

Bariatric Surgery to Treat Morbid Obesity

www.ucsfhealth.org/bariatricsurgery



BETTER PATIENT OUTCOMES

Through comprehensive care, high volumes and expertise

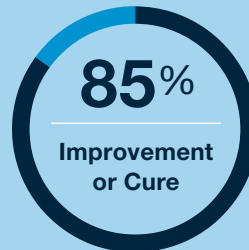
150+

PROCEDURES
PERFORMED
EACH YEAR

BARIATRIC PROCEDURE RESULTS



During the first year
after surgery



Of obesity-associated
diseases such as diabetes



OUR CENTER FEATURES THE LATEST ADVANCES IN SURGICAL WEIGHT-LOSS PROCEDURES

- Provides better outcomes as a result of our expertise and the experience that comes from performing more than 150 bariatric procedures each year.*
- Offers a minimally invasive approach, resulting in reduced postoperative pain, fewer complications, shorter hospital stays and a faster return to normal activity.
- Comprises a multidisciplinary team of experienced surgeons and gastroenterology faculty supported by dietitians, nurse practitioners, nurses and physician assistants.

WHEN TO REFER

- Bariatric surgery can be an effective treatment for morbid obesity, defined as:
 - Body mass index (BMI) of 40 or greater, or
 - BMI between 35 and 40 with any obesity-related comorbidity, such as hypertension, cardiovascular disease, diabetes mellitus or obstructive sleep apnea.

MORE →

*Ballantyne GH, Belsley S, Stephens D, et al. Bariatric surgery: low mortality at a high-volume center. *Obes Surg.* 2008;18(6):660-667.

INFORMATION / REFERRALS

■ PHONE 415-353-2804 ■ FAX 415-353-2505

UCSF Health

EXPERTISE IN TREATING COMPLEX CASES

- The UCSF Bariatric Surgery Center's capabilities include providing bariatric procedures to obese patients with end-stage kidney or liver disease.
- We offer procedures to treat conditions associated with obesity, such as type 2 diabetes and obstructive sleep apnea.
- Our skilled surgeons can alter or repair an unsuccessful operation – known as revisional bariatric surgery – with minimal risk.
- We are accredited as a Comprehensive Center for Bariatric Surgery by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.
- Comprehensive preoperative evaluation and postoperative follow-up are managed in close coordination with patients' primary care physicians and other specialists.

OUR TEAM

Stanley J. Rogers, MD, FACS
Director, Bariatric Surgery Center
Bariatric surgeon

John P. Cello, MD
Medical Director, Bariatric
Surgery Center
Gastroenterologist

Jonathan Carter, MD
Bariatric surgeon

Matthew Y.C. Lin, MD
Bariatric surgeon

Andrew Posselt, MD, PhD, FACS
Co-director, Pancreatic Islet
Transplantation Program
Bariatric and transplant surgeon