

Parkwest Opens Center for Bariatric Surgery

Bariatric surgery can often benefit morbidly obese people or those with obesity-related illnesses who have been unable to

lose weight through other methods.

Parkwest Medical Center's Center for Bariatric Surgery is led by K. Robert

Williams, MD, who is board certified in bariatric surgery. Dr. Williams has performed more than 1,500 bariatric

procedures in the past decade. The team at Parkwest is excited to offer this surgical specialty to our community.

Q & A with K. Robert Williams, MD, Bariatric Surgeon at Parkwest Medical Center

Q: Can you tell us about your surgical specialty of bariatrics?

A: As a bariatric surgeon I treat morbid obesity and, indirectly, other diseases like diabetes and high blood pressure. There are a lot of co-morbidities that go along with morbid obesity including hypertension, sleep apnea, diabetes, arthritis, migraines, polycystic ovarian syndrome, infertility, and risk of certain cancers.

Q: Do you think that bariatric surgery is a "quick fix" for weight loss?

A: I think it's really important to emphasize that this operation is a tool. When we do a weight loss operation it's initially a forced behavioral change. In the very beginning when patients are two, three, or four weeks out of surgery, they couldn't eat or drink more if they tried. They're mechanically full after a few bites or a few drinks. So they are forced to change their habits, and they're forced to a very limited diet. As time goes on and the GI tract matures, people heal from their operation and they definitely have more options. They can eat a little more, they can drink a little more. And I think it's important to focus on education because if patients aren't actively trying to stick to the healthy habits that they learned in their initial phases after surgery, they are at risk of regaining weight.

Q: So bariatric surgery is a lifetime change and commitment?

A: It's a lifetime commitment, and our program really emphasizes education with dietitians and exercise physiologists. I always tell patients you really have to pay attention to that part, and we want you to follow up with us so we can keep an eye on you. If you're struggling we want to see you in the office so we can give you tips on diet and exercise. But it has to be a lifelong change. Patients who make that lifelong change see better results, they're happier, and have a better quality of life. When it comes to weight loss surgery, it's a life-long change. You're not just doing an

operation to temporarily help someone. They're losing weight, their life is getting better, you're treating six or seven different problems, and they're living longer.

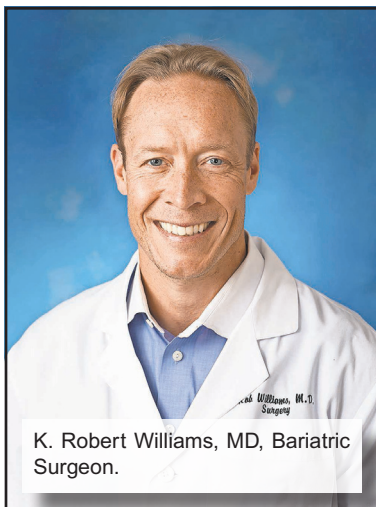
Q: What do you want patients to know about you when they come to you?

A: My personal philosophy on caring for bariatrics patients is that I think it's a huge honor for someone to allow me to do surgery. If you think about it – to have someone operate on you – you're literally putting your life in someone else's hands. I take that trust very seriously. I want patients to know that when I see them, when I'm taking care of them, I'm focused on them and I'm going to do my best to take excellent care of them.

I also want them to know that when they come in to the office they're going to have the time that they need to talk about their concerns and their issues. I want them to know that they're going to be heard and that I'm going to understand them. I also want them to know that I'm going to very carefully explain the disease process to them, I'm going to explain treatment because in order for us to have trust and communication, we have to be honest – we have to have time. So I like patients to feel that they have the time and that I have the interest in what they're going to say.

Q: What tools will help your patients be successful?

A: When it comes to bariatric care, it's really a team approach. It's not just the surgeon and the patient, but there's a whole team of caregivers. We have a dietitian and an exercise physiologist.



There are nurses and nurse practitioners, and even a psychologist is involved. But the patient is the most important part of that team of caregivers. Everybody has a job to do when it comes to bariatric surgery, but the patient's job is probably the hardest. And if everybody does a good job, the outcomes are better.

Q: Do you feel a sense of pride being of part so many weight loss success stories?

A: When I see one of my patients improve their health, and make lifestyles changes I'm very proud – I love to see that. But I have to

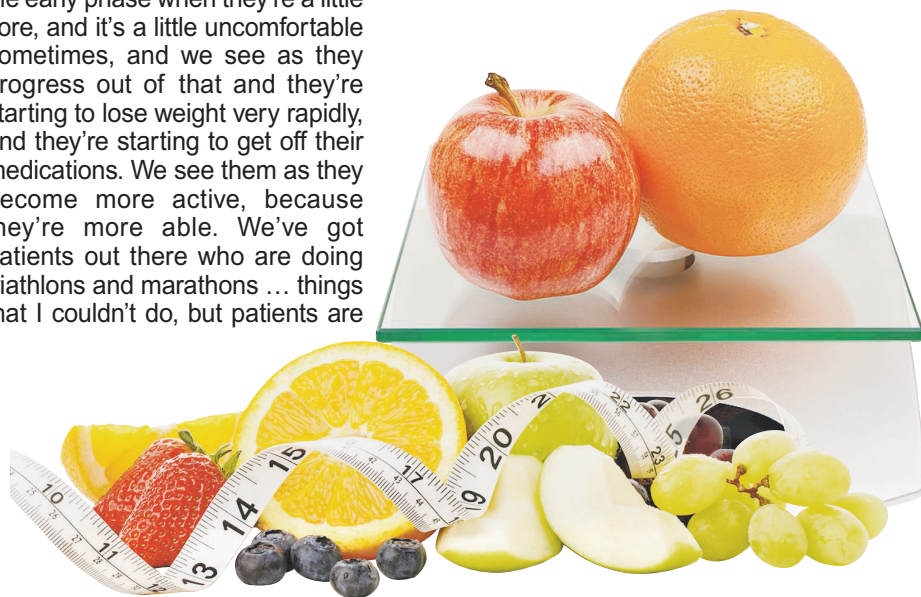
say that I'm doing the procedure and helping out afterwards, but the patients are the ones putting in the real effort. With weight loss surgery the relationship goes on and on. We see them in the early phase when they're a little sore, and it's a little uncomfortable sometimes, and we see as they progress out of that and they're starting to lose weight very rapidly, and they're starting to get off their medications. We see them as they become more active, because they're more able. We've got patients out there who are doing triathlons and marathons ... things that I couldn't do, but patients are

progressing and improving in their health enough that they're able to be active and their quality of life is improving.

Q: Is bariatric surgery right for everyone?

A: I'd like to say that bariatric surgery is a great tool. But I also recognize that it's not right for everybody. This goes back to the whole lifetime commitment. If you're going to pursue this – don't let anyone tell you it's the easy way out. It's actually very difficult – it's a hard process. But for most people who have morbid obesity this is the only way out. I think it's a great option if you're willing to make a lifestyle change and put forth the effort, and make up your mind to go forward. I think in that population of patients, they almost never regret having weight loss surgery when they go into it with that mindset. That's our goal: to make everyone happy that they went through this. We want everyone to like their outcomes and say 'yes, I'd do it again.'

For more information about bariatric surgery services available at Parkwest Medical Center visit www.TreatedWell.com/Bariatrics or call 374-PARK (7275).



Dr. Williams will perform the following weight loss procedures at Parkwest Medical Center:

Biliary Pancreatic Diversion:

With this procedure, portions of the stomach are removed. The small pouch that remains is connected directly to the final segment of the small intestine, completely bypassing the upper part of the small intestines. Weight loss occurs because most of the calories and nutrients are routed into the colon where they are not absorbed.

Laparoscopic Adjustable Gastric Banding (LAGB):

This is a laparoscopic procedure with small incisions in the upper abdomen. The surgeon puts an adjustable band around the top part of the stomach. This creates a very small stomach pouch. The small stomach pouch means that you'll feel full after eating less food. The band is adjustable.

Gastric sleeve (laparoscopic sleeve gastrectomy):

This type of procedure permanently reduces the stomach to the size and shape of a banana, which restricts the amount of food that can be eaten. Patients lose weight by eating fewer calories. This procedure also impacts the production of ghrelin, a hormone that may be partly responsible for making you feel hungry.

Gastric bypass (laparoscopic Roux-en Y):

Considered the gold standard for weight loss surgery, this procedure reduces the stomach through stapling and "bypasses" the large intestines, which results in less calorie absorption and creates a sense of satisfaction with less food. The surgery results in less production of ghrelin.

Interested in Learning More About Weight Loss Surgery at Parkwest Medical Center?

Attend our FREE informational seminar on

Tuesday, April 23 at 5:30 p.m.

Call 374-PARK (7275) to register today!

