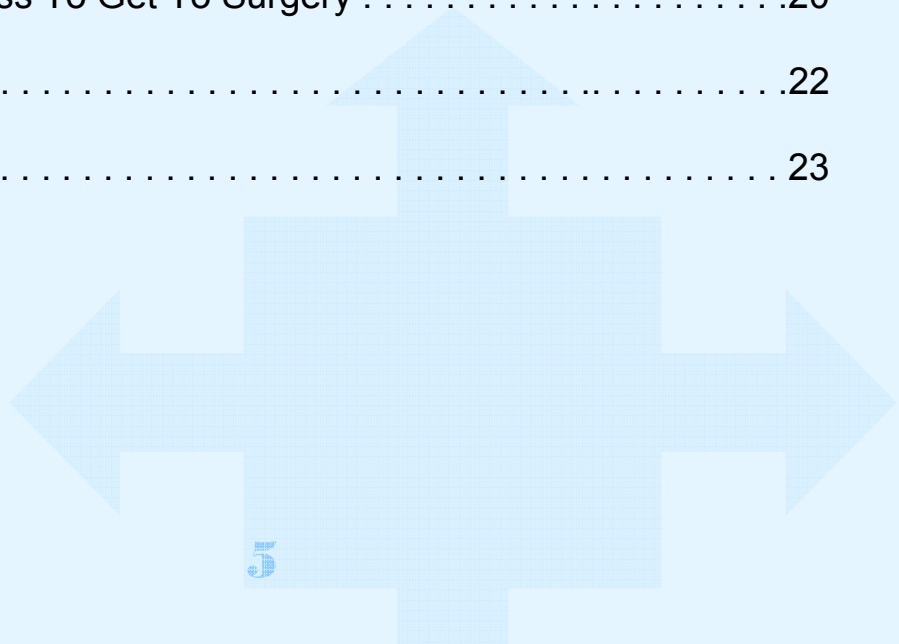
Start your weight loss journey...



... Transform your life.

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INTRODUCTION

Obesity and Bariatric Surgery

Overweight and obesity are labels for ranges of weight that are greater than what is generally considered healthy for a given height. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat. BMI is calculated using the following formula:

$$\text{BMI} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

An adult with a BMI between 25 and 29.9 is considered overweight.

An adult with a BMI of 30 or higher is considered obese.

An adult with a BMI of 40 or higher is considered morbidly obese.

BMI is just one indicator of potential health risks associated with being overweight or obese. Other predictors include the individual’s waist circumference (because abdominal fat is a predictor of risk for obesity-related diseases), physical inactivity and others.

During the past 20 years, obesity among adults has risen significantly in the United States. The latest data show that 30 percent of U.S. adults 20 years of age and older—over 60 million people—are obese. This increasing rate raises concerns because of its implication for Americans’ health. Being overweight or obese increases the risk of many diseases and health conditions, including the following:

- High Blood Pressure
- High cholesterol or triglycerides
- Type 2 diabetes
- Coronary heart disease (heart attack)
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Some cancers (endometrial, breast, and colon)
- And others...

WHAT CAUSES SEVERE OBESITY?

The cause of severe obesity is poorly understood. There are probably many factors involved. Severe obesity is most likely a result of a combination of genetic, psychosocial, environmental, social and cultural influences that interact resulting in the complex disorder of both appetite regulation and energy metabolism. Severe obesity does not appear to be a simple lack of self-control by the patient.

BARIATRIC SURGERY (OR WEIGHT LOSS SURGERY) consists of a variety of **major surgical operations** designed to assist the morbidly obese individual in losing weight and maintaining the weight loss.

These operations are only a tool that helps patients achieve a balance between calories consumed and calories used:

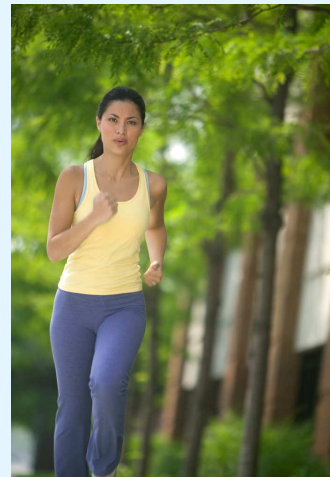
Weight Gain:	Calories Consumed > Calories Used
Weight Loss:	Calories Consumed < Calories Used
No Weight Change:	Calories Consumed = Calories Used



There is so much information available, it can be difficult to determine which weight loss surgery is best for you.

Because we are all different, each person must weigh in the pros and cons of each surgical option for their particular situation and decide which one is best for them. Just because one surgery works for one person, does not mean it is the best option for you.

Please read this handout carefully; it tells you if you are a candidate for weight loss surgery, what type operation you may consider, the risks you need to be aware of and the process you can expect from your initial evaluation to your surgery day.



WHO MAY HAVE WEIGHT LOSS SURGERY

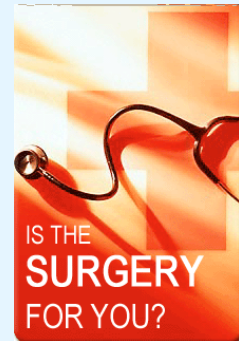
Bariatric surgery is not a quick fix or an easy way out. It is a drastic step, and it includes all the risks of any major abdominal operation. Bariatric surgery is a **remedy of last resort**, offered only when all else has failed.

In 1991, The National Institute of Health (NIH) held a consensus conference where health care professionals examined all aspects of morbid obesity and set forth criteria for weight loss surgery. Patients who meet the following criteria may qualify for bariatric surgery:

- ❖ A sustained BMI of 40 kg/m² or higher, or
- ❖ A sustained BMI between 35 and 39.9 kg/m² if they have a significant disease related to their morbid obesity such as: diabetes, hypertension, sleep apnea, or heart disease.

In addition, patients who qualify for morbid obesity surgery should in general (patients need to be evaluated on an individual basis) have:

- ✓ History of failed weight loss attempts (some insurance companies may require a number of months of medically supervised diet).
- ✓ Age over 18 years,
- ✓ Upper weight limit of 400 lbs,
- ✓ Absence of severe mental health illnesses (patients must be willing to see a psychologist before and possibly after the operation),
- ✓ Knowledge and understanding of surgery risks (including the risk of death) and reasonable weight loss expectations as well as motivation and commitment to diet and life long follow-up (patients who demonstrate non-compliance with treatment and/or diet are excluded).

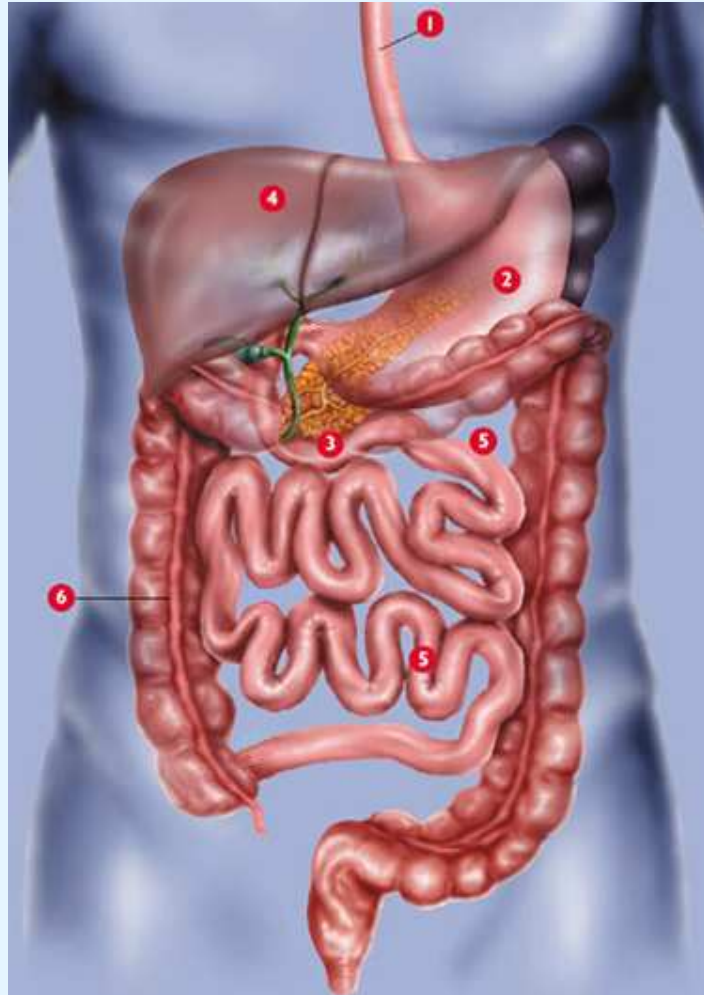


Patients who meet the initial weight loss surgery criteria will be evaluated on an individual basis by the surgeon then by the members of our team (*see below*). Starting the evaluation process does not in any way guarantee the surgery and patients must be found first to be acceptable candidates based upon all the completed evaluations.

THE GASTRO-INTESTINAL TRACT

To better understand how weight loss surgery works, it is important to understand how your gastrointestinal tract functions. As the food you consume moves through the gastrointestinal tract, various digestive juices and enzymes are introduced at specific stages that allow absorption of nutrients. Food material that is not absorbed is then prepared for elimination.

A simplified description of the gastrointestinal tract appears here.



The esophagus **(1)** is a long muscular tube, which moves food from the mouth to the stomach.

The stomach **(2)**, situated at the top of the abdomen, normally holds just over 3 pints (about 1500 ml) of food from a single meal. Here the food is mixed with acid that is produced to assist in digestion.

The duodenum **(3)** is the first section of the small intestine and is where the food is mixed with bile produced by the liver **(4)** and with other juices from the pancreas. This is where much of the iron and calcium is absorbed.

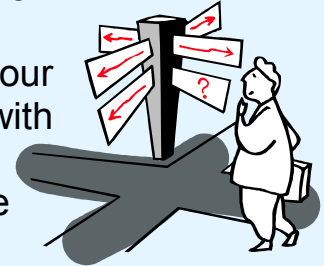
The small intestine **(5)** is about 15 to 20 feet long and is where the majority of the absorption of the nutrients from food takes place.

In the large intestines **(6)**, excess fluids are absorbed and a firm stool is formed.

TYPES OF WEIGHT LOSS OPERATIONS

The most important step in weight loss surgery is getting all of the information you need about the various surgical options.

You may choose to research weight loss surgery on your own via the Internet, or through your local library. As with any search for medical information, be sure that your sources are responsible and recognized experts in the field you are investigating. Talking to other bariatric surgery patients and attending support group meetings are very helpful. However, keep in mind that although information from other patients' experiences is useful, most patient information is slanted in favor of the surgery they had. Do your own research. The decision to undergo surgery and the type of operation you chose is ultimately your own decision. Remember what works for some patients may not be best for you.



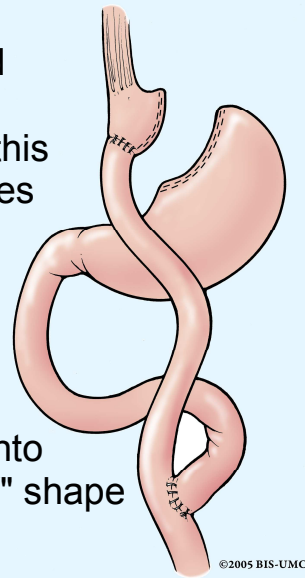
Although the results of weight loss surgery can be drastic, there are potential significant risks and complications. Before making your decision, you should be well informed. This is necessary if you are to give what is called "informed consent" for the surgical procedure. Informed consent is a legal term meaning that a patient agrees that they have received and understood enough information about a procedure's benefits and risks to allow them to make a decision that is right for them. Your surgeon will go over the risk of the surgery in much more detail. Afterwards, you will be required to sign a detailed consent form before undergoing your procedure.

There are two basic types of weight loss surgery:

- *Restrictive procedures* that decrease (or restrict) food intake
- *Malabsorptive procedures* that alter digestion, thus causing the food to be poorly digested and incompletely absorbed before it is eliminated in the stool

ROUX-EN-Y GASTRIC BYPASS

Roux-en-Y Gastric Bypass is a combined restrictive and malabsorptive procedure. It is the most frequently performed weight loss surgery in the United States. In this procedure, the stomach is completely divided with staples creating a small (30 cc) stomach pouch, which would become the reservoir that holds food; the remainder of the stomach is no longer used. The small bowel is then divided and one end (called the Roux limb) is brought up and connected to the newly formed pouch. The other end of the divided small bowel is connected into the side of the Roux limb of the intestine creating the "Y" shape that gives the technique its name.



Advantages

The average excess weight loss after the Roux-en-Y procedure is generally higher in a compliant patient than with purely restrictive procedures. At one year after surgery, weight loss can average 77% of excess body weight.

Studies show that after 10 to 14 years, 50-60% of excess body weight loss can be maintained. In addition, up to 96% of certain associated health conditions studied (back pain, sleep apnea, high blood pressure, diabetes and depression) are improved or resolved.

Risks

The Roux-en-Y Gastric Bypass carries some significant risk of early complications including some that may be life threatening such as:

- **leak** (2%): occurs when the bowel stapled or sutured does not heal properly resulting in leakage of bowel contents into the abdomen.
- **deep venous thrombosis** and **pulmonary embolism** (1-2%): this occurs when blood clots form in the legs and break off and go to the lungs.
- the risk of **death** from this operation is 0.5% on average; individual risks may vary based on the patient's medical condition.

In the first few months after gastric bypass, many individuals experience **temporary partial hair loss**.

The Roux-en-Y Gastric Bypass also carries **long-term risks** such as stricture (narrowing due to scar tissue at the connection between the pouch and the small bowel), ulcer, bowel obstruction, hernia, etc.

Because the duodenum is bypassed, **poor absorption** of iron and calcium can occur; this may result in anemia and bone disease such as osteoporosis. These deficiencies can be managed through proper diet and vitamin supplements. Anemia due to Vitamin B12 deficiency may occur; it can usually be managed with Vitamin B12 supplements.

A condition known as "**dumping syndrome**" can occur as the result of rapid emptying of stomach contents into the small intestine. This is sometimes triggered when *too much sugar* or large amounts of food are consumed. While it is not a serious risk to your health, the results can be extremely unpleasant and can include nausea, weakness, sweating, faintness and, on occasion, diarrhea after eating.

The bypassed portion of stomach, duodenum and segments of the small intestine cannot be easily visualized using X-ray or endoscopy if problems such as ulcers, bleeding or malignancy should occur.

Laparoscopy or Minimally Invasive Surgery

Laparoscopic surgery allows surgeons to perform a given operation without the need for one long incision to open the abdomen. Instead, a small video camera is inserted into the abdomen through a small incision and the surgeon views the procedure on a separate video monitor.

Surgical instruments are inserted through additional small (1/4 to 1/2 inch) incisions.

This approach is considered less invasive; patients experience less pain after surgery. Other realized benefits with laparoscopy have been fewer wound complications such as infection or hernia, and patients returning more quickly to pre-surgical levels of activity.

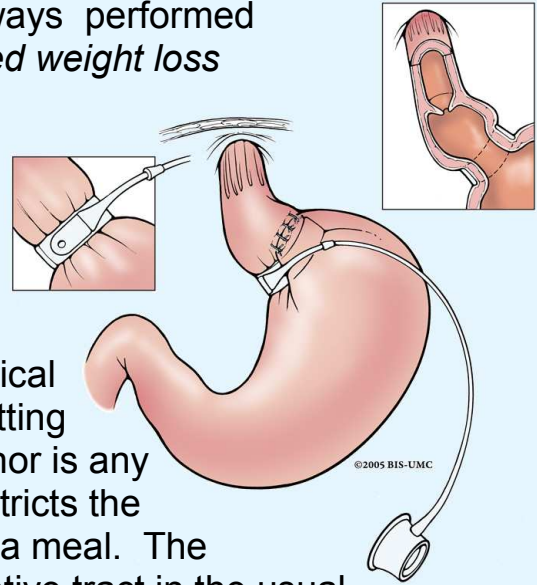
Not all patients are candidates for this approach. Your surgeon will tell you if you qualify to this approach based on your weight, body shape, previous surgery and other factors. In some cases, a surgery that starts off as laparoscopic may need to be converted to the standard open surgery.



LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING

Laparoscopic Adjustable Gastric Banding - using either the Lap-Band or the Realize gastric Band - is a purely restrictive surgical procedure in which a band is placed around the upper most part of the stomach. This band divides the stomach into two portions, one small (15 cc) and one larger portion. The band has an inner balloon that is connected to a port placed under the skin; by injecting fluid into the balloon (band adjustment), the band is made tighter and patients feel full faster. This operation is almost always performed laparoscopically. *It is one of the preferred weight loss procedures offered at our practice.*

Band adjustments are a normal part of follow-up care and are absolutely necessary for adequate weight loss.



Advantages

Gastric banding is the least invasive surgical technique used to control obesity. No cutting or stapling is performed on the stomach nor is any portion of the intestines. The surgery restricts the amount of food that can be consumed at a meal. The food consumed passes through the digestive tract in the usual order allowing it to be fully absorbed into the body. Since no intestinal bypass is performed, there is no change in vitamin absorption. Estimated weight loss is approximately 50 - 60% of one's excess weight, and is achieved within 2-3 years.

Other advantages of the gastric banding are a one-day hospital stay and the possibility of removing the band should the need arise.

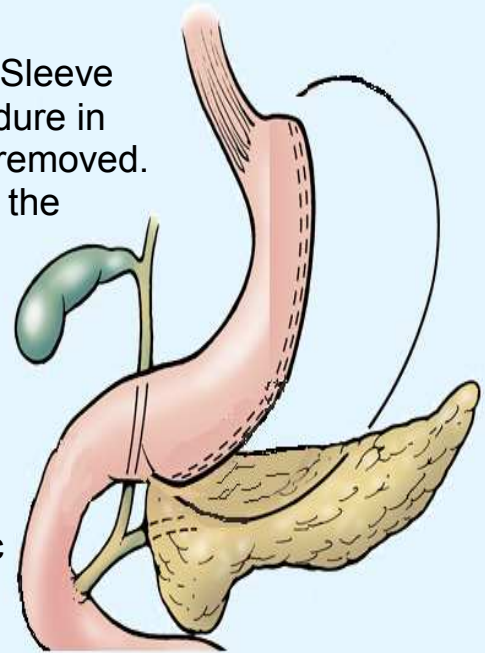
Risks

- △ Gastric perforation or tearing in the stomach wall at the time of surgery may occur and require additional operation.
- △ Deep venous thrombosis and pulmonary embolism are possible.
- △ The risk of death from this operation is about 0.05%.
- △ Access port problems may occur such as infection, leakage or twisting and may require additional operation.
- △ Other complications also include pouch dilatation, band migration or slippage and band erosion into the stomach.

LAPAROSCOPIC SLEEVE GASTRECTOMY

Laparoscopic Sleeve Gastrectomy (or Vertical Sleeve Gastrectomy) is a restrictive weight loss procedure in which a large part of the stomach is surgically removed. This results in a new stomach which is roughly the size and shape of a banana.

It is a new weight loss surgical procedure so long-term results (> 5 years) are not available. There is however a growing body of evidence that Sleeve Gastrectomy, at least within 3 to 5 years of follow-up, provides excellent weight loss outcomes similar to the Adjustable Gastric Banding and Gastric Bypass procedures.



Advantages

The surgery is done laparoscopically with a short hospital stay. Since this operation does not involve re-routing or reconnecting the intestines, it is a simpler operation than the gastric bypass and does not carry a risk of nutritional deficiencies due to malabsorption since no intestinal bypass is performed. Unlike the adjustable gastric banding procedure, the sleeve gastrectomy does not require the implantation of an artificial device inside the abdomen and does not require adjustments.

Risks

The Sleeve Gastrectomy is irreversible. It does also carry risks of leak at the staple lines (where the stomach was removed) as well as narrowing or kinking of the long narrow stomach. Other complications such as bleeding, spleen injury, deep venous thrombosis, pulmonary embolism and even death are possible. Some patients with high BMI might need a second stage procedure to enhance weight loss.

SOME OTHERS THINGS YOU SHOULD KNOW

THIS IS NOT COSMETIC SURGERY. The weight loss surgical procedures are in no way to be considered as cosmetic surgery. Looking better is only a side effect (although a pleasant one). The surgery does not involve removal of any fat by suction or excision.

LIVING (& SUCCEEDING) WITH BARIATRIC SURGERY. Bariatric surgery should not be considered until you and your doctor have evaluated all other options. Success of surgical weight loss treatment must begin with realistic goals. The average weight loss is 50 to 70% of the excess weight. Remember that these are only averages; some people lose 100% of their excess weight, while others regain a large amount of the weight lost. The success of bariatric surgery is dependent upon long-term lifestyle changes in diet and exercise. You will be given later the **diet** specific to the operation you will be having. Everyone needs to **exercise**; simply walking 30 minutes a day at least 3 times a week is beneficial for achieving and maintaining weight loss. People who want to lose all of their excess weight do need to exercise more rigorously than this.

EATING DIFFERENTLY FOR THE REST OF YOUR LIFE. Remember that this is major, permanent surgery (even in the case of gastric banding). The changes brought about by surgery are intended to last the rest of your life. Food is a regular part of our social life. Your pouch won't let you eat a huge meal at Thanksgiving like everyone else. Going out to restaurants might mean leaving two thirds of your food, or having to bring it home. You will never be able to drink soda. You may not have sweets. Take some time to imagine what day-to-day life, holidays, good times and bad times will be like when your body doesn't react to food the way it does now. Some patients may become very depressed after surgery.

PREGNANCY. Women do have successful pregnancies following Weight Loss Surgery. Women are however advised not to get pregnant during the first two years after surgery. Furthermore, contraceptive pills may not be effective during the first few months after surgery, so abstinence (no sex) or a barrier method of birth control (condom or diaphragm, for example), must be practiced then.

INSURANCE AND FINANCIAL ISSUES

At some point, after you have spent a considerable amount of time exploring the option of weight loss surgery, you will need to determine how to pay for the surgical procedure. Insurance coverage for weight loss surgery often requires a lengthy and complicated approval process.



Here are some of the key steps you should take to obtain insurance coverage for weight loss surgery:

- ✉ Call the customer or member services line listed on your insurance card and inquire about whether surgery for obesity is covered under your policy benefits. In addition, request a copy of their policy on the surgical treatment of morbid obesity. Be sure to write down *the date you called, the name of the person you spoke with and their extension.*
- ✉ Organize your medical records, including your history of dieting efforts. Document every visit you make to a healthcare professional for obesity-related issues or visits to supervised weight loss programs. Document "other" weight loss attempts made through diet centers and fitness club memberships. Keep good records, including receipts. All these documents will be valuable to have at every stage of the approval process.
- ✉ If your surgeon recommends weight loss surgery, he will prepare a letter to your insurance company establishing the "medical necessity" of weight loss surgery to obtain pre-authorization. This letter needs to be supported by as many of the above-mentioned documents.

Thirty days is the standard time for an insurance provider to respond to your request. You should initiate a follow-up if you have not heard from your insurance company in that time.



The Appeal Process

Even if your initial request for pre-authorization is not approved, you still have options available. Insurers provide an appeal process that allows you to address each specific reason they have given for denying your request. It is important that you reply quickly. It is also recommended that, at this point, you enlist the help of an experienced insurance attorney or insurance advocate to properly navigate the complexities of the appeal process. Some insurers place limits on the number of appeals you may make, so it is important to be well prepared and that you clearly understand the appeal rules of your specific plan.

Self-Pay Option

If your insurance company does not or will not cover your weight loss operation, you may decide to pay for the procedure yourself without the assistance of any insurance ("self-pay"). Our office will help you explore various financing options that can help you manage the costs of the surgery.



There may be significant tax advantages to paying for the surgery yourself. Bariatric surgery, when paid for directly by patients, may be tax deductible as it is considered a "major medical expense". Please consult with your accountant to discuss the details on how you may be able to benefit from this helpful tax deduction.



You can call our office to get a quote for any of the bariatric surgeries offered. The quote includes all fees for the surgeon and his assistant, the anesthesiologist and the hospital (1 or 2-day hospital stay based on the procedure) as well as one-year follow-up (includes band adjustments)*.

* Be aware that any self-pay quotes assume an uneventful surgery and recovery. They do not cover any additional tests, procedures or hospitalizations for problems or complications that can occur and which may or may not be covered by insurance.

WHAT TO EXPECT ON YOUR FIRST VISIT WITH YOUR SURGEON

As soon as your surgeon's office has verified that you meet our criteria, you will be scheduled an appointment with your surgeon.



Fill out our bariatric medical history questionnaire available on our website and bring it with you to your appointment. You also need to bring in your insurance card, documentation of your weights over the last 3 years and documentation of previous weight loss attempts such as physician letter, receipts, etc (if available).

On this first visit, you can expect the surgeon to:

- ☞ Go over your medical history, your weight and diet history and previous weight loss attempts,
- ☞ Perform a physical exam,
- ☞ Explain the different weight loss options, including the various surgical procedures,
- ☞ Determine if you are a potential candidate for bariatric surgery,
- ☞ Explain the risks, benefits and expected weight loss with each type of weight loss surgery we offer,
- ☞ Explain the process of evaluation for surgery,
- ☞ Answer any questions you might have.

Being well-informed is good for you and good for your doctor. Read this handout carefully as well as other information resources you may have access to. Come to your surgery appointment well prepared and have questions ready to ask your surgeon.

The surgeon will refer you for

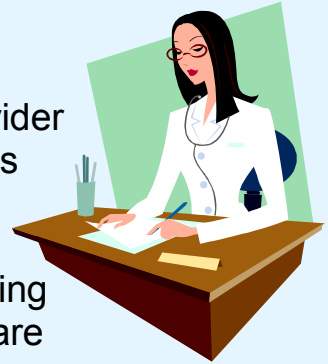
- medical evaluation
- nutritional evaluation with the dietitian
- psychological evaluation
- possible evaluation by a sleep specialist or sleep study
- possible upper endoscopy
- other evaluations may be needed based on your overall health

WHAT IS THE PROCESS TO GET TO SURGERY

After you are evaluated by the surgeon and determined to be a potential candidate for bariatric surgery, you will undergo the following evaluations:

Medical Evaluation

We will request an evaluation by your Primary Care Provider to ensure that you are medically fit to undergo weight loss surgery. If you do not have a Primary Care Provider, we will refer you to one. Based on your overall health and obesity-related diseases, you may require additional testing such as blood work, lung function test, etc., before you are medically cleared for surgery.



Nutritional Evaluation



You will have an initial assessment by a registered dietitian to assess your basic nutrition knowledge. You will also be given a postoperative diet handout. Once your surgery is scheduled, you will meet with the dietitian one to two weeks prior to your surgery date to go over the surgery specific diet instructions.

If you do not meet your insurance's criteria for documenting prior medically supervised diets, we will refer you for a physician supervised diet for the duration required by your insurance.

Psychological Evaluation

All patients are required to undergo a psychological evaluation. Occasionally, additional mental health counseling or evaluation by a psychiatrist (to prescribe or modify drug therapy) is necessary.



Attendance to Support Group meetings prior to surgery is strongly encouraged. Continued participation in Support Groups after surgery, is also recommended

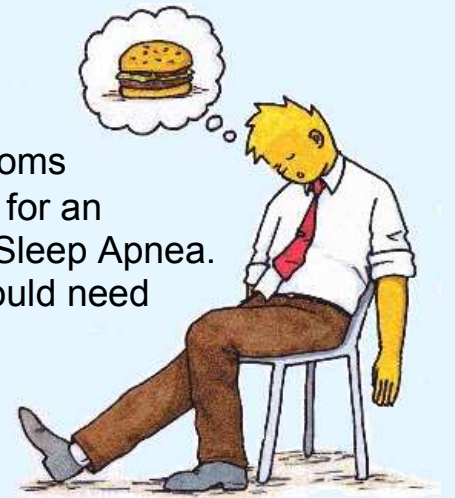
Additional Evaluations

Sleep Evaluation: If you have signs of symptoms suggestive of a sleep disorder, you will be referred for an evaluation by a sleep specialist to see if you have Sleep Apnea. Sleep Apnea is a serious medical condition and would need to be treated prior to surgery.

Endoscopy: If you have severe reflux disease (heartburn) or a history of stomach ulcer, you may need to undergo an endoscopy to look at the inside of your esophagus and stomach. If you are found to have an ulcer, it needs to be treated and healed before surgery.

IVC Filter: This is a device that is placed in the Inferior Vena Cava, which is the large vein draining your legs and going to your heart. If a clot forms in your legs and breaks off, the filter would catch it, minimizing the chance of a life-threatening pulmonary embolus. The filter may be indicated if you have a personal or family history of clots, if your mobility is very limited or if your BMI is over 60. It is usually placed a few days before your surgery (outpatient) and some types may be removed up to 2 months after surgery.

Other Evaluations may be needed as dictated by your specific health conditions such as heart disease, pulmonary disease, etc.



The overall evaluation process may take up to 3 months to complete, but individual times may vary. Once this is done, a decision to clear you for surgery is made. Most patients go through the evaluation process fairly quickly and are cleared for surgery. *Remember however that starting the evaluation process does not in any way guarantee the surgery and patients must first be found to be acceptable candidates based on all the completed evaluations and recommendations*

RESOURCES

Internet

www.SurgicalAssociatesVHC.com	Surgical Associates Website
www.VirginiaHospitalCenter.com	Virginia Hospital Center Website
www.fitday.com	Online diet and fitness manager
www.weightlossurgeryinfo.com	Informative site
www.BariatricEdge.com	Informative site
www.WLSCenter.com	Informative site
www.ObesityHelp.com	Peers and information
www.LapBand.com	Information on the LAP BAND
www.LapBandTalk.com	Forum for LAP BAND Discussion

Organizations

American Obesity Association (www.obesity.org)

American Society for Bariatric Surgery (www.asbs.org)



Support groups



We encourage you to attend the Support Group meetings held monthly at Virginia Hospital Center. There are also many weight loss surgery support groups held throughout the Washington DC metropolitan area and elsewhere in the country. We can help you locate one that is close to you. Please contact our office for details or to receive our announcements if you are not already on our mailing list.

Books

Fighting Weight, by Khaliah Ali.

Gut Feelings, by Carnie Wilson.

Weight Loss Surgery, by Barbara Thompson.



OUR TEAM



J. R. Salameh, M.D.

Dr. Salameh is the Medical Director of the Bariatric Surgery Center. He is a board certified general surgeon and fellowship trained in laparoscopic surgery. He has been involved in weight loss surgery for many years and was previously directing the weight loss surgery program at the University of Mississippi Medical Center.



James Mayes, M.D.

Dr. Mayes is a board certified general surgeon and fellowship trained in transplant and hepato-biliary surgery. He has extensive experience in complex surgical procedures on the gastrointestinal tract, liver and pancreas. He routinely performs laparoscopic weight loss surgery.



Michelle Laputz, RN

Ms. Laputz is our Bariatric Surgery Coordinator. She is the front line of contact with the patient and provides explanations, education, reinforcement, trouble-shooting, and advocacy for the patient, all toward the goal of improved health. She coordinates the various aspects of the bariatric patient's evaluation and care



Sally Ann Greer, Ph.D. & Amy Pacos, Ph.D

Drs. Greer and Pacos are Clinical Psychologists with years of experience evaluating patients experiencing changes in their functioning and physical appearance. They complete our preliminary psychological evaluations. They are also available to assist patients with their mental health after weight loss surgery.



Jenna Christina, R.D.

Ms. Christina is our Registered Dietitian. She has the education and experience to design a healthy eating plan for the bariatric patient's individual needs and will translate nutrition recommendations into practical food choices.



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