

# Guide to Bariatric Surgery

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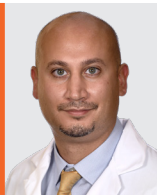
**ORLANDO**  
**HEALTH®**

Weight Loss &  
Bariatric Surgery  
Institute



# MeetOurPhysicians

Dr. Andre Teixeira, Dr. Muhammad Jawad and Dr. Muhammad Ghanem provide in-office consultations on all these procedures at the Orlando Health Weight Loss and Bariatric Surgery Institute.



**Muhammad Ghanem**  
MD  
Bariatric Surgery

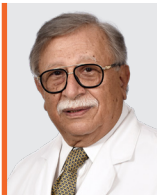
**Muhammad Ghanem, MD**, is a physician specializing in bariatric and general surgery at the Orlando Health Weight Loss and Bariatric Surgery Institute. He and his team work with patients to help them lose weight through minimally invasive surgery and lifestyle changes.

A board-certified surgeon, Dr. Ghanem's expertise includes performing procedures such as duodenal switch, gastric bypass, hiatal hernia repairs, sleeve gastrectomy and upper endoscopy.

Dr. Ghanem received his medical training from Jordan University of Science and Technology in Irbid, Jordan. He completed his residency in general surgery at Methodist Dallas Hospital in Texas and performed his fellowship in bariatric surgery at Orlando Health in Florida.

He is certified by the American Board of Surgery, a diplomate of the American Board of Obesity Medicine and a fellow of the American College of Surgeons. Dr. Ghanem's professional memberships include the American Society for Metabolic and Bariatric Surgery and the American Foregut Society.

He is fluent in English, Arabic, Hebrew and French.



**Muhammad A. Jawad**  
MD, FACS  
Bariatric Surgery

**Muhammad A. Jawad, MD, FACS**, is a board-certified surgeon and the medical director of the Orlando Health Weight Loss and Bariatric Surgery Institute. He specializes in laparoscopic gastric bypass, the adjustable lap-band and sleeve gastrectomy procedures.

Dr. Jawad received his medical degree from Ain Shams University in Cairo, Egypt, graduating with honors. He completed a surgical internship at Cook County Hospital in Chicago. He then practiced at Jackson Hospital in Alabama.

Dr. Jawad had been doing bariatric surgery since 1985 before transitioning to laparoscopic surgery in 2000. He has performed more than 6,500 laparoscopic bariatric surgical cases as well as complicated biliary, colon and endocrine surgery. Dr. Jawad has presented at more than 45 medical conferences nationally and internationally on laparoscopic and bariatric surgery, and he has published more than 40 articles in medical journals.

Dr. Jawad is a fellow of the American College of Surgeons and is a member of the American Society of Bariatric Surgery, the Florida Medical Association, the Society of Laparoendoscopic Surgeons and the Florida Physicians Association. He is fluent in Arabic and English.



**Andre F. Teixeira**  
MD  
Bariatric Surgery

**Andre F. Teixeira, MD**, is a board-certified bariatric physician for Orlando Health Weight Loss and Bariatric Surgery Institute.

Dr. Teixeira completed his undergraduate studies in biology at Augusta State University and earned his medical degree from Morehouse School of Medicine in Atlanta. He completed his internship in general surgery at Orlando Health Orlando Regional Medical Center and his residency training at Orlando Health, where he also served as general surgery chief resident. He performed his bariatric and advanced minimally invasive surgery fellowship at Cleveland Clinic in Florida.

Dr. Teixeira has been published in multiple journals including *The Obesity Journal*, *Surgery for Obesity and Related Diseases* and *The American Surgeon*. He also has published several book chapters.

Dr. Teixeira is a member of the Society of American Gastrointestinal and Endoscopic Surgeons, the American Society of Metabolic and Bariatric Surgery, the American College of Surgeons, the American Medical Association, the Morehouse School of Medicine Chapter and the American Medical Student Association.

Dr. Teixeira is fluent in Portuguese and Spanish, as well as English.

## Achieving Weight Reduction with Bariatric Surgery



If you are morbidly obese and have struggled to lose weight, you are not alone. For many obese patients with a BMI of 40 or above (or as low as 35 if certain conditions exist), bariatric surgery may be the most effective way to achieve substantial weight loss.

While there are several types of bariatric procedures, they all work by reducing the volume of the stomach that is available to digest food and/or reducing the amount of nutrients that can be absorbed.

### Am I Eligible?

To achieve the highest possible levels of effectiveness and safety, a patient's condition must meet specific requirements to be eligible for a bariatric procedure:

- You must be between 14 – 70 years old. Some additional age restrictions may apply depending on the type of surgery.
- You have a BMI greater than 35\*
- You have type 2 diabetes with a BMI greater than 35
- You have a BMI of 30 – 34.9 and cannot achieve substantial or durable weight loss or improvement using nonsurgical methods.\*

\*Procedures for lower BMIs subject to insurance guidelines.

### Am I a Candidate?

Candidates for bariatric surgery typically have been morbidly obese for five years or longer and have been attempting to lose weight through traditional means for an extended period of time. Unfortunately, the most common weight-loss methods, such as dieting, exercise, medications and therapy, simply don't work for many people. In these cases, surgery may be an effective solution.



# The Benefits of Bariatric Surgery

A comprehensive 10-year study by the National Institutes of Health found, that for morbidly obese patients, bariatric surgery proved to be the most effective way to achieve long-term weight reduction and maintenance, with a success rate exceeding 80 percent.



Also, according to a study published in the Cleveland Clinic Journal of Medicine, the health benefits of the weight loss achieved post-surgery included a 95 percent improvement in quality of life and a 30 to 40 percent decrease in 10-year mortality. This study also showed substantial reductions in type 2 diabetes, depression, cardiovascular disease, hypertension and asthma after bariatric surgery.

## Endoscopic Procedures

Endoscopic examinations of the upper part of your digestive system – the esophagus, stomach and beginning of the small intestine – can reveal ulcers, hiatal hernias and gastroesophageal reflux disease, also known as GERD.

Narrow-band imaging, a technology for endoscopes, uses special light to better detect precancerous conditions, such as Barrett’s esophagus. Improved visibility allows gastroenterologists to decide on the best treatment.

### Intragastric Balloon

In a nonsurgical procedure typically done under a mild sedative, a thin and deflated intragastric balloon is placed into your stomach.

At six months, the balloon is removed in the same way it was placed. Through a nonsurgical procedure done under a mild sedative, it is deflated and then removed.

### Endoscopic Gastric Plication

The endoscopic gastric plication is performed so that no part of the abdomen is cut to access the stomach. Instead, a flexible tube, known as an endoscope, is passed through the mouth down the esophagus and into the stomach.

During the procedure, the endoscopist – usually a bariatric surgeon – will stitch the stomach together. This smaller functional stomach holds less food, which means you feel full faster, absorb fewer calories and lose weight over time. The new shape of your functional stomach also helps it empty into the intestines more slowly, and this helps you feel fuller longer.

### TIF Procedure

Transoral Incisionless Fundoplication (TIF) is a minimally invasive procedure that corrects the faulty valve between your stomach and esophagus. It creates a fundoplication, which means a folding of the fundus – the tissue found at the top of your stomach. When that folded tissue is reinforced by your gastroenterologist, it essentially builds a new barrier that prevents acid from escaping the stomach and moving into the esophagus.

As an endoscopic procedure, it requires no incisions. During the procedure, the surgeon will insert a special tissue-molding device through your mouth and into your esophagus. Then an endoscope will be inserted into your esophagus and through the TIF device. This allows the surgeon to guide the TIF device to the place where your stomach and esophagus meet.

## Robotic Procedures

The board-certified bariatric surgeons at Orlando Health are among the most experienced in the state. Our bariatric center is also recognized as an epicenter for robotic surgery, with doctors coming from across the country to receive training.

Sleeve gastrectomy and gastric bypass surgeries can be performed with robotic-assisted surgery. The term “robotic” often misleads people. Robots don’t perform surgery; surgeons perform surgery by using instruments they guide via a console.

The robotic system translates the surgeon’s hand movements at the console in real time, bending and rotating the instruments while performing the procedure. The instruments move like a human hand, but with a greater range of motion.

### Traditional Duodenal Switch or Single Anastomosis Duodenal-ileal Bypass with Sleeve (SADI-S)

The duodenal switch starts by creating a sleeve gastrectomy. This entails removing about 80 percent of your stomach. After that, part of your small bowel is bypassed. This means that some portion of the food you eat would not be absorbed. The surgeon will discuss which variation of the procedure is better for you.

The duodenal switch procedure is done in the hospital or surgery center under general anesthesia. Our surgeons perform this surgery robotically and laparoscopically. This means that your pain will be minimized and recovery time shortened.

### Roux-en-Y Gastric Bypass

Roux-en-Y gastric bypass surgery is one of the most common and successful weight-loss procedures in the United States. Our surgeons create a small stomach pouch that is attached to the small intestine, bypassing the lower stomach and reducing calorie and nutrient absorption.

### Sleeve Gastroplasty

Using an endoscopic stitching device, endoscopic sleeve gastroplasty reduces the stomach’s size and volume by approximately 70 percent. When your stomach holds less volume, you feel full with less food, you absorb fewer calories and you lose weight over time. The procedure also shortens and re-shapes the stomach and helps it empty into the intestines slower, helping you feel fuller longer.

The health benefits of the weight loss achieved post surgery included a 95% improvement in quality of life.





## Revision and Conversion Procedures

Our doctors specialize in the revision and conversion of previous weight-loss surgeries. They may recommend a revision or conversion if your bariatric surgery did not achieve lasting weight loss, or it led to complications. Some of the most common revision and conversion procedures our physicians perform are due to:

- Weight gain after gastric bypass
- Failed stomach stapling procedure
- Failed sleeve gastrectomy

## Free Virtual Information Session

Attend one of our complimentary information sessions and virtually meet one of our experienced weight-loss surgeons. They will discuss insurance coverage, procedures offered, benefits, lifestyle recommendations and answer any questions you may have. Learn more at [OrlandoHealth.com/Bariatrics](https://OrlandoHealth.com/Bariatrics).

## Learn More on Facebook

Read blogs, watch videos from our physicians and get other helpful tips at [Facebook.com/OHBariatrics](https://Facebook.com/OHBariatrics).

# Patient Success Stories

### Totally Worth It

Growing up, Griselle — a statuesque 5-foot-8 — had never worried about her weight. Her first pregnancy changed that, and her second was even harder, packing on another 80 pounds. "I just couldn't find a way to lose all that weight," she says. She was heavier than she'd ever been, nearly 300 pounds.

She knew of the Orlando Health Weight Loss and Bariatric Surgery Institute because she works at Orlando Health, and she decided she was ready to try it.

In October 2020, Dr. Teixeira performed robotic gastric bypass surgery on Griselle, a procedure that reduces stomach size and reroutes the small intestine so less food is absorbed. Patients are left with a much smaller internal space for whatever they consume, which is why keeping a light but steady stream of the right kinds of nutrition flowing through their system is necessary.

For Griselle, the early days were hard. "At first it was really tough for me because I was used to eating so much junk food," she says. "Within a couple of months, I had to change all of those habits I had for many, many years."

Even with all the effort it took to get this far, "I would say it's totally worth it," Griselle says. "At the beginning it's a struggle, but a few years down the road you're going to feel better about yourself. And, when you're not tired all the time, when you're not falling asleep everywhere and when you're not hurting, your life is going to change."



### It Was Time To Make a Change

At 524 pounds, Tammy's life was getting more and more difficult. Even walking to her car was a struggle, as she'd be out of breath and need to rest once she got in the driver's seat. Between taking two blood pressure medications, using pumps for the lymphedema in her legs and being prescribed a sleep apnea machine to breathe at night, Tammy could feel her quality of life dwindling.

After years of letting her weight control her life, she realized she owed it to herself and her family to live the life she deserved. Overall, her health issues and inability to enjoy activities with her family, especially her grandchildren, were the reasons Tammy decided to have bariatric surgery.

When Tammy first came in to see Dr. Jawad, she expected to learn more about gastric bypass surgery. Instead, he recommended duodenal switch (DS) surgery. He knew this would be best for her long term in order to create a new healthy lifestyle she could maintain. Before performing her DS, Dr. Jawad and his team discovered Tammy had a hernia. Thankfully, the team was able to successfully treat it at the same time as Tammy's DS procedure.

Thanks to her surgery and resulting weight loss, Tammy is able to do more than she ever imagined. Her main hobbies are cooking for her family, singing for her church's praise team and spending time with her grandchildren." At 524 pounds with lymphedema in both of my legs, I really couldn't do much of anything. But now I enjoy my grandbabies."

89 W. Copeland Dr.  
Orlando, FL 32806  
**(321) 843-8900**

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To learn more, visit  
**[OrlandoHealth.com/Bariatrics](https://OrlandoHealth.com/Bariatrics)**

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