

# WEIGHT REDUCTION AND OBESITY MANAGEMENT PROGRAMME



Mediclinic Parkview Hospital is now providing an ethical, evidence based weight reduction programme according to recognised international standards of patient care.

The resulting medical complications of obesity affect all areas of the body, and are associated with conditions such as pulmonary disease, cardiac disease, type 2 diabetes, asthma, arthritis, high blood pressure and some types of cancer.

When dieting and lifestyle changes have failed to achieve the optimum body weight, personalised medical treatment, endoscopic procedures or bariatric surgeries are recognised as the most effective method to treat obesity/overweight.

Your multi-disciplinary team (MDT) at Mediclinic Parkview Hospital is composed of a consultant endocrinologist, consultant bariatric surgeon, bariatric coordinator, gastroenterologist, anaesthetists, psychologists, bariatric dietician and physiotherapists. Your case will be reviewed by the MDT and a decision for the most effective treatment for you will be taken accordingly.

#### **OUR APPROACHES INCLUDE:**

##### **Dietary and lifestyle changes:**

1. Mindful eating: your dietician will support you to make behavioural changes and healthier and wiser food options. She will assess your readiness for change and acceptance of any surgical intervention.
2. Personalised meal planning: your dietician will develop an personalised meal plan based on your current medical condition, cultural habits and nutritional objectives.

Mediclinic offers dietary packages when your insurance doesn't cover nutritional sessions, to guarantee continuance of care. You can benefit from three sessions priced at AED 559 or six sessions priced at AED 1115. One session is priced at AED 235.



## **Medical treatment**

Your medical treatment will be prescribed and supervised by your endocrinologist.

1. GLP1 receptor agonist: An FDA approved injectable medicine that, when used with a low-calorie meal plan and increased physical activity, will help to lose weight and keep it off.
2. Combination of bupropion and naltrexone: that helps you to lose weight along with dietary regimen and increased physical activity by its anorexigen effect.

Your endocrinologist will screen you for suitability of usage and will prescribe the most convenient drug with appropriate dose. Side effects of treatment will be discussed during the session.

## **Endoscopic / non-invasive**

Your procedure will be managed by your consultant gastroenterologist.

This is a day care case, which requires the patient to stay in the hospital bed a period of several hours due to procedure and examination.

Balloon aided weight loss: intragastric swallowable balloons. Your gastroenterologist will insert the balloon endoscopically or by swallowing. The balloon will help you losing weight by limiting the amount of food you can eat and by guiding you with appropriate portion control.

Endoscopic sleeve gastroplasty (ESG): is a relatively new procedure where a suturing device is inserted into the stomach through your mouth (endoscopically) and internal stitches will be placed to make the stomach size smaller.

In order to be successful at losing weight and maintaining that weight loss, you must learn how to modify your eating behaviour permanently and keep your follow up appointments with the team. The people that keep regular appointments have the greatest chance of successful, safe weight loss and maintenance.

During your session you will discuss with your consultants the side effects, duration of balloon and removal techniques.

## Surgical

Your surgical intervention will be managed and supervised by your surgeon.

### What types of surgeries do we offer?

Your surgeon will decide on the best surgery for your condition.

1. Laparoscopic sleeve gastrectomy is a procedure where we surgically remove 70-80% of the stomach in a vertical shape, creating a “sleeve” or tubular stomach approximately the size of a banana. The sleeve works by reducing the amount of food that you are able to eat. Production of ghrelin, which is a hormone that increases appetite, is reduced after the sleeve and patients are not as hungry as they were before surgery. Weight loss after the sleeve gastrectomy is about 60-70% of excess body weight. This is a non-reversible procedure.
2. Laparoscopic gastric bypass (Roux-en-Y gastric bypass): in this procedure we create a small stomach pouch (approximately 20cc or size of an egg), and connect it to the small bowel in a Y-shape. The food will bypass a large portion of the small intestine which would normally absorb calories and nutrients. Gastric bypass offers a combination of restriction, malabsorption and hormonal changes to optimise weight loss and improve health conditions. The newly created small stomach pouch makes patients feel full sooner and eat less food. Also, rerouting the food stream produces changes in gut hormones that produce satiety, suppress hunger, and improve blood sugar control. Average weight loss at one year after the gastric bypass is about 75% of excess body weight.
3. Laparoscopic single anastomosis duodeno ileal (SADI): a small gastric sleeve is created by sectioning the greater curvature of the stomach, such as in the sleeve technique. Subsequently, the duodenum is transected respecting the pylorus. Therefore, the common channel where nutrients are absorbed becomes 2.5 long.
4. Laparoscopic one anastomosis gastric bypass (mini gastric bypass): The mini-gastric bypass or single anastomosis gastric bypass, is an effective and well-established procedure which combines some of the properties of a gastric sleeve and a standard gastric bypass. The upper part of the stomach is divided into a tube, similar to the top three quarters of a sleeve, and then joined to a loop of intestine.
5. Patients who have had previous weight-loss surgery and are having complications, poor weight loss, or weight gain can be evaluated for possible revisional surgery.
6. We also welcome patients who have had previous weight-loss surgery elsewhere or who are willing to remove an old gastric band and would like to follow-up with our programme.

## What to expect?

### Initial visit and preparing for surgery:

First you will be scheduled with the bariatric coordinator for an initial nutritional consultation and screening of your medical history. The coordinator will accordingly refer you to the endocrinologist and surgeon.

Your endocrinologist will screen you for a blood test, sleep study evaluation, psychological questionnaire and direct you, if needed, to pulmonary and psychological assessment.

### Prior to weight-loss surgery:

- **Quit smoking:** smoking impairs wound healing and increases the risk of leaks, pneumonia, pulmonary embolism (blood clots), and other lung problems after surgery (including prolonged ventilator support). Begin to improve your health by not smoking.
- **Start an exercise programme:** increasing levels of activity before surgery improves your health and decreases complications of surgery. Your programme should be under the supervision of a personal trainer/in a gym setting.



**During your hospital stay:**

- On average, most of our bariatric patients will stay in the hospital for one or two nights. However, the nurses will monitor your condition and your surgeon will assess your progress.
- While in the hospital, you will be encouraged to walk several times per day and do breathing exercises to help speed up your recovery, reduce gas pain, and prevent blood clots. You will be given an incentive spirometer to help expand your lungs.
- It is important to note that some pain is completely normal after surgery. Once you are able to tolerate liquids, you will be transitioned to oral pain medication.
- You may begin a liquid diet the day after surgery, and you should sip fluids very slowly throughout the day in order to maintain good hydration. This diet will be explained by your dietician. Your IV will be in place until you are discharged from the hospital to maintain your hydration.

**After surgery:**

- Your discharge from the hospital will be determined by your surgical team. Prior to discharge, you will be given specific post-operative instructions and prescriptions.
- Surgery is a tool which provides a huge “jump start” on weight loss and helps to maintain your weight loss, but weight regain can occur if you fail to follow all of the guidelines. Follow-up visits with your surgeon and your dietician will help you keep the weight off. Your follow-up appointment will be scheduled one week after surgery with the surgeon and with the dietician to monitor your diet progression.
- Important vitamins and minerals need to be replenished. Your compliance with supplementation is very important in order to avoid severe deficiencies.
- You are encouraged to begin exercising soon after surgery and maintain an exercise programme to achieve better weight loss outcomes.
- Females of child-bearing age should wait at least 18 months after surgery before becoming pregnant to decrease the potential risk of nutritional problems for both the mother and the fetus.
- If you are experiencing any problems related to your surgery (including nausea, abdominal pain, difficulty tolerating foods), you should call your surgeon’s office.

### Improvement in health conditions

Diabetes: remission of type 2 diabetes occurs in about 70–85% of patients.

High blood pressure: resolves completely in about 75% of patients and improves in an additional 10%.

High cholesterol: 80% of patients will develop normal cholesterol and triglycerides a few months after surgery.

Heart disease: the improvements in the major risk factors for heart disease (high blood pressure, diabetes, cholesterol) lessen the risk of heart disease after surgery.

Respiratory disorders: improvements of exercise tolerance and breathing ability usually occur within the first few months after surgery.

Heartburn: relief of heartburn occurs soon after surgery in about 90% of gastric bypass patients.

Joint pain: patients often notice dramatic improvement in mobility within a few months after surgery.

Survival benefits: patients who undergo surgery decrease their risk of dying from heart disease, diabetes and cancer.

### Improvement in quality of life

Patients find that after surgery, meeting the challenges (social, emotional, and psychological) that they faced before surgery becomes much easier, including:

- Improvement in self esteem
- Feeling more confident in public situations
- New hobbies and a new lease of life
- Ability to wear clothes you want to wear
- Improved energy levels
- Ability to exercise and participate in sports
- Spend more leisure time with family and friends, go on amusement park rides, and enjoy everyday activities

***Your biggest regret will be that you didn't do it sooner!***



## We care about you

The Mediclinic Parkview Hospital patient support group is open to anyone considering bariatric surgery and any patient who has already had a bariatric procedure at the hospital. It is a great opportunity to hear other people's experiences and to get support in managing some of the challenges of weight loss surgery. The team's bariatric dietician will facilitate the sessions.

Friends and family members are welcome to attend.

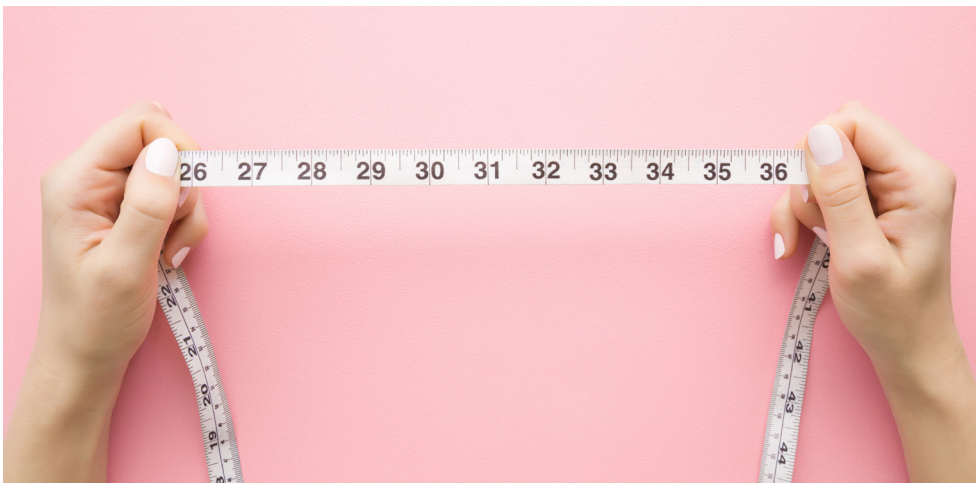
## CHECK IF YOU ARE A CANDIDATE FOR THE PROGRAMME:

Patients should be over 18 years of age, independently mobile and attending to activities of daily living (ADLs).

1. Patients with BMI  $\geq 35$  kg/m<sup>2</sup>, will be considered for bariatric surgery
2. With BMI 30-34.9 kg/m<sup>2</sup> who do not achieve sustainable or durable weight loss or with co-morbidities e.g type 2 diabetes, hypertension, hyperlipidemia, obstructive sleep apnea (OSA), non-alcoholic steatohepatitis (NASH), non-alcoholic fatty liver disease (NAFLD), will be considered for bariatric surgery. *Note: BMI thresholds are adjusted in Asian population such as BMI >25kg/m<sup>2</sup> is considered as clinical obese.*
3. Patients with BMI  $\geq 27$  kg/m<sup>2</sup> will be considered for pharmacotherapy, balloons and endoscopic sleeve gastroplasty.

All patients entering the programme will be assessed by a bariatric coordinator or physician at the first visit for suitability and given a management pathway.

If you would like to enquire about the procedures and the prices please contact our bariatric coordinator. Contact details are mentioned at the end of the brochure.





## Meet the multidisciplinary team

### **Mona Joumaa**

*Dietician & Lead Weight Reduction Coordinator*

Mona graduated from St Joseph University, Beirut, in 2008 with a BSc in Nutrition and Dietetics. Afterwards, she worked in a John's Hopkins affiliated hospital in Lebanon for three years, before moving to Dubai as a clinical dietician since 2012. Mona deals with all patients who require professional nutritional therapy for management of chronic diseases and in particular weight loss management. Mona is Scope certified (world obesity federation), CBT (cognitive behavior therapy) for weight management and CBT for binge eating- CREDO accredited by Oxford university.

### **Dr. Ashok Bohra**

*Bariatric & General Surgeon*

Dr. Ashok has had experience of surgical training and practice in the United Kingdom since 1995. He has experience of a vast range of general surgical procedures with special interests in Upper GI surgery with emphasis on advanced laparoscopic procedures including gastric bypass, sleeve gastrectomies, and mini-bypass; radical oesophageal and gastric cancer surgery, cholecystectomy, hiatus hernia, achalasia, and body wall hernia.

He was the Lead for Upper GI Cancer Services at University Hospital Derby, UK. He has been a PEER reviewer for UK National Upper GI Cancer services. He has been extensively involved with NICE and has helped in drafting, approving and publishing 23 NICE Quality Standards Guidelines.

Before moving to Dubai he served as Hon Assistant Professor in Surgery for Nottingham University, Senior Clinical Lecturer Birmingham University and Associate Professor for Granada University. He is an examiner the for Royal College of Surgeons, was a Royal College Tutor and has taught extensively to all level of surgical trainees.



**Dr. Biborka Bereczky**

*Consultant General, Laparoscopic, Bariatric-and Metabolic Surgeon*

She graduated from Semmelweis University Budapest. She has been working at 2nd Department of General Surgery, Semmelweis University Budapest, Hungary for 13 years and became Assistant Professor in 2011. In the same year she gained her PhD degree in Molecular Oncology.

She worked in the UK for four years.

She moved to Dubai in 2013 and worked in Dubai Hospital for five years as Specialist General Surgeon in the Bariatric, Breast, Wound Management and General Surgery teams.

She completed a 3-month Advanced Laparoscopic Bariatric Surgery Fellowship with Dr. Bruno Dillemans in AZ Sint-Jan Hospital, Bruges, Belgium in 2017 and in 2018 she was awarded the one-year Fellowship of the Royal College of Surgeons and worked as Senior Bariatric and Metabolic Surgery Fellow in Derby, UK. During her fellowship she gained the Certificate of Individual Competency in Upper Gastrointestinal Endoscopy in 2019, accredited by Joint Advisory Group on GI Endoscopy, London, UK.

**Dr. Mazin Aljabiri**

*Consultant Gastroenterologist & Hepatologist*

Dr. Mazin Rasool Aljabiri is a Consultant Physician and Gastroenterologist at Mediclinic Parkview Hospital. With more than 15 years of experience in gastroenterology, Dr. Aljabiri relocated to Dubai from the UK where he held a consultant gastroenterologist and general physician post in one of the teaching university hospitals. He has extensive experience in endoscopy and is an intervention endoscopist – JAG Accredited /RCP London -UK who is experienced in oesophageal / pyloric / duodenal and colonic balloon dilatations and stent insertions. His main interest is intervention endoscopy, including bowel cancer screening; he has performed more than 4,000 colonoscopies and 10,000 gastroscopies. He is an interventional Endoscopist with EPMR and ESD accredited from Tokyo-Japan.

**Dr. Sarah Ghandour**

*Consultant Endocrinologist*

Dr. Sara Ghandour graduated as Medical Doctor in mid-2010 from the American University of Beirut. She then completed her residency in Internal Medicine and sub-specialities in Diabetes and Endocrinology and graduated in June 2015, after which she began working in the UAE.

Dr. Sara is SCOPE certified (world obesity federation)

**Dr Fuad Al Sarraj**

*Consultant Endocrinologist*

Dr Al Sarraj graduated from Al Mustansyria Medical College in Baghdad, Iraq. He trained and worked in General Internal Medicine, Endocrinology and Diabetes in Ireland and UK and reached consultant level in the above fields. He was a senior consultant physician in Australia prior to his move to Dubai.

Dr AlSaraj is a certified specialist doctor in general internal medicine, endocrinology and DM from the Irish Committee on the Higher Medical Training of the Royal College of Physicians of Ireland. He was granted an MD degree (Doctorate in Medicine) from the Royal College of Surgeons of Ireland. He is a member and fellow of the Royal Colleges of Physicians of London, Glasgow and Ireland. He is also a Fellow of the Royal Australian College of Physicians.

**Dr. Usama Warshow**

*Consultant Gastroenterologist & Hepatologist*

Dr Usama Warshow has over 15 years of experience in Gastroenterology & Hepatology working in the UAE and UK. He relocated to the UAE from the UK three years ago, previously working as a consultant gastroenterologist in Tawam Hospital, Al Ain. Before this, Dr Warshow held a consultant post in a large university teaching Hospital in the South West of England. Dr Warshow is an experienced endoscopist and performs interventional and diagnostic endoscopy. He is accredited in UK by Joint Advisory Group (JAG) as a therapeutic endoscopist and colonoscopy trainer.









**Dr. Valentina Verderio**

*Clinical Psychologist*

Dr. Valentina received a Master Degree in Clinical Psychology at University of Padua, Italy, and PsyD in Clinical Psychology at Institute of Clinical Psychology of Milan, Italy. She is licensed as a Clinical Psychologist in Italy (Italian Board of Psychologist) and in Dubai, U.A.E (Dubai health Authority).

With over 10 years of experience as a Clinical Psychologist, she specialised in using psychodynamic and cognitive behavioural approaches, and EMDR (Eyes Movement Desensitisation and Reprocessing) therapy.

She has great experience treating a wide range of mental health disorders with children, adolescents and adults, including especially eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder), thanks to an extensive training at the Nutritional Department of Mariano Comense Hospital (Italy), with patients undergoing bariatric surgery.

**Conall Hoey**

*Sports Physiotherapist*

Conall holds a BSc in Athletic Therapy and Training and is a licensed Sports Therapist (DHA), as well obtaining an MSc in Strength and Conditioning from St Mary's University, London.

Conall specialises in the treatment of musculoskeletal injuries, sports specific rehabilitation and strength and conditioning practices. He also works with weight loss and correcting biomechanical deficiencies so clients can live their best lives and athletes can return to train or compete to their best in their chosen sport. He can provide detailed assessment, sports specific rehabilitation and advanced strength and conditioning program to analyse and improve your physical performance.

He defines his sessions as simple, challenging and efficient with specific focus given to cardiovascular and strength training in combination with flexibility and mobility training. Conall aims to educate clients, obtain positive behaviour change with the goal of integrating exercises and optimal wellness into the demands of daily life.

**Referral contact address:**

**Mona Joumaa**

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