

PSYCHOLOGICAL EVALUATION AND GASTRIC LAP-BAND SURGERY

Most insurance companies and surgeons require a psychological evaluation prior to Bariatric surgical procedures. The reasons are:

1. To ensure that you are sufficiently motivated and able to make the post-operative lifestyle changes necessary to give you the best possible chance of successfully losing weight after the surgery
2. To ensure that you are emotionally prepared to undergo the procedure
3. If needed, we may recommend certain types of support or counseling, either before or after the surgery.

COMMONLY ASKED QUESTIONS

1. Where will the psychological evaluation take place?

It will be at the office of Dr. Joel M. Kestenbaum, Maumee River Behavioral Health Care, 922 Dixie Highway, Rossford, Ohio 43460.

2. How long will the evaluation take?

It will take 2 ½ to 3 ½ hours. At least 1 ½ hours will be spent in an interview with the doctor; the remaining time will be spent completing one or more psychological questionnaires.

3. If I have had psychiatric/psychological problems, will that eliminate me from this procedure?

Not necessarily. What is important is how you are coping now, and what coping skills you have developed.

4. What if I currently have a psychiatrist or psychologist of my own? Do I still have to see Dr. Kestenbaum?

Not necessarily. Ask your psychiatrist or psychologist if he/she can provide information to Northwest Surgical Specialists, Inc. regarding your psychological diagnosis history and appropriateness for gastric lap-band surgery.

5. Will my insurance cover the psychological evaluation?

That varies, depending on the insurance company and your particular group coverage. You may have a co-pay. Please check with your insurance company.

If you have questions or are ready to schedule your psychological evaluation, please call Maumee River Behavioral Health Care, and speak with Sharon Smith, Ph. D., Practice Administrator, at 419-661-2779 or 1-888-818-5020.

Patient True / False Quiz

Please take this self-quiz before you make any further steps toward surgery. Understanding what will happen after surgery and what you must do to be successful is the most important step of the entire process. Please ask us if you have any doubts or questions about any of these or other issues:

		TRUE	FALSE
1	Staple or suture lines never leak, resulting in infection or communication between the stomach or intestine and the skin (refers to Gastric Bypass and Vertical Banded Gastroplasty); and erosion and slippage never occurs in Lap-Band cases.		
2	After surgery, I will be able to eat anything I want and as much as I want.		
3	Diabetes, high blood pressure, back pain and similar ailments always get better after obesity surgery.		
4	It is possible I will have more emotional difficulties after surgery because of the many ups and downs and changes my body and my relationships and interactions with the public will go through.		
5	Re-operation is sometimes necessary due to bleeding hernias, ulceration, bursting of stitches or staples, leakage, blockage of the intestines or stomach and other causes in gastric bypass or VBG; and erosion or slippage and other causes in LAP-BAND cases.		
6	I can still drink 2-3 cans of soda or carbonated juices, water or other beverages after my surgery, as long as it is in moderation.		
7	This operation for obesity will require routine visits with my surgeon for the first year, and then I will be okay on my own once I lose my weight and change my diet.		
8	Having bariatric surgery will melt pounds off of me without lifestyle changes of dietary and exercise, since those things have not helped in the past.		
9	It is not necessary that I continue vitamins once I learn a proper diet after surgery.		
10	Once I lose my weight, I can drink as much alcohol as I want, as long as it is in moderation.		
11	There are complications and risks that I should discuss with the surgical team, and weight loss and surgical outcomes are not guaranteed.		
12	If I get the LAP-BAND procedure, I can have an adjustment to have the band opened more to eat more for a special occasion, like a wedding.		

Patient Name: _____

Date: _____

Answers to Patient Self-Quiz

1. False: Such events can occur and you should discuss them with the surgical team prior to surgery.
2. False: Successful surgery depends more upon YOU than any other aspect of this process. Diet is as important after surgery as the surgery itself.
3. False: Many such conditions are improved or resolve after surgery, but not always and not instantly. Your self care will play a key factor in your success with all of your symptoms.
4. True: This very true and you should talk to our surgical team, psychologist, and other patients to assure you have a good understanding of what to expect after surgery.
5. True: This should be discussed with our surgical team prior to surgery.
6. False: You cannot drink carbonated beverages of any kind after surgery. Read the packet handouts and discuss the reasons for this with our surgical team. It is extremely important.
7. False: You will need to follow up at least annually with our surgical team, even after your first year of surgery.
8. False: Surgery is only ONE TOOL in your self-care plan. This is not an instant fix or miracle. YOU are in the driver's seat and must make the necessary lifestyle changes, and maintain them, in order for surgery to help you.
9. False: Gastric Bypass patients must continue to take vitamins for the remainder of their life. Some LAP-BAND patients stop taking vitamins after some time, after consulting our surgical team.
10. False: Your body will react differently to alcohol after surgery. Also, if you stick to the food intake required, drinking alcohol will use calories you need for nutritional foods instead. Discuss this with our surgical team.
11. True: Keep a list of all of your questions and concerns and discuss them with us at your appointments.
12. False: LAP-BANDs are never adjusted for someone to eat more voluntarily. Bands are adjusted to allow for more food consumption during pregnancy. Otherwise, adjustments are for medical reasons only, not for patient desire to eat more without medical justification.