22nd Annual Meeting
American Society for Bariatric Surgery
Program

June 26 - July 1, 2005
Orlando, Florida

Gaylord Palms
Resort & Convention Center

www.asbs.org
Dear Colleague,

It is my pleasure to invite you to this year’s ASBS Annual Meeting to be held at the Gaylord Palms Hotel in Orlando, Florida, June 26 to July 1, 2005.

Our specialty continues to grow and offer wonderful benefits to our patients who suffer from so many obesity-related morbidities. Our Society’s ever increasing membership and attendance at our Annual Meeting reflects this growth. The Gaylord Palms is the premier Convention Hotel in Orlando.

Your program committee, under the leadership of Eric DeMaria, has worked hard to have an outstanding meeting. More abstracts than ever were submitted this year and outstanding speakers will be presenting the invited lectures. Along with this wonderful growth has been the progressive decrease in health insurance access and problems with medical malpractice coverage, issues that also will be addressed at the meeting.

Please join us for this opportunity to learn, network and socialize in Orlando.

Sincerely yours,

Harvey J. Sugerman, MD
President
GENERAL INFORMATION

PURPOSE
Paper presentations of the most current research and invited lectures promote the exchange of information and experiences between those practiced in bariatric surgery and newcomers to the field. The primary goal in this ongoing learning process is continual improvement in the risk-benefit ratio for the patients.

TARGET AUDIENCE
The conference is designed for all clinical and academic surgeons and support staff, including any health professional involved in the care of the morbidly obese patient, who wish to increase their knowledge of the surgical and peri-operative management of morbidly obese patients.

EDUCATIONAL OBJECTIVES
1. To prepare physicians and support staff to define, discuss and solve specific problems in the treatment of morbidly obese patients in order to achieve maximum long-term safety and effectiveness.
2. To increase the comprehension of the development and use of new techniques to achieve weight loss by surgery in the morbidly obese.
3. To familiarize participants with a broad area of patient care services.
4. To provide participants with the skills to identify and understand the specific needs of bariatric patients and assist in targeting their care in coordinated medical team effort.

ACCREDITATION
The American Society for Bariatric Surgery (ASBS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The ASBS designates the continuing medical education activity for up to 36.25 credits in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours he/she spent in the educational activity. Nursing credits (up to 21.25 contact hours) are provided by Taylor College, Los Angeles, California (may not be accepted for national certification).

EDUCATIONAL DISCLAIMER
The primary purpose of this conference is education. Information presented, as well as publications, technologies, products, and/or services discussed, are intended to inform you about the knowledge, techniques, and experiences of bariatric surgeons who are willing to share such information with colleagues. A diversity of professional opinions exists in bariatric surgery, and the views of the conference's faculty are offered solely for educational purposes. Faculty's views neither represent those of the ASBS nor constitute endorsement by the Society. The ASBS denies any and all liability for damages to any individual attending this conference and for all claims, which may result from the use of information, publications, technologies, products, and/or services of the meeting. Faculty disclosure statements are required from the speakers and will be presented in the conference materials.

AMERICANS WITH DISABILITIES ACT STATEMENT
The ASBS wishes to take those steps to ensure no individual with a disability is excluded, denied services, segregated, or otherwise related differently because of the absence of auxiliary aids or services identified in the Americans with Disabilities Act. If any such services are necessary in order to participate in the Conference, please communicate your needs in advance.

LOCATION AND LODGING
Orlando is a vibrant city that offers a dazzling array of activities that make it the top choice for travelers of all ages. With numerous attractions including the world's most renowned theme parks, Orlando is the magical entertainment capital of the world.

The Gaylord Palms Resort and Convention Center is the site of the ASBS 22nd Annual Meeting. This beautiful resort, known for its signature glass dome, brings to life the best of the Sunshine State — from the history and old-world charm of St. Augustine to the colorful and festive island spirit of Key West, to the mysterious waters and cypress of the Everglades. Set in the style and grandeur of a turn of the century Florida mansion, Gaylord Palms offers four acres of themed experiences including innovative restaurants, fascinating shops and the prestigious Canyon Ranch Spa.

The conference rate is $169 Single/Double or $189 for Emerald Bay and is available until May 27, 2005 (or until the room block is full, whichever comes first), after which the conference rate will no longer be in effect. Please book early!

For reservations you may call: 407-586-2000
Or fax the registration form available in this brochure. To receive the group rate you must use the code A-ASBS5 or book your room online at: http://www.gaylordhotels.com/gaylordpalms

FOR MORE INFORMATION
Contact the American Society for Bariatric Surgery
Phone: 352-331-4900
Fax: 352-331-4975
E-mail: info@asbs.org
22ND ANNUAL MEETING SOCIAL PROGRAMS

WELCOME RECEPTION
Tuesday, June 28, 6:00 p.m. – 8:00 p.m.

Join us for the ASBS kick-off reception under the glass dome at Gaylord Palms where the Florida experience is showcased in all its glory — from the history and old-world charm of St. Augustine to the colorful and festive island spirit of Key West, to the mysterious waters and cypress of the Everglades. Plenary Session and/or Allied Health General Session registrants are entitled to a complimentary ticket. Guest tickets may be purchased for $35 each.

ANNUAL RECEPTION AND DINNER DANCE
Thursday, June 30, 7:00 p.m. – 12:00 midnight

The Reception and Dinner Dance will be held in the Osceola Ballroom at Gaylord Palms. Enjoy an evening of fine dining, fantastic live music and dancing the night away. Plenary Session and/or Allied Health General Session registrants are entitled to a complimentary ticket. Guest tickets may be purchased for $75 each.

ASBS FOUNDATION EVENT
TUESDAY, JUNE 28, 8:00 P.M. - 10:00 P.M.
Details to follow

22ND ANNUAL MEETING OUTLINE

SUNDAY, JUNE 26, 2005

Allied Health Essentials in Surgical Support Course 8:00 am - 4:30 pm
Advanced OR Nurses and Surgical Tech Advanced Course 8:00 am - 4:45 pm
Allied Health Committee Meetings 5:00 pm - 6:00 pm
Industry Educational Workshops (A-D) 7:00 pm - 10:00 pm

MONDAY, JUNE 27, 2005

Special Interest Group Seminars
- Support Group 7:00 am - 8:30 am
- Dietitian 7:00 am - 8:30 am
- Office Support Staff 7:00 am - 8:30 am
- Nurse Practitioners and PA's 7:00 am - 8:30 am
- Nursing 7:00 am - 8:30 am
- Psychological 7:00 am - 8:30 am

Allied Health Postgraduate Courses AM (NEW CURRICULUM)
I Case Studies (A) 9:00 am - 12:00 pm
II Behavioral Health Issues in Bariatric Surgery (A) 9:00 am - 12:00 pm
III Raising the Bar in Your Bariatric Program (A) 9:00 am - 12:00 pm
IV Medical Legal Issues (A) 9:00 am - 12:00 pm

Allied Health Postgraduate Courses PM (Repeat of AM Courses)
I Case Studies (B) 1:00 pm - 4:00 pm
II Behavioral Health Issues in Bariatric Surgery (B) 1:00 pm - 4:00 pm
III Raising the Bar in Your Bariatric Program (B) 1:00 pm - 4:00 pm
IV Medical Legal Issues (B) 1:00 pm - 4:00 pm
## MONDAY, JUNE 27, 2005 CONTINUED

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8:00 am</td>
<td>Advanced Laparoscopic Suturing Course A</td>
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<tr>
<td>12:00 pm</td>
<td>Advanced Laparoscopic Suturing Course B</td>
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<tr>
<td>1:00 pm</td>
<td>Risk Reduction Course <strong>NEW</strong></td>
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<tr>
<td>1:00 pm</td>
<td>Industry Educational Workshops (E-H)</td>
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## TUESDAY, JUNE 28, 2005

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<tr>
<td>9:00 am</td>
<td>Exhibit Hall Open</td>
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<tr>
<td>8:00 am</td>
<td>Essentials in Bariatric Surgery Course</td>
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<tr>
<td>8:00 am</td>
<td>Advanced Bariatric Surgery Course <strong>NEW CURRICULUM</strong></td>
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<td>8:00 am</td>
<td>Masters' Postgraduate Course</td>
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<td>8:00 am</td>
<td>Allied Health Sciences General Session</td>
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<td>1:00 pm</td>
<td>Students/Residents/Fellows Session <strong>NEW</strong></td>
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<tr>
<td>6:00 pm</td>
<td>Welcome Reception</td>
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## WEDNESDAY, JUNE 29, 2005

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## THURSDAY, JUNE 30, 2005

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<tr>
<td>7:45 am</td>
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<td>9:00 am</td>
<td>Exhibit Hall Open</td>
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<td>7:00 pm</td>
<td>Annual Dinner Dance</td>
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## FRIDAY, JULY 1, 2005

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<tr>
<td>8:00 am</td>
<td>Plenary Session</td>
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<td>1:30 pm</td>
<td>Laparoscopic Cadaver Labs</td>
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INDUSTRY EDUCATIONAL WORKSHOPS
(These workshops are not planned by the ASBS and therefore are not accredited by the ASBS)
There is no charge for Annual Meeting participants.
SUNDAY, JUNE 26, 7:00 P.M. - 10:00 P.M.

BARIATRIC OUTCOMES TRACKING AND REPORTING – TRIALS AND TRIBUTIATIONS OF SETUP, MANAGEMENT AND INTERPRETATION OF RESULTS
(Sponsored by: LivLire)

This workshop will focus on the experiences of LivLire’s bariatric surgery programs with the setup and management of patient data and the associated reporting and interpretation of the results.

Bariatric Outcomes Tracking and Reporting is gaining acceptance as a necessity for all bariatric surgery practices in order to satisfy the demands of insurance companies, Center of Excellence designation, patient queries and the surgeons’ desire to strive for optimal outcomes and minimal morbidity.

Since there is not any standardization across the many demands for tracking and reporting bariatric outcomes, it was necessary for us to develop guidelines for our various bariatric surgery practices to gather and enter data, as well as to report on and interpret the results. This process was different from those which are typically used for academic studies and this process needed to be implemented across a wide array of hospital and bariatric program sizes.

Workshop will be taught by:
• Dennis Sooklickian – Vice President of eCommerce and Finance for LivLire
• Michael King, MD – Surgeon and Director of Surgical Clinic of N. Mississippi, in affiliation with Baptist Memorial Hospital of Oxford, Mississippi
• Scott Stevens, MD – Surgeon and Director of Flint Hills Surgical Associates, in affiliation with Geary Community Hospital of Junction City, Kansas

*no relationship with the Surgical Review Corporation’s Centers of Excellence

PREPARING PATIENTS FOR BARIATRIC SURGERY
(Sponsored by: Robard Corporation)

Join Robard Corporation and your allied healthcare colleagues for complimentary refreshments and a discussion of “Preparing Patients for Bariatric Surgery”.

Registration and Refreshments: 7:00 p.m. - 7:30 p.m.
Discussion 7:30 p.m. - 9:00 p.m.
Network and Dessert 9:30 p.m. - 10:00 p.m.

Gary Matson, MD will deliver an engaging seminar on building relationships with primary care physicians to increase referrals:
• Effective alternative weight management services and strategies for implementation
• Tools that decrease surgical risk factors, including a Very Low Calorie Diet
• Long-term medical weight management to achieve better outcomes
• Data collection and obtaining insurance reimbursement

SUNDAY 6/26
JUNE

Dr. Gary Matson is a Family Practice physician who developed and currently directs a large bariatric practice in Fresno, California. He has treated thousands of patients successfully and effectively lobbied to insurance companies to obtain reimbursement for his pre-surgical weight loss patients. He received his bachelor’s degree in psychology from California State University, Fresno, and his medical degree from Georgetown University in Washington, D.C.

EFFECTIVE AND RESPONSIBLE USE OF THE MBMD™ TEST IN THE ASSESSMENT OF BARIATRIC SURGERY CANDIDATES
(Sponsored by: Pearson Assessments)

This workshop is designed specifically for psychologists and other health professionals interested in the psychological evaluation of bariatric surgery candidates. Attendees can have little or no experience with the MBMD™ test. Upon completion of this workshop, participants will have a broad understanding of:

• The empirical foundation of the Millon™ Behavioral Medicine Diagnostic (MBMD™) test and its development.
• The various scales measured by the MBMD™ test, including psychiatric indicators, coping styles, stress moderators, and treatment prognosticators.
• The clinical utility of the test with bariatric surgery candidates, including results of a recent normative study.
• Interpretive guidelines for the test appropriate to a medical setting and, specifically, to bariatric candidates.

Pearson Assessments is approved by the American Psychological Association to offer continuing education to psychologists and offers three (3) continuing education hours/credits for the program. Pearson Assessments maintains responsibility for the program.

Workshop will be presented by:
Michael H. Antoni, PhD (Professor of Psychology and Psychiatry and Behavioral Sciences; Director, Center for Psycho-Oncology Research; Associate Director, Cancer Prevention and Control, Sylvester Comprehensive Cancer Center - University of Miami Member: “The Urge” and “The MysteryTones”) Susan F. Franks, PhD (Associate Professor in the Departments of Family Medicine and Psychology at the University of North Texas Health Science Center)

THE BARIATRIC MEDICINE - BEHAVIORAL HEALTH AND BARIATRIC SURGERY INTERFACE
(Supported by: Vista Medical Technologies)

Perspectives from a Bariatric Convert
A twenty (20)+ year physician executive who has been an HMO and insurance company General Manager and Medical Director focuses upon documented creative strategies for fulfilling the ever increasing medical/behavioral pre-and post-surgical regimens demanded by insurers and payors for advancing patients as candidates for Bariatric Surgery. Appreciate the essentials of fulfilling the payor industry and employers’ expectations for designation as a Center of Expertise.
INDUSTRY EDUCATIONAL WORKSHOPS

MONDAY, JUNE 27, 7:00 P.M. - 10:00 P.M.

ESTABLISHING RELATIONSHIPS WITH REFERRING PHYSICIANS AND EMPLOYERS TO DISCUSS THE IMPACT OF BARIATRIC SURGERY
(Sponsored by: Ethicon Endo-Surgery)

Learn how to reach out effectively to referring physicians and employers from those who have.

In today's rapidly evolving world of bariatric surgery, an unprecedented number of morbidly obese patients continue to seek a surgical treatment option. As a result, the roles of primary care physicians and employers have become increasingly important in the treatment of morbidly obese surgical candidates. The role of referring physicians has expanded to include identifying possible surgical candidates, screening patients, and providing long-term follow-up care. The need to educate employers as payors about the advantages of offering bariatric surgical treatment to their employees as a covered benefit must be addressed.

AUTOSUTURE WORKSHOP: TBD

INAMED HEALTH WORKSHOP: TBD

PREVENTING PULMONARY EMBOLISM FOLLOWING BARIATRIC SURGERY
(Sponsored by: Aventis)

Registration and dinner: 7:00 – 7:30 pm
Scientific program: 7:30 – 9:30 pm
Dessert reception: 9:30 – 10:00 pm

Workshop chairman: James A. Sapala, MD, FACS

Obesity is an absolute risk factor for venous thromboembolic disease (VTE) and increases the risk of VTE in patients undergoing general or orthopaedic surgery. Among patients undergoing bariatric surgery for morbid obesity, pulmonary embolism is a principal cause of death.

This program will explore the scope of the problem of VTE following bariatric surgery and consider both pharmacologic and non-pharmacologic means of thromboprophylaxis. In terms of the former, data supporting use of different antithrombins (unfractionated or low-molecular-weight heparin) will be reviewed as well as the challenge of defining an appropriate dose of an antithrombin in the morbidly obese. In terms of non-pharmacologic prophylaxis, absolute and relative indications for placement of retrievable veno caval filters will be discussed.

This program is jointly sponsored by the University of Cincinnati and The Exeter Group. This CME activity is supported by an educational grant from Sanofi-Aventis.

SPECIAL INTEREST GROUP MEETINGS

Monday, June 27, 7:00 A.M. - 8:30 A.M.

Special Interest Groups are break-out groups designed for specific practitioners and clinicians to network about their unique needs within their disciplines. (No CME credits or Contact Hours are available for these meetings.)

NURSE PRACTITIONERS and PA's
This group is designed for nurse practitioners and physician assistants who are clinically involved in the care of the bariatric surgical patients in the hospital or clinical setting. MODERATOR: William Gourash, CRNP, MSN

DIETITIAN
This group is designed for those individuals who counsel, interact and oversee the unique dietary needs of the bariatric surgical patient in the clinic or hospital setting. MODERATOR: Linda Aills, RD

SUPPORT GROUP
This group is designed for those individuals who are responsible for coordinating, facilitating or planning to begin a support group. MODERATOR: TBD

OFFICE SUPPORT STAFF
This group involves a variety of office personnel including insurance billers, coders and authorizers as well as receptionists and patient coordinators. MODERATOR: TBD

NURSING
This group is designed for the nursing personnel who are clinically involved in the care of the bariatric surgical patient in the hospital or clinical setting. MODERATOR: Jill Meador, RN, BSN

PSYCHOLOGICAL
This group is designed for psychologists or psychiatrists interacting with the bariatric patient pre- and post-operatively. MODERATOR: Diane LeMont, PhD
PROGRAM CHAIRS

PLENARY SESSION
Eric J. DeMaria, MD
Medical College of Virginia
Richmond, VA, USA

ALLIED HEALTH SCIENCES GENERAL SESSION
Jill Meador, RN, BSN
Medical College of Virginia
Richmond, VA, USA

GUEST SPEAKERS

PRESIDENTIAL ADDRESS
Harvey J. Sugerman, MD
Virginia Commonwealth University
Richmond, VA, USA

BASIC SCIENCE LECTURE
David E. Kelley, MD
University of Pittsburgh
Pittsburgh, PA, USA

EDWARD E. MASON FOUNDERS LECTURE
Samuel Klein, MD
Washington University School of Medicine
St. Louis, MO, USA

DISTINGUISHED GUEST SPEAKER
Scott Haverlock
Senior Benefits Manager
Caesars Entertainment

COURSE DIRECTORS

ESSENTIALS IN BARIATRIC SURGERY
Scott A. Shikora, MD
Tufts-New England Medical Center
Boston, MA, USA

ADVANCED BARIATRIC SURGERY
Kelvin Higa, MD
Valley Surgical Specialists
Fresno, CA, USA

ADVANCED LAPAROSCOPIC SUTURING
T. Karl Byrne, MD
Medical University of South Carolina
Charleston, SC, USA

LAPAROSCOPIC CADAVER LABS
J. Stephen Scott, MD
Midwest Bariatric Center
Wentzville, MO, USA

ALLIED HEALTH SCIENCES POST-GRADUATE

ALLIED HEALTH ESSENTIALS IN SURGICAL SUPPORT
Tracy Owens, RN, BSN
Wittgrove Bariatric Center
La Jolla, CA, USA

ADVANCED OR NURSES & TECHNICIANS
Jennifer Gianos, RNFA, CNOR
Florida Center for Surgical Weight Control
Lauderdale Lakes, FL, USA

BEHAVIORAL HEALTH ISSUES IN BARIATRIC SURGERY
Cathy Reto, PhD
Private Practice
San Diego, CA, USA

RISK REDUCTION
John Baker, MD
Private Practice
Little Rock, AR, USA
Fadi Abou-Nukta, MD
Hospital of Saint Raphael
New Haven, CT USA

Linda Aills, RD, LD
Fair Oaks Obesity Surgery Center
Arlington, VA USA

Amjad Ali, MD
University of Missouri Kansas City
School of Medicine
Erie, PA USA

Jeff Allen, MD
University of Louisville
Louisville, KY USA

Steven R. Allen, MD
Cincinnati Children's Hospital
Medical Center
Cincinnati, OH USA

Grady D. Alsabrook, MD
UC Surgeons Center for Surgical
Weight Loss and The Christ
Hospital
Cincinnati, OH USA

Rosalinda Alvarado, BA
Stanford University
Stanford, CA USA

Luigi Angrisani, MD, ChM
Italian collaborative study Group
for Lap Band & BIB (GILB)
Naples, Italy

Priscila Antozzi, MD
Cleveland Clinic Florida
Weston, FL USA

John W. Baker, MD
Private Practice
Little Rock, AR USA

Matthew T. Baker, MD
La Crosse, WI USA

Aviv Ben-Meir, MD
Cleveland Center for Bariatric
Surgery Saint Vincent Charity
Hospital
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Nashville, TN USA

Marcos A. Berry, MD
Santiago, Chile

Marc Bessler, MD
Columbia University Medical
Center
New York, NY USA

Zubin Bhesania, MD
Port Huron Hospital
Port Huron, MI USA

Dale S. Bond, PhD
Virginia Commonwealth University
Richmond, VA USA

Marilyn J. Borkgren-Okonek, APN, MS
Suburban Lung Associates
Elk Grove Village, IL USA

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Covington, LA USA

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San Diego, CA USA

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Henry Ford Hospital
Detroit, MI USA

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University
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Walk from Obesity
Nashville, TN USA

Joseph A. Caruana, MD
Sisters of Charity Hospital
Buffalo, NY USA

Carlos Carrasquilla, MD
Florida Center for Surgical Weight
Control
Fort Lauderdale, FL USA
PRESENTERS

Ralph Carson, PhD, RD, LD
Private Practice
Huntsville, AL USA

Juan C. Cendan, MD
University of Florida
Gainesville, FL USA

Federico Ceppa, MD
Temple University Clinical Campus Western Pennsylvania Hospital
Pittsburgh, PA USA

Kar-Huei Cha, MD
New York University School of Medicine
New York, NY USA

J. Kenneth Champion, MD
Emory-Dunwoody Medical Center
Atlanta, GA USA

Oscar Chan, MD
Advanced Laparoscopic and General Surgery Associates
Vienna, VA USA

Ming Young Cho, MD
Cleveland Clinic Florida Weston, FL USA

Brandon Chock, BS
University of Southern California
Los Angeles, CA USA

Michael P. Choi, DO
UC Davis Medical Center
Sacramento, CA USA

Ricardo Cohen, MD
Center for the Surgical Treatment of Morbid Obesity Hospital Sao Camilo
Sao Paulo, Brazil

Joy L. Collins, MD
University of Pittsburgh Division of Minimally Invasive Surgery
Pittsburgh, PA USA

Daniel R. Cottam, MD
Surgical Weight Control Center of Nevada
Las Vegas, NV USA

George S. M. Cowan, Jr., MD
University of Tennessee Memphis, TN USA

Deborah Cox, RN
North Ridge Medical Center
Fort Lauderdale, FL USA

Monty Cox, MD
Hickory Surgical Clinic
Hickory, NC USA

Debbie Daley, RD
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Fort Lauderdale, FL USA

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Eric J. DeMaria, MD
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European Center of Pharmaceutical Basel, Switzerland

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Atlanta, GA USA

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Newport Beach, CA USA

Alex Escalona, MD
Pontificia Universidad Católica de Chile
Santiago, Chile

Ronald K. Evans, PhD
Virginia Commonwealth University
Richmond, VA USA

Michael D. Felix, MD
Pittsburgh Bariatrics at Sewickley Valley Hospital
Sewickley, PA USA

Barry Fisher, MD
North Vista Hospital
Las Vegas, NV USA
<table>
<thead>
<tr>
<th>Presenter</th>
<th>Institution</th>
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<tr>
<td>Laurie Focacci, PA-C, MPAS</td>
<td>Beth Israel Medical Center, New York, NY USA</td>
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<tr>
<td>Lynette Franklin, RN</td>
<td>Medical University of South Carolina, Charleston, SC USA</td>
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<tr>
<td>Glenn J. Forrester, MD</td>
<td>Montefiore Medical Center and Albert Einstein College of Medicine, Bronx, NY USA</td>
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<tr>
<td>Bryan Freeman, MD</td>
<td>Freeman and Company Bariatric Center, Anniston, AL USA</td>
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<tr>
<td>Daniel J. Gagné, MD</td>
<td>The Western Pennsylvania Hospital, Pittsburgh, PA USA</td>
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<tr>
<td>Alan C. Geiss, MD</td>
<td>North Shore University Hospital, Syosset, NY USA</td>
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<td>Alfredo Genco, MD</td>
<td>Italian collaborative study Group for Lap Band &amp; BIB (GLIB), Naples, Italy</td>
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<td>Biswajit Ghosh, MD</td>
<td>Brookdale University Hospital and Medical Center, Brooklyn, NY USA</td>
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<td>Florida Center for Surgical Weight Control, Fort Lauderdale, FL USA</td>
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<td>Rodrigo Gonzalez, MD</td>
<td>Interdisciplinary Obesity Treatment Group, University of South Florida, Tampa, FL USA</td>
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<td>John Paul Gonzalvo, MD</td>
<td>The Bariatric Institute, Cleveland Clinic Florida, Weston, FL USA</td>
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<tr>
<td>Richard Gorman, MD</td>
<td>Penn State Surgical Weight Loss, Penn State College of Medicine, Hershey, PA USA</td>
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<td>Jon C. Gould, MD</td>
<td>University of Wisconsin Medical School, Madison, WI USA</td>
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<td>Ajay Goyal, MD</td>
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<td>Andrew A. Gumbs, MD</td>
<td>Yale University School of Medicine, New Haven, CT USA</td>
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<tr>
<td>Peter T. Hallowell, MD</td>
<td>University Hospitals of Cleveland, Cleveland, OH USA</td>
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<tr>
<td>Denis J. Halmi, MD</td>
<td>Obesity Surgery Center, Woodbridge, VA USA</td>
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<tr>
<td>Giselle Hamad, MD</td>
<td>University of Pennsylvania Medical Center, Pittsburgh, PA USA</td>
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<tr>
<td>Nahid Hamoui, MD</td>
<td>University of Southern California, Los Angeles, CA USA</td>
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<tr>
<td>Robert W. Hart, MD</td>
<td>Elk Grove Village, IL USA</td>
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<td>Christopher T. Haughn, MD</td>
<td>Pittsburgh, PA USA</td>
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<tr>
<td>Charles K. Herman, MD</td>
<td>Albert Einstein College of Medicine and Jacobi Medical Center, Bronx, NY USA</td>
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<tr>
<td>Kelvin Higa, MD</td>
<td>Valley Surgical Specialists, Fresno, CA USA</td>
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<tr>
<td>Dennis Hong, MD</td>
<td>Legacy Health System, Portland, OR USA</td>
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<tr>
<td>Scott G. Houghton, MD</td>
<td>Mayo Clinic College of Medicine, Rochester, MN USA</td>
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<td>Vincent A. Iannace, MD</td>
<td>Hackensack University Medical Center, Hackensack, NJ USA</td>
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<tr>
<td>Sayeed Ikramuddin, MD</td>
<td>University of Minnesota, Minneapolis, MN</td>
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<tr>
<td>Mohammad K. Jamal, MD</td>
<td>Virginia Commonwealth University Health System, Richmond, VA USA</td>
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</tbody>
</table>
Jill Meador, RN, BSN  
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Pandu R. Yenumula, MD
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Pittsburgh, PA USA

Alan C. Wittgrove, MD
Wittgrove Bariatric Center
San Diego, CA USA
ALLIED HEALTH ESSENTIALS IN SURGICAL SUPPORT COURSE
SUNDAY, JUNE 26, 8:00 AM - 4:30 PM
COURSE DIRECTOR: TRACY OWENS, RN, BSN

COURSE OVERVIEW AND TARGET AUDIENCE:
This course provides an overview of the fundamentals of bariatric surgical practice management. It is designed primarily for allied health personnel new to the field, but it is also a great review for the experienced allied health professional. (Up to 7.5 CEU credits available)

OBJECTIVES:
Upon completion of this activity participants should be able to:
1. Describe the disease of morbid obesity;
2. Identify appropriate bariatric surgical candidates;
3. Discuss the advantages and disadvantages of bariatric surgical procedures;
4. Identify post-operative metabolic deficiencies and discuss treatment;
5. Discuss the management of post-operative metabolic complications;
6. Discuss the role of support groups and exercise for bariatric surgery patients;
7. Explain the importance of a multi-disciplinary bariatric program;
8. Interpret insurance and authorization issues;
9. Describe practice planning and marketing strategies.

COURSE OUTLINE:
8:00 a.m. Introduction
8:05 a.m. The disease of morbid obesity - Tracy Owens, RN, BSN
8:45 a.m. The surgical treatment of morbid obesity - Alan Wittgrove, MD
9:30 a.m. Break
9:45 a.m. Patient education and informed consent - Tracy Owens, RN, BSN
10:30 a.m. Post-op care - Bobbie Lou Price, RN, BSN
11:00 a.m. Nutrition/vitamin therapy - Linda Aills, RD
12:00 p.m. Lunch
1:00 p.m. Role of exercise and support group - Barbara Metcalf, RN
1:30 p.m. Patient follow-up - Bobbie Lou Price, RN, BSN
1:50 p.m. Psychological support - Melodie Moorehead, PhD
2:50 p.m. Break
3:05 p.m. Insurance and surgical access - Walter Lindstrom, Jr., Esq.
4:00 p.m. Faculty Panel Discussion and Questions/Answers
4:15 p.m. Evaluations and post-test
4:30 p.m. Adjourn
ADVANCED OR NURSES AND SURGICAL TECHNICIANS COURSE
SUNDAY, JUNE 26 8:00 A.M. - 4:45 P.M.
COURSE DIRECTOR: JENNIFER GIANOS, RNFA, CNOR

COURSE OVERVIEW AND TARGET AUDIENCE:
This course is designed for the operating room staff member who desires expertise in caring for the bariatric surgical patient with intra-operative or post-operative complications/challenges. The course teaches anticipation of surgical needs by demonstrating special instruments and equipment needed in dealing with the unexpected operative event and post-operative complications including those encountered with BPD/DS and laparoscopic adjustable banding. Psychological issues and case studies of operative complications with interactive audience participation will also be presented. (Up to 7.5 CEU credits available)

OBJECTIVES:
Upon completion of this activity participants should be able to:
1. List the necessary equipment and special needs for intra-operative complication management;
2. List possible post-operative complications in bariatric surgery;
3. Discuss various surgical techniques for complication management.

COURSE OUTLINE:
8:00 a.m. Welcome
8:05 a.m. “Keep Hope Alive” - Melodie Moorehead, PhD
9:00 a.m. Complications in Bariatric Surgery which need surgical intervention
• Surgeon’s point of view - Carlos Carrasquilla, MD
• Preparedness prior to surgery - Tracey Owens, RN, BSN
• Peri-operative nurse’s point of view - Jennifer Gianos, RNFA, CNOR
• Intra-operative Complications - Jennifer Gianos, RNFA, CNOR
10:45 a.m. Case Studies of Gastric Bypass post-op complications - Carlos Carrasquilla, MD
11:30 a.m. Q & A
11:45 a.m. Lunch
1:00 p.m. Complications in Adjustable Gastric Banding which need surgical intervention
• Surgeon’s point of view and case studies - Jeff Allen, MD
• Preparedness prior to surgery - Giovanni Dugay, NP
• Peri-operative nurse’s point of view - Giovanni Dugay, NP
2:45 p.m. Complications in Duodenal Switch which need surgical intervention
• Surgeon’s point of view and case studies - Robert Rabkin, MD
• Preparedness prior to surgery - Barbara Metcalf, RN
• Peri-operative nurse’s point of view - Barbara Metcalf, RN
4:15 p.m. Q & A
4:45 p.m. Adjourn
ADVANCED LAPAROSCOPIC SUTURING COURSE
MONDAY, JUNE 27 COURSE A: 8:00 A.M. - 12:00 P.M. COURSE B: 1:00 P.M. - 5:00 P.M.
COURSE DIRECTOR: KELVIN HIGA, MD

Each course offering is limited to 20 participants

COURSE OVERVIEW AND TARGET AUDIENCE:
This course is intended to provide instruction in laparoscopic suturing techniques for surgeons performing bariatric surgery. Techniques for extracorporeal and intracorporeal suturing will be demonstrated, with both interrupted and continuous suture. A didactic lecture will provide instruction on techniques to improve laparoscopic suturing skills. This is a hands-on course with the goal of being able to perform a hand sewn two layer closure at the end of the lab. (Up to 4.0 CME credits are available)

OBJECTIVES:
Upon completion of this activity participants should be able to:
1. List the appropriate equipment for laparoscopic suture;
2. Describe set-up for laparoscopic suturing;
3. Demonstrate extracorporeal and intracorporeal suturing techniques.

PROGRAM:
- Principles of laparoscopic suturing and instrumentation
- Extracorporeal suturing
- Intracorporeal suturing
- Continuous suturing and anastomotic techniques
RISK REDUCTION COURSE
MONDAY, JUNE 27, 1:00 P.M. - 5:00 PM
COURSE DIRECTOR: JOHN BAKER, MD

COURSE OVERVIEW AND TARGET AUDIENCE:
This half-day course is designed to educate bariatric surgeons in the areas of charting, documentation, preparation for deposition and cross examination in an effort to help reduce the liability and exposure of their practice. Topics of discussion will include expert witnesses, proctoring, and packaging your practice for review. (Up to 4.0 CME credits available)

OBJECTIVES:
Upon completion of this activity participants should be able to:
1. Identify liability issues and ways to reduce lawsuit risk;
2. Implement charting and documentation procedures to minimize liability;
3. Prepare for deposition and cross examination;
4. Explain the role and expectations of the expert witness;
5. Recognize potential areas of vulnerability within a practice as it relates to professional liability and risk reduction;
6. Discuss risk rating;
7. Describe how to take care of yourself once litigation has been initiated.

FACULTY:
John Baker, MD; George S.M. Cowan, Jr., MD; Frances E. O’Connell, RN, BSN; James Saxton, Esq.

COURSE OUTLINE:

1:00 p.m. Welcome
1:05 p.m. Patient Information: Pre-operative Education and Documentation, Follow-up, and Support Groups. Disclosure of Experience, Complications
1:35 p.m. Availability/Communications
1:55 p.m. Risk Rating
2:25 p.m. Charting and Documentation
2:55 p.m. Preparation for Deposition and Cross Examination
3:25 p.m. Expert Witness
3:45 p.m. Alternative Dispute Resolution: Mediation, Arbitration, and Binding Arbitration
4:10 p.m. How to Take Care of Yourself After Litigation Has Been Initiated
4:30 p.m. Panel Discussion and Questions
5:00 p.m. Adjourn
ALLIED HEALTH POST-GRADUATE COURSES
MONDAY, JUNE 27
COURSE DIRECTOR: TRACY OWENS, RN, BSN
Courses offered both in the morning and afternoon on Monday, June 27. (Up to 3.0 CEU credits available per course)

I. CASE STUDY PRESENTATIONS
MODERATOR: Bobbie Lou Price, RN, BSN
FACULTY: Jamie Carr, RN; Bobbie Lou Price, RN, BSN; Titus Duncan, MD; Alan Wittgrove, MD; Melodie Moorehead, PhD; Jill Meador, RN, BSN; Christopher Sill, MD

COURSE OVERVIEW: With an increase in Allied Health's participation in pre-, peri-, and post-operative care of the bariatric patient, the demand for increased advanced knowledge in caring for the surgical bariatric patient is imperative. This three-hour case presentation will enlighten participants on potential medical, psychological and nutritional complications.

OBJECTIVES:
Upon completion of this course participants should be able to:
1. Identify signs and symptoms of post-operative complications;
2. Discuss possible psychological concerns in the bariatric surgical patient;
3. Discuss interventions in dealing with difficult patients;
4. Discuss the psychological impact on patients undergoing bariatric surgery.

<table>
<thead>
<tr>
<th>COURSE I-A (9:00 a.m. - 12:00 p.m.)</th>
<th>COURSE I-B (1:00 p.m. - 4:00 p.m.)</th>
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<tr>
<td>9:00 a.m. Welcome</td>
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<tr>
<td>9:10 a.m. Case Presentations</td>
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<tr>
<td>10:30 a.m. Break</td>
<td>2:30 p.m. Break</td>
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<td>10:45 a.m. Case Presentations</td>
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<tr>
<td>11:15 a.m. Patient Self-presented Case Presentations</td>
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<td>12:00 p.m. Adjourn</td>
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II. BEHAVIORAL HEALTH ISSUES IN BARIATRIC SURGERY
COURSE DIRECTOR: Cathy Rito, PhD
COURSE OVERVIEW: Currently, behavioral health care providers are being asked to provide psychological evaluations, treatment, and support for individuals undergoing or who have undergone gastric bypass surgery. This course is designed to cover topics related specifically to these issues in a way that will be helpful to providers new to the field of bariatrics as well as the experienced professional. Additionally, potential liability issues pertaining to conducting and writing the pre-surgical evaluation will be discussed in the context of current standards of practice.

OBJECTIVES:
1. Describe effective ways to establish a supportive, helpful alliance with the pre-surgical candidate;
2. Identify elements pertinent to the preparation of a functional pre-surgical evaluation;
3. Discuss the utility and predictive value of current assessment measures;
4. Identify "red flags" in pre-surgical eating behaviors that may compromise surgical and psychological outcomes;
5. Discuss the ways in which a bariatric procedure may alter or induce disordered eating;
6. Identify and discuss potential liability issues pertaining to the preparation of pre-surgical evaluations from both the perspective of the candidate as well as the clinician.

<table>
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<tr>
<th>COURSE II-A (9:00 a.m. - 12:00 p.m.)</th>
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<tr>
<td>8:30 a.m. Registration for CEU's</td>
<td>12:30 p.m. Registration for CEU's</td>
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<tr>
<td>9:00 a.m. Welcome - David Engstrom, PhD, Moderator</td>
<td>1:00 p.m. Welcome - David Engstrom, PhD, Moderator</td>
</tr>
<tr>
<td>9:05 a.m. Essentials of Pre-Operative Bariatric Evaluations - Melodie Moorehead, PhD; Steve Ritz, PhD; Jay Summers, PhD</td>
<td>1:05 p.m. Essentials of Pre-Operative Bariatric Evaluations - Melodie Moorehead, PhD; Steve Ritz, PhD; Jay Summers, PhD</td>
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<tr>
<td>10:00 a.m. Break</td>
<td>2:00 p.m. Break</td>
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<tr>
<td>10:15 a.m. New Perspectives in Disordered Eating - Ralph Carson, PhD; Cathy S. Rito, PhD</td>
<td>2:15 p.m. New Perspectives in Disordered Eating - Ralph Carson, PhD; Cathy S. Rito, PhD</td>
</tr>
<tr>
<td>11:35 a.m. Q &amp; A</td>
<td>3:35 p.m. Q &amp; A</td>
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<td>12:00 p.m. Adjourn</td>
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III. RAISING THE BAR WITHIN YOUR BARIATRIC PROGRAM

MODERATOR: Tracy Owens, RN, BSN

COURSE OVERVIEW: A multidisciplinary program is essential for patient’s pre-, intra-, and post-operative success. Striving to build a more comprehensive, organized program in the complex and demanding specialty of bariatric surgery is essential for optimal patient care, satisfaction and success. This half-day course will help you gain insight on how to streamline care as well as build efficiencies in your ever-evolving bariatric program. All faculty bring years of knowledge and experience to share in the care and development of your bariatric program.

OBJECTIVES:
Upon completion of this course the participant will:
1. Understand the importance of implementing nursing competencies in their bariatric program;
2. Identify the necessary clinical pathways commonly utilized in bariatric practices;
3. Discuss the management of staff development;
4. Describe the ways one can implement patient tracking of outcomes and long-term follow up in their bariatric program.
5. Discuss ways to build effective support group meetings;
6. Identify pertinent data and publications in bariatric surgery;
7. Discuss the role of a bariatrician in a bariatric program.

COURSE III-A (9:00 a.m. - 12:00 p.m.)

<table>
<thead>
<tr>
<th>Time</th>
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<td>9:05 a.m.</td>
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<td>Tracy Owens, RN, BSN</td>
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<td>Developing Clinical Pathways - Laura Boyel, RN</td>
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<td>9:35 a.m.</td>
<td>Policy and Procedure Development - Tracy Owens, RN, BSN</td>
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<td>Staff Development - Deborah Cox, RN</td>
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<td>Break</td>
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<td>Building Dynamic Support Groups</td>
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MEDICAL/Legal Issues

MODERATOR: Kelley Brown, Esq.

FACULTY: Kathleen McCauley Esq., Medical Malpractice Attorney

COURSE OVERVIEW: There is nothing more frightening to a practitioner than to learn that you are being sued. The emotional stress can be overwhelming. Whether you are the primary defendant or called upon to testify in a medical malpractice lawsuit, it is best to know how to conduct yourself in the most knowledgeable, prepared manner. This half-day course will give you real life examples of the do’s and don’ts when participating in a medical malpractice lawsuit.

OBJECTIVES:
1. Discuss the legal climate and common reasons individuals file medical malpractice lawsuits;
2. Identify behaviors that improve the chances of defending your actions in a medical malpractice lawsuit;
3. Describe effective ways to prepare for giving a deposition;
4. Discuss effective and ineffective behaviors as a witness or defendant in a deposition or trial.

COURSE IV-A (9:00 a.m. - 12:00 p.m.)

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<td>9:00 a.m.</td>
<td>Introduction of Ms. McCauley by Dr. Alan Wittgrove</td>
<td>Alan Wittgrove</td>
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<td>9:05 a.m.</td>
<td>The legal climate of today and common reasons why individuals sue</td>
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<td>Practicing defensively-examples provided</td>
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<td>9:45 a.m.</td>
<td>Preparing for and giving a deposition - the do’s and don’ts</td>
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<td>10:15 a.m.</td>
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<td>Mock Trial/Deposition</td>
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COURSE IV-B (1:00 p.m. - 4:00 p.m.)

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<td>4:00 p.m.</td>
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ALLIED HEALTH GENERAL SESSION
TUESDAY, JUNE 28, 8:00 A.M. - 5:00 P.M.
PROGRAM CHAIR: JILL MEADOR, RN

COURSE OVERVIEW AND TARGET AUDIENCE:
This course covers a variety of topics related to the pre- and post-op care of the bariatric surgery patient and although it is designed with the allied health care professional in mind, it serves as an update in management practice for the physician. (Up to 7.75 credit hours available)

OBJECTIVES:
Upon completion of this course, participants should be able to:
1. Recognize symptoms of gastric prolapse in Lap Band patients and discuss outcomes after surgical revision;
2. List potential micronutrient/nutritional deficiencies in pre- and post-operative bariatric surgery patients and discuss treatment options;
3. Identify impact of healthcare professional sensitivity training, environmental preparation and music & relaxation on staff and patient satisfaction;
4. Discuss impact of support groups, compulsive eating, stage of readiness and patient compliance on bariatric surgery outcomes;
5. Describe national outcomes for adolescent bariatric surgery and identify the role of support groups in this population;
6. Recognize the impact of bariatric surgery on metabolic syndrome and energy expenditure;
7. Identify signs and symptoms of sleep disturbances in the bariatric surgery patient and discuss the utilization of auto-titrating c-pap protocols.

SESSION I
Moderator: Dale Bond, PhD

8:00 a.m.  Opening Remarks and Welcome
   Jill Meador, RN, Program Chair

8:05 a.m.  AH1. OUTCOMES OF LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING AFTER A REVISION FOR
   GASTRIC PROLAPSE Giovanni Dugay, NP; Kar-Huei Cha, MD; Heeoung Youn, RN; Gaspar Rosario,
   RN; Christine Ken, MD; George Fielding, MD

8:20 a.m.  AH2. HELICOBACTER PYLORI TESTING IN PREOPERATIVE ROUX-EN-Y GASTRIC BYPASS
   PATIENTS. Bryan Freivogel MD, FAC)S; Timothy Barnes SA / PA; Joyce Johnson Clinical Director

8:35 a.m.  AH3. METABOLIC SYNDROME: YET ANOTHER CO-MORBIDITY GASTRIC BYPASS HELPS
   CURE Aml K. Madan, MD; Whitney Orth, MS, RD; Craig A. Ternovits, MD; David S. Tichansky, MD

8:50 a.m.  AH4. MICRONUTRIENTS DEFICIENCIES AFTER
   LAPAROSCOPIC GASTRIC BYPASS AND DUODENAL SWITCH. A COMPARATIVE
   STUDY. Xavier Lapointe-Gagner; Michel Gagner, MD

9:05 a.m.  AH5. ADDRESSING PREOPERATIVE NUTRIENT
   DEFICIENCIES. Abbe Breiter, MS, RN; Robert T. Marema, MD; Cynthia K. Buffington, PhD

9:20 a.m.  AH6. NUTRITIONAL RESUSCITATION FOR ACUTE
   ON CHRONIC MALNUTRITION RESULTING FROM CHRONIC NON-COMPLIANCE
   WITH SUPPLEMENTS FOLLOWING DISTAL

9:50 a.m.  BREAK

SESSION II
Moderator: Karen Schulz, RN

10:15 a.m. AH7. THE PURPOSE OF MUSIC AND
   RELAXATION FOR HEALTH PROMOTION
   AFTER BARIATRIC SURGICAL PROCEDURE
   - A PROSPECTIVE, RANDOMISED STUDY
   Karl Miller, MD; Guenther Bernarzky, PhD

10:30 a.m. AH8. SENSITIVITY EDUCATION FOR
   THE HEALTHCARE TEAM; AN
   INTERDISCIPLINARY MODEL. Jan D. Lashock,
   BS, RN

10:45 a.m. AH9. CHALLENGES IN CARING FOR THE
   BARIATRIC PATIENT: THE NURSES‘
   PERCEPTIONS. Daniel J. Drake, RN, BSN, CNS;
   Mary Ann Rose, RN, EdD

11:00 a.m. AH10. NONCOMPLIANCE WITH BEHAVIORAL
   RECOMMENDATIONS FOLLOWING
   BARIATRIC SURGERY. Gary Elkins, PhD; Paulette
   Whitfield, RN, MSN, NP; Joel Marcus, PsyD;
   Richard Symmonds, MD; Joaquin Rodriguez, MD;
   Teresa Cook, MS

11:15 a.m. ASBS DISTINGUISHED GUEST SPEAKER
   Introduction: Tracy Owens, RN, BSN
   COVERING BARIATRIC SURGERY: A
UNIQUE APPROACH THAT BENEFITS BOTH THE EMPLOYEE AND EMPLOYER.
Scott Haverlock

11:45 a.m. QUESTION & ANSWER SESSION

12:00 p.m. LUNCH (served in the Exhibit Hall)

SESSION III
Moderator: Cathy Reto, PhD

1:15 a.m. Allied Health Update, Chair Reports, Allied Health Chair-elect Nominee

1:30 p.m. AH11. SUPPORT GROUPS - A POWERFUL VOICE FOR THE BARIATRIC PRACTICE Jacquelyn K. Smierthka, RN

1:45 p.m. AH12. EXPANSION OF BARIATRIC PROGRAM ACROSS HOSPITAL NETWORK Ruth M. Davis, RN, BSN

2:00 p.m. AH13. NATIONAL IN-PATIENT OUTCOMES FOR ADOLESCENT BARIATRIC SURGERY John M. Morton, MD, MPH; Craig T. Albanese, MD

2:15 p.m. AH14. THE UTILITY OF SUPPORT GROUPS FOR ADOLESCENT BARIATRIC SURGERY PATIENTS Kathryn L. Burg MSN, CRNP; Carrie Moran MSN, CRNP; Samantha Warner-Grimsley, RN; Rachel Griehs, RD; David Sarwer, PhD; Noel N. Williams MD

2:30 p.m. QUESTION & ANSWER SESSION

2:45 p.m. BREAK

SESSION IV
Moderator: Melodie Moorehead, PhD

3:00 p.m. Chair Address and Incoming Chair Introduction Deborah Cox, RN; Bobbie Lou Price, RN

3:15 p.m. AH15. COMPULSIVE EATING AS A PROGNOSTIC FACTOR OF WEIGHT LOSS AFTER BARIATRIC PROCEDURES Paulo C. Saller, MD, PhD; Eliane Collis; Carlos E. Pisani, MD; José A. Saller, MD

3:30 p.m. AH16. COMPARISON OF MEASURED VERSUS CALCULATED RESTING ENERGY EXPENDITURE IN BARIATRIC PATIENTS Debbie Daley, RD; Abbe Breiter, MS, RD; Robert T. Marena, MD; Cynthia K. Buffington, PhD

3:45 p.m. AH17. PHYSICAL ACTIVITY (PA) STAGE OF READINESS PREDICTS MODERATE-VIGOROUS INTENSITY PHYSICAL ACTIVITY (MVPA) PARTICIPATION AMONG MORBIDLY OBESE GASTRIC BYPASS SURGERY (GBS) CANDIDATES Ronald K. Evans, PhD; Dale S. Bond, PhD; Eric J. DeMaria, MD; Luke G. Wolfe, MS; Jill G. Meador, BSN; John M. Kellum, MD; James W. Maher, MD; Beverly J. Warren, PhD

4:00 p.m. AH18. THE EPWORTH SLEEPINESS SCALE AND MODIFIED BERLIN QUESTIONNAIRE: COMPARISON IN A BARIATRIC COMMUNITY HOSPITAL Julie Welcheck, RN OCN; Helmut Schreiber, MD; Indukumar Sonpal, MD; Linda A Patterson, MD; Aviv Ben-Meir, MD; Joseph Sopko, MD, FCCP; Bertha Briones MD, MBA, FCCP, FAASM; Dawn Miller, MA

4:15 p.m. AH19. THE USE AND STANDARDIZATION OF AUTO-TITRATING CPAP PROTOCOLS IN POSTOPERATIVE BARIATRIC PATIENTS Kathryn M. Melesio BSN, RNC, CRNP; Richard Nienstedt, RPH

4:30 p.m. AH20. SEXUAL FUNCTION IN MORBIDLY OBESE FEMALE PATIENTS BEFORE AND AFTER SURGICALLY INDUCED WEIGHT LOSS James M. Swain, MD; Michael Hibner, MD; Jeffrey Cornella, MD

4:45 p.m. QUESTION AND ANSWER SESSION

5:00 p.m. CLOSING REMARKS AND ADJOURN
ESSENTIALS OF BARIATRIC SURGERY:
THE FOUNDATIONS TO A SUCCESSFUL PRACTICE
TUESDAY, JUNE 28, 8:00 A.M. - 5:00 PM
COURSE DIRECTOR: SCOTT A. SHIKORA, MD

COURSE OVERVIEW AND TARGET AUDIENCE:
This course provides an overview of the surgical approach to the management of the morbidly obese patient. It is designed primarily for surgeons new to the field, but it is also a great review for the experienced bariatric surgeon. (Up to 7.0 CME credits available)

OBJECTIVES:
1. Describe the disease of morbid obesity and its comorbid conditions;
2. Determine medical weight loss options;
3. Summarize the history of weight loss surgery;
4. Recognize the various surgical procedures that are common today;
5. Select appropriate bariatric surgical candidates through medical and behavioral assessment;
6. Specify contraindications for surgery;
7. Explain common perioperative complications and long term nutritional consequences.

COURSE OUTLINE:

Session I
The Disease of Obesity and Medical Solutions
8:00 a.m. Obesity and its co-morbid conditions. Eric DeMaria, MD
8:30 a.m. The worldwide epidemic of obesity. Peter Benotti, MD
9:00 a.m. Medical weight loss options. John Dixon, MD
9:30 a.m. What the surgeon should know about the popular diets. Barry Fisher, MD
10:00 a.m. Break

Session II
Surgical Treatment Options
10:30 a.m. What history has taught us. Robert Brolin, MD
11:00 a.m. Restrictive procedures (VBG and banding). Marc Bessler, MD
11:30 a.m. Roux-Y gastric bypass. Robert Brolin, MD
12:00 p.m. Malabsorptive procedures. Raul Rosenthal, MD
12:30 p.m. Lunch (served in exhibit hall)

Session III:
Laying the Groundwork for Surgery
1:30 p.m. Pre-operative medical assessment. Peter Benotti, MD
2:00 p.m. The role of behavioral screening and preparation. Melodie Moorehead, PhD
2:30 p.m. Contraindications for surgery. Scott Shikora, MD
3:00 p.m. Break

Session IV:
Peri-operative and Post-operative Issues
3:30 p.m. Common peri-operative complications. Scott Shikora, MD
4:00 p.m. Long term nutrition consequences. John Dixon, MD
4:30 p.m. Panel, Q & A
5:00 p.m. Wrap up and adjourn
ADVANCED BARIATRIC SURGERY:
CONTROVERSIES IN BARIATRIC SURGERY
TUESDAY, JUNE 28, 8:00 A.M. - 5:00 PM
COURSE DIRECTOR: SCOTT A. SHIKORA, MD

COURSE OVERVIEW:
This course is a step beyond the basic essentials of bariatric surgery, but still encompasses a broad spectrum of topics regarding the surgical techniques and care of the bariatric patient. The course will focus on more challenging issues such as complications, super-obese patients and revisional surgeries. (Up to 7.0 CME credits available)

OBJECTIVES:
1. Analyze the various instruments available and determine which procedure is best for your patient;
2. Demonstrate treatment for GERD after banding;
3. Recognize the common complications associated with bariatric surgery and how to manage them;
4. Describe preventable complications and differentiate the various methods of treatment;
5. Debate the issue of pre-op patient compliance through weight loss and/or smoking cessation;
6. Consider various methods of identifying abdominal pain in the post-op patient.

COURSE OUTLINE:

Session I  Difficult Decision Making
8:00 a.m.  Does the choice of stapler matter?  Marc Bessler, MD
8:30 a.m.  What operation really is the best?  John Kelly, MD
9:00 a.m.  Must we remove the gallbladder?  Giselle Hamad, MD
9:30 a.m.  Interesting case presentation.  Daniel Gagne, MD
10:00 a.m.  Break

Session II  Treating/Preventing Complications (I)
10:30 a.m.  Work-up and treatment of GERD after banding.  Raul Rosenthal, MD
11:00 a.m.  Is there a best option for thromboprophylaxis?  Giselle Hamad, MD
11:30 a.m.  How do I manage post-operative bleeding?  Julie Kim, MD
12:00 p.m.  Interesting case presentation.  Scott Shikora, MD
12:30 p.m.  Lunch (served in Exhibit Hall)

Session III  Treating/Preventing Complications (II)
1:30 p.m.  Can an acute leak be treated laparoscopically or even nonsurgically?  John Kelly, MD
2:00 p.m.  Are internal hernias preventable?  Julie Kim, MD
2:30 p.m.  Interesting case presentation.  Eric DeMaria, MD
3:00 p.m.  Break

Session IV  Bariatric Tidbits
3:30 p.m.  Should patients be asked to lose weight and stop smoking before surgery?  Barry Fisher, MD
4:00 p.m.  A rational approach to the post-op patient with abdominal pain.  Daniel Gagne, MD
4:30 p.m.  Panel, Q & A
5:00 p.m.  Wrap up and adjourn
Masters' Postgraduate Course
Tuesday, June 28, 8:00 A.M. - 4:00 P.M.
Course Director: T. Karl Byrne, MD

Course Overview and Target Audience
This course is designed primarily for bariatric surgeons to address important areas associated with bariatric surgery. The course incorporates a variety of formats including guest lectureships, panel discussions, and workshops. (Up to 6.0 CME credits available)

Objectives:
1. Diagnose and manage patients with pancreatic and/or biliary tract symptoms after Roux-en-Y gastric bypass;
2. Assess wound problems in bariatric surgery patients;
3. Discuss pregnancy in bariatric surgery patients;
4. Discuss the issues in starting a program for adolescents;
5. Determine the treatment of stalled or inadequate weight loss or weight gain years after obesity surgery;
6. Discuss redo surgery and conversion;
7. Discuss treatment of a patient with inadequate weight loss following the Lap band procedure;
8. Discuss the management of intractable stomal ulcers;
9. Discuss issues relating to management and manipulation of the media.

Course Outline
Session I
8:00 a.m. Diagnosis and management of patients with pancreatic and/or biliary tract symptoms after Roux-en-Y gastric bypass - Kathy Morgan, MD
8:25 a.m. Wound problems in bariatric surgery - Lynette Franklin, RN
8:50 a.m. Pregnancy in bariatric surgery patients - Giselle Hamad, MD
9:15 a.m. Negotiating the malpractice quagmire: The Virginia experience - Greg Schroder, MD
9:40 a.m. My hospital wants me to start a program for adolescents - Monty Cox, MD
10:05 a.m. Are you properly credentialed and trained to do bariatric surgery? - Sayeed Ikramuddin, MD
10:25 a.m. Break

Session II
11:00 a.m. Panel Discussion with Case Presentations on the following topics
Moderator: T. Karl Byrne, MD
Panel: Ronna Saunders, RD; Jeff Allen, MD; Eric DeMaria, MD; Noel Williams, MD
- Stalled/inadequate weight loss/weight gain after 2 years; investigation and management
- Who gets a redo, do over and conversion and who should do it
- All JIP patients need a conversion
- Intractable post-op vomiting in the absence of mechanical obstruction: how I manage it
- Lap Band patient desires removal and conversion for inadequate wt loss/intractable vomiting
- Intractable stomal ulcers: management

12:30 p.m. Lunch (served in Exhibit Hall)
2:00 p.m. Case based "Rapid Fire" Panel Discussion on everyday complications in the bariatric patients: "How I do it" Moderator: T. Karl Byrne, MD
Panel: Ronna Saunders, RD; Jeff Allen, MD; Eric DeMaria, MD; Sayeed Ikramuddin, MD; Noel Williams, MD
4:00 p.m. Adjourn
STUDENTS/RESIDENTS/FELLOWS SESSION
TUESDAY, JUNE 28, 1:00 P.M. - 5:00 PM
MODERATOR: PHILIP SCHAUER, MD

COURSE OVERVIEW AND TARGET AUDIENCE
This 1/2 day "in-training" session is designed to give students, residents and fellows the opportunity to present and discuss their work. Each ten-minute paper will be followed by a ten-minute discussion period that includes five minutes of invited commentary from expert faculty.

1. QUALITY OF LIFE AFTER LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING USING THE BAROS AND MOOREHEAD-ARDELT QUALITY OF LIFE QUESTIONNAIREE Jonathan A. Myers, MD; James C. Clifford, BS; Sharif Sarker, MD; Margaret Primeau, PhD; Gretchen L. Doninger, PhD; Vafa Shayani, MD

2. ETHNICITY AND WEIGHT LOSS FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS Glenn J. Forrester, MD; Larry F. Griffith, MD; Babak Moeinolmolki, MD; Pratibha Vemulapalli, MD; Karen E. Gibbs, MD; Julio Teixeira, MD

3. OUTCOME OF LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS IN MORBIDLY OBESE ADOLESCENTS Joy Collins, MD; Faisal Qureshi, MD; Juanita Warnam, RN, Debra Taylor, RN, Laura Velcu, MD, Pandu Yenumula, MD, Bethany Sacks, MD, Cathleen Zmuda, Ramesh Ramanathan, MD, George Eid, MD, Samer Mattar, MD, and Philip Schauer, MD


5. GLYCEMIC CONTROL IN MORBIDLY OBESE RURAL POPULATION AFTER ROUX-EN-Y GASTRIC BYPASS Salman Malik MD, Marc Rogers MD, Vittorio Lombardo MD, Parkash Paragi MD, Craig Woods MD, Christopher Still DO and Anthony Petrick MD

6. ACUTE PREOPERATIVE WEIGHT LOSS: DOES IT IMPROVE EASE OF LAPAROSCOPIC GASTRIC BYPASS? Rockson C Liu, MD; Adheesh Sabnis, MD; Bipan Chaud, MD

7. IS GALLBLADDER ULTRASOUND NECESSARY IN PATIENTS UNDERGOING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS? Federico A. Capa, MD; Pavlos K. Papasavas, MD; Daniel J. Gagne, MD; Cornelia Savopoulou, MD; Philip F. Caushaj, MD

8. SELECTIVE LAPAROSCOPIC CHOLECYSTECTOMY DURING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS Alexander Perez MD, Lauren Seymour PA-C, Jay Kuhn MD, and Imtiaz A. Munshi, MD, FACS

9. BANDS VERSUS BYPASSES: RANDOMIZATION AND PATIENTS' CHOICES AND PERCEPTIONS Craig A. Ternovits MD, David S. Tichansky MD, Atul K. Madan MD
PLENARY SESSION
WEDNESDAY - FRIDAY JUNE 29 - JULY 1, 2005
PROGRAM CHAIR: ERIC J. DEMARIA, MD

COURSE OVERVIEW AND TARGET AUDIENCE:
This session incorporates participants’ oral papers with discussion from the floor, invited lectureships, basic science reviews and distinguished guest lectureships covering the wide range of disciplines involved in bariatric surgery. (Up to 16.75 CME credits available)

OBJECTIVES:
1. Define, discuss and solve specific problems in the treatment of morbidly obese patients to improve long term safety and effectiveness;
2. Compare various methods of surgical procedures and equipment;
3. Summarize the effects of fat oxidation and fat accumulation and how they relate to severe obesity;
4. Discuss practical approaches to perioperative treatment of preventable complications;
5. Identify common complications and indicate treatment options available;
6. Consider which procedure may be best for high risk patients;
7. Assess comorbidities and their impact relating to outcome and follow up care;
8. Realize that new, less invasive techniques for weight loss are being studied and may become available in the future.

WEDNESDAY, JUNE 29
SESSION ONE (8:00 A.M. - 10:00 A.M.):
PAPERS OF GENERAL INTEREST TO BARIATRIC SURGEONS

8:00 a.m.  1. THE ADJUSTABLE SILICONE GASTRIC BAND (LAP-BAND) VS. THE SWEDISH ADJUSTABLE GASTRIC BAND (SAGB) - LONG TERM RESULTS OF A PROSPECTIVE RANDOMIZED STUDY. Karl A. Miller, MD, PhD; Emanuel Hell, MD

8:15 a.m.  2. DIFFERENTIAL EFFECTS OF GASTRIC BANDING AND BYPASS ON GASTROINTESTINAL HORMONES. Judith Komer, MD PhD; LJ Cirilo, BA; Marc Besler, MD; William Inabinet, MD; Irene M Conwell, BA; Amna Daud, MD MPH, Nancy Restuccia, RD and Sharon L Wardlaw MD

8:30 a.m.  3. PRE-OPERATIVE DIETARY COUNSELING DOES NOT IMPROVE OUTCOME AND INCREASES DROP-OUT RATES IN PATIENTS CONSIDERING GASTRIC BYPASS SURGERY FOR MORbid OBESITY.* MK Jamal, MD; EJ DeMaria, MD; JM Johnson, DO; BC Carmody, MD; LG Wolfe, MS; JM Kellum, MD; HJ Sugerman

8:45 a.m.  4. PER-ORAL ENDOSCOPIC REDUCTION OF DILATED GASTROJEJUNAL ANASTOMOSIS FOLLOWING ROUX-EN-Y GASTRIC BYPASS: A POSSIBLE NEW OPTION FOR PATIENTS WITH WEIGHT REGAIN. Christopher C. Thompson, MD, MSc; Malcolm K. Robinson, MD; James Slattery, RN; David B. Laurz, MD, FACS

9:00 a.m.  5. LOWER BODY OBESITY PROTECTS AGAINST DIABETES AND SUGGESTS THAT BMI ALONE IS NOT AN ADEQUATE INDEPENDENT INDICATION FOR BARIATRIC SURGERY. Edward H. Livingston, MD

9:15 a.m.  6. A PRESURGICAL NEED FOR PSYCHOThERAPEUTIC CARE CORRELATES WITH IMPROVEMENT IN MEDICAL CO-MORBIDITIES FOLLOWING GASTRIC BYPASS (RYGB).* Sarah Scholten; Bruce Retterath, PhD; Brant VanOrman, PsyD; Timothy Zwart, EdD; Donald J. Scholten, MD; Wayne E. VanderKolk, MD

PLENARY SESSION

WEDNESDAY 6/29 - THURSDAY 6/30  FRIDAY 7/1
JUNE  

9:30 a.m.  BREAK

10:00 a.m. EDWARD E. MASON FOUNDERs LECTURE
Introduction: Harvey Sugerman, MD
Medical Management of Obesity
Samuel Klein, MD

SESSION TWO (10:45 A.M. - 12:00 P.M.)
OBESITY SURGERY - PERI-OPERATIVE MANAGEMENT

10:45 a.m.  7. EFFICACY OF KETOROLAC IN LIEU OF NARCOTICS IN THE OPERATIVE MANAGEMENT OF LAPAROSCOPIC SURGERY FOR MORBID OBESITY.* Ramasamy Govindarajan, MD; Judith Aronsohn, MD; Sanjeev Rajpal, MD; Madhankumar Sathyamoorthy, MD; Nagendra Kodali; Biswejit Ghosh; Ahammad Raza, MD; Adel R. Abadir, MD

11:00 a.m.  8. DEEP VENOUS THROMBOSIS PROPHYLAXIS. A PRACTICAL APPROACH AFTER 4000 PATIENTS. Aviv Ben-Meir, MD, Helmut Schreiber, MD, Linda Patterson, MD, Indukumar Sonpal, MD, John Marshall, MD, Julie Welchek, RN

11:15 a.m.  9. PREDICTIVE FACTORS OF THROMBOEMBOLIC EVENTS IN PATIENTS UNDERGOING ROUX-EN-Y GASTRIC BYPASS. Rodrigo Gonzales, MD; Krista Haines, BA; Lana G. Nelson, DO; Scott F. Gallagher, MD; Michel M. Murr, MD

11:30 a.m.  10. PULMONARY EMBOLUS FOLLOWING GASTRIC BYPASS SURGERY.* Fadi Abu-Nukta, MD, Jordan Gutweiler, MD, Kervin Arroyo, MD, Charles Bakhos, MD, Randolph Reinhold, MD, Geoffrey Nadzam, MD

11:45 a.m.  11. STRATIFIED ENOXAPARIN DOSING ACHIEVES PROPHYLACTIC ANTI-FACTOR XA CONCENTRATION IN GASTRIC BYPASS SURGERY PATIENTS. Marilyn J. Borkgren-Okonek, APN, MS; Robert W. Hart, MD; John A. Pantano, MD; Peter C. Rantis Jr., MD; Paul J. Guske, MD; James M. Kane Jr., MD; Stuart R. Vereman, MD; Jonathan W. Wallace, MD; Nancy Sambol, PharmD; Thuy Vu

American Society for Bariatric Surgery
12:00 p.m.  LUNCH (Served in Exhibit Hall)

VIDEO SESSION (1:30 P.M. - 3:30 P.M.)
CONCURRENT WITH SESSION III

1:30 p.m.  V1. SUPERIOR MESENTERIC ARTERY SYNDROME FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS. Matthew T. Baker, MD, FACS; Michael D. Lara, MD; Shahan N. Kohari, MD, FACS

1:45 p.m.  V2. SIMPLIFIED LAP VERTICAL BANDED GASTRIC BYPASS APPROACH WITH A NEW MODEL OF SILICONE BAND. Almino Cardoso Ramos; Manoela Galvo; Andrey Carlo; Edwin Canseci; Abel Hiroshi; Manoel Galvao Neto

2:00 p.m.  V3. DOUBLE PASS TECHNIQUE FOR LAPAROSCOPIC GASTRIC BANDING IN PATIENTS WITH EXCESSIVE PARAGASTRIC FAT. Jeannine Giovanni, MD

2:15 p.m.  V4. TECHNICAL CHALLENGES AND DIAGNOSTIC DILEMMAS IN REVISIONAL BARIATRIC SURGERY. Ashutosh Kaul, MD

2:30 p.m.  V5. LAPAROSCOPIC HIATAL HERNIA REPAIR AFTER LAGB. Duane Fredericks, MD

2:45 p.m.  V6. CONVERSION FROM PURELY RESTRICTIVE BARIATRIC PROCEDURES TO LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS. Jorge Motalvo, MD; Antonio Spaventa, MD, Alenjandra Gil, MD, Miguel E. Herrera, MD

3:00 p.m.  V7. LAPAROSCOPIC REVISION FOR INADEQUATE WEIGHT LOSS. REDUCING THE GASTRIC POUCH FROM A NON-DIVIDED OPEN GASTRIC BYPASS. Michel Gagner, MD; Kazuki Ueda, MD, Gregory F. Dakin, MD

3:15 p.m.  V8. LAPAROSCOPIC REVISIONAL BARIATRIC SURGERY - A SYSTEMATIC APPROACH. Sabidhar Ganta, MD

SESSION III (1:30 P.M. - 3:30 P.M.)
OBESITY SURGERY - COMPLICATIONS AND MANAGEMENT

1:30 p.m.  12. ENTERIC HYPEROXALURIA, OXALATE NEPHROPATHY, AND NHPHROLITHIASIS: UNAPPRECIATED AND FREQUENT COMPLICATIONS OF ROUX-EN-Y GASTRIC BYPASS (RYGB).* Wayne K. Nelson; Scott G. Houghton, MD; Carla G. Monaco, MD; Dawn S. Milliner, MD; John C. Lieske, MD; and Michael G. Sarr, MD

1:45 p.m.  13. INCIDENCE OF SYMPTOMATIC GALLSTONES AFTER GASTRIC BYPASS: IS PROPHYLACTIC TREATMENT REALLY NECESSARY. Joseph A. Caruana, MD; Marc N. McCabe, RPA-C; Audrey D. Smith, RPA-C; Daniel Sette Camara, MD, Michelle Mercer, RN and John A. Gillespie, MD

2:00 p.m.  14. INCIDENCE OF MARGINAL ULCERS AND THE USE OF ABSORBABLE ANASTOMOTIC SUTURES.* Bethany C. Sacks, MD; Faisal G. Qureshi, MD; Samar G. Mattar, MD; Laura Velcu, MD; Pandu Yenumula, MD; Brian F. Lane, MD; Tomasz Rogula, MD; Paul A. Thodyjil, MD; Joy Collins, MD; Philip R. Schauer, MD

2:15 p.m.  15. CORRELATION OF RADIOGRAPHIC AND ENDOSCOPIC EVALUATION OF THE GASTROJEJUNAL ANASTOMOSIS AFTER ROUX-EN-Y GASTRIC BYPASS SURGERY WITH LINEAR STAPLER ANASTOMOSIS. Samuel Szomstein, MD, Kristoff Naberezy, MD, Marcia Cruz-Correa, MD, Priscila Antozzi, MD, Flavia Soto, MD, Lester Carrodeguas, MD, Fernando Arias, MD, Conrad Simpherdorfer, MD, Oliver Whipple, MD, Richard Gordon, MD, Raul Rosenthal, MD

2:30 p.m.  16. INTERNAL HERNIA AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS.* Brennan J. Carmody, MD, Eric J. DeMaria, MD, Jason M. Johnson, DO, Mohammed K. Jamal, MD, James W. Maher, MD, John M. Kellum, MD, Alfredo Carbonell, DO


3:00 p.m.  18. THE IMPACT OF POST-OP HEMORRHAGE ON PATIENTS UNDERGOING LAPAROSCOPIC ROUX EN Y GASTRIC BYPASS.* Rebecca C. Shore, MD; Julie Kim, MD; Michael Tarnoff, MD; Scott A Shikora, MD

3:15 p.m.  19. USE OF EXPANDABLE METAL STENTS TO TREAT GASTRIC LEAKS. Alberto Salinas, MD; Alberto Baptista, MD; Edwin Santiago, PhD; Ydaly Bonilla, MD; José Yegüe, MD

3:30 p.m.  BREAK

POSTER SESSION (4:00 P.M. - 5:30 P.M.)
See page 32 for listing

5:30 p.m.  ADJOURN

THURSDAY, JUNE 30
SESSION IV (7:45 A.M. - 9:15 A.M.)
CONCURRENT WITH SESSION V
RESTRICTIVE PROCEDURE TOPICS

7:45 a.m.  20. IT IS THE SURGICAL CENTER AND NOT THE PROCEDURE THAT MATTERS: A MATCHED PAIR COHORT STUDY WITH THREE YEAR FOLLOW-UP OF LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (LRYGBP) AND LAP BAND (LAGB) PATIENTS IN A SINGLE US CENTER. Daniel R Cottam, MD; James D Ackinson, MD; Brian E.
**ASBS PLENARY SESSION**

**8:00 a.m.** 21. **SAFETY OF LAPAROSCOPIC GASTRIC BYPASS AND LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING IN OLDER PATIENTS.** Jay C. Jan, MD; Dennis Hong, MD; Laura July, MD; Natasha Pereira, MD; Emma J. Patterson, MD

**8:15 a.m.** 22. **IMPROVED WEIGHT LOSS WAS ASSOCIATED WITH INCREASED NUMBER OF LAP-BAND ADJUSTMENTS.** Myur S. Srikanth, MD; Ki H. Oh, MD, FACS; S. Ross Fox, MD; Earl R. Fox, MD; Annie Falloni, ARNP; and Katherine M. Fox, RN, MPH

**8:30 a.m.** 23. **LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING - LONG TERM FAILURE.** Marcus L. Vilas-Boas, MD; Heitor P. Povoas, MD; Osiris C. Casais, MD; Manuela Andrade, MD

**8:45 a.m.** 24. **STAGED LAPAROSCOPIC GASTRIC BYPASS IN THE SUPER OBSESE PATIENT.** Faisal G. Qureshi MD, Joy Collins MD, Debra Taylor RN, Bethany Sacks MD, Pandu Yenumula MD, Laura Velcu MD, Brian Lane MD, Samer Mattar MD, Philip R. Schauer MD

**9:00 a.m.** 25. **VAGAL AFFERENT DISCHARGE IN SLEEVE GASTRECTOMY.** Tomasz Rogula, MD, PhD; Ahmad Assalia, MD; Federico Cuenca-Abente, MD; Kazuki Ueda, MD, PhD; Michel Gagner, MD

**9:15 a.m.** BREAK

**SESSION V (7:45 A.M. - 9:15 A.M.) CONCURRENT WITH SESSION IV GASTRIC BYPASS TOPICS**

**7:45 a.m.** 26. **GASTRIC BYPASS REDUCES BIOCHEMICAL CARDIAC RISK FACTORS.** D. Brandon Williams, MD; Ramzi S. Alami, MD; Elise H. Lawson, BS; Barry R. Sanchez, MD; Bassem Safadi, MD; Myriam J. Curet, MD; John M. Morton, MD, MPH

**8:00 a.m.** 27. **GASTRIC BYPASS FOR MORBID OBESITY IN HIGH RISK CARDIAC PATIENTS.** Grady D. Alabrook, MD; J. Wesley Alexander, MD, ScD; Hope R. Goodman, MPT

**8:15 a.m.** 28. **LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: COMPARISON OF TWO TECHNIQUES OF GASTROINTESTINAL ANASTOMOSIS.** Nihikilesh R. Sekhar, MD; Rami E. Lusti, MD; Alfonso Torquati, MD; William O. Richards, MD

**8:30 a.m.** 29. **LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS WITH LINEAR CUTTER TECHNIQUE: COMPARISON OF 4 VERSUS 6 ROW STAPLE LINES.** Patricia Cal, MD; Raul Gomez, MD; Fernando Arias, MD; Priscilla Antozzi, MD; David Podkameni, MD; Colleen Kennedy, MD; Alexander Villares, MD; Flavia Soto, MD; Emmanuel Lo Menzo, MD; Elias Chousleb, MD; Guillermo Higa, MD; Nathan Zundel, MD; Samuel Szmstein, MD; Raul Rosenthal, MD

**8:45 a.m.** 30. **LONG TERM RESULT OF PROSPECTIVE RANDOMIZED COMPARISON OF ANTECOLIC

**9:00 a.m.** 31. **IS A ROUX-EN-Y GASTRIC BYPASS SAFE AFTER PREVIOUS ANTI-REFLUX SURGERY?: TECHNICAL FEASIBILITY AND POSTOPERATIVE SYMPTOM ASSESSMENT.** Scott G. Houghton, MD, Lana G. Nelson, DO, Elizabeth M. Nesset, MD, Francis C. Nichols, III, MD, Michael L. Kendrick, MD, Geoffrey B. Thompson, MD, Michel M. Mur, MD, Michael G. Sarr, MD

**9:15 a.m.** BREAK

**SESSION VI (9:45 A.M. - 5:30 P.M.) BARIATRIC SURGERY OUTCOMES AND QUALITY OF CARE STUDIES**

**9:45 a.m.** 32. **DETAILED PRE-OPERATIVE WORKUP UNEARTHS SIGNIFICANT NEW COMORBIDITIES IN A THIRD OF MORBIDLY OBSESE PATIENTS.** Paul Thadityil MD, FRCS, Tomasz Rogula MD, PhD, Ali Harlak MD, Mehmet Cuvasuglu MD, Samer Mattar MD, Philip Schauer MD

**10:00 a.m.** 33. **LAPAROSCOPIC DUODENAL SWITCH IS A SAFE AND EFFECTIVE PRIMARY BARIATRIC OPERATION.** Hazem A. Elariny, MD, PhD, FACS; Oscar Chan, MD

**10:15 a.m.** 34. **OPEN ROUX-EN-Y GASTRIC BYPASS VERSUS LAPAROSCOPIC: A COMPARATIVE STUDY OF OVER 25,000 OPEN CASES AND THE MAJOR LAPAROSCOPIC BARIATRIC REPORTED SERIES.** Kenneth B. Jones, Jr., MD; Joseph D. Afam, MD; Peter N. Benotti, MD; Rafael F. Capella, MD; C. Gary Cooper, MD; Latham Flanagan, MD; Steven Hendrick, MD; L. Michael Howell, MD; Mark T. Jaroch, MD; Kerry Kole, MD; Oscar C. Lirio, MD; James A. Sapala, MD; Michael P. Schuhknecht, MD; Robert R. Shapiro, MD; William A. Sweet, MD; and Michael H. Wood, MD

**10:30 a.m.** 35. **COMPARISON OF TOTALLY ROBOTIC LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (TRRYGB) AND TRADITIONAL LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (LRYGB).** Barry R. Sanchez, MD, Catherine J. Mohr, MSME, John M. Morton, MD, Bassem Y. Safadi, MD, Ramzi S. Alami, MD, Myriam J. Curet, MD

**10:45 a.m.** 36. **THE EFFECT OF MAJOR CO-MORBIDITIES ON MORTALITY AND COMPLICATIONS AFTER GASTRIC BYPASS (GB).** MK Jamal MD, EJ DeMaria MD, JM Johnson DO, BC Carmody MD, LG Wolfe MS, JM Kellum MD, HJ Segerman MD

**11:00 a.m.** 37. **VOLUME-OUTCOME ASSESSMENT IN BARIATRIC SURGERY: METHODOLOGIC CONSIDERATIONS AND POPULATION-BASED RESULTS.** Edward H. Livingston, MD

**11:15 a.m.** 38. **A STATE-WIDE REVIEW OF CONTEMPORARY OUTCOMES OF BARIATRIC SURGERY IN FLORIDA.** Michel M. Mur, MD; Taylor Martin, BS;
Krista L. Haines, BA, Lana G. Nelson, MD; Rodrigo Gonzalez; Scott F. Gallagher, MD

11:30 a.m.  LUNCH (Served in Exhibit Hall)

1:00 p.m.  QUALITY OF CARE SYMPOSIUM
- 1:00 p.m. The Quality of Care in Bariatric Surgery
  Carolyn Clancy, MD
- 1:15 p.m. Occurrence Status in Bariatric Surgery in Washington State Medicaid
  Jeffrey Thompson, MD
- 1:30 p.m. The Importance of a Center of Excellence Program to Health Insurance Carriers
  Robert Grecyzyn, MD
- 1:45 p.m. The Bariatric Surgery Center of Excellence Program
  Walter Pories, MD
- 2:00 p.m. Question & Answers

2:30 p.m.  ASBS PRESIDENTIAL ADDRESS
- INTRODUCTION: Alan Newhoff, MD
- QUALITY ASSURANCE AND IMPROVEMENT IN BARIATRIC SURGERY
  Harvey Sugerman, MD, ASBS President

3:30 p.m.  BREAK

4:00 p.m.  ASBS BUSINESS MEETING

5:30 p.m.  ADJOURN

FRIDAY, JULY 1

SESSION VII (8:00 A.M. - 10:00 A.M.)
OBESITY SURGERY - SCIENTIFIC RESEARCH

8:00 a.m.  AWARDS SESSION

8:15 a.m.  39. A NOVEL METHOD FOR THE CREATION OF GASTROINTESTINAL ANASTOMOSES: APPLICATION OF A NEW DEVICE IN ANIMAL MODEL. Adrian E. Park, MD, Ron Kolata, DVM, Lyn Freeman, DVM, Phil Long, DVM; and Stephen M. Kavic, MD

8:30 a.m.  40. CONTRIBUTION OF FAT MASS TO RESTING ENERGY EXPENDITURE BEFORE AND AFTER BARIATRIC SURGERY. Robert T. Marema, MD; Justine Strauss, EP; Cynthia K. Buffington, PhD

8:45 a.m.  41. MORPHOLOGICAL ALTERATION OF SMALL CUTANEOUS NEURONS IN MORBIDLY OBSESE SUBJECTS. Lindsey A. Burnett, BS; Jeremy Brower, MS; Janice Herman, MS, PT; Richard Herman, MD; Alan Newhoff, MD; John H. Olson, MS; Steven Simon, MD; Jerome Targovnik, MD; Violet Taylor, MS; Rogier Windhorst, PhD

9:00 a.m.  42. SICAM-1 AND NOT E-SELECTIN IS A MARKER OF ENDOTHELIAL STRESS IN INSULIN RESISTANCE IN MORBID OBSESE PATIENTS LOSING WEIGHT. Jeroen Nijhuis, MD; Francois M.H. van Dielen MD; Wim A. Buurman, PhD; Jan Willem Greve, MD, PhD

9:00 a.m.  43. DECREASED LIPID MALABSORPTION IN BOTH GASTRIC BYPASS AND BILIPANCREATIC DIVERSION WITH DUODENAL SWITCH. Michel Gagner, MD, FACS, FRCS. Tomasz Rogula, MD, Glady Strain, PhD; Rita Emerson, Lurent Biertho, MD, Alfons Pomp, MD, FRCS, FACS

10:00 a.m.  44. PRE-OPERATIVE WEIGHT LOSS PREDICTS SHORT-TERM POST-OPERATIVE WEIGHT LOSS AFTER LAPAROSCOPIC GASTRIC BAND. Dennis Hong MD, MSc. Jay Jan MD, Emma Patterson MD

11:00 a.m.  45. PSYCHOPATHOLOGY AMONG BARIATRIC SURGERY CANDIDATES. Melissa A. Kalarchian, PhD; Anita F. Courcoulas, MD, MPH; Michele D. Levine, PhD; Rebecca Ringham, MS; Marsha D. Marcus, PhD

11:15 a.m.  46. BENEFITS OF PRE- AND POST-OPERATIVE EXERCISE ON SURGICAL COMPLICATIONS AND BODY COMPOSITION. Justine C. Strauss, EP; Robert T. Marema, MD; Cynthia K. Buffington, PhD

11:30 a.m.  47. BAROSCREEN: USING MACHINE LEARNING TO IMPROVE PATIENT SELECTION FOR IMPLANTABLE GASTRIC STIMULATION. Scott A Shikora, MD; Roand Maude-Griffin, PhD


12:00 p.m.  49. 2 YEAR COMPARATIVE RESULTS IN 300 CONSECUTIVE CASES OF 3 TYPES OF ADJUSTABLE GASTRIC BANDS (AGB) IMPLANTED AFTER THE LEARNING CURVE IN A SINGLE CENTER. Almino C. Ramos, MD; Manoela Galvao, MD; Andrey Carlo, MD; Edwin G. Canseco, MD; Abel M. Hiroshi, MD; Manoel Galvao Neto, MD

ASBS PLENARY SESSION

BASIC SCIENCE LECTURE
Introduction: Philip Schauer, MD
PATIENT OXIDATION AND PATIENT ACCUMULATION IN MUSCLE: CORE DEFECTS OF SEVERE OBESITY
David E. Kelley, MD
12:15 p.m. 50. LAPAROSCOPIC REVISION OF VERTICAL BANDED GASTROPLASTY TO ROUX-EN-Y GASTRIC BYPASS: AN OUTCOMES ANALYSIS. Daniel J. Gagné, MD; David Goitein, MD; Pavlos K. Papasavas, MD; Nicole Hayden, PA-C; Julie Maurer, PA-C; Philip F. Cauhaj, MD

12:30 p.m. ADJOURN

SESSION IX (10:30 A.M. - 12:30 P.M.) CONCURRENT WITH SESSION XIII

OBESITY SURGERY AND COMORBID CONDITIONS

10:30 a.m. 51. PREVALENCE OF VITAMIN D DEPLETION AMONG MORBIDLY OBESE PATIENTS SEEKING GASTRIC BYPASS SURGERY. Arthur M. Carlin, MD; Ali M. Meslemanli, MD; Jeffrey A. Genaw, MD; Shiri Levy, MD; Arri Bhan, MD; D. Sudhaker Rao, MB,BS, FACP, FACE

10:45 a.m. 52. BONE MINERAL DENSITY ASSESSMENT IN LAPAROSCOPIC GASTRIC BYPASS PATIENTS. J. K. Champion, MD, Mike Williams, MD

11:00 a.m. 53. EFFECT OF MEAL FREQUENCY ON WEIGHT LOSS AFTER BARIATRIC SURGERY. Nancy Restuccia MS, RD; Lorraine Olivero-Rivera MS, CS, FNP; Amna Daud MD, MPH; Mary F DiGiorgi MPH; Meredith Urban-Skuro MS, RD; Janice Blok

* Indicates those abstracts to be considered for the John Halverson Award

POSTER SESSION

Posters will be on display in the Exhibit Hall beginning Tuesday, June 28 through Thursday, June 30. Poster Rounds will be held Wednesday, June 29 at 4:00 p.m. - 5:30 p.m. at which time authors will be available for discussion.

SURGICAL

P1. SILASTIC RING VERTICAL GASTRIC BYPASS. EVOLUTION OF A SURGICAL OPEN TECHNIQUE. A REVIEW OF 1588 CASES. Alberto Salinas, MD; Edwin Santiago, PhD; José Yeguez, MD; Mariemma Antor, MS

P2. LAPAROSCOPIC BILIPANCREATIC DIVERSION WITH DUODENAL SWITCH (LBPD-DS): HOW LONG IS THE LEARNING CURVE? Philippe A. Topart, MD; Franck Berch, MD; Loic Ferrand, MD; Patrick Lozac’h, MD

P3. STRicture RATES AFTER STAPLED VS. HAND SEWN GASTROJEJUNOSTOMY FOR LAPAROSCOPIC GASTRIC BYPASS Christopher T. Haughn, MD; Lester Carrodeguas, MD; Samuel C. Rossi, MD; Samuel Szomstein, MD; Raul Rosenthal, MD; Roberto Bergamaschi, MD

P4. HAND-ASSISTED VERSUS TOTALLY LAPAROSCOPIC GASTRIC BYPASS: A CASE CONTROL STUDY Barry R. Berch, MS; Alfonso Torquati, MD; Willie Melvin, MD; William O. Richards, MD

P5. GASTRIC BANDING IN PATIENTS OVER 65 YEARS OF AGE: THE CLEVELAND CLINIC FLORIDA EXPERIENCE Flavia PA; Beth Schrope MD, PHD; William B Inabnet MD and Marc Bessler, MD

11:15 a.m. 54. LRYGB IN PATIENTS OVER 60 YEARS OF AGE IS SAFE AND EFFECTIVE. Ricardo Cohen, MD; Jose S Pinheiro, MD; Jose L Correa, MD; Carlos A Schiavon, MD

11:30 a.m. 55. IMPROVEMENT OF NONALCOHOLIC STEATOHEPATITIS (NASH) AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (LRNY) SURGERY FOR OBESITY.* Louis O. Jeansonne IV, MD; Brandon P. Roy, MD; Gary A. Abrams, MD; Audrey J. Lazenby, MD; Toni Leeth, MPH; Ronald H. Clements, MD

11:45 a.m. 56. RESOLUTION OF METABOLIC SYNDROME AFTER GASTRIC BYPASS SURGERY: A MULTIVARIATE ANALYSIS. Alfonso Torquati, Rami Lutfi, Naji Abumrad, William Richards

12:00 p.m. 57. WEIGHT LOSS OUTCOMES AND THEIR PREDICTION AFTER GASTRIC BYPASS. Ramon Rivera, MD; J. Chris Eagon, MD

12:15 p.m. 58. OUTCOMES OF 100 CONSECUTIVE PREGNANCIES FOLLOWING LAPAROSCOPIC ADJUSTABLE BAND SURGERY. John B. Dixon, MD PhD; Maureen E. Dixon, BSc; Paul E O’Brien, MD

12:30 p.m. ADJOURN

P6. STRicture, BLEEDING, AND ULCER FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS CONSTRUCTED USING A CIRCULARLY STAPLED GASTROJEJUNOSTOMY W. Jay Suggs, MD; Wael Kouli, MD; Michael lupovici, MD; Robert E. Brolin, MD

P7. TREATMENT OF MASSIVE SUPER-OBESITY WITH LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING Jonathan A. Myers, MD; Sharfi Sarker, MD; Vafa Shayani, MD

P8. ROUX-EN-Y GASTRIC BYPASS IN MORBIDLY OBESE ADOLESCENTS Alex Escalona, MD; Gustavo Perez, MD; Fernando Pimentel, MD; Sergio Guzman, MD; Luis Ibáñez, MD; Andrés Donoso, MS; Isabel Hodgson, MD; Pascuala Urrejola, MD

P9. LEARNING CURVE IN BARIATRIC SURGERY Sridevi Maddineni, John Fejes, Adora A. Fou, Sergey Zhitinikov, Leonard Maffucci, Madhu Rangraj

P10. COMPUTER ASSISTED STAPLER TECHNOLOGY CAN REDUCE OPERATIVE TIME AND INCIDENCE OF ANASTOMOTIC COMPLICATIONS IN GASTRIC BYPASS C. Soto, MD, Priscila Antozi, MD, Min-Young Cho, MD, Charles Lascano, MD, Samuel Szomstein, MD, Raul J. Rosenthal, MD
P11. LAPAROSCOPIC GASTRIC BYPASS (LGB) IN PATIENTS WITH BMI > 60. Kuldeep Singh, M.D., Andrew Averbach, M.D., Richard DiCicco, M.D.

P12. TUBULAR BANDED GASTRIC BYPASS FOR THE TREATMENT OF EXTREME OBESITY (TRIPLE OBESITY). Vincent A. Iannace, M.D.; Rafael F. Capella, M.D.; Garch H. Ballantsyne, M.D.; Joseph F. Capella, M.D.


P14. SURVEY OF BARIATRIC SURGEONS AND PATIENTS ON THE FEASIBILITY OF A RANDOMIZED CONTROLLED TRIAL COMPARING LAPAROSCOPIC GASTRIC BYPASS TO LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING. Laura V. July, M.D., Emma J Patterson, M.D., Jay C Jan, M.D., Natasha Pereira, M.D., Dennis Hong, M.D.

P15. BARIATRIC SURGERY IN GERIATRIC PATIENTS: STILL CONTROVERSIAL? Tomasz Rogula, M.D., Ph.D.; Paul Thodiyl, M.D.; Samer Mattar, M.D.; George Eid, M.D.; Giselle Hamad, M.D.; Ramesh Ramanathan, M.D.; Brian Lane, M.D.; Joy Collins, M.D.; Faisal Qureshi, M.D.; Pandu Yenumula, M.D.; Laura Velcu, M.D.; Berhany Sacks, M.D; Philip Schauer, M.D.

P16. BARIATRIC SURGERY IN THE ADOLESCENT: ANALYSIS OF 193 CASES. Ninh T. Nguyen, M.D., Mario Longoria, M.D., Jeffrey Root, B.S., Allen Sabio, B.S., Samuel E. Wilson, M.D.

P17. LAPAROSCOPIC VERtical BANDED GASTROPLASTY WITH SLEEVE GASTRECTOMY - A TWO YEAR FOLLOW-UP STUDY. Timothy R. Lapham, M.D.; Oscar Chan, M.D.; Hazem A. Elariny, M.D., M.Ph.D., FACS.

P18. A PROSPECTIVE, SINGLE-INSTITUTION COMPARISON OF LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING VS. LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS. Manish S Parekh, M.D., George A Fielding MD and Christine J Ren MD.

P19. TO DETERMINE THE EXCESS BODY WEIGHT LOSS IN 470 PATIENTS WHO UNDERWENT THE DUODENAL SWITCH PROCEDURE AS SURGICAL TREATMENT OF MORBID OBESITY Shar Hashemi, M.D., Jeffrey Nicastro, M.D. FACS, Heather McMullen, M.D. FACS, Gene Coppa, M.D. FACS.

P20. LAPAROSCOPIC GASTRIC BYPASS IN THE SUPER-SUPER MORBDLY OBESE IS SAFE AND EFFECTIVE. Jennifer A. Keran, M.D., Melissa Davis, C.N.S., RNFA, Randall R. Hamilton, FNP, Robin Blackstone, M.D., FACS.

P21. SHOULD MESENTERIC DEFECTS BE ROUTINELY CLOSED AFTER LAPAROSCOPIC ANTECOLUMEN ANTEGASTRIC ROUX-EN-Y GASTRIC BYPASS? Ming Young Cho, M.D., Oliver Whipple, M.D., Conrad Simpfendorfer, M.D., John Paul Goncalvo, M.D., Samuel Szomstein, M.D., Raul J Rosenthal, M.D.

P22. LAPAROSCOPIC BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH IN PATIENTS WITH BMI > 60. Dennis C. Smith, Jr., M.D.; Eric McCormick, M.H.S., PA-C; Laurie McLean, BSN, RN; Sue Wood, ADN, RN; Kip Hendricks, SA.

PSYCHOLOGICAL

P23. A STUDY OF CONTRASTS: PSYCHOLOGICAL AND BEHAVIORAL DIFFERENCES BETWEEN SUCCESSFUL AND UNSUCCESSFUL PATIENTS FOLLOWING OBSEITY SURGERY. David R. Engstrom, Ph.D.; Brian B. Quebbemann, M.D.

P24. HISTORY OF SEXUAL ASSAULT IN BARIATRIC SURGERY CANDIDATES. Matthew G. Poplawski, Gregg Gold PhD, Steven C. Poplawski MD.

PRE-OP

P25. DOES ROUTINE PRE-OPERATIVE GALLBLADDER ULTRASOUND LEAD TO UNNECESSARY CHOLECYSTECTOMIES? Daniel E. Swartz, M.D. and Edward L. Felix, M.D.

P26. PREOPERATIVE BODY MASS INDEX ALONE IS NOT A GOOD PREDICTOR OF WEIGHT LOSS WITH THE LAP-BAND SURGERY. Jaime Ponce, M.D.; Beverly Haynes, RN; Brooke Lindsey, RN; Amanda Shafter, PA-C; Steven Paynter, M.D.; Richard Fromm, M.D.

P27. INTRAGASTRIC BALLOON FOR TREATMENT OF OBESITY: PRELIMINARY RESULTS. Marcos A. Berry, M.D.; Lionel A. Urrutia, M.D.

P28. ESTABLISHMENT OF A COORDINATED CENTERS-OF-EXCELLENCE PROGRAM IN THE VA SYSTEM. Edward H. Livingston, M.D.; Ralph Depalma, M.D.

P29. THE IMPACT OF PRE-OPERATIVE WEIGHT LOSS IN PATIENTS UNDERGOING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (LRYGB). R Alvarado MS, G Hsu, BY Safadi, R Alami, M.D., B Sanchez MD, JM Morton, M.D, MJ Curet MD

P30. EFFECT OF BARIATRIC SURGERY IN ELDERLY PATIENTS. Anna Daud MD, MPH; William B Inabnet III MD; Mary F DiGiorgi MPH; Lorraine Olivero-Rivera MS, CS, FNP; Beth A Schrope MD, PHD; Daniel Davis DO and Marc Bessler MD.


P32. CIGARETTE SMOKING, BUT NOT THE PRESENCE OF H. PYLORI, IS ASSOCIATED WITH ANASTOMOTIC ULCERS IN ROUX-EN-Y GASTRIC BYPASS PATIENTS. Helmut Schreiber, M.D., Aviv Ben-Meir, Indukumar Sonpal, M.D., Linda Patterson, M.D., Mark Salomone, M.D., John B. Marshall, M.D.

P33. EVALUATION FOR BARIATRIC SURGERY EXPOSES UNRECOGNIZED SLEEP APNEA. Peter T. Hallowell, M.D; Thomas A. Stellato, M.D; Cathleen J. Crouse, RN; Margaret M. Schuster, RN;
P34. DO CHANGES IN LFTS AND DIABETES MELLITUS PREDICT NASH IN A BARIATRIC SURGERY POPULATION? Michael P. Choi DO, Willaim D. Fuller MD, Mohamed R. Ali MD

P35. RISK ANALYSIS IN BARIATRIC SURGERY: THE IMPACT OF DISEASE BURDEN Peter N Benatti MD, Hector Rodriguez MD, Nino Carnevale MD, Eduardo Liriano MD

P36. SEROPREVALENCE OF HELICOBACTER PYLORI IN MORBIDLY OBESE PATIENTS Wei-Jei Lee, MD, PhD, Wee Wang, MD, Ching-Mei Lin, NS, Tai-Chi Chen, MD, Po-Li Wei, MD

P37. PREVIOUSLY UNDIAGNOSED MEDICAL CONDITIONS IN PATIENTS UNDERGOING BARIATRIC RISK ASSESSMENT Richard Gorman, MD; James Ku, MD

POST-OP

P38. PREOPERATIVE RADIOLOGICAL DIAGNOSIS OF INTERNAL HERNIA AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS Alexander Onapchenko, MD, FACS

P39. IS ROUTINE PROPHYLACTIC CHOLECYSTECTOMY NECESSARY AT THE TIME OF ROUX-EN-Y GASTRIC BYPASS FOR MORBID OBESITY? Jerome D. Taylor, MD; I. Michael Leitman, MD; Peter K. Hon, BS; Michael Horowitz, MD

P40. READMISSIONS FOLLOWING BARIATRIC SURGERY: OPEN VERSUS LAPAROSCOPIC Pratibha Vemulapalli, MD; Glenn J. Forrester, MD; Larry F. Griffith, MD; Babak Moeinolmolki, MD; Karen E. Gibbs, MD; Julio Teixeira, MD

P41. REDUCTION OF QT INTERVAL IN MORBIDLY OBESE PATIENTS UNDERGOING BILIOPANCREATIC DIVERSION IS INDEPENDENT OF WEIGHT LOSS Francesco S. Papadia, MD, Alice Scopinaro, MD, Gian Paolo Bezante, MD, Antonio Barsotti, MD, Nicola Scopinaro, MD

P42. COMPARISON OF METHODS FOR DETERMINING IDEAL BODY WEIGHT FOR BARIATRIC PATIENTS Debbie Daley, RD; Robert T. Marema, MD; Abbe Breiter, MS, RD; Justine Strauss, EP; Cynthia K. Buffington, PhD

P43. DUODENAL SWITCH AND NUTRITIONAL SUPPORT Keith Kim, MD; Robert T. Marema, MD, Cynthia K. Buffington, PhD

P44. EFFECTS OF A STANDARDIZED CARE PLAN ON LENGTH OF STAY IN PATIENTS UNDERGOING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS FOR MORBID OBESITY Matthew T. Baker, MD; Michael D. Lara, MD; Christopher J. Larson, RD, PA-C; Pamela J. Lambert, RN, BSN; Michelle A. Mathiasian, MS; Shunu N. Kothari, MD

P45. SAFETY AND EFFICACY OF BMI-ADJUSTED ENOXAPARIN THROMBOPROPHYLAXIS DOSING IN GASTRIC BYPASS SURGERY PATIENTS Marilyn J. Borkgren-Okonk, APN, MS; Robert W. Hart, MD; Peter C. Rantis, MD; Paul J. Guske, MD; James M. Kane, MD; Stuart R. Verseman, MD; John W. Wallace, MD; John A. Pantano, MD; Kimberly Walker, APN, MS

P46. DO SUPPORT GROUPS PLAY A ROLE IN WEIGHT LOSS AFTER BARIATRIC SURGERY? Ehab Elkakhy, MD; Ali Elhorr, MD; M.M. Gazayerli, MD, FRCSC; Yvan silica, MD, FRCSC, FACS

P47. IMPACT OF NUMBER OF PATIENT FOLLOW-UP VISITS ON WEIGHT LOSS AFTER LAP-BAND SURGERY Z. Bhesania MD; A. Bouit MD

P48. GALLBLADDER DISEASE IN PATIENTS UNDERGOING LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING Jonathan A. Myers, MD; Gwenneth A. Fischer, BA; Sharri Sarker, MD; Vafa Shayani, MD

P49. LOOP GASTRIC BYPASS VS. ROUX-EN-Y GASTRIC BYPASS: ASSESSMENT OF REFLUX SYMPTOMS AND QUALITY OF LIFE AFTER SURGERY Jon C. Gould, M., Michael J. Garren, MD, James Starling, MD

P50. LAPAROSCOPIC GASTRIC BYPASS: COST-REDUCING STRATEGIES IN A DEVELOPING COUNTRY Cid Pimenta, MD, PhD; Marcel Milcent, MD; Angelo Loss, MD; Georgia Bartholdy MD; Luiz Lerner, MD

P51. CIGARETTE SMOKING, BUT NOT NSAIID OR ALCOHOL USE OR CO-MORBIDITIES, IS ASSOCIATED WITH ANASTOMOTIC ULCERS IN ROUX-EN-Y GASTRIC BYPASS (RYGB) PATIENTS. Avish Ben-Meir, MD, Indukumar Sonpal, MD, Linda Patterson, MD, Helmut Schreiber, MD, Mark Salomone, MD, Konark Sharma, MD, Ajay Kumar, MD, John B. Marshall, MD

P52. MANAGEMENT OF GASTRO-GASTRIC FISTULA AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS Andrew A. Gumbo, MD; Andrew J. Duffy, MD; Robert L. Bell, MD

P53. FUNCTIONAL MRI DETECTION OF BRAIN CHANGES RELATED TO THE EFFECTIVENESS OF BARIATRIC SURGERY AS TREATMENT FOR OBESITY. Yijun Liu, PhD, Juan C. Gendan, MD, Kimberly Frost-Pineda, MPH, G. Andrew James, PhD, Mark S. Gold, MD

P54. THIAMINE DEFICIENCY IN AN OBESE POPULATION UNDERGOING LAPAROSCOPIC BARIATRIC SURGERY Priscila Antozzi, MD, Carrodeguas Lester, MD, Flavia Soro, MD, Fernando Arias, MD, Alexander Villares, MD, Richard Gordon, MD, Oliver Whipple, MD Conrad Simperfedor, MD, Nathan Zundel, MD, Paul Rosenthal, MD, FACS, Samuel Szomstein, MD

P55. THE SHORT-TERM ECONOMIC IMPACT OF BARIATRIC SURGERY ON PHARMACY CLAIMS PAID: A HEALTH PLAN PERSPECTIVE Shanu N. Kothari, MD; William C. Boyd, MD; Charles W. Schaubberger, MD; Marc S. Williams, MD; Brenda L. Rooney, PhD; Pamela J. Lambert, RN, BSN; Michelle A. Mathiasian, MS

P56. PATTERNS AND OUTCOMES OF ICU ADMISSIONS AFTER GASTRIC BYPASS Jorge L. Soia, MD, FACS, Nancy Rubio, CST, Bariatric Coord., Hector Pombo, MD, FACS, Hector Pallavicini, MD

P57. STRESS URINARY INCONTINENCE IMPROVEMENT FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS. Tomazs Rogula, MD, PhD; Paul Thodiyl, MD; Samer Mattar, MD; George Eid, MD; Giselle Hamad, MD; Ramesh Ramanathan, MD; Brian Lane, MD; Joy Collins, MD; Faisal Qureshi, MD; Pandu Yenumula, MD; Laura Velcu, MD; Bethany Sacks, MD Philip Schauer, MD
P58. THE USE OF CONTRAST STUDIES WITHOUT LOCAL DRAINAGE IN PATIENTS AFTER ROUX-EN-Y GASTRIC BYPASS. Titus D. Duncan, MD; Larry Hobson, MD; Fredne Speights, MD; Tihesha Wilson, MD; Andre Scott, MD

NOVEL

P59. IS LRYGB CONTRAINDICATED FOR DOCTORS? Ricardo Cohen, MD; Jose S Pinheiro, MD; Jose L Correa, MD; Carlos A Schiavon, MD

P60. CARDIOVASCULAR RISK FACTORS: ARE WE TARGETING THE RIGHT POPULATION FOR BARIATRIC SURGERY? Edward Livingston, MD; Manisha Chandalia, MD; Nicola Abata, MD

P61. RISK ASSESSMENT, PREVENTION AND TREATMENT OF POSTOPERATIVE Rhabdomyolysis in BARIATRIC PATIENTS Denis Halmi, MD; Evgeni Kolesnikov, MD, PhD; Deanna Duvall, RD

P62. EFFECT OF A SIX-MONTH TRAINING PROGRAM ON SURGICAL OUTCOMES: THE FIRST 100 PATIENTS Michael D. Felix, MD; Geoffrey Wilcox, MD

P63. INCIDENTAL SPLENIC ARTERY ANEURYSM DURING LAPAROSCOPIC GASTRIC BANDING G. Brent Sorensen, MD; J. Stephen Scott, MD; Roger de la Torre, MD

P64. BARIATRIC PROCEDURES AFTER FAILED GASTRIC BANDING Hermann Nehoda, MD; Monika Lantaler, MD; Reinhard Mittermaier, MD; Elisabeth Höller, MD; Helmut Weiss, MD; Franz Aigner, MD

P65. IMPROVEMENTS IN HEALTH-RELATED QUALITY OF LIFE (HRQOL), PHYSICAL ACTIVITY (PA) READINESS, AND PHYSICAL ACTIVITY BEHAVIOR AMONG MORBIDLY OBESE GASTRIC BYPASS SURGERY (GBS) CANDIDATES Dale S. Bond, PhD; Ronald K. Evans, PhD; Eric J. DeMaria, MD; Luke G. Wolfe, MS; Jill G. Meador, BSN; John M. Kellum, MD; James W. Mahler, MD; Beverly J. Wärren, PhD

P66. EFFECTIVENESS AND COST-EFFECTIVENESS OF SWEDISH ADJUSTABLE GASTRIC BANDING VERSUS CONSERVATIVE THERAPY IN THE TREATMENT OF SEVERE OBESITY Nicholas Drahger, PhD, MBA, Matthias Schwenklenks, MPH, Natasa Potocznka, MD, FACN, Grazyna Piec, PhD, Andreas Juchli, MS, Jocelyn Roduit, MD, Thomas Ricklin, MD, Rudolf Steffen, MD, Thomas Szucs, MD, MBA, MPH, Fritz Horber, PD, MD

P67. CENTER OF EXCELLENCE – A BARIATRIC SURGERY MONOPOLY Ajay Goyal, MD, James M. Houston, PA-C, Syde

P68. PRELIMINARY REPORT OF A NOVEL GASTRIC SENSING AND ELECTRIC STIMULATION DEVICE. Emma J. Patterson MD, Dennis Hong, MD, Jay Jan, MD, Scott Quinneen, MD, Edy Sofer, MD, and Edward Phillips, MD

P69. REDEFINING THE RISK OF DEATH AFTER GASTRIC BYPASS FOR MORBID OBESITY John R. Kirkpatrick, MD; Frederick C. Finelli, MD; Lisa M. Boyle, MD; P. Jason Granet, MD

P70. ETHNIC VARIATIONS IN PARATHYROID HORMONE METABOLISM IN THE MORBIDLY OBESE Brandon Chock, Nahid Hamoui MD, Gary J Anthone MD, Peter F Crookes MD

P71. SPEED OF LOSS OF WEIGHT AFTER GASTRIC BYPASS SURGERY: A NEW PARAMETER FOR FOLLOW-UP AFTER WEIGHT LOSS SURGERY. Paul Thodyiuil MD, FRCS, Tomas Rogula MD, PhD, Emma Barinas-Mitchel PhD, Leslie Kudra MD, Samer Mattar MD, Philip Schauer MD

P72. PREOPERATIVE DIAGNOSIS AND TREATMENT OF ABNORMAL CALCIUM METABOLISM IN MORBIDLY OBESE PATIENTS: IMPLICATIONS FOR CHOOSING THE APPROPRIATE TYPE OF BARIATRIC SURGERY Myur S. Srikanth, MD; Shaista Quddusi, MD, S. Ross Fox, MD; Ki H. Oh, MD, FACS; Earl R. Fox, MD; Annie Failoni, ARNP; and Katherine M. Fox, RN, MPH

P73. CORRECTION OF SECONDARY HYPERPARATHYROIDISM FOLLOWING DISTAL GASTRIC BYPASS USING ORAL HIGH DOSE VITAMIN D, CALCITRIOL AND CALCIUM REPLACEMENT Myur S. Srikanth, MD; Shaista Quddusi, MD; S. Ross Fox, MD; Ki H. Oh, MD, FACS; Earl R. Fox, MD; Annie Failoni, ARNP; and Katherine M. Fox, RN, MPH

P74. METABOLIC OUTCOME FIVE YEARS AFTER RESTRICTIVE OR MALABSORPTIVE BARIATRIC SURGERY, A PROSPECTIVE COMPARATIVE TRIAL Thomas Jany, MD; Laurent Arnalsteen, MD, Florent Gonzalez; Aitham Aliahi, MD; Iva Gueorguieva; Guillaume Beraud, Emmanuelle Leteurtre MD PHD; , Philippe Mathurin, MD PHD Monique Romen MD, Francois Pattou MD

P75. MEDIAL THIGH LIFT USING PERIOSTEAL PELVIC ANCHORING IN 50 CONSECUTIVE POST-GASTRIC BYPASS PATIENTS J. Timothy Katzen, MD, FACS

LONG-TERM

P76. LAPAROSCOPIC VERTICAL GASTROPLASTY FOR 645 PATIENTS: A 5-YEAR RESULT Wen Wang, MD

P77. A COMPARISON OF EARLY WEIGHT LOSS RESULTS AFTER RNY GASTRIC BYPASS AND LAP-BAND AT AN URBAN PUBLIC HOSPITAL Amjad Ali, MD;kuda Musaniringa, Rd;stan Augustin, MD; Valerie Fulbright, RN

P78. EATING AND PSYCHOSOCIAL STATUS DO NOT EXPLAIN THE REDUCED WEIGHT LOSS EFFECTIVENESS OF GASTRIC BYPASS FOR AFRICAN AMERICAN FEMALES Cynthia K. Buffington, PhD; Heidi Cherwony, PsyD; Robert T. Marema, MD

P79. BILIOPANCREATIC DIVERSION, TYPE 2 DIABETES MELLITUS AND METABOLIC SYNDROME: A LONG TERM FOLLOW-UP STUDY Gian Franco Adami, MD; Francesco Papadia, MD; Giuseppe Marinari, MD; Giovanni Camerini, MD; Nicola Scopinaro, MD


P81. DOES A PATIENT CONTRACT IMPROVE FOLLOW-UP WITH BARIATRIC PATIENTS? Thomas P. McIntrye, MD; Benjamin E. Schneider, MD; Angela K. Walsh, RN; Daniel B. Jones, MD
P82. NUTRITIONAL STATUS IS PRESERVED AFTER ADOLESCENT GASTRIC BYPASS Steve Allen, MD, Victor Garcia, MD, Shelley Kirk, PhD, Louise Lawson, PhD, Stephen Daniels, MD, PhD, Thomas Inge, MD, PhD

HERNIAS

P83. RISK FACTORS FOR THE DEVELOPMENT OF INCISIONAL HERNA FOLLOWING ROUX-EN-Y GASTRIC BYPASS SURGERY I. Michael Leitman, MD; Michael Horowitz, MD; Vivek Mattar, MD, FRC; Ramesh C. Ramanathan, MD, FRCS; George Eid, MD; Giselle Hamad, MD; Laura Velcu, MD, Faisal Qureshi, MD; Bane Lane, MD, Philip Schauer, MD

P84. PRELIMINARY RESULTS OF ABDOMINAL WALL CLOSURE IN BARIATRIC PATIENTS USING SURGISIS REINFORCEMENT PATCH Jonathan A. Mandelbaum MD, FACS

P85. OBESITY AND HIATAL HERNIA: ARE THEY RELATED? Nahid Hamou, MD; Anand Tamhankar, MD; Jeffrey A. Hagen, MD; Gary J. Antheone, MD; Peter F. Crookes, MD

P86. INTESTINAL OBSTRUCTION FOLLOWING GASTRIC BYPASS SURGERY Pandu R. Yenamula, MD, FRCS; Samer G. Mattar, MD, FRCS; Ramesh C. Ramanathan, MD, FRCS; George Eid, MD; Giselle Hamad, MD; Laura Velcu, MD, Faisal Qureshi, MD; Bane Lane, MD, Philip Schauer, MD

P87. A COMPARISON OF INTERNAL HERNIAS (IH) BETWEEN OPEN AND LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (GBP) Scott A. Shikora, MD, Julie J. Kim, MD, Rebecca Shore, MD, Michael Tarnoff, MD

P88. COMBINED POST-BARIATRIC BODY OUTLINING AND INCISIONAL HERNA REPAIR: A MULTIDISCIPLINARY APPROACH Charles K. Herman, MD, Sameer A. Patel, MD, Nikolas McEnerny, RPA-C, Richard C. Garvey, MD, Donald Roland, MD, Bruce Greenstein, MD, and Ralph W. Liebling, MD

P89. RETROCOLIC PASSAGE OF ROUX LIMB WITH LOW INCIDENCE OF INTERNAL HERNIATION IN LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (RYGB) Aviv Ben-Meir, MD, Helmut Schreiber, MD, Linda Patterson, MD, Indukumar Sonpal, MD, John Marshall, MD, Julie Welchek, RN

P90. SIMULTANEOUS HIATAL HERNIA REPAIR WITH LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING DOES NOT INCREASE GASTRIC PROLAPSE. REPORT OF 100 CONSECUTIVE CASES. Kar-Huei Cha, MD; Duane Fredericks, MD; George Fielding, MD; Christine Ren, MD

COMPLICATIONS

P91. IS THERE A GENDER PREDISPOSITION FOR ANASTOMOTIC COMPLICATIONS FOLLOWING GASTRIC BYPASS SURGERY? I. Michael Leitman, MD, Byrne Lee, MD, Michael Horowitz, MD

P92. THE ROLE OF DIAGNOSTIC LAPAROSCOPY IN THE DIAGNOSIS AND MANAGEMENT OF THE POSTOPERATIVE COMPLICATIONS OF GASTRIC BYPASS PATIENTS Larry F. Griffith, MD, Glenn J. Forrester, MD, Babak Moenolmolki, MD, Pratibha Vemulapalli, MD, Karen E. Gibbs MD, Julio Teixeira, MD

P93. MULTIDISCIPLINARY APPROACH AND MINIMALLY INVASIVE SURGERY REDUCE MORTALITY AND MORTALITY IN BARIATRIC SURGERY. Amir Mehran, MD, William Bertucci, MD, John Yadegar, MD, Aileen Takahashi, MD, Ali Alzahran, MD, Todd Drasin, MD, Bruce Namdari, Deborah Frickel, RN, Salvador Valencia, MD, Erik Dutson, MD and Carlos Gracia, MD

P94. OUTCOME AND COMPLICATIONS OF GASTRIC BYPASS SURGERY IN SUPER-MORBID VS. MORBID OBESITY Jerome D. Taylor, MD, I. Michael Leitman, MD, Peter Hon, Michael Horowitz, MD, Georgia Panagopoulos, PhD

P95. SEVERE HYPOGLYCEMIA POST-GASTRIC BYPASS REQUIRING PARTIAL PANCREATECTOMY: EVIDENCE FOR INAPPROPRIATE INSULIN SECRETION AND PANCREATIC ISET HYPERTROPHY Edward C. Mun, MD; Allison B. Goldfine, MD; Douglas Hanto, MD, PhD; Joseph Goldsmith, MD; Susan Bonner-Weir, PhD; and Mary-Elizabeth Patti, MD

P96. GASTROINTESTINAL BLEEDING AFTER GASTRIC BYPASS SURGERY Pandu R Yenamula MD, FRCS; Samer Mattar MD, FRCS; Ramesh Ramanathan MD, FRCS; George Eid MD; Giselle Hamad MD; Joy Collins MD, Bethany Sachs MD; Bane Lane MD; Paul Thodyil MD, FRCS; Philip Schauer MD

P97. LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS IN PATIENTS OLDER THAN 50 YEARS: AGE SHOULD NOT BE A CONTRAINDICATION TO BARIATRIC SURGERY Cystine M. Lee, MD, Janos Taller, MD, John J. Feng, MD, Paul T. Cirangle, MD, Gregg H. Jossart, MD

P98. EFFECT OF GENDER DIFFERENCES ON OUTCOME AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS: MORE STRICTURES AND MAJOR COMPLICATIONS IN MALE PATIENTS Cystine M. Lee, MD, Janos Taller, MD, Paul T. Cirangle, MD, John J. Feng, MD, Gregg H. Jossart, MD

P99. 800 CONSECUTIVE PATIENTS LAPAROSCOPIC BARIATRIC PATIENTS: THE LEARNING CURVE IS NOT AN EXCUSE FOR HIGH COMPLICATION RATES. Brian Quebbemann, MD and Ramsey Dallal, MD

P100. LAPAROSCOPIC REPAIR OF ADJUSTABLE GASTRIC BAND (AGB) PROLAPSE Roberto A. Ramirez, MD; Francisco X. Treviño, MD; Manuel Dibildox, MD; Gerardo Tamayo, MD

P101. A PROSPECTIVE REVIEW OF GASTRIC BYPASS COMPLICATIONS, COMORBIDITIES AND METABOLIC SIDE EFFECTS IN 216 CONSECUTIVE PATIENTS Jason M. Johnson, DO; I Samuel, MD; D Heitshusen, RN; C Doherty, RN; James W. Maher, MD

P102. SAFETY AND Efficacy of BARIATRIC SURGERY IN PATIENTS 65 YEARS AND OLDER Lana G. Nelson, DO; Rodrigo Gonzalez, MD; Taylor Martin, BS; Krista L. Haines; BA, Michel M. Murr, MD

P103. ADDED MORBIDITY FOLLOWING ANASTOMOTIC LEAKS IN PATIENTS UNDERGOING ROUX-EN-Y GASTRIC BYPASS Rodrigo Gonzalez, MD; Lana G. Nelson, DO; Krista Haines, BA; Scott F. Gallagher, MD; Michel M. Murr, MD

P104. MANAGEMENT OF GASTRO FISTULAS FOLLOWING DIVIDED ROUX-EN-Y GASTRIC BYPASS Alexander Villare, MD, Fernando Arias, MD, Samuel Szomstein, MD, Flavia C. Soto, MD, Priscila Antozzi, MD, Raul Rosenthal, MD
LAPAROSCOPIC BARIATRIC SURGERY CADAVER LAB

FRIDAY, JULY 1 1:30 P.M. - 5:30 P.M.

COURSE DIRECTOR: J. STEPHEN SCOTT, MD

COURSE OVERVIEW AND TARGET AUDIENCE:
The course is designed to provide an overview of the laparoscopic surgical approach to the management of morbid obesity. This is a hands-on lab using fresh cadavers to demonstrate the most commonly used techniques in laparoscopic bariatric surgery. Case studies and discussion will also be included.

This is a course for surgeons familiar with the fundamentals of bariatric surgery and experienced in advanced, minimally invasive techniques. (Up to 4.0 CME credits available)

OBJECTIVES:
Upon completion of this activity participants should be able to:

1. Describe the indications and contraindications of laparoscopic bariatric surgery;
2. Recognize obstacles encountered in laparoscopic bariatric surgery and discuss treatment options available;
3. State differences in instrumentation available; including visualization, stapling options, and robotics;
4. Validate that laparoscopic bariatric surgery is a change in access from conventional operations, but the principles of bariatric surgery remain unchanged;
5. Practice the basic steps of a laparoscopic gastric bypass in a cadaver lab.
REGISTRATION INFORMATION

PLENARY SESSION
Registration fees include: instruction, continental breakfasts, refreshment breaks, lunch (Wednesday & Thursday), a complimentary ticket to the Welcome Reception (Tuesday), and a complimentary ticket to the Annual Reception and Dinner Dance (Thursday). You must request your complimentary ticket at the time of registration. Guest tickets may be purchased separately for Welcome Reception and Annual Dinner Dance. Please note: tickets will be required for entry to all social events, including the Welcome Reception and Annual Dinner Dance.

PRE-AND POST-SESSION COURSES
Registration for all Allied Health Sessions, the Advanced Laparoscopic Suturing Course, Essentials in Bariatric Surgery Course, Advanced Bariatric Surgery Course, Masters' Postgraduate Course, and the Laparoscopic Bariatric Surgery Cadaver Lab is separate from the Plenary Session. Welcome Reception and Annual Dinner Dance tickets are not included with registration for these courses, with the exception of Allied Health General Session registrants who are entitled to a complimentary Welcome Reception ticket. Please note: tickets will be required for entry to all social events, including the Welcome Reception and Annual Dinner Dance.

There is no charge for admittance to the Special Interest Group Meetings or the Industry Educational Workshops for annual meeting participants.

REGISTRATION INSTRUCTIONS
The Annual Meeting is open to all ASBS Members, physician nonmembers, and non-physician invited guests. ASBS members may invite up to two non-physician guests.

All nonmembers wishing to attend the meeting who are not physicians must be invited by an ASBS Member. Please note: PREREGISTRATION IS REQUIRED FOR INVITED GUESTS.

ANYONE WHO WOULD LIKE TO REGISTER AFTER JUNE 17TH MUST REGISTER ON-SITE. ON-SITE REGISTRATION IS ON A SPACE AVAILABLE BASIS.

All paid registrations received in the ASBS office by June 17th will receive written confirmation. If you do not receive written confirmation, please contact the ASBS office.

The registration fees must be paid in U.S. Dollars. The registration fees must accompany the registration form. Checks must be made payable to the American Society for Bariatric Surgery. Visa, MasterCard and American Express also are accepted.

Registration can be made by mail, fax or online.

Only the person registered will be allowed to pick up meeting materials. Please have a picture identification available.

CANCELLATION POLICY
Registration fee less a $35 administration charge is refundable if the ASBS is notified in writing by May 29, 2005. Individuals who register, but do not notify us of cancellation, and do not attend the meeting, will not be refunded the registration fee.

DISCLAIMER
The American Society for Bariatric Surgery hereby assumes no liability for any claims, personal injury, or damage that may arise at our 22nd Annual Meeting.
ASBS REGISTRATION FORM
22nd Annual Meeting - June 26 - July 1, 2005

Please PRINT and return to: ASBS, 100 SW 75th Street, Suite 201, Gainesville, FL 32607 USA

For your convenience, you can register online at www.asbs.org

Only the person registered will be allowed to pick up meeting materials. Please have a picture identification available.

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*All nonmembers wishing to attend the meeting who are not physicians must be invited by an ASBS member.
INVITED GUEST MUST OBTAIN THE FOLLOWING:

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REGISTRATION FEES

**Sunday, June 26**

**Allied Health Essentials in Surgical Support Course**
8:00 AM - 4:30 PM

- ASBS Member $250
- Nonmember (Physician) $325
- *Invited Guest (Non-Physician) $325

**OR Nurses & Surgical Tech Advanced Course**
8:00 AM - 4:45 PM

- ASBS Member $250
- Nonmember (Physician) $325
- *Invited Guest (Non-Physician) $325

**Monday, June 27**

**Advanced Laparoscopic Suturing Course**
(Choose One)
- Suturing - A 8:00 AM - 12:00 PM
- Suturing - B 1:00 PM - 5:00 PM
- ASBS Member $400
- Nonmember (Physician) $500
- *Invited Guest (Non-Physician) $500

**Allied Health Postgraduate Courses**
AM Session 9:00 AM - 12:00 PM
(Choose One)
- I-A Case Studies
- II-A Behavioral Health Issues in Bariatric Surgery
- III-A Raising the Bar in Your Bariatric Program
- IV-A Medical/Legal Issues
- ASBS Member $125
- Nonmember (Physician) $200
- *Invited Guest (Non-Physician) $200

**Allied Health Postgraduate Courses**
PM Session 1:00 PM - 4:00 PM (Repeat of AM Courses)
(Choose One)
- I-B Case Studies
- II-A Behavioral Health Issues in Bariatric Surgery
- III-A Raising the Bar in Your Bariatric Program
- IV-A Medical/Legal Issues
- ASBS Member $125
- Nonmember (Physician) $200
- *Invited Guest (Non-Physician) $200

**Risk Reduction Course**
1:00 PM - 5:00 PM
- ASBS Member $125
- Nonmember (Physician) $200
- *Invited Guest (Non-Physician) $200
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**SOCIAL EVENTS**

**WELCOME RECEPTION**
Tuesday, June 28, 6:00 pm - 8:00 pm
(Ticket is required for entry)
(note: One ticket is complimentary for the Plenary Session or Allied Health General Session registrant. Please check above if you will be using this ticket.)

I would like to purchase ___ # of tickets at $35 each
Total Ticket Amount $_____

**DINNER DANCE**
Thursday, June 30, 7:00 pm - Midnight
(Ticket is required for entry)
(note: One ticket is complimentary for the Plenary Session. Please check above if you will be using this ticket.)

I would like to purchase ___ # of tickets at $75 each
Total Ticket Amount $_____

**PAYMENT INFORMATION**

TOTAL REGISTRATION FEES (Registration plus social event tickets) $_____

METHOD OF PAYMENT
- MasterCard
- Visa
- American Express
- Check

Card Number ____________________________ Exp. Date __________

Name on Card ____________________________ Signature ____________________________ Date __________

Return to: ASBS, 100 SW 75th Street, Suite 201, Gainesville, FL 32607, USA Fax: 352-331-4975
Gaylord Palms™ Resort & Convention Center
Registration Card
American Society for Bariatric Surgery
22ND Annual Meeting
June 26-July 1, 2005

Name: (Last) _____________________ (First) _____________________
Company: _____________________
Mailing Address: ______________________________________________________
Phone: (Day) ____________ ________ Fax: ______________________ E-mail: __________
Date of Arrival: ____________ Arrival Time: ____________ Check-in: 3:00 pm
Date of Departure: ____________ Departure Time: ____________ Checkout: 11:00 am

Note: There is a $50 Early Departure Fee.

Gaylord Palms™ Resort's traditional accommodations include either two queen beds or one king bed. Emerald Bay rooms can also offer a balcony and/or view overlooking the indoor atrium for an additional $40 per night. Rates are quoted for single or double occupancy. Children 17 and under sharing a room with an adult are free. The rate for additional persons age 18 and over is $20 per person (maximum 4). All accommodations are subject to a 13% tax.

Group Rate: $169.00 Single/Double—Run of House
$189.00 Single/Double—Emerald Bay

All reservations include a $10 per night Resort Fee that covers newspaper, Dasani bottled water and Minute Maid juice in room, complimentary transportation to Disney theme parks, unlimited use of Canyon Ranch fitness center, high-speed Internet access, and bucket of range balls at Falcon's Fire Golf Club.

# of People Per Room: ____________ Please split the room rate between all parties in the room.

Number of Rooms: ____________

Room Requests: (check box for all that apply) All room requests will be fulfilled based on availability.

□ 2 Queen Beds □ 1 King Bed □ Non-smoking □ Smoking
□ Wheelchair Accessible □ Crib (one-time charge of $10) □ Rollaway Bed ($25 per night applies)

Designate room occupants over age 17: ______________________________________

Room reservation deadline: May 27, 2005
Room reservations must be received by the above date. All reservations will be confirmed on a space available basis.

Guarantee Policy: Reservations require a deposit equivalent to the first night's room and tax (currently 13%). Gaylord Palms™ Resort & Convention Center accepts deposits made by check, VISA®, MasterCard, American Express®, Diners Club, JCB, and Discover®.

Credit Card #: ________________________ Expiration Date: ____________
Credit Card Type: □ VISA □ MasterCard □ American Express □ Diners Club □ JCB □ Discover
Amount authorized to charge to credit card: $ ________________________
Name as it appears on credit card: ________________________
Signature of cardholder: ________________________

Cancellation Policy: Cancellations must be received 72 hours prior to arrival date to receive full refund of your room reservation deposit. Upon receipt of your Registration Form, your confirmation number will be e-mailed to you.

For airport transportation information, please call 407-586-0000.
Please check our Web site at www.gaylordhotels.com for additional information and downloadable brochures.
For additional information, please call 407-586-2000.

Please fax Registration Form to: 407-586-2259

A-ASBS5
Special Savings for Advance Purchase of Exclusive Meeting & Convention Tickets for American Society for Bariatric Surgery!!

Park Hopper® privileges to all four Walt Disney World Theme Parks with multi-day tickets.

Tickets Valid – 10 days from first day of use

<table>
<thead>
<tr>
<th>Tickets</th>
<th>Pre-Arrival Savings**</th>
<th>Prices (Including Savings)</th>
<th># of Tickets</th>
<th>Total</th>
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<tbody>
<tr>
<td>2-Day Park Hopper®</td>
<td></td>
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<tr>
<td>Adult</td>
<td>$12.00</td>
<td>$108.00</td>
<td>$36.00</td>
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<tr>
<td>Child (Ages 3-9)</td>
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<td>3-Day Park Hopper®</td>
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<tr>
<td>Adult</td>
<td>$18.00</td>
<td>$162.00</td>
<td>$54.00</td>
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<tr>
<td>Child (Ages 3-9)</td>
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<td>$130.00</td>
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<tr>
<td>Adult</td>
<td>$24.00</td>
<td>$214.00</td>
<td>$72.00</td>
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<tr>
<td>Child (Ages 3-9)</td>
<td>$19.00</td>
<td>$171.00</td>
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<td>5-Day Park Hopper®</td>
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<tr>
<td>Adult</td>
<td>$27.00</td>
<td>$248.00</td>
<td>$96.00</td>
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<tr>
<td>Child (Ages 3-9)</td>
<td>$22.00</td>
<td>$218.00</td>
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HALF-DAY TICKET OPTIONS – Make the Most of your Free Time!

After 2pm Tickets include admission to Magic Kingdom® Park, Epcot®, Disney-MGM Studios and Disney's Animal Kingdom® Theme Park for the number of days on your ticket. This ticket is not a Park Hopper®.

<table>
<thead>
<tr>
<th>Ticket Options</th>
<th>Price</th>
<th>Total</th>
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<tbody>
<tr>
<td>1 Day After 2pm Ticket</td>
<td>$44.00</td>
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</tr>
<tr>
<td>2 Day After 2pm Ticket</td>
<td>$78.00</td>
<td>$78.00</td>
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</table>

Handling and Delivery Fee
- Regular U.S. Mail: Add $3
- Federal Express: Add $10

Name: ______________________ Telephone: __________________
Address: ____________________ State: _______ Zip Code: ____________ Arrival Date: ____________

☐ AMEX  ☐ MasterCard  ☐ Visa  ☐ Diners Club  ☐ Discover

Credit Card #: ______________________ Expiration Date: ____________

Cardholder's Signature: ______________________  GROUP CODE: 2514578

Fax: Fax copy of order form with complete credit card information to (407) 566-5645.
Telephone: Call with complete credit card information (407) 566-5600

Orders placed on or before May 22, 2005 will be sent via regular mail with a handling fee of $3.00 (allow of 2 weeks for delivery). Orders placed after May 22, 2005 will be sent via Federal Express to you with a handling fee of $10.00. Orders placed after June 5, 2005 will be available for pick up at the Guest Relations window at any of the four Disney Theme Parks. Internet and Phone orders will only be accepted until June 19, 2005. These tickets are not available for purchase at Disney Theme Parks front gates.

**Savings based on regular prices, including taxes that will be available at certain Orlando locations at the time of your meeting in central Florida. Such regular prices are subject to change without notice at any time.
22ND ANNUAL MEETING
EXHIBITORS AS OF FEBRUARY 21, 2005

Exhibit Hall Open:

Tuesday 6/28 9:00 a.m. - 4:00 p.m. • Wednesday 6/29 7:00 a.m. - 2:00 p.m. • Thursday 6/30 9:00 a.m. - 4:00 p.m.

Abbott Laboratories
Advanced Infusion, Inc.
Aesculap
American Society of Bariatric Physicians
American Weights & Measures, Inc.
Applied Medical
ARJO, Inc.
ASBS Foundation
Automated Medical Products Corp.
Aventis
Axcan Pharma
Barbara Thompson - WLS Center
Bard Peripheral Vascular
Bariatric Advantage®
Bariatric Eating.com
Bariatric Times
Bariatric Nutrition Corporation
Bari Bites
BARI-SENTIALS, LLC
BARI-IVID
Baxter
Biospace, Inc.
BOSS Instruments, Ltd.
Brayton International
Bridging Health Options/Baribase
Building Blocks Essential Bariatric Supplement
Cardinal Health, V. Mueller and Snowden Pencer Products & Services
CareCredit
Cook Surgical
Custom Medical Solutions
Dale Medical Products, Inc.
Devrom - The Parthenon Co., Inc.
Dynamic Health Concepts
Einstein Medical
Electro Medical Equipment
Emerald International Health Products, Inc.
Encyclopedia Britannica
Ethicon Endo-Surgery
FH Surgical
Foundation Surgery Affiliates
General Surgery News
Getinge USA, Inc.
Gore & Associates

Hausmann Industries, Inc.
Health & Fitness Education.com, LLC
Hill-Rom Company, Inc.
HKS Medical Information Systems
Hovertech International
HRA Research
I-Flow Corporation
Inamed Health
Inlet Medical
Innermint Internal Deodorant
Integra Jarit
International Bariatric Surgery Registry
Invacare Corporation
John Burnham Insurance Services
Karl Storz Endoscopy America
KCI
Lapbase Bariatric Database
Lauren’s Hope Medical ID Bracelet
Lexion Medical
Liv Lite
LocateADoc.com
LSI Solutions, Inc.
Marina Medical Instruments, Inc.
Market Access Partners
MAST BIOSURGERY
Med-Diet Labs
MedNet Technologies, Inc.
Mercury Medical
Meretek Diagnostics
MICROLINE, INC.
Midmark Corporation
Mission Pharmacal Company
Muffin Enterprises, Inc.
Nature’s Best
Nextech, Inc.
Nutritional Resources Inc.
Obesity Help, Inc.
Ola Loa Products
Olympus, Inc.
Omini-Tract Surgical
Pare Surgical, Inc.
Pearson Assessments
Power Medical Interventions
Professional Products, Inc.
Remedy MD, Inc.
ResMed
Richard Wolf Medical Instruments
Robard Corporation
SAGES
SCALE-TRONIX.com
Shumsky Therapeutic Pillows
SIZEWise Rentals
Skytron
Sleep Data, Inc.
Slendertouch Compression Garments
Sofradim Corporation
SR Scales
SSI Ultra
Starion Instruments
Sten-Barr Medical, Inc.
STERIS Corporation
Stryker
Suburban Surgical Co., Inc.
Synovis Surgical Innovations
Taut, Inc.
Teddy-Tech, Inc.
T.H.E. Medical
Thompson Surgical Instruments, Inc.
TSK Products
Turbo-Doc Electronic Medical Records, Inc.
Tyco Healthcare/Autosuture and Valleylab
UnJury Protein Supplements
US Bariatric
USgi Medical, Inc.
Viking Systems, Inc.
Viscio & Associates, The Obesity Law Center
VOW Solutions, Inc.
Weight Awareness
Weight for Life
Weight Loss Solutions
Welner Enabled, Inc.
WISH Center
WLS Lifestyles Magazine