PRELIMINARY PROGRAM
June 11-16, 2007 | San Diego Convention Center
San Diego, California
(times and presenters are subject to change)
Dear Friends and Colleagues,

It is my pleasure to invite you back to the beauty and sunshine of San Diego for the 24th Annual Meeting of the American Society for Bariatric Surgery, the largest meeting of bariatric surgery professionals in the world. You will have the opportunity to learn and network with national and international leaders during this comprehensive and thought-provoking meeting.

Our Surgical and Allied Health Program Directors, Eric DeMaria, MD, Scott Shikora, MD, Karen Schulz, RN, MSN, and Jill Meador, RN, BSN, have developed a wide range of educational opportunities to learn the latest research, find new solutions, and acquire essential tips and techniques for both the technical and clinical areas of patient care. We are extremely pleased to announce our keynote speakers for this year: Dr. Lars Sjostrom who will cover updates in the Swedish Obesity Study including some very important mortality data; the award winning writer, Dr. Atul Gawande, who will discuss his book “Complications – a Surgeon’s Notes on an Imperfect Science”; and a leader in malpractice and risk management issues, Mr. James Saxon.

Consistent with our commitment to a strong multidisciplinary team and our efforts to collaborate and outreach to other disciplines in which obesity is germane to their mission, a new tract specifically targeted for the bariatric physician and those involved in the post-op care of the bariatric surgery patient has been added to the scientific Plenary Session.

Additionally, we are proud to announce that our Journal, Surgery for Obesity and Related Diseases, SOARD, is now indexed in the Index Medicus and all articles from the plenary session abstracts will be subsequently published in SOARD.

Always keeping eye to the future and emerging trends and technologies, the program committee added an additional new course, Flexible Endoscopy and Endoluminal Surgery for the Bariatric Surgeon, directed by Dr. Ninh Nguyen, as well as a skills acquisition center. Regardless of your specialty area, you will find there are new and wide-ranging educational offerings to advance your skills and knowledge in treatment of morbid obesity and its related comorbid conditions.

As you can see, there is a lot offered at this year’s premier scientific meeting for bariatric surgery, so take your time, review the schedule of educational programs and don’t forget to plan some time to visit with our industry partners to learn about the best new products, view the scientific posters and of course you won’t want to miss the time to meet with your colleagues and friends at the Welcome Reception and Dinner Dance.

I look forward to seeing you in San Diego!

Best regards,

Philip R. Schauer, MD
President, American Society for Bariatric Surgery

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**LOCATION**
San Diego Convention Center
San Diego, California

**SOCIAL EVENTS**
WednesdAy, June 13
Welcome Reception
FRidAy, June 15
Annual Dinner Dance
WEDNESDAY, JUNE 13
ASBS Foundation Event

**EDUCATION & EXHIBITIONS**
JUNE 11-12
Industry Sponsored Workshops
Courses
JUNE 11-13
Plenary Session
JUNE 14-16
Technical Exhibition
JUNE 13-15

**ADDITIONAL INFORMATION**
American Society for Bariatric Surgery
100 SW 75th Street, Suite 201
Gainesville, FL 32607 USA
Phone: 352-331-4900
Fax: 352-331-4975
Email: info@asbs.org
Web Site: www.asbs.org

“Very Stimulating!”
GENERAL INFORMATION

Interesting info - opened the idea of possibilities.

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 declaims any and all liability or 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 have been requested 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 treated differently because of the absence of auxiliary aids and 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.

ADDITIONAL INFORMATION
For additional information, contact the American Society for Bariatric Surgery at:
100 SW 75th Street, Suite 201
Gainesville, FL 32607 USA
Phone: 352-331-4900
Fax: 352-331-4975
Email: info@asbs.org
Web Site: www.asbs.org

PURPOSE
Paper presentation 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 perioperative management of morbidly obese patients.

EDUCATIONAL OBJECTIVES
- 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.
- To increase the comprehension of the development and use of new techniques to achieve weight loss by surgery in the morbidly obese.
- To familiarize participants with a broad area of patient care services.
- To provide participants with the skills to identify and understand the specific needs of bariatric patients and assist in targeting their care in a coordinated medical team effort.

ACCREDITATION
This activity has been planned and implemented in accordance with the Accreditation Council for Continuing Medical Education’s (ACCME) Accreditation Elements. The American Society for Bariatric Surgery (ASBS) is accredited by the ACCME to sponsor continuing medical education for physicians. The ASBS designates this educational activity for a maximum of 39.25 AMA PRA Category 1 Credits™. Nursing credits (up to 39.25 contact hours) are provided by Taylor College, Los Angeles, California (possibly may not be accepted for national certification.)
San Diego is California’s second largest city, where the blue skies keep watch on 70 miles of beaches and a gentle Mediterranean climate begs for a day of everything and nothing. Within walking distance of the San Diego Convention Center, the site of the annual meeting, are over 100 restaurants from suave steakhouses and eclectic ethnic fare to dinner clubs and sultry jazz bars, intermingled with dance and drink. Also within walking distance is world-class shopping, which is varied from sprawling discount outlets to quaint upscale boutiques. For the family, there are the San Diego Zoo, SeaWorld, Wild Animal Park, and LEGOLAND, and don’t forget Balboa Park, one of the nation’s largest cultural complexes.

The headquarters hotel for the annual meeting is the beautiful San Diego Marriott Hotel & Marina, located next to the San Diego Convention Center and directly on the sparkling San Diego Bay. The conference rate listed below is available until May 1, 2007 (or the room block is full, whichever comes first), after which, the conference rate will no longer be in effect. Please book early. For reservations, follow the Hotel Reservations link at the ASBS website (www.asbs.org) or you may call Marriott Reservations at 800-266-9432. For international calls, dial 1-801-832-4532.

**CONFERENCE RATE**

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<td>Single/Double Occupancy-</td>
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**SOCIAL EVENTS**

**WEDNESDAY, JUNE 13**

6:00 PM – 8:00 PM

**WELCOME RECEPTION**

Join us for the ASBS opening reception on the East Terrace of the San Diego Convention Center against the backdrop of the glittering San Diego Bay. It is an opportunity to catch up with old friends and make new ones while enjoying the view of Coronado Island. Plenary Session and/or Allied Health General Session registrants are entitled to a complimentary ticket. Guest tickets may be purchased for $40 each.

Due to the nature of the Welcome Reception this event is for adults only. Recommended attire: Casual as the Reception will be outdoors.

**WEDNESDAY, JUNE 13**

8:00 PM – 11:00 PM

**ASBS FOUNDATION EVENT**

See flier on next page for more details.

**FRIDAY, JUNE 15**

7:00 PM – 12:00 AM

**ANNUAL DINNER DANCE**

Enjoy a gala evening, including fine dining, exciting live music and dancing at the San Diego Marriott and Marina. Plenary Session registrants are entitled to a complimentary ticket. Guest tickets may be purchased for $80 each.

Recommended attire: Cocktail or “after five”.

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Recommended attire is casual as the Reception will be outdoors.
Join Us for the WALK from OBESITY™

September and October 2007

The Walk from Obesity is the nation’s largest gathering of individuals affected by the disease of obesity. In September and October 2007 in cities all across the country, those living with the disease of obesity and survivors alike will join forces and walk to raise money for research, education, prevention and treatment of obesity.

To register for a Walk, locate a Walk site in your area or become a volunteer, please visit www.walkfromobesity.com.

Donating is a great way to help in the fight against obesity. If you are unable to participate in this year’s Walk, please consider making a donation today. Giving makes a difference!

OUR OUTREACH: Increasing
OUR PURPOSE: Expanding
OUR DEDICATION: Enduring

You are cordially invited to attend The ASBS Foundation’s “Party with a Purpose”

Casino Night and 10th Anniversary Celebration

Join your friends and colleagues for an unforgettable, fun-filled evening with cocktails, delectable desserts and smooth jazz. Try your luck at blackjack, roulette, poker and craps.

Honoring
Walter J. Pories, MD, FACS
The Recipient of the ASBS Foundation’s 2007 Outstanding Achievement Award

and Supporters, Sponsors and 2006 Walk from Obesity Event Leaders

Wednesday, June 13, 2007
San Diego Ballroom
Marriott Hotel
8:00 pm – 11:00 pm

Please visit www.asbs.org to purchase your tickets online or see back for registration form.
10th Annual
ASBS FOUNDATION
Fundraising Event

Wednesday, June 13, 2007 • 8:00 pm – 11:00 pm • San Diego Marriott Hotel and Marina • San Diego Ballroom

TICKET ORDER FORM

Event Registration Options:
- Easy Online Registration: www.asbs.org
- Fax Registration to: (352) 331-4975
- Mail Registration to: ASBS Foundation
100 SW 75th St., Suite 201
Gainesville, FL 32607

Ticket Cost:
- Advance Purchase $75
- Purchased at ASBS Annual Meeting $85

Ticket includes admission to the Event, $200 in “play money,” cocktails, coffee, desserts and live musical entertainment.

First, Middle, Last, Credentials

Institution

Address

City State Zip Code Country

Phone Fax Email

I would like to purchase ______ (# of tickets) for $75 each for the Event. Individual tickets purchased at the ASBS Annual Meeting will be $85 each.

$ ________

In addition to purchasing tickets, I would like to make a contribution to the ASBS Foundation in the amount of:

$ ________

I cannot attend this year’s Event, but I would like to make a contribution to the ASBS Foundation in the amount of:

$ ________

Payment Information

Enclosed is my check, made payable to the ASBS Foundation, for $ ________.

Please charge my credit card for the amount of: $ ________.

□ MasterCard® □ Visa® □ Amex®

Name on Credit Card: ____________________________

Credit Card Number: ____________________________

Exp. Date: ____________________________ Billing Zip Code: ____________________________

Signature: ____________________________

Thank you for your contribution! We look forward to seeing you at this year’s Event!

CONTINUED ON NEXT PAGE

MEETING OUTLINE

MONDAY, JUNE 11
8:00 AM - 4:30 PM
Allied Health Essentials in Surgical Support

8:00 AM - 5:00 PM
ASBS Centers of Excellence: Issues, Answers and Compliance

8:00 AM - 12:00 PM
Basic Bariatric Statistics

8:00 AM - 4:30 PM
OR Personnel, PACU, and Bariatric Health Care Providers

8:00 AM - 12:00 PM
Basic Bariatric Statistics

1:00 PM - 5:00 PM
Advanced Bariatric Statistics

7:00 PM - 10:00 PM
Industry Sponsored Workshops

presented by Pearson Assessments

presented by MDNet Solutions

TUESDAY, JUNE 12
7:30 AM – 12:00 PM
ASBS/SAGES Flexible Endoscopy and Endoluminal Surgery Postgraduate Course

7:50 AM – 5:00 PM
Essentials in Bariatric Surgery

8:00 AM – 12:15 PM
Masters in Behavioral Health II

9:00 AM – 12:00 AM
Allied Health Post-Graduate Courses (repeated in the afternoon):

• Case Studies

• Nutrition and Bariatric Surgery

• Laparoscopic Adjustable Banding Course

• Advance Practice in Addressing the Complexity and Challenges of the Bariatric Surgical Patient

1:00 PM – 4:00 PM
Allied Health Post-Graduate Courses (repeat of morning courses):

• Case Studies

• Nutrition and Bariatric Surgery

• Laparoscopic Adjustable Banding Course

• Advance Practice in Addressing the Complexity and Challenges of the Bariatric Surgical Patient

1:00 PM – 2:30 PM
Laboratory A (continuation of ASBS/SAGES Flexible Endoscopy and Endoluminal Surgery Postgraduate Course)

3:00 PM – 4:30 PM
Laboratory B (repeat of Laboratory A)

7:00 PM – 10:00 PM
Industry Sponsored Workshops

• presented by Ethicon Endo-surgery

• presented by Sanofi-Aventis

• presented by Allergan Medical

• presented by Novus Insurance

CONTINUED ON NEXT PAGE

“Changed my way of thinking!”
These eight workshops (four on Monday and four on Tuesday) are not planned by the ASBS and therefore are not accredited by the ASBS. There is no charge for Annual Meeting participants.

MONDAY, JUNE 11
7:00 PM – 10:00 PM

WORKSHOP 1
UNDERSTANDING THE PATIENT: MBMD™ TEST BASICS, ADVANCED INTERPRETATION, AND NEW BARIATRIC INTERPRETIVE REPORT; PLUS A “VIEW FROM THE TRENCHES”

Presented by Pearson Assessments

This workshop is designed specifically for psychologists and other health professionals interested in the psychological evaluation of bariatric surgery candidates. Attendees with little or no experience with the Millon™ Behavioral Medicine Diagnostic (MBMD) test, as well as those who have worked with the assessment, will benefit from this workshop.

Upon completion of this workshop, participants will have a broad understanding of:

- The scales measured by the MBMD test, including psychiatric indicators, coping styles, stress moderators, and treatment prognosticators.
- The new narrative material designed specifically for the evaluation of bariatric surgery candidates.
- Interpretive guidelines for the MBMD test appropriate to bariatric evaluations (includes review of case studies).

Attendees will earn 3 CE credits for full attendance of this 3 hour workshop, no partial credits awarded.

Call 1-800.627.7271 or visit www.pearsonassessments.com for more information.

Pearson Assessments is approved by the American Psychological Association to sponsor continuing education for psychologists. Pearson Assessments maintains responsibility for this program and its content.
WORKSHOP 2
THINK AND DRINK WORKSHOP
Interactive Workshop
Presented by MDnetSolutions
Are you actively marketing your practice yet feeling overwhelmed with the results? Short on staff, and need help managing calls and clicks from interested patients? Learn how to integrate your online seminar registration system with the LeadTracker. Goodbye e-mails!
When was the last time you updated your seminar presentation? do you have a good turnout at your seminars, but fail to book consultations? Learn how to strengthen and enhance your practice brand with MDnetSolutions’ niche expertise in bariatric surgery.
Do you feel as though you’re not connecting with your audience? do you have a good turnout at your seminars, but fail to book consultations? Learn how to integrate your online seminar registration system with the LeadTracker. Goodbye e-mails!
Please RSVP to Angie Leondedis, Business Development Manager, 412-939-0303, ext. 134.

MONDAY, JUNE 11
7:00 PM – 10:00 PM

WORkSHOP 3
RECOGNIZING, TREATING AND REDUCING THE RISK OF VTE IN BARIATRIC SURGERY
Presented by Advanced studies in Medicine
Venous thromboembolism (VTE), characterized by deep vein thrombosis (DVT) and pulmonary embolism (PE), is an important medical problem in the United States. It has been estimated that approximately 450,000 diagnosed cases of VTE occur each year, but the actual impact of the disease is likely greater when considering the silent nature of VTE for many patients. As unrecognized and untreated VTE can lead to long-term clinical consequences, including early mortality, it is critical to employ effective prophylactic strategies in bariatric surgical patients who are at risk for VTE. A combination regimen of intraoperative pharmacologic prophylaxis and compression therapy followed by early postsurgical ambulation has demonstrated the ability to provide safe, effective thromboprophylaxis in morbidly obese patients undergoing bariatric surgery. Nevertheless, thromboprophylaxis is still not adequately employed in at-risk patients, including those undergoing major abdominal surgery.

Our workshop is intended for the bariatric surgeon, practice manager, administrator, and clinical care coordinator. MDnetSolutions’ clients will be on hand to share their personal success stories.
Cocktails and heavy hors d’oeuvres will be served.

Please RSVP to Angie Leondedis, Business Development Manager, 412-939-0303, ext. 134.
TUESDAY, JUNE 12
7:00 PM – 10:00 PM

WORKSHOP 6
WEIGHING THE OPTIONS FOR WEIGHT LOSS SURGERY
Presented by Allergan Medical

PROGRAM AGENDA
• The Psychology of the Severely Obese Patient: Is Surgery Indicated
• Which Surgery for Which Patient?
• Durable Weight Loss: The Need for a Collaborative Effort

CMEs will be provided by Penn State College of Medicine. Dinner will be provided.

TUESDAY, JUNE 12
7:00 PM – 10:00 PM

WORKSHOP 7
EMERGING ENDOLUMINAL TECHNOLOGIES IN THE TREATMENT OF OBESITY
Presented by Ethicon Endo-Surgery

Learn about some of the early work on new endoscopic technologies and their application to the treatment of obesity. Currently, only about 1% of the morbidly obese population receives effective therapy in part because of the perceived risks, pain, recovery time and invasiveness of bariatric surgical procedures. Technologies for both the primary treatment of obesity and revision procedures will be highlighted. Malabsorptive and restrictive strategies, as well as flexible endoluminal suturing will be presented by physicians working with these new technologies. The evening will be moderated by Dr. Marc Bessler.

TUESDAY, JUNE 12
7:00 PM – 10:00 PM

WORKSHOP 8
RISK REDUCTION AT THE NEXT LEVEL – REDUCING RISK AND ENHANCING EXCELLENCE
Presented by Novus Insurance Company

In this Program, Attorney James Saxton takes a fresh look at liability exposure for bariatric surgeons, including addressing where frequency and severity come from. He provides an analysis of what a practice can do to reduce risk through revisions in documentation and new documentation strategies as well as moving your practice up the five-star service excellence curve. Actual documentation examples will be reviewed and Mr. Saxton will literally review how you can start a five-star service excellence program with your practice. Industry leaders will then provide commentary on how certain risk management principles can impact litigation: both preventing and derailing a lawsuit. It is time for bariatric surgeons to seriously use their ability to impact the liability equation.
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<td>Santiago Horgan, MD</td>
<td>University of California San Diego, San Diego, CA, USA</td>
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<td>Scott G. Houghton, MD</td>
<td>Mayo Clinic College of Medicine Rochester, MN, USA</td>
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<td>Rebecca Gray, MD, MD/PhD</td>
<td>Baylor University Medical Center Dallas, TX, USA</td>
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<td>Lauren Guenther, MD</td>
<td>Albert Einstein Health Network Philadelphia, PA, USA</td>
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<td>Judith C. Hagedorn, MHS</td>
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<td>Peter T. Hallowell, MD</td>
<td>University Hospitals Case Medical Center Cleveland, OH, USA</td>
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<td>Anne R. Harris, PhD</td>
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<td>ALAOGA Vienna, VA, USA</td>
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<td>Sahlgrenska University Hospital Gothenburg, Sweden</td>
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<td>Moorhead, PA and Associates Fort Lee, VA, USA</td>
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<td>USF Tampa General Hospital Tampa, FL, USA</td>
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<td>Galvao Neto, MD</td>
<td>Gastro Obeso Center Sao Paulo, Brazil</td>
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<td>Kelly Nettles</td>
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<td>Simon Marceau</td>
<td>Laval University Quebec, Canada</td>
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<td>Tracy Martinez, RN, BSN</td>
<td>Wintgrove Bariatric Institute La Jolla, CA, USA</td>
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<td>Emile Matei, MD</td>
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<td>Farouk N. Obaid, MD</td>
<td>Hurley Medical Center Flint, MI, USA</td>
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<td>Eric H. Pransky, PhD</td>
<td>Loyola University Medical Center Maywood, IL, USA</td>
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<td>David A. Provost, MD</td>
<td>UT Southwestern Medical Center Dallas, TX, USA</td>
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<td>Brian Quieblme, MD</td>
<td>The N.E.W Program Newport Beach, FL, USA</td>
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<td>Philippe J. Quiebl, MD</td>
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<td>Gastro Obeso Center Sao Paulo, Brazil</td>
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<td>Mary Read, MD</td>
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<td>Christine Ren, MD</td>
<td>NY Medical Center New York, NY, USA</td>
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<td>Bill Richards, MD</td>
<td>Vanderbilt University School of Medicine Nashville, TN, USA</td>
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<td>Steve Ritz, MD</td>
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<td>Kim Rivella, CRN</td>
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<td>Joanne Rogers, CNS</td>
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<td>Bobbie Lou Price, RN, BSN</td>
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<td>Jeyaraj Salimoth, DO</td>
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<td>VAHCS-San Diego San Diego, CA, USA</td>
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<td>Stevens and Lee, PC Lancaster, PA, USA</td>
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<tr>
<td>David F. Schaeffer, MD/PhD</td>
<td>Department of Medicine, University of British Columbia Vancouver, BC, Canada</td>
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<tr>
<td>Philip R. Schauer, MD</td>
<td>Cleveland Clinic Foundation Cleveland, OH, USA</td>
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<tr>
<td>Bruce Schimer, MD</td>
<td>University of VA Health System Charlottesville, VA, USA</td>
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<tr>
<td>Thomas M Schmelzer, MD</td>
<td>Carolinas Medical Center Charlotte, NC, USA</td>
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<tr>
<td>Jennifer Schwettmann, MSPT</td>
<td>North Hills Hospital Arlington, TX, USA</td>
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<tr>
<td>Stephen Scott, MD</td>
<td>University of Missouri-Columbia Columbia, MO, USA</td>
</tr>
<tr>
<td>Frank S. Sergi, MD</td>
<td>Einstein Baraitess Ellis Park, PA, USA</td>
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</tbody>
</table>
## COURSES

**MONDAY, JUNE 11, 2007**

8:00 AM - 4:30 PM

### ALLIED HEALTH ESSENTIALS IN SURGICAL SUPPORT

**Course Director:** Tracy Martinez, 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 7.0 CEU credits are available). This course has repetitive information presented at previous annual conferences.

#### OBJECTIVES

Upon completion of this activity participants should be able to:

- Describe the disease of morbid obesity;
- Identify appropriate bariatric surgical candidates;
- Discuss the advantages and disadvantages of bariatric surgical procedures;
- Identify patient follow-up; and
- Discuss the role of support groups;
- Discuss important components of exercise following bariatric surgery;
- Discuss the role of preoperative psychological evaluations.

#### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Introduction</td>
</tr>
<tr>
<td>8:05 AM</td>
<td>The disease of morbid obesity</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>The surgical treatment of morbid obesity</td>
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<tr>
<td>9:30 AM</td>
<td>Break</td>
</tr>
<tr>
<td>9:45 AM</td>
<td>Patient education and informed consent</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Post-op care</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Nutrition/vitamin therapy</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Role of Exercise.</td>
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<tr>
<td>1:30 PM</td>
<td>Jennifer Schmitz, SMPT</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>Patient follow-up.</td>
</tr>
<tr>
<td>2:20 PM</td>
<td>Bobbie Lou Price, RN, BSN</td>
</tr>
<tr>
<td>2:50 PM</td>
<td>Insurance and surgical access.</td>
</tr>
<tr>
<td>3:05 PM</td>
<td>Walter Lindstrom, Jr., Esq.</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>Faculty Panel Discussion and Questions Answers.</td>
</tr>
<tr>
<td>4:15 PM</td>
<td>Evaluations and post-test.</td>
</tr>
<tr>
<td>4:30 PM</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>

### WELL ORGANIZED - PROVOCATIVE - EYE OPENING.

- Discuss the role of preoperative psychological evaluations.
- Identify appropriate bariatric surgical candidates.
- Discuss the advantages and disadvantages of bariatric surgical procedures.
- Identify post-operative metabolic deficiencies and discuss treatment.
- Discuss the role of support groups.
- Discuss important components of exercise following bariatric surgery.
- Discuss the role of preoperative psychological evaluations.

#### FACULTY

- Tracy Martinez, RN, BSN
- Barbara Metcalf, RN
- Patient follow-up
- Bobbie Lou Price, RN, BSN
- Psychological support
- Melodie Moorehead, PhD
- Walter Lindstrom, Jr., Esq.
- Faculty Panel Discussion and Questions Answers.
- Evaluations and post-test.
- Adjourn
MONDAY, JUNE 11, 2007
8:15 AM - 4:30 PM

MASTERS IN BEHAVIORAL HEALTH – DAY ONE
Course Director: Cathy Reto, PhD

COURSE OVERVIEW AND TARGET AUDIENCE
Up to 6.25 hours of continuing education are available for psychologists, and are provided by Alliant International University, an approved provider by the American Psychological Association (APA). Alliant International University maintains responsibility for the program.

COURSE OUTLINE
7:00 AM  Continental Breakfast
7:45 AM  CEU Registration
8:15 AM  Welcome

Session One
8:20 AM  Health and health-related quality of life differences between men and women who seek gastric bypass surgery. Ronette L. Kolotkin, PhD
8:40 AM  Duke Health Profile Measurement of Depression for bariatric surgery patients. L. Charles Cart, PhD
9:00 AM  Forget Quality of Life, measure what counts: Happiness; combined with Motivations, self blame and self-perceived caused of obesity in patients seeking bariatric surgery. Frank Sergi, PhD, Ramsey M Dallal, MD
9:20 AM  Predictors of body dissatisfaction among bariatric surgery candidates. Alfonso Troisi, MD
9:40 AM  Discussion
10:20 AM  Refreshment Break/Networking

Session Two
10:40 AM  Support group survey of ASBS membership. Atul K. Madan, MD
11:00 AM  Psychosocial status in adolescents undergoing bariatric surgery. Roy Kim, MD, MPH
11:20 AM  Why patients do not follow-up after laparoscopic adjustable gastric banding. Jason L. Harper, MD
11:40 AM  Discussion
12:20 PM  Lunch

Session Three
1:30 PM  Does preoperative weight loss make a difference? David B. Sarwer, PhD
2:40 PM  Refreshment Break/Networking
3:00 PM  Concurrent Workshops -
a. Pre to Post: How to enhance patient success through groups. Anne R. Harris, PhD
b. Beyond the pre-surgical psychological evaluation Part II: Expanding the role of mental health services for weight loss surgery patients. Stephanie Sogg, PhD, Kelli E. Friedman, PhD, Katherine L. Applegate, PhD
4:30 PM  Adjourn

CONTINUED ON NEXT PAGE
OR Personnel, PACU, and Bariatric Health Care Provider Course
Awareness is the Key: “You Never Know What Can Come Through Your ER”
Course Director: Jennifer Gianos, RNFA, CNOR

Course Overview and Target Audience
This course is designed not only for operating room staff, PACU, but will also be very educational for any health care provider that deals with bariatric patients. This will offer a better understanding to health care providers for a more rounded education of the complete bariatric patient. (Up to 7.0 CEU credits are available).

Objectives
Upon completion of this activity participants should:
- Be aware of various bariatric procedures and have a better knowledge of each with anatomy and physiology concerns;
- Be able to identify complications of each procedure in a more timely manner;
- Have a broader view of bariatric anesthesia concerns.

Course Outline
7:00 AM  Continental Breakfast
8:00 AM  Welcome
8:05 AM  Possible gastric bypass complications - short and long term with case studies.
  Carlos Carrasquilla, MD
9:00 AM  Unexpected intra-operative complications - a peri-operative nurses point of view.
  Jennifer Gianos, RNFA, CNOR
10:00 AM Break
10:15 AM Pathways to surgery
  Tracy Martinez, RN, BSN
11:00 AM Anesthesia concerns.
  Kim Rivella, CRNA
11:30 AM Documentation update. “If it’s not documented, it’s not done.”
  Jennifer Gianos, RNFA, CNOR

11:45 AM Q & A
12:00 PM Lunch
1:00 PM Possible complications in adjustable gastric banding with case studies.
  Scott Shikora, MD
1:30 PM Gastric Stimulator (Pacemaker) - Operative procedure and update.
  Scott Shikora, MD
2:15 PM Break
2:30 PM Scientific research update; In Search of a Cause: Leaks and how we avoid them.
  Carlos Carrasquilla, MD
3:30 PM Possible complications in BPD/DS which may need surgical intervention and case studies.
  Robert Rabkin, MD
4:15 PM Q & A
4:30 PM Adjourn

Monday, June 11, 2007
8:00 AM – 12:00 PM

Basic Bariatric Statistics
Course Director: George S. M. Cowan, Jr., MD

Target Audience
National and international audience, consisting primarily of bariatric surgeons, physicians, nurses, nutritionists, mental health, and other allied health personnel who may or may not have had some prior exposure to statistics but have either forgotten it, never properly grasped its concepts or just feel the need for a “refresher course” in the subject.

Course Overview
With the increasing importance of data, databases as an everyday fact of life within all bariatric centers, every person working within them needs to possess at least some basic intuitive understanding of statistics concepts. This course aims at putting such an intuitive understanding of basic concepts of statistics, without the painful math or calculus, within reach of those attendees who want to understand and use them better in a “user friendly,” reasonably comprehensible, fashion. This will allow them to better understand the need for proper data collection, analysis and interpretation for the good of patient care and promoting advances in the field. It is also aimed at encouraging the attendees to have a more insightful “feel” for, and understanding of, reported data within the scientific, specifically bariatric surgical, literature. The use of this information can be immediately used to attend the course following in the afternoon that entails an overview of statistics through critical review of the literature. (Up to 3.5 CME credits are available).

CONTINUED ON NEXT PAGE
OBJECTIVES

Provide a gentle, user-friendly, “review and primer of basic statistics for non-Dummies” so that the attendee will subsequently be able to:

- Understand the differences between parametric and non-parametric statistics sufficiently to identify the circumstances in which they may be appropriately, and inappropriately, applied in their own programs;
- Develop an intuitive, practical, minimal-math, understanding of the use of descriptive and inferential statistics including some of the available statistics descriptors and tests, such as means, standard deviation, standard error of the mean, median, mode, histograms, confidence limits, Z-Scores, t-tests, regression analysis and non-parametric tests;
- Obtain an intuitive understanding of how to approach geometric and arithmetically distributed data, precision versus accuracy, test sensitivity and specificity, outliers, degrees of freedom, p-values, intervening variables, inter-observer variation, appropriate number of decimal points, the more frequently-used statistics tests and their appropriate application;
- Meaningfully apply this knowledge to bariatric surgery program data such as may be contained in attendees’ databases as well as the relevant literature.

COURSE OUTLINE

7:00 AM  Continental Breakfast
8:00 AM  The Why and What of Statistics, Taming the Four Horsemen of Statistics.
9:00 AM  Break
9:15 AM  Measures of the Middle, Frequency Distribution, Standard Deviation, Z-Scores, Confidence Intervals, Standard Error, Skewed Distributions, Outliers, Quartiles, Other Statistics Terms
10:30 AM  Break
10:45 AM  t-Tests, Type I & II Truth and Errors, Chi-Square, Regression Analysis, Brief Overview of Non-Parametric Tests.
11:55 AM  Summing Up By Course Director
12:00 PM  Adjourn

ADVANCED BARIATRIC STATISTICS: AN OVERVIEW OF STATISTICS THROUGH CRITICAL REVIEW OF THE BARIATRIC SURGERY LITERATURE

COURSE DIRECTOR: George S.M. Cowan, Jr., MD

TARGET AUDIENCE

National and international audience, consisting primarily of bariatric surgeons, physicians, nurses, nutritionists, mental health, and other allied health personnel who are advised to have some knowledge of, or prior exposure to, the basics of statistics. For those who have not had such exposure, the morning course is an advisable preliminary.

COURSE OVERVIEW

With bariatric surgery increasingly on the verge of unlocking important facts about the obese state and its co-morbidities, understanding the basic statistics that underlie, and help separate the good from the lesser, scientific work, has never been so important. By taking this course, the attendee is expected to become more able to critically review this literature. This course is also relevant to those who want to obtain a more insightful “feel” for, and understanding of, reported data within the scientific, specifically bariatric surgical, literature, rather than passively, uncritically, accepting most authors’ conclusions.

For those who would benefit from such a practical, hands-on review, many relevant statistical principles and tests will be discussed and demonstrated within the working context of the bariatric surgical literature. (Up to 3.75 CME credits are available).

OBJECTIVES

At the conclusion of this activity participants should have:

- A logical and systematic means of critically approaching bariatric surgical and other literature;
- Refreshed his/her prior knowledge of a variety of statistics principles and tests;
- The ability and confidence to critically evaluate data-containing bariatric surgery paper(s) or other like literature sufficient to decide whether the author(s) properly drew their conclusions or not.

COURSE OUTLINE

1:00 PM  Brief Statistics Review, Instruction in How To Critically Review Data-Containing Literature.
2:00 PM  Break
3:30 PM  Break
3:45 PM  Critical Review of Remaining Distributed Papers That Illustrate Different Statistical Tests and Approaches to Bariatric Surgery Data Together With Attendee Participation.
4:55 PM  Summing Up By Course Director
5:00 PM  Adjourn
**Allied Health Postgraduate Course A - Topic: Advance Practice in Addressing the Complexity and Challenges of the Bariatric Surgical Patient**

*Course Facilitator: Tracy Martinez, Rn, Bsn*

**Course Overview and Target Audience**
This half-day course is designed for experienced bariatric nurses, physician assistants, and nurse practitioners. Attendees of this course will learn about the complexity and medical challenges that bariatric surgical patients can face and for which they are at risk.

This course helps the attendee gain knowledge that is beneficial in the clinical care of the patient undergoing bariatric surgery. This course is offered both in the morning and afternoon. (Up to 3.0 CEU credits are available per course.)

**Objectives**
Upon completion of this activity, participants should be able to:
- Describe metabolic syndrome;
- List common weight loss medications currently being prescribed;
- Recognize the common challenges in providing physical assessment on a patient who suffers from morbid obesity;
- List common skin complications unique in this population;
- Recognize the signs and symptoms of life-threatening post-operative complications;
- Understand the necessary emergent interventions in treating life-threatening post-operative complications;
- Explain the pathophysiology of ARDS and common medical interventions.

**Course Outline**

<table>
<thead>
<tr>
<th>Morning Session (repeated at 1:00 pm)</th>
<th>Afternoon Session (repeat of Morning Session)</th>
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<tbody>
<tr>
<td>9:00 AM Introduction</td>
<td>1:00 PM Introduction</td>
</tr>
<tr>
<td>9:05 AM Metabolic Syndrome, Weight</td>
<td>1:05 PM Metabolic Syndrome, Weight</td>
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<tr>
<td>Loss, Pharmacy Update.</td>
<td>Loss, Pharmacy Update.</td>
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<tr>
<td>Christopher Still, DO</td>
<td>Christopher Still, DO</td>
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<tr>
<td>Joyce Black, RN, PhD</td>
<td>Joyce Black, RN, PhD</td>
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<tr>
<td>10:30 AM Break</td>
<td>2:30 PM Break</td>
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<tr>
<td>10:45 AM Recognize impending post-</td>
<td>2:45 PM Recognize impending post-operative</td>
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<td>operative disasters and necessary</td>
<td>operative disasters and necessary</td>
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<td>emergent interventions.</td>
<td>emergent interventions.</td>
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<td>J. Kenneth Champion, MD</td>
<td>J. Kenneth Champion, MD</td>
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<tr>
<td>11:10 AM Understanding the</td>
<td>3:10 PM Understanding the pathophysiology</td>
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<tr>
<td>pathophysiology of ARDS.</td>
<td>of ARDS.</td>
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<tr>
<td>Bradley Spitz, MD</td>
<td>Bradley Spitz, MD</td>
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<tr>
<td>11:45 AM Q&amp;A, Panel Discussion</td>
<td>3:45 PM Q&amp;A, Panel Discussion</td>
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<tr>
<td>12:00 NOON Adjourn</td>
<td>4:00 PM Adjourn</td>
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**Allied Health Postgraduate Course B - Topic: Case Study Presentations**

*Course Facilitator: Carrie H. Johnson, Rn*

**Course Overview and Target Audience**
With an increase in the allied health professional’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. This course is offered both in the morning and afternoon. (Up to 3.0 CEU credits are available per course.)

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

**Course Outline**

<table>
<thead>
<tr>
<th>Morning Session (repeated at 1:00 pm)</th>
<th>Afternoon Session (repeat of Morning Session)</th>
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<tbody>
<tr>
<td>9:00 AM Welcome</td>
<td>1:00 PM Welcome</td>
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<tr>
<td>9:10 AM Eric DeMaria, MD</td>
<td>1:10 PM Eric DeMaria, MD</td>
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<tr>
<td>9:25 AM Kristin Davis, PA-C</td>
<td>1:25 PM Kristin Davis, PA-C</td>
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<tr>
<td>9:40 AM Amanda Budah, RN, MSN</td>
<td>1:40 PM Amanda Budah, RN, MSN</td>
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<tr>
<td>9:55 AM Steve Ritz, PhD</td>
<td>1:55 PM Steve Ritz, PhD</td>
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<tr>
<td>10:10 AM Nancy Baugh, ANP</td>
<td>2:10 PM Nancy Baugh, ANP</td>
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<tr>
<td>10:25 AM Break</td>
<td>2:25 PM Break</td>
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<tr>
<td>10:45 AM Nick Nicholson, MD</td>
<td>2:45 PM Nick Nicholson, MD</td>
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<tr>
<td>11:00 AM Kathleen McCaulay, Esq.</td>
<td>3:00 PM Kathleen McCaulay, Esq.</td>
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<tr>
<td>11:15 AM Jill Meadow, RN, BSN</td>
<td>3:15 PM Jill Meadow, RN, BSN</td>
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<td>11:30 AM Debra Petitpain, MS, RD</td>
<td>3:30 PM Debra Petitpain, MS, RD</td>
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<tr>
<td>11:45 AM Chris Leech, ACNP</td>
<td>3:45 PM Chris Leech, ACNP</td>
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<tr>
<td>12:00 PM Adjourn</td>
<td>4:00 PM Adjourn</td>
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</table>
TOPIC: LAPAROSCOPIC ADJUSTABLE BANDING COURSE

12:00 PM

Morning session (repeated at 1:00 pm)

Course Facilitator: Laura Baldwin, RN

COURSE OVERVIEW

Laparoscopic Adjustable Gastric Banding is an effective tool in the treatment of morbid obesity. As with any operation, challenges can occur. This course is designed to discuss some of the more challenging issues related to laparoscopic adjustable gastric banding. This course is offered both in the morning and afternoon. (Up to 3.0 CEU credits are available per course.)

COURSE OBJECTIVES

Upon completion of this course, participants should be able to:

- Identify specific challenges related to laparoscopic adjustable gastric banding;
- Discuss obstacles in reimbursement and ways to maximize approvals;
- Identify causes and treatment strategies for complications;
- Discuss post-operative adjustment protocols and algorithms;
- Discuss specific nutritional and behavioral changes to maximize success;
- Discuss role/integration of physician extenders.

COURSE OUTLINE

upon completion of this course, participants should be able to:

- Provide an overview of macronutrient and micronutrient considerations for surgical weight loss procedures;
- Identify how to assess nutrition status using biochemical indices;
- Review the current evidence related to macronutrient requirements and dietary distribution during weight loss and weight maintenance;
- Review the effect of surgery and restricted intake on vitamin and mineral status;
- Describe the rationale for and against presurgical weight loss and the bariatric surgery patient.

TARGET AUDIENCE

Registered dietitians, nurses, nurse practitioners and other clinical personnel who are involved with the clinical care of the surgical weight loss patient.

COURSE OBJECTIVES

Upon completion of this course, participants should be able to:

- Provide an overview of macronutrient and micronutrient considerations for surgical weight loss procedures;
- Identify how to assess nutrition status using biochemical indices;
- Review the current evidence related to macronutrient requirements and dietary distribution during weight loss and weight maintenance;
- Review the effect of surgery and restricted intake on vitamin and mineral status;
- Describe the rationale for and against presurgical weight loss and the bariatric surgery patient.

COURSE OUTLINE

Introduction

Presurgical weight loss:

- The biochemistry behind bariatric surgery. Cynthia Buffington, PhD
- Laboratory assessment of nutrition status. Jeanne Blankenship, MS, RD

Vitamins and minerals.

The Big 3 – carbs, protein and fat

Laboratory assessment of nutrition status.

- Break

What's the real deal? TBA

- Break

Presurgical weight loss:

- Barrier or benefit?
- Point/Counterpoint

Presurgical weight loss:

- Barrier or benefit?
- Point/Counterpoint

Bariatric surgery.

Cynthia Buffington, PhD

Jeanne Blankenship, MS, RD

TBA

TBA

Point/Counterpoint

Bruce Wolfe, MD

Scott Shikora, MD

Panel (Q & A)

Adjourn

Adjourn
MASTERS IN BEHAVIORAL HEALTH – DAY TWO

COURSE DIRECTOR: Cathy Reto, PhD

Up to 4.0 hours of continuing education are available for psychologists, and are provided by Alliant International University, an approved provider by the American Psychological Association (APA). Alliant International University maintains responsibility for the program.

COURSE OUTLINE

7:00 AM  Continental Breakfast
7:30 AM  CEU Registration

Session One: Post Operative Topics

8:00 AM  Expectations of bariatric surgery patients.
    Atul K. Madan, MD
8:20 AM  Changes in alcohol sensitivity after gastric bypass surgery.
    Cynthia Buffington, PhD
8:40 AM  Body contouring following bariatric surgery.
    David Sarwer, PhD
9:00 AM  Eating behaviors in the post-surgical patient.
    TBA
9:20 AM  Panel Discussion
10:30 AM  Refreshment Break/Networking

10:45 AM  Concurrent Workshops -
    Workshop A: Adapting a CBT group protocol for use with post-bariatric surgery patients.
        Heidi M Limbrunner, PsyD
    Workshop B: Integrating hypnotic approaches into the aftercare regimen of bariatric surgery patients. (A Multi-modal approach to designing aftercare).
        Thomas J Barr, PhD

12:15 PM  Adjourn

Masters’ Postgraduate Course -

TOPIC: ASBS/SAGES FLEXIBLE ENDOSCOPY AND ENDOLUMINAL SURGERY

POSTGRADUATE COURSE

Course Co-Directors: Ninh Nguyen, MD (ASBS) and C. Daniel Smith, MD (SAGES)

COURSE OVERVIEW AND TARGET AUDIENCE

Endoscopy is an integral part of bariatric surgery. Endoscopy is not only an important modality for detection of gastric and esophageal pathology in the preoperative setting but is also used commonly in the operating theater for detection of intraoperative complications including bleeding and staple-line leaks. Furthermore, endoscopy is used as a therapeutic measure in management of postoperative complications such as gastrointestinal hemorrhage and anastomotic stenosis.

This full-day program provides a comprehensive overview of the technique of endoscopy and its application in bariatric surgery and gives the participants a chance for hands-on exposure to learn the techniques of diagnostic and therapeutic endoscopy. The program is intended to teach practicing bariatric surgeons, general surgeons providing bariatric coverage, assistant surgeons, operative physician assistants, operative technicians, and residents in the indications and techniques of diagnostic and therapeutic endoscopy. The course attendees will learn basic endoscopy techniques and visualize how to technically perform a variety of endoscopic therapeutic maneuvers for management of post-bariatric complications. The course will also feature new innovative endoscopic bariatric procedures in the pre-clinical setting. The 90-minute hands-on portion of the course will enable the participants to practice the techniques of diagnostic and therapeutic endoscopy including balloon dilation, the various hemostatic maneuvers, and delivery of the fibrin sealant agent. (Up to 5.5 CME credits are available).

OBJECTIVES

Upon completion of this activity participants should be able to:

- Recognize the indications and techniques of diagnostic and therapeutic endoscopy;
- Compare the techniques for diagnostic endoscopy and intraoperative endoscopy;
- Demonstrate the techniques of therapeutic endoscopy including balloon dilation, hemostasis maneuvers, and delivery of fibrin sealant;
- Describe the emerging technologies using endoscopy for the treatment of obesity.

CONTINUED ON NEXT PAGE
COURSE OUTLINE

7:00 AM  Continental Breakfast
7:30 AM  Welcome and Introduction.
         C. Daniel Smith, MD

Session One: Diagnostic Endoscopy
7:45 AM  Basic endoscopic techniques (including sedation).
          Raul Rosenthal, MD
8:00 AM  Preoperative endoscopy in the bariatric patient: Is it necessary?
          Bruce Schirmer, MD
8:15 AM  The role of intraoperative endoscopy in bariatric surgery.
          C. Daniel Smith, MD
8:30 AM  Post-bariatric endoscopic evaluation (bypass and band).
          Santiago Horgan, MD
8:45 AM  Endoscopic stenting for leaks & gastro-gastric fistula.
          Steve Scott, MD
9:00 AM  Endoscopic intragastric balloon therapy.
          Luigi Angrisani, MD
9:15 AM  Q & A Session
9:30 AM  Break

Session Two: Therapeutic Endoscopy and Emerging Endoscopic Technologies
10:00 AM Technique of hemostasis for staple-line bleeding (clipping, thermal energy, and injection therapy).
        Ken Chang, MD
10:15 AM Technique of balloon dilation for anastomotic stenosis.
        Ninh Nguyen, MD
10:35 AM Technique for removal of anastomotic foreign body.
        Ken Chang, MD
10:45 AM Endoscopic management of GERD after bariatric surgery.
        Samer Mattar, MD
11:00 AM Endoscopic plication of the stoma to enhance restriction after gastric bypass.
        Bill Richards, MD
        Brian Dunkin, MD
11:25 AM Emerging endoscopic approaches for treatment of obesity (intragastric balloon, endoscopic VBG, etc.)
        Eric DeMaria, MD
11:45 AM Q&A Session
12:00 PM Lunch

1:00 PM  Laboratory A (limited to 25 registrants)
2:30 PM  Diagnostic and intraoperative endoscopy: 4 stations
         • Basic equipment and functions
         • Complete endoscopic evaluation
         • Intraoperative evaluation for bleeding and leaks
         • Intraoperative endoscopy to facilitate construction of the GJ anastomosis
         Therapeutic endoscopy: 8 stations (same as above)
         • Balloon dilation station
         • Hemostasis station: injection therapy
         • Hemostasis station: thermal energy
         • Hemostasis station: clipping
         • Fistula: endoscopic delivery of fibrin sealant
         • Foreign body: removal of anastomotic staples and sutures

3:00 PM  Laboratory B (repeat of Laboratory A)
4:30 PM  Diagnostic and intraoperative endoscopy: 4 stations
         • Basic equipment and functions
         • Complete endoscopic evaluation
         • Intraoperative evaluation for bleeding and leaks
         • Intraoperative endoscopy to facilitate construction of the GJ anastomosis
         Therapeutic endoscopy: 8 stations (same as above)
         • Balloon dilation station
         • Hemostasis station: injection therapy
         • Hemostasis station: thermal energy
         • Hemostasis station: clipping
         • Fistula: endoscopic delivery of fibrin sealant
         • Foreign body: removal of anastomotic staples and sutures

SPONSORS
The ASBS wishes to express our thanks to the following companies for their support of the ASBS/SAGES Flexible Endoscopy and Endoluminal Surgery Postgraduate Course:
• Alveolus, Inc.
• Boston Scientific Corporation
• Cook Endoscopy
• Ethicon Endo-Surgery
• Karl Storz Endoscopy-America, Inc.
• Olympus Surgical America
• Simbionix USA Corporation
• Tyco Healthcare (Autosuture/US Surgical)
• Wilson Cook Medical
TUESDAY, JUNE 11, 2007
7:50 AM – 5:00 PM

ESSENTIALS IN BARIATRIC SURGERY
Course Co-Directors: Scott Shikora, MD and Daniel Gagne, 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 are available).

OBJECTIVES
- Upon completion of this activity participants should be able to:
  - Describe the disease of morbid obesity and its comorbid conditions;
  - Determine medical weight loss options and the role of the non-surgeon clinician;
  - Summarize the history of weight loss surgery;
  - Recognize the various surgical procedures that are common today;
  - Select appropriate bariatric surgical candidates and recognize contraindications for surgery;
  - Specify issues in the peri-operative care and early post-operative management;
  - Explain common peri-operative complications and long-term nutritional consequences;
  - Specify the role and goals of bariatric Centers of Excellence.

COURSE OUTLINE
Session One: Overview of Obesity and Treatments
7:00 AM - 10:00 AM
- 7:00 AM Continental Breakfast
- 7:30 AM Introduction
- 8:00 AM Obesity: Epidemiology and co-morbid conditions. Harvey Sugerman, MD
- 8:30 AM Medical weight loss options & popular diets. Christopher Still, DO
- 9:00 AM Contraindications to surgery – when to just say no. Scott Shikora, MD
- 9:30 AM Surgical treatment: What history has taught us. Robert Brolin, MD
- 10:00 AM Break

Session Three: Perioperative Management
1:00 PM - 4:00 PM
- 1:00 PM Preoperative assessment: screening, evaluation, education, and management of comorbidities. Christopher Still, DO
- 2:00 PM Perioperative issues and early post-operative care. Daniel Gagne, MD
- 2:30 PM Damage Control – Dealing with operative and postoperative emergencies. J. Kenneth Champion, MD
- 3:00 PM Break

Session Two: Surgical Treatment Options
10:00 AM - 12:30 PM
- 10:00 AM Restrictive procedures (VBG, banding, sleeves). Nathan Zandel, MD
- 11:00 AM Gastric bypass (roux and loop, banded and unbandled). Giselle Hamad, MD
- 11:30 AM Malabsorptive procedures (JIB, BPD, BPD DS). Michel Gagner, MD
- 12:00 PM Revisional surgery – Who, what, when, and why??? Daniel Gagne, MD
- 12:30 PM Lunch

Wednesday, June 13, 2007
8:00 AM – 5:00 PM

ALLIED HEALTH SCIENCES GENERAL SESSION
The Allied Health Sciences General Session covers a variety of topics related to the pre- and post-operative 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 6.0 CEU credits are available.)

OBJECTIVES
Upon completion of this activity participants should be able to:
- Identify reasons for lack of patient’s compliance to follow up and strategies for improvement;
- Discuss predictors and management strategies for post-operative gout and hypoglycemia;
- Discuss effect of bariatric surgery on cardiac risk factors in adolescents;
- Recognize personality characteristics of the surgical candidates and reasons prospective patients do not have surgery;
- Identify potential challenges in LAPBAND® patients and list possible solutions for post-operative management;
- Describe methods for creating marketing partnerships with patients, community, and referral sources;
- Identify common practice challenges and network with colleagues to develop solutions.

COURSE OUTLINE
7:00 AM - 10:00 AM
- 7:00 AM Continental Breakfast
- 8:00 AM Introduction
  - Karen Schustz, RN,
  - General Session Program Chair
- 8:05 AM Session One: Moderator - Maureen Quigley, ARNP
- 8:10 AM AH1. GOUTY ATTACKS OCCUR FREQUENTLY IN THE POST-OP GASTRIC BYPASS PATIENT. Jeffrey E Friedman, MD; Jeffrey Lord, MD; Ramsey Dallal, MD
- 8:15 AM AH2. AN ALGORITHM FOR THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF REACTIVE HYPOGLYCEMIA IN POST RYGBP PATIENTS. Deborah Watchel, ANP, MPH; Laurie Spaulding, MD
- 8:20 AM AH3. PREDICTORS OF PATIENT ADHERENCE TO FOLLOW-UP CARE AFTER BARIATRIC SURGERY. Eulinda C Wheeler, DNS, RN; Allen Prettyman, MSN, CFNP; James Lenhard, MD, FACE; Kim Tran, RPH, MBA
- 8:25 AM AH4. PSYCHOLOGICAL PROFILE OF CANDIDATES TO BARIATRIC SURGERY THROUGH THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI-2). Jakelizrene Davala-Luna, Psych; Sofia Sanchez-Roman, Psych; Angeles Vargas-Martinez, Psych; Veronica Vazquez-Velazquez, Psych; Eduardo Garcia-Garcia, MD; Annemarie Brugmann-Garcia, Psych; Miguel Herrera-Hernandez, PhD; Denise Arcila-Martinez, Psych
- 8:30 AM Questions and Answers
Session Two: Moderator - Jennifer Gianos, RNFA, CNOR

8:55 AM  AH3. WHERE IN THE WORLD IS CARMEN SANDIEGO? STRATEGIES FOR IMPROVING FOLLOW-UP RATES WITH BARIATRIC PATIENTS.
Dawn M Miller, MA; Karen Schulz, RN, MSN; Aviv Ben-Meir, MD, FACS; Louise Howe, RN; Helmut Schreiber, MD, FACS; I.M. Sompal, MD, FACS; John Marshall, MD

9:05 AM  AH6. CREATING PARTNERSHIPS THAT LAST – EDUCATION IS THE KEY TO OPENING THE DOOR (AT INSURERS, EMPLOYERS, REFERRING PHYSICIANS).
Pamela R Davis, RN, CCM

9:15 AM  AH7. AN EVALUATION OF BARIATRIC CENTERS OF EXCELLENCE WEB SITES FOR FUNCTIONALITY AND EFFICACY.
Julia M Kabakov, BS, CF; Eran Kabakov, BS, PT; Joseph A. Caruana, MD

9:25 AM  Questions and Answers

9:35 AM  Refreshment Break – served in the Exhibit Hall

Session Three: Moderator - Karen Flanders, NP

10:05 AM  AH8. LAPAROSCOPIC GASTRIC BANDING ALGORITHM FOR LAPBAND® SALVAGE IN PATIENTS WITH POOR WEIGHT LOSS.
Larry Gellman, MD; Gentles Charmaine, ANP; Shamseddine Hazem, MD; Dominick Gadelata, MD; Larry Gellman, MD

10:15 AM  AH9. BARIATRIC SURGERY IMPROVES CARDIAC RISK FACTORS IN MORBIDLY OBESE ADOLESCENTS.
John M Morton, MD, MPH; Sanjeev Dutta, MD; Judith C. Hagedorn, MHS; Betsy Encarnacion, BS; Craig T. Albanese, MD

10:25 AM  AH10. REFUSALS, DENIALS, AND PATIENT CHOICE: REASONS PROSPECTIVE PATIENTS DO NOT HAVE BARIATRIC SURGERY.
Subramaniam Sadhuviam, MD; Michelle Mathiason, MS; Pamela J. Lambert, RN; Shanu N. Kothari, MD

10:35 AM  Questions and Answers

10:45 AM  ASBS Distinguished Guest Speaker:
FIVE STAR SERVICE ENHANCING SATISFACTION AND REDUCING LIABILITY EXPOSURE!
James Saxon, Esq.
Stevens & Lee, Lawyers and Consultants
Lancaster, PA USA

11:30 AM  Lunch – served in the Exhibit Hall

1:30 PM  Concurrent Workshops: (repeated at 2:20 pm)
A. Achieving and maintaining centers of excellence: where do we go from here?
   Lynne Thompson
B. Getting research done in the real world: how you can contribute to clinical practice.
   Dawn Miller, MA, CIP
C. Seven deadly mistakes you don’t want to make in front of an audience; speaking skills for the healthcare professional.
   Barbara Thompson, MLS
D. Support groups of excellence.
   Colleen M. Cook
E. Nutrition support for the post-operative bariatric support patient.
   Rebecca Gray, MA, RD/LD, CNSD
F. Overcoming inertia: exercise as an adjunct therapy following bariatric surgery.
   Ronald K. Evans, PhD

2:20 PM  Concurrent Workshops: (repeat of 1:30 pm workshops)
A. Achieving and maintaining centers of excellence: where do we go from here?
   Lynne Thompson
B. Getting research done in the real world: how you can contribute to clinical practice.
   Dawn Miller, MA, CIP
C. Seven deadly mistakes you don’t want to make in front of an audience; speaking skills for the healthcare professional.
   Barbara Thompson, MLS
D. Support groups of excellence.
   Colleen M. Cook
E. Nutrition support for the post-operative bariatric support patient.
   Rebecca Gray, MA, RD/LD, CNSD
F. Overcoming inertia: exercise as an adjunct therapy following bariatric surgery.
   Ronald K. Evans, PhD

3:05 PM  Refreshment Break – served in the Exhibit Hall

3:30 PM  Professional Networking

4:30 PM  Allied Health Chair Address
Bobbie Lou Price, RN, BSN
Southern Surgical Associates
Greenville, SC USA

4:45 PM  Awards Presentations

5:00 PM  Adjourn
WEDNESDAY, JUNE 13, 2007
7:50 AM – 5:30 PM

ADVANCED BARIATRIC LIFE SUPPORT
Course Directors: J. Kenneth Champion, MD; Daniel Herron, MD; Ninh T. Nguyen, MD

COURSE OVERVIEW AND TARGET AUDIENCE
This course is designed for bariatric surgeons, general surgeons who provide call coverage for bariatric surgeons, ER physicians, critical care specialists, hospitalists, internists who manage post-operative bariatric patients, and bariatric nursing staff. The ABLS is an organized approach for evaluation and management of seriously life-threatening conditions in bariatric patients. The program gives a foundation of common knowledge for all members of the bariatric team. This knowledge is applicable in both large tertiary hospitals as well as small rural emergency departments. (Up to 7.5 CME credits are available.)

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

- Assess the patient's condition expeditiously;
- Resuscitate and stabilize the bariatric patient in critical situations;
- Initiate procedures and policies to minimize complications in bariatric surgery patients;
- Recognize and manage the common surgical emergencies;
- Arrange appropriately for the patient's definitive care by a bariatric surgeon and specialists with experience in caring for the morbidly obese;
- Ensure that optimum care is provided by an experienced bariatric surgical team in a facility capable of caring for critically ill bariatric patients.

COURSE OUTLINE

7:00 AM
Continental Breakfast

7:50 AM
Welcome and Introduction

Session One: The Critically Ill Bariatric Patient

8:00 AM
Identifying high risk patients, recognizing impending disaster in the morbidly obese and institution of early intervention and resuscitation.
Alfons Pomp, MD

8:20 AM
Clinical Pearls for non-bariatric physicians and allied health personnel for bariatric patients in emergent situations.
J. Kenneth Champion, MD

8:40 AM
Obesity hypoventilation, sleep apnea and respiratory failure/ARDS with guidelines for ventilatory management in bariatric patients.
Mary Reed, MD

9:00 AM
Prophylaxis and management of DVT, IVC filters and pulmonary emboli in bariatric surgery patients.
Giselle Hamad, MD

9:20 AM
Acute laparoscopic adjustable band crisis.
Christine Ren, MD

9:40 AM
Break

Session Two: Impending Abdominal Catastrophes

10:10 AM
Leaks: etiology, diagnosis, operative and non-operative management.
J. Kenneth Champion, MD

10:30 AM
Post-op bleeds, intra-luminal and intra-abdominal.
Ninh T. Nguyen, MD

10:50 AM
Small bowel obstruction, internal hernias, closed loop obstruction and ischemic bowel after bariatric surgery – recognition and management.
Daniel Herron, MD

11:20 AM
Recognition of SIRS and management of Sepsis in the ICU in morbidly obese patients: Practical pearls.
Mary Reed, MD

11:40 AM
Acute compartment syndrome and damage control laparotomy.
Alfons Pomp, MD

11:50 AM
Q & A

12:20 PM
Lunch

Session Three: Associated Emergency Situations

1:30 PM
Rhabdomyolysis after bariatric surgery.
Alfons Pomp, MD

1:40 PM
Acute nutritional emergencies and early nutritional support.
Scott Shikora, MD

1:50 PM
Marginal ulcer after bariatric surgery: perforations, bleeds and recurrent stenosis.
Daniel Herron, MD

2:05 PM
Reversal of bariatric surgery: When is it indicated?
J. Kenneth Champion, MD

2:15 PM
Common duct stones and biliary emergencies after gastric exclusion procedures.
Ninh Nguyen, MD

2:30 PM
Break

3:00 PM
Mock Patient Case Studies

- Acute PE/Respiratory failure
- Post-op leaks and sepsis (gastro-jejunostomy, distal stomach, entero-enterostomy)
- Post-op bowel obstructions (closed loop, internal hernias, biliary limb obstruction)
- Laparoscopic adjustable band issue, marginal ulcer, reversals, rhabdomyolysis
- Post-op bleeding (intra-luminal and intra-abdominal)

5:00 PM
Q & A and Evaluation

5:30 PM
Adjourn
WEDNESDAY, JUNE 13, 2007
7:50 AM – 5:00 PM

ADVANCED BARIATRIC SURGERY -
TOPIC: CONTROVERSIES IN BARIATRIC SURGERY
Course Co-Directors: Scott Shikora, MD and Greg Schroder, MD

COURSE OVERVIEW AND TARGET AUDIENCE
This course provides an overview of the techniques and management issues encountered in the surgical care of the morbidly obese patient. It is designed for experienced bariatric surgeons performing a variety of bariatric procedures. (Up to 7.0 CME credits are available.)

OBJECTIVES
Upon completion of this activity participants should be able to:
- Discuss peri-operative issues regarding DVT prophylaxis;
- Determine the need for preoperative endoscopy on bariatric patients;
- Discuss best anastomotic techniques and staple line reinforcement;
- Recognize the pros, cons and pitfalls of surgical revisions;
- Select appropriate revisional surgical candidates and recognize contraindications for surgery;
- Specify issues relating obesity surgery and diabetes;
- Determine is there one best operation for morbid obesity;
- Discuss State Chapters – is there a need?

COURSE OUTLINE
7:00 AM  Continental Breakfast
7:50 AM  Introduction

Session One: Controversies in the Standard of Care - Moderator: Scott Shikora
8:00 AM  DVT Prophylaxis - Is there a standard of care?
         Giselle Hamad, MD
8:30 AM  Should endoscopy be performed preoperatively on all bariatric patients?
         Bruce Schirmer, MD
9:00 AM  Linear vs. Circular Stapled Gastro-jejunostomy – Is one best?
         Daniel Herron, MD
9:30 AM  Robotics: It's not just in the OR.
         Joseph Petelin, MD
10:00 AM Refreshment Break served in the Exhibit Hall

Session Two: What to Do When Bariatric Procedures Fail - Moderator: TBD
10:30 AM  I operate on everyone!
          Sayeed Ikramuddin, MD
11:00 AM  I am selective and here's how I pick!
          Michel Murr, MD
11:30 AM  No revisions no way!
          Brian Quebbemann, MD
12:00 PM Lunch served in the Exhibit Hall

Session Three: The Masters Round. This is “What I Do” - Moderator: Greg Schroder, MD
1:00 PM  I Offer Everything.
         Hazem Elariny, MD
1:30 PM  LAGB – This is what I do when I find dimples.
         Matt Brengman, MD
2:00 PM  Staple line reinforcement - Is the cost justified?
         Scott Shikora, MD
2:30 PM  What I do with concentric pouch dilatation.
         Jamie Ponce, MD
3:00 PM  Refreshment Break served in the Exhibit Hall

Session Four: “I Will Convince you that………..” - Moderator: TBD
3:30 PM  Gastric bypass is the best all-round operation in diabetics.
          Henry Buchwald, MD
4:00 PM  Laparoscopic adjustable gastric band is the best operation for all surgical patients.
          George Fielding, MD
4:30 PM  Gastric Sleeve Resection is a good option as a primary procedure.
          Paul Cirangle, MD
5:00 PM  Adjourn
STUDENTS / RESIDENTS / FELLOWS SESSION

Moderator: Robert Brolin, MD

COURSE OVERVIEW

This half-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. (Up to 4.0 CME credits are available).

COURSE OUTLINE

1:00 PM

1. RESULTS OF REDO GASTROJEJUNOSTOMY IN PATIENTS WITH UNSUCCESSFUL ENDOSCOPIC DILATION OF ANASTOMOTIC STRICURE AFTER ROUX-EN-Y GASTRIC BYPASS.
   Emil Matei, MD; Rafael Arias, MD; Samuel Szomstein, MD; Raul J Rosenthal, MD

2:00 PM

2. PREGNANCY OUTCOMES FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS.
   Jitesh A Patel, MD; Joseph J Colella, MD; Thomas R Ronald, MD; Emmanuel J Esaka, MD, PhD; Nilesh A Patel, MD

3:00 PM

3. IMPACT OF LAPAROSCOPIC ADJUSTABLE LAP-BANDING ON MORBID OBESE PATIENTS WITH TYPE 2 DM.
   Hongchan Lee, MD; Leslie Tyrte, MD; James J McGinty, MD; Julio A Triexiera, MD, FACS

4:00 PM

4. ONCE YEARLY “MEGADOSE” INTRAMUSCULAR VITAMIN D (600,000 IU): A SIMPLE, SAFE AND EFFECTIVE METHOD TO NORMALISE VITAMIN D LEVELS AFTER BPD SURGERY.
   Timothy D Clay, Dr; Leon Cohen; David B Preen, Dr

5:00 PM

Adjourn

6. SAFETY AND EFFICACY OF IVUS GUIDED IVC FILTER IN SUPER OBESE BARIATRIC PATIENTS.
   Clark M Kardys, MD; Mark Manwaring, MD; Michael Barker, MD; Michael Stoner, MD; Kenneth MacDonald, MD; John Pender, MD; William Chapman, MD

7. A REVISIONAL PROCEDURE THAT WORKS FOR FAILED GASTRIC BYPASS: CONVERSION TO DUODENAL SWITCH; PRELIMINARY RESULTS.
   Manish Parikh, MD; Allons Pomp, MD, FRCSC; Michel Gagner, MD, FRCSC

8. THE IMPLEMENTATION OF A DESIGNATED BARIATRIC SURGERY PROGRAM LEADS TO IMPROVED CLINICAL OUTCOMES.
   Kristoffel R Dumon, MD; Katie Foster-Kilgarriff, MSN, CRNP; Diane Filter, MSN, MPH; Steven E Raper, MD, FACS; Noel N Williams, MD, FRCSC

9. MORBIDITY ASSOCIATED WITH LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING REQUIRING REVISIONAL SURGERY.
   Kyle A Herron, MD; John Monk, MD; Shawn Terry, MD; Edward Garber, MD; Theodore Bell, MS

10. TRIGLYCERIDE/HDL RATIO: A SINGLE SERUM MARKER FOR METABOLIC SYNDROME IN THE MORBIDLY OBESE?
    James Lau, MD; Tracey McLauglin, MD; Teresa LaMasters, MD; John M Morton, MD, MPH

11. LAPAROSCOPIC SLEEVE GASTRECTOMY: DOES BOUGIE SIZE AFFECT MEAN %EWL? SHORT-TERM OUTCOMES.
    Manish Parikh, MD; Laura Young, MS; Gladys Strain, PhD; Gregory Dakin, MD; Allons Pomp, MD, FRCSC; Michel Gagner, MD, FRCSC
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 17.75 CME credits are available.)

THURSDAY, JUNE 14
8:00 AM - 6:00 PM

Session One: General Interest
Moderators: TBD

8:00 AM
1. REDUCTION OF 5-YEARS TOTAL MORTALITY IN MORBID OBESE PATIENTS TREATED WITH LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING.
   Luca Busetto, MD; Franco Favetti, MD; Gianni Segato, MD; Maurizio De Luca, MD; Marco Mazza, MD; Giuliano Enzi, MD; Maria L Petroni, MD; Franco Balzola, MD; Dario Mirabelli, MD; Margherita Chiusolo, MD; Franco Merletti, MD
   Discussant: TBD

8:15 AM
2. A 2-WEEK VERY LOW CALORIE DIET RESULTS IN A DECREASE IN LIVER VOLUME AND IMPROVED HISTOLOGIC FINDINGS OF FATTY LIVER DISEASE.*
   Justin D. Braverman, MD; Brian Quebbemann, MD
   Discussant: TBD

8:30 AM
3. THE RELATIONSHIP OF BMI WITH DEMOGRAPHIC, CLINICAL AND PROCEDURE CHARACTERISTICS: RESULTS FROM THE LONGITUDINAL ASSESSMENT OF BARIATRIC SURGERY (LABS) CONSORTIUM.
   David R Flum, MD
   Discussant: TBD

8:45 AM
4. THE IMPACT OF BARIATRIC SURGERY ON HEALTH CARE COSTS
   Anita P Courcoulas, MD, MPH; Anne Docimo, MD; Sherry Askey; Pamela B Peele, PhD; Diane Holder
   Discussant: TBD

9:00 AM
5. BARIATRIC SURGERY IN ADOLESCENTS: ANALYSIS OF 309 CASES.*
   Esteban Varela, MD, MPH; Marcelo Hinojosa, MD; Ninh Nguyen, MD
   Discussant: TBD

9:15 AM
6. DOES GASTRIC BYPASS ALTER ALCOHOL METABOLISM?*
   Judith C. Hagendorn, MHS; James Lau, MD; Meg Samrau, RN, Teresa LaMasters, MD; John M Morton, MD,MPH
   Discussant: TBD
   Refreshment Break – served in the Exhibit Hall

Session Two: Factors Affecting Outcomes
Moderators: TBD

9:30 AM
7. PREDICTORS OF POOR OUTCOME AFTER LAPAROSCOPIC GASTRIC BANDING (LG).
   Ralph Peterli, MD; Bettina Wolnerhanssen; Beatrice Kern, MD; Thomas Peters, MD; Markus von Fluee, MD
   Discussant: TBD

10:00 AM
8. DOES DIABETES AFFECT WEIGHT LOSS AFTER GASTRIC BYPASS?
   Alfredo M Carbonell, DO; Luke Wolfe, MS; Jill G Meador, RN, BSN; Harvey J Sugerman, MD; John M Kellum, MD; James W Maher, MD
   Discussant: TBD

10:15 AM
9. PREOPERATIVE WEIGHT GAIN DOES NOT PREDICT FAILURE OF WEIGHT LOSS OR COMORBIDITY RESOLUTION OF GASTRIC BYPASS FOR MORBID OBESITY (RYGB).*
   Michael C Harnisch, MD; Rebecca Petersen; Aurora Pryor, MD; John P Grant, MD; Eric J DeMaria, MD; Dana Pottenier, MD
   Duke University, Durham, NC USA
   Discussant: TBD

10:45 AM
10. PRESURGERY PSYCHIATRIC DISORDERS ARE ASSOCIATED WITH SMALLER REDUCTIONS IN BMI AT 6 MONTHS AFTER GASTRIC BYPASS.
    Melissa A Kalarchian, PhD; Anita Courcoulas, MD; Michele D Levine, PhD; Julia N Soulakova, PhD; Marsha D Marcus, PhD
    Discussant: TBD

11:00 AM
11. PARTICIPATION IN 150 MINUTES/WEEK OF MODERATE OR HIGHER INTENSITY PHYSICAL ACTIVITY (PA) YIELDS GREATER WEIGHT LOSS FOLLOWING GASTRIC BYPASS SURGERY (GBS).
    Ronald K. Evans, PhD; Dale Bond, PhD; Luke G. Wolfe, MS; Jill G. Meador, RN, BSN; Jeffrey E. Herrick, MS; John M. Kellum, MD, James W. Maher, MD
    Discussant: TBD

EDWARD E. MASON
FOUNDEES LECTURE: Better: A Strategy for Raising Performance in Surgery*
Dr. Atul Gawande
Lunch – served in the Exhibit Hall
11. LAPAROSCOPIC Adjustable Gastric Banding: a Follow-Up.
David syn, MD, David Mangold, Theodore Manny, MD, Chase McClain, MD, Allison Cobb, NP
Discussion: TBD

12. OUTPATIENT OPEN GAstric bypass surgery: a FOLLOW UP.
David syn, MD, David Mangold, Theodore Manny, MD, Chase McClain, MD, Allison Cobb, NP
Discussion: TBD

13. Gastric bypass is a treatment of choice for diabetics with low BMI (30-33) – an Indian perspective.
Migliyad Lahloulawi, MD
Discussion: TBD

David A Provost, MD, Christine Ren, MD, George A Fielding, MD, Emma J Patterson, MD, Jaime Ponce, MD, Adam B Smith, DO, Daniel B Jones, MD
Discussion: TBD

15. The Lap-Band System: the italIan experiencE with 6,091 Operated Patients.
Francesco Favretti, MD, Franco Favretti, MD, Luigi Angiussi, MD, Giancarlo Micheleotti, MD, Marco Zappa, MD, Michele Paganelli, MD, Marcello Lucchesi, MD, Nicola Baso, MD, Francesco D Capizzi, MD, Antonio Cascardo, MD, Leonardo Di Cosme, MD, Nicola Di Lorenzo, MD, Angelo Gardinazzi, MD, Cristiano Guardiello, MD, Michele Lorenzo, MD
Discussion: TBD

16. Outpatient open Gastric bypass surgery: a follow up.
David Syn, MD, David Mangold, Theodore Manny, MD, Chase McClain, MD, Allison Cobb, NP
Discussion: TBD

17. Gastric bypass is a treatment of choice for diabetics with low BMI (30-33) – an Indian perspective.
Migliyad Lahloulawi, MD
Discussion: TBD

Cindy Lee, BS, Nahid Hamoui, MD, Gary Anthonou, MD, Howard S Kaidman, MD, Peter F Crookes, MD
Discussion: TBD

19. the IMpact of routine and Long-term follow-up care on weight loss following Laparoscopic Gastric bypass.
Jon C Gould, MD, Gretchen Beverystein, NP, Susan Reinhardt, RN, Michael J Garren, MD
Discussion: TBD

Jose J. Soua, MD, Hector Pallavici, MD, Eric Valladares, MD, Nancy Rubio, CST
Discussion: TBD

21. Frequency Distribution of Weight Loss Percentage after Gastric Bypass and Adjusted Gastric Banding.
Marc Gresser, MD, Beth Schrope, MD, William B Inulmet, MD, Daniel G Davis, DO, Anna Daud, MD
Discussion: TBD

22. The Importance of Pre-operative Psychological Evaluations.
David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

23. The Importance of Pre-operative Weight Loss. Scott Shikora, MD and Alan Wittgrove, MD
Discussion: TBD

24. The Impact of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

25. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

26. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

27. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

28. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

29. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

30. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

31. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

32. The Importance of Pre-operative Psychological Evaluations. David Sarwer, PhD and Robert Berstein, MD
Discussion: TBD

Poster Session in the Exhibit Hall (See listing of Posters at end of Plenary Session information) Adjourn
Friday, June 15, 2007
8:00 AM - 4:00 PM

Concurrent Sessions 8:00 AM - 10:10 AM

Session Four: Complications

Primary Clinician’s Tract (Part Two)

8:00 AM
Medical Preoperative Preparation and Optimization.
Christopher Still, DO

8:20 AM
Matching the Patient and Operation.
Henry Buchwald, MD, PhD

8:40 AM
Early Recognition of Surgical Complications:
A. Gastric Bypass/ Duodenal Switch
Harvey Sugerman, MD
B. LAP-BAND®
John Dixon, MD

Moderators: TBD

Concurrent Sessions 8:00 AM - 10:10 AM

Session Five: Comparative Studies

Primary Clinician’s Tract (Part Two)

9:20 AM
30. The Efficacy of Propylactic IVC Filter in Bariatric Surgery.*
Fouchet N, Geid, MD, William Howling, MD, Janet S Fike, MHA, Jacob A Durant

9:30 AM
31. Hemorrhage and Venous Thromboembolism Rates in Laparoscopic vs. Open Gastric Bypass.
Christopher J Northup, MD, Daniel McCullough, MD, Sang A Lee, MD, Bruce D Schirmer, MD

9:40 AM
Daniel D Dearing, MD, David Martin, MD, FACS, Wes J Powell, MD, FACS, David J Lustrie, MD, FACS

9:50 AM
33. Complications After Laparoscopic Sleeve Gastrectomy.*
Peter F Lalor, MD, Olga Tucker, MD; Samuel Szomstein, MD, Raul J Rosenthal, MD

10:00 AM
34. Reversal Jejunal Intussusception, Maybe Not Such a Rare Problem: A Single Group’s Experience of 10 Cases.
Steven C Simper, MD, FACS, Joanna Ehringer, Sherman C Smith, MD, FACS, Rodrick D McKinlay, MD

10:10 AM
Refreshment Break – served in the Exhibit Hall

10:20 AM
35. Cumulative Meta-Analysis of Therapeutic Trials for Weight-Loss Surgery Using the Swedish Adjustable Gastric Band or Lap-Band®
Scott A Cameron, MD, Edward Phillips, MD

10:30 AM
36. Banding or Bypass? Choice of the Procedure Cannot Be Influenced by the Presence of Hiatus Hernia and Esophageal Reflux.
Luigi Angrisani, MD; Michele Lorenzetti, MD; Monica Ciannella, MD; Paolo Montalvo, MD; Nayvi España, MD; Eduardo Garcia-García, MD; David Velazquez-Fernandez, MD, PhD; Juan P Pantoja, MD; Miguel F Herrera, MD, PhD

10:40 AM
Ricardo Arceo-Olaiz, MD; Jorge Montalvo, MD, Nayvi Esparza, MD; Eduardo Garcia-Garcia, MD; David Velazquez-Fernandez, MD, PhD; Juan P Pantoja, MD; Miguel F Herrera, MD, PhD

11:00 AM
Presidential Address
Philip R. Schauer, MD

11:10 AM
Lunch – served in the Exhibit Hall
Session Six: Comorbidities
Moderators: TBD

2:00 PM  38. ELIMINATION OF DUODENO-GASTROESOPHAGEAL REFUX IN OBSESE PATIENTS WITH BARRETT’S ESOPHAGUS: THE EFFECT OF ROUX-EN-Y GASTRIC BYPASS (RYGB).*  Rajesh Kuruba, MD; Ferdinand Martinez, MD; Tracy Torrella, MABMH; Krista Haines, MABMH; Lila Nelson, DO; Taghreed Almahmeed, MD; Scott F Gallagher, MD; Michel M Murr, MD
Discussant: TBD

2:15 PM  39. GASTRIC BANDING FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN THE MORBIDLY OBSESE.  Tony Brancatisano, MB BS; Roy Brancatisano, B Appl Sc; Sara Wahlroos, B MedSc; Ruxandra Ciovica, MD; John Cello, MD
Discussant: TBD

2:30 PM  40. LONG LIMB ROUX-EN-Y GASTRIC BYPASS IS MORE EFFICACIOUS IN THE TREATMENT OF TYPE 2 DIABETES AND HYPERLIPIDEMA IN SUPEROBSESE PATIENTS.  Ricardo V Cohen, MD; Jose Pinheiro, MD; Jose L Correa, MD; Carlos A Schiavon, MD; Rajesh Kuruba, MD; Maria Fersoza, MD; Michael G Sarr, MD; Scott G Houghton, MD; Michael Tarnoff, MD
Discussant: TBD

2:45 PM  41. LAPAROSCOPIC BARIATRIC SURGERY IMPROVES URINARY INCONTINENCE IN MORBIDLY OBSESE INDIVIDUALS.*  Rajesh Kuruba, MD; Ferdinand Martinez, MD; Tracy Torrella, MABMH; Krista Haines, MABMH; Lila Nelson, DO; Taghreed Almahmeed, MD; Scott F Gallagher, MD; Michel M Murr, MD
Discussant: TBD

3:00 PM  42. INFLUENCE OF OBESITY AND BARIATRIC WEIGHT LOSS SURGERY ON THYROID HORMONES.*  Silas M Chihungwizu, MD PhD; Naveen Ballem, MD; Vijaya Nirujogi, MD; Suthep Udomsawangsup, MD; Bipan Chand, MD; Philip R Schauer, MD
Discussant: TBD

3:15 PM  43. BARIATRIC SURGERY IMPROVES URINARY INCONTINENCE IN MORBIDLY OBSESE INDIVIDUALS.*  Rajesh Kuruba, MD; Ferdinand Martinez, MD; Tracy Torrella, MABMH; Krista Haines, MABMH; Lila Nelson, DO; Taghreed Almahmeed, MD; Scott F Gallagher, MD; Michel M Murr, MD
Discussant: TBD

3:30 PM  Refreshment Break – served in the Exhibit Hall

4:00 PM  Adjourn to ASBS Business Meeting

Session Seven: Emerging Medicine/Research
Moderators: TBD

8:00 AM  44. LAPAROSCOPIC TRUNCAL VAGOTOMY WITHOUT DRAINAGE: IS IT SAFE AND CAN IT AUGMENT WEIGHT LOSS WITH LAGB?  Kristen R Earle, MD; Matt Martin, MD; Ben T Hoxworth, MD; David H Newman, MD
Discussant: TBD

8:20 AM  46. GASTRIC BYPASS SURGERY IN RATS PRODUCES WEIGHT LOSS MODELING THAT FOLLOWING HUMAN GASTRIC BYPASS.  David S Tichansky, MD; John Boughter, PhD; Jason L Harper, MD; Atul K Madan, MD
Discussant: TBD

8:30 AM  47. FIRST HUMAN EXPERIENCE WITH AN ENDOSCOPICALLY DELIVERED AND RETRIEVED DUODENAL-JEJUNAL BYPASS SLEEVE.  Leonardo Rodriguez, MD; Munir Alamo, MD; Percy Branie, MD; Almino Ramos, MD; Galvao Neto, MD; Michael Tarnoff, MD

8:40 AM  48. DECREASED VISCERAL ADIPOSE TISSUE NINE MONTHS AFTER BARIATRIC SURGERY IS ASSOCIATED WITH DRAMATIC CHANGES IN METABOLIC GENE EXPRESSION.  Joshua G Leiceman, MD; Terri King, PhD; Snehal Mehta, MD; Benjamin Clapp, MD; Sherman Yu, MD; Terry Scarborough, MD; Erik B Wilson, MD; Heinrich Taegtmeyer, MD, DPhil
Discussant: TBD

9:00 AM  49. CORRELATION BETWEEN INSULIN RESISTANCE AND OMENTAL GENE EXPRESSION OF ADIPONECTIN BEFORE AND AFTER GASTRIC BYPASS SURGERY.  Alfonso Torquati, MD, MSCI; William Richards, MD; Jean Kaiser, RN, MA; Sherry Kerndolde, RD; Anna Spagnoli, MD

9:15 AM  OUTCOMES RESEARCH LECTURE: Overall mortality and the incidence of diabetes, MI, stroke and cancer in surgically treated obese subjects and in contemporaneously matched controls. The SOS experience over 5 to 18 years.  Lars Sjostrom, MD

9:45 AM  50. SCLEROTHERAPY AT THE TRAJECUARY ENDOTHELINOMATOIS FOLLOWING GASTRIC BYPASS TO MANAGE WEIGHT REGAIN.  Mark Loev, MD; Honore Gormley, AFRN; Carlos Barba, MD, FACS
Discussant: TBD

10:00 AM  51. BILIOPLAERANDIC DIVERSION WITH DUODENAL SWITCH OR GASTRIC BYPASS FOR FAILED GASTRIC BANDING: WHAT IS BEST?  Philippe A Toparit, MD; Guillaume Becouarn, MD; Patrick Ritz, MD
Discussant: TBD

11:00 AM  52. TREATMENT REFRACTORY ANASTOMOTIC ULCERS POST-ROUX-EN-Y GASTRIC BYPASS (RYGB): EXPERIENCE FROM A LARGE VOLUME BARIATRIC PRACTICE.  Avi Ben-Meir, MD; Dawn Miller, MD; John B Marshall, MD; Helmut Schreiber, MD; Fan Lou, MD; Karen Schuller, RN, MSN
Discussant: TBD
SESSION EIGHT: TECHNIQUES AND REVISIONAL SURGERY

11:15 AM

- 53. MANAGEMENT OF SLIPPED ADJUSTABLE GASTRIC BANDS.
- Michael B Tempel, MD; Marc Manganiello, BA; Sharif Sarker, MD; MPH; F; Yafo Shayani, MD; FACS

11:30 AM

- 54. DIAGNOSTIC LAPAROSCOPY FOR CHRONIC ABDOMINAL PAIN AFTER GASTRIC BYPASS.
- Tracy S Pitt, DO; Stacy Berthauer, MD; Matt Metz, MD; Silas Chikungwko, MD; Sushp Udomsawangwup, MD; Bipan Chand, MD
- Discussant: TBD

11:45 AM

- 55. LAPAROSCOPIC ADJUSTABLE BAND PRESSURE MEASUREMENTS AS A POTENTIAL TOOL TO OPTIMIZE RESTRICTION.
- Sushp Udomsawangwup, MD; Stacy Berthauer, MD; Jeffrey Landers, MD; Sam Rossi, MD; Tracy Pitt, DO; Silas Chikungwko, MD; Matthew Metz, MD; Vijaça Nirujogi, MD; Philip Schauer, MD; Bipan Chand, MD
- Discussant: TBD

12:00 PM

- 56. EARLY EXPERIENCE WITH INTRALUMINAL REINFORCEMENT OF STAPLED GASTROJEJUNOSTOMY DURING ROUX EN Y GASTRIC BYPASS (PILOT STUDY).
- Alan A. Sales, MD; Keith Schaf, MD; Z. Ali Turk, MD; Ruviel LMC Martinez, MS
- Discussant: TBD

12:15 PM

- 57. TECHNIQUES OF LAPAROSCOPIC GASTRIC BYPASS: A SURVEY OF ASBS PRACTICING SURGEONS.
- Atul K Malan, MD; Jason Harper, MD; David S Tichansky, MD

12:30 PM

- 58. THE EFFECT OF STAPLE HEIGHT, BUTTRESSING, AND OVERLAP ON STAPLE LINE FAILURE.
- Carlos M. Mery, MD, MPH; Shufi Bilal, MD; Gary Binyamin, PhD; Michael Germain, MD; MES
- Discussant: TBD

12:45 PM

- 59. GASTRIC BYPASS WITH HIATAL HERNIA REPAIR AND FUNDOPICATION IN MORBIDLY OBSESE PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE.
- Celso O Burrowes, MD, FACS; Clarence Hixon
- Discussant: TBD

1:00 PM

- 60. A NEW MODALITY TO EVALUATE THE GASTRIC REMNANT FOLLOWING ROUX-Y GASTRIC BYPASS.
- Saraj Ahsa, MD; Andrew Duffy, MD; Gary Israel, MD; Dan Eisenberg, MD; Kurt E Roberts, MD; Robert L Bell, MD
- Discussant: TBD

1:15 PM

- Adjourn
P16. COMPARISON OF SELECTIVE CLIPPING VS. ROUTINE OVERSEWING OF THE GASTRIC REMNANT STAPLE LINE ON POSTOPERATIVE HEMORRHAGE AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BY-PASS: A PROSPECTIVE NON-RANDOMIZED COMPARISON TRIAL.
Loannis Raffoulpolos, MD, PhD; Barbara Mikash, RN

P17. CAN PRE-OPERATIVE AND INTRA-OPERATIVE ASSESSMENT ADEQUATELY PREDICT SIGNIFICANT LIVER DISEASE IN PATIENTS UNDERGOING ROUX-EN-Y GASTRIC BY-PASS (RYGB) FOR MORBID OBESITY.
Joshua E Roller, MD; Eric J DeMaria, MD; Rebecca P Petersen, MD, MSc; John P Grant, MD; Aurora D Pryor, MD

P18. 4155 MINILAPAROTOMY ROUX-EN-Y GASTRIC BYPASS: TIME AND VOLUME TESTED APPROACH FOR SAFETY, EFFICACY AND EFFICIENCY IN THE TREATMENT OF MORBID OBESITY.
Osvaldo Anez, MD; Rafael Canadas, MD; Matthew Luder, MD; Matthew M Faciane, MD; Robert Rutledge, MD; Angela Dallal, MD; Eunice Moh, RN

P19. RACIAL DIFFERENCES BETWEEN BLACK AND WHITE FEMALE PATIENTS FOLLOWING SURGICAL WEIGHT LOSS SURGERY.
Tatiana D Duncan, MD; Qammar Rashid, MD; Ijeoma A Ejeh, MD; Barbara Mikash, RN; Denis Halim, MD; Evgeni Kolesnikov, MD, PhD; Diane E Spaulding, MD

P20. COMPARISON OF WEIGHT LOSS, COMPLICATIONS, COMORBIDITIES FOR PATIENTS WITH BMI 40-49, 50-60 AND >60 WITH 10 YEAR FOLLOW-UP FOLLOWING GASTRIC BY-PASS.
Eric J DeMaria, MD; Rebecca P Petersen, MD, MSc; John P Grant, MD; Aurora D Pryor, MD; Joshua E Roller, MD; Eunice Moh, RN

P21. CHARACTERISTICS OF WEIGHT LOSS AND BODY COMPOSITION IN PATIENTS WITH MORBID OBESITY UNDERGOING LAPAROSCOPIC GASTRIC BY-PASS (GBP).
Taratiana M Palacios, MD; Enigoni Kolesnikov, MD; Fredine Spenglish, MD; Luis Suleman, MD; Engy El Khawy, MD; Paulo Suleman, MD; Peter T Hallowell, MD; Thomas A Stellato, MD; John J Jasper, MD; John P Grant, MD; Aurora D Pryor, MD; Ana Quinones, RN; Kristen Graf, RN; Ann Robinson, BA

P22. CLINICAL OUTCOMES FOR ADOLESCENTS UNDERGOING BARIATRIC SURGERY.
Roy J Kim, MD, MPH; Jessica M Langer, Kristjöfður Dam, MD, Diane E Filzer, MSEN, MPH; David B Sarwer, PhD; Noel N Williams, MD, BCh; M

P23. GASTROGASTRIC FISTULAS: TREATMENT MODALITIES FOR A RARE BUT SERIOUS COMPLICATION IN THE ERA OF DIVIDED LAPAROSCOPIC GASTRIC BY-PASS SURGERY.
Mathieu D'Hoiti, MD; Franky Vanseneeckx, MD; Frank Van Rooy, MD; Dirk Devriendt, MD

P24. PRE-OPERATIVE UPPER ENDOSCOPY IN PATIENTS UNDERGOING LAPAROSCOPIC ROUX-EN-Y GASTRIC BY-PASS IS NOT MANDATORY.
Judy M Johnson, DO; Tonya M Carter, RN; Richard W Schwartz, MD; Raymond J Gagliardi, MD

P25. OPEN RNY GASTRIC BYPASS PROVIDES EXCELLENT SHORT TERM OUTCOMES IN PATIENTS WITH BMIs 65 AND OVER.
Peter T Hallowell, MD; Thomas A Stellato, MD; John J Jasper, MD; Margaret Schuster, RN; Kristen Graf, RN; Ann Robinson, BA

P26. COMPLICATIONS, REVISIONS AND MANAGEMENT OF THE OMEGA LOOP BYPASS.
Ramsey M Dallal, MD, FACS; Linda Bailey, PA-C

P27. LAPAROSCOPIC SLEEVE-GASTRECTOMY (LSG) IN THE TREATMENT OF MORBID OBESITY: EARLY RESULTS.
Ralph Peters, MD; Bettina Uglioni, MD; Beatrice Kern, MD; Thomas Peters, MD; Markus von Fluee, MD

P28. COMPLICATIONS FOLLOWING MINI-GASTRIC BYPASS IN 2,804 PATIENTS: PART 1 - SHORT TERM (LESS THAN 30 DAYS).
Robert Rutledge, MD; Robert D Cohn, MD

P29. SIZE DOESN'T MATTER: LACK OF CORRELATION BETWEEN GASTRIC POCKET SIZE AND WEIGHT LOSS AFTER LAPAROSCOPIC GASTRIC BY-PASS.
Elizabeth A O'Connor; Arthur M Carlin, MD; Jeffrey A Genau, MD; John P Grant, MD; Aurora D Pryor, MD; Anna Quinones, RN; Kristen Graf, RN; Ann Robinson, BA

P30. ITALIAN MULTICENTRIC EXPERIENCE OF ROUX-EN-Y GASTRIC BYPASS ON VERTICAL BANDED GASTROPasty: 4 YEAR RESULTS OF AN EFFECTIVE AND SAFE INNOVATIVE PROCEDURE WHICH ENABLES ENDOSCOPIC AND TRADITIONAL X-RAY STUDY OF THE BYPASSED STOMACH AND BILIARY TRACT.
Stefano Cariani, MD; Patrizio Palandrini, MD; Eduardo Della Valle, MD; Alberto Della Valle, MD; Leonardo Di Cosmo, MD; Carlo Vassallo, MD; Antonio Caminiti, MD; Enrico Amenta, MD

P31. WEIGHT LOSS OUTCOMES UTILIZING A STANDARDIZED ROUX-LIMB LENGTH: A COMPARISON BETWEEN SUPER-OBESE AND NON-SUPER OBESE PATIENTS UNDERGOING LAPAROSCOPIC ROUX-EN-Y GASTRIC BY-PASS.
Soo-Hwa Han, MD; Nicole Basa, MD; Amir Mohran, MD; Lubna Suleman, MD; Darshani Vira, BS; Ian Sotiano, MD; Carlos Gracia, MD; Erik Dutson, MD

P32. LAPAROSCOPIC GASTRIC BYPASS IN A GROUP OF PATIENTS AVERAGING MORE THAN 70 YEARS OF AGE.
Viet H Nguyen, BS; Jorge L Sosa, MD; Nancy Rubio, CST

P33. Efficacy of LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS (LRYGBP) IN OBESE PATIENTS WITH A PAST HISTORY OF PREVIOUS FUNDOPLICATION.
Patricio Eduardo P Donnelly, MD; Javier J Salgado, MD; Daniel D Gagne, MD; Pavlos P Papasavas, MD; Philip PF Caushaj, MD

P34. DIAGNOSTIC LAPAROSCOPY IS SAFE AND EFFECTIVE FOR THE DIAGNOSIS OF ARDOMINAL PAIN FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BY-PASS.
Kimberly E Stefie, MD; Michael A Schweitzer, MD; Anne Lidor, MD; Gregory P Prokupowicz, MD; Molly Sebastian, MD; Thomas Magnuson, MD

P35. LIVER FUNCTION TESTS AND METABOLIC SYNDROME: IS THERE A DIFFERENTIAL EFFECT AFTER GASTRIC BY-PASS?
Betsy Encarnacion, BS; Eric Ketchum, BS; Judith C Hagelrod, MHS; John M Morton, MD, MPH

P36. ANALYSIS OF COMPLICATIONS FOLLOWING USE OF INSULIN Drip TO ACHIEVE GLYCEMIC CONTROL IN GASTRIC BY-PASS PATIENTS.
John D. Angstadt, MD, FACS

P37. APPETITE REGULATION FOUR YEARS AFTER WEIGHT LOSS SURGERY - RESULTS FROM A RANDOMIZED CLINICAL TRIAL.
Tiziana Oльbers, MD; Erik Fernstrom, MD; Sten Skogmar, MD; Anna Laurenzis, RD; Hans Lomoth, MD; PhD; Jan Karlsson, PhD

P38. LONG-TERM RESULTS OF SLICERTHERAPY FOR DILATED GASTROJEJUNOSTOMY AFTER GASTRIC BY-PASS.
Laurie Spaulding, MD

P39. LONG-TERM OUTCOME OF LAPAROSCOPIC BARIATRIC SURGERY IN ELDERLY PATIENTS AT UNIVERSITY SETTING.
Ishong Koron Lee, MD, Atif Iqbal, MD; Dimitrios Katsavelis, MD; Jon Thompson, MD; Corrigan McBride, MD

P40. THE ROLE OF EARLY ROUTINE UPPER GASTROINTESTINAL CONTRAST STUDIES AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BY-PASS.
Yumato Suandra, MD; Olga Tucker, MD; Samuel Stormstein, MD; Raul J Rosenthal, MD

P41. USEFULNESS OF LIQUID DIET PRIOR TO LAPAROSCOPIC ROUX-EN-Y GASTRIC BY-PASS.
Molly F Bangfound, MD, BS; Jennifer G Ginnings, RN; Christian R Ketel, MSN, NPC; Alfonso Torquati, MSCI, MD; William O Richards, MD, FACS

P42. SIMPLIFIED GASTRIC BYPASS APPROACH TO MORBID OBESITY - 2500 CASES.
Almoano Ramos, MD; Manoel Galvas Neto, MD; Manoela Galvas, MD; Andrey Carlo, MD; Edwin Campos, MD; Marcus Lima, MD; Abel Murakami, MD; Marcelo Falcao, MD
P43. GASTRIC BYPASS AND ITS EARLY EFFECT ON BLOOD PRESSURE. 
Ahmed R. Ahmed, MD, FRCS, Gretchen Richards, Thad Bose, MD, FACS; Joseph Johnson, MD, FACS, William O'Malley, MD, FACS, Katherine Price

P44. COMPARISON OF REINFORCED STAPLE LINES AND NON-REINFORCED STAPLE LINES IN LAPAROSCOPIC ROUX-EN-Y BYPASS SURGERY. 
Charlotte A Williams, MD; Tammy I. Fisher, RN; Lisa A Kerich, PA; Joseph A Kuhn, MD

P45. SURGICAL RESIDENT EDUCATION: A COMPREHENSIVE APPROACH CULMINATING PROFICIENCY IN THE LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS. 
Jason D Shanle, MD, Paul Kemmeter, MD, FACS; James A Foote, MD, FACS

P46. DETERMINANTS OF THE RESOLUTION OF TYPE 2 DIABETES AFTER BARIATRIC SURGERY. 
Kerstyn C. Zalesin, MD; Peter A McCullough, MD, MPH

P47. IMPACT OF ADDING ROUTINE INTRAOPERATIVE ENDOSONOGRAM TO LAPAROSCOPIC GASTRIC BYPASS FOR REFRACTORY MORBID OBESITY: MULTICENTER PROSPECTIVE STUDY. 
Laura Ludwig, DO; Yannis Raffopoulos, MD; Chris Haughn, MD; Samuel Szemstein, MD; Peter Rovito, MD; Raul Rosenthal, MD; Roberto Bergamaschi, MD

P48. LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS IN HIGH RISK REGION OF GASTRIC CANCER. 
Kaçanorl Kusama, MD; Ejji Kanehira, MD; Tetsuya Kurosaki, MD; Akiko Umezawa, MD; Takashi Oshiro, MD; Yoshimochi Kurokawa, MD

P49. PROLONGED WAIT LIST TIMES FOR BARIATRIC GASTRIC BYPASS SURGERY IN CANADA: ARE WE FIGHTING A LOSING BATTLE FOR BARIATRIC SURGERY? 
David F. Schweitzer, MD, PhD; Chris M Robertson, MD; Anton Rabien, MD; Bradley J Amson, MD

P50. PATIENT-CENTERED CARE (PCC) AND ITS EFFECT ON GASTRIC BYPASS PATIENT’S LEVEL OF SATISFACTION UPON DISCHARGE. 
Debra D’Wolf, MSN, RN; Lisa L. Lehman, BSN, RN

P51. CARPAL TUNNEL SYNDROME ANOTHER REVERSIBLE COMORBIDITY OF OBESITY. 
Nicholas Jones, MD; Ramsey M Dallal, MD, FACS

P52. OUTCOME OF LAPAROSCOPIC TOTAL VERTICAL GASTRIC PLACEMENT IN MORBID OBESITY (100 CASES, 3 YEARS FOLLOW UP). 
Dr. Mohammad Talalepour

P53. ACCESSING LAPAROSCOPIC ADJUSTABLE GASTRIC BAND PORTS USING ULTRASONOGRAPHY. 
James C. Ellmore, MD; Michael A Edwards, MD; Ronit Grinbaum, MD; Benjamin E Schneider, MD; Daniel B Jones, MD

P54. INITIAL EXPERIENCE WITH BANDED SLEEVE GASTRECTOMY. 
JW Alexander, MD, Sc.D; D. K. Lu, MD, FACS

P55. WEIGHT LOSS OUTCOMES USING THE SWEDISH ADJUSTABLE GASTRIC BAND IN THE MORBIDLY OBese: SINGLE SURGEON EXPERIENCE IN 774 PATIENTS. 
Ray B Brancatisano, MD; Sara S Wahlin, MD; Tony T Brancatisano, B Appl Sc

P56. LAPAROSCOPIC BANDING IN EXTREMES OF BMI AND AGE. 
Bishi Singhal, MRCS; Alison Guy, MRCS; Mark Kitchen, MBChB; Sandra Nidrika, MBChB; Kathryn Hunt, MBChB; Paul Super, FRCS

P57. NON-FASCIAL FIXATION TECHNIQUE FOR LAP BAND PORT MAY REDUCE COMPLICATIONS. 
Ikram Kureshi, MD; Cesar E Escareno, MD; Ashley H Vernon, MD; Kerri A Clancy, RN; David B Lautz, MD

P58. LAPAROSCOPIC GASTRIC BANDING FOR 1800 PATIENTS: 12 YEAR RESULTS TOTAL MORTALITY IN MORBID OBESITY PATIENTS TREATED WITH LAP BAND IN A CASE-CONTROL STUDY. 
Maurizio De Luca, MD; Gianni Segato, MD; Luca Busetto, MD; Franco Favretti, MD

P59. EARLY AND INTERMEDIATE RESULTS OF LAPAROSCOPIC BANDING IN 750 PATIENTS FROM A BARIATRIC CENTRE IN UK. 
Bishi Singhal, MRCS; Alison Guy, MRCS; Mark Kitchen, MBChB; Sandra Nidrika, MBChB; Kathryn Hunt, MBChB; Paul Super, FRCS

P60. STITCHLESS TECHNIQUE WITH SWEDISH ADJUSTABLE GASTRIC BAND. 
Almino Ramos, MD; Manoel Galvao Neto, MD; Manoela Galvao, MD; Andrey Carlos, MD; Edwin Campos, MD; Marcus Lima, MD; Abel Murakami, MD; Marcelo Falcao, MD

P61. LAPAROSCOPIC SLEEVE GASTRECTOMY WITH BANDING - A FOUR YEAR FOLLOWUP. 
Oscar Chan, MD; Elariny Hazem, MD
P62. ULTRASOUND GUIDANCE FOR THE DIFFICULT LAP BAND ADJUSTMENT. Beth A Schnepke, MD, PhD; Janice Blok, RPA-C

P63. LAPAROSCOPIC GASTRIC BANDING, THE GREEK EXPERIENCE: CHANGES IN BODY COMPOSITION IN RELATION TO SATIETY LOSS AND THE IMPACT OF PSYCHO-EDUCATION. Konstantinos M Konstantinidis, MD; FACS; Chatzidimitriou N Anna, BA; MSC; Marina G Chaida, Msc; MMeaFS

P64. COMPARATIVE RESULTS OF THREE ADJUSTABLE GASTRIC BANDS FOR THE TREATMENT OF MORBID OBESITY. Dimitrios Stefanidis, MD, PhD; Dimitris Kostopanagiotou, MD; Konstantinos M Konstantinidis, MD; FACS; Chatzidimitriou N Anna, BA; MSC; Marina G Chaida, Msc; MMeaFS

P65. QUALITY OF LIFE BEFORE AND AFTER GASTRIC BANDING IN A MULTIDISCIPLINARY INSTITUTION. Tony Brancatisano, B Appl Sc; Sara Wahlroos, B Med Sc; Roy Brancatisano, MB BS

P66. ABDOMINAL PAIN IS INDICATIVE OF GASTRIC NECROSIS WHEN TREATING GASTRIC PROLAPSE ASSOCIATED WITH LAPAROSCOPIC ADJUSTABLE GASTRIC BAND. Jeff W Allon, MD

P67. PROPHYLACTIC SURGICAL MESH DOES NOT REDUCE THE INCIDENCE OF VENTRAL HERNIA FOLLOWING OPEN GASTRIC BYPASS. Joseph M Vitello, MD

P68. TREATMENT OF GASTROJEJUNAL ANASTOMOTIC LEAKS AFTER ROUX-EN-Y GASTRIC BYPASS WITH SELF EXPANDING POLYESTER STENTS: A RETROSPECTIVE REVIEW. Christopher A Edwards, MD; Steve Scott, MD; Roger De La Torre, MD; Archana Ramaswamy, MD; Nicole Fearing, MD; Bruce Ramshaw; Klaus Thaler, MD

P69. STRICITURE RATE AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS WITH 21-MM CIRCULAR STAPLER – THE CLEVELAND CLINIC EXPERIENCE. Fahad S Alasfar, MD; Adhresh A Sahnis, MD; Rockson C Liu, MD; Bipan Chand, MD

P70. ROUTINE INTENSIVE CARE MONITORING IS UNNECESSARY FOR POST OP BARIATRIC PATIENTS WITH KNOWN OR SUSPECTED SLEEP APNEA. Joseph M Vitello, MD

P71. GREATER WEIGHT LOSS MAKES LIFE EASIER AFTER BARIATRIC SURGERY. Simon Marcoux, MD; Normand Teasdale, PhD; Olivier Hue, PhD; Simon Biron, Surgeon; Picard Moreau, Surgeon

P72. VITAMIN SUPPLEMENTATION AFTER BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH MAINTAINS NORMAL BIOLOGICAL STATUS ON THE LONG TERM. Philippe A Espart, MD; Guillaume Becquart, MD; Patrick Ritz, MD

P73. PATHOPHYSIOLOGY OF OBESITY. Oleg N Hetzer, MD; Ioannis Ioannou, MD, Rockson C Liu, MD, Guillaume Becquart, MD; Patrick Ritz, MD

P74. BILIOPANCREATIC LIMB OBSTRUCTION AFTER LAPAROSCOPIC GASTRIC BYPASS FOR MORBID OBESITY. Amish Nihalani, MD; Neelit Pal, MD; Robert Brohin, MD

P75. LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS FOR MORBID OBESITY. Bipan Chand, MD; Fahad S Alasfar , MD; Archana Ramaswamy , MD; Nicole Fearing, MD; Bruce Ramshaw; Klaus Thaler, MD

P76. MEDIUM TERM FOLLOW UP OF WOUND COMPLICATIONS AFTER LAPAROSCOPIC AND OPEN BYPASS IN OVER 1000 PATIENTS. Ryan Hardy, MD; Murali Basker, MD; Stephanie E Dunkle-Blatter, MD; Christopher Stull, DO; William E Strodel, MD; Peter N Benotti, MD; Anthony T Fertick, MD

P77. CHARACTERIZATION OF INTENSIVE CARE UNIT UTILIZATION WITH LAPAROSCOPIC BARIATRIC SURGERY. Jay C Jan, MD; Muhammad F Afzal, MD; Dennis Hong, MD, Emma J Patterson, MD

P78. INTERNATIONAL BARIATRIC SURGERY REGISTRY (IBSR) COMPARISON OF OPEN ROUX-EN-Y GASTRIC BYPASS (RYGB) AND VERTICAL BANDED GASTROPLASTY (VBG) OUTCOMES. Mohammad F Jameel, MD; Edward E Mason, MD, PhD; Kathleen E Renquist, BS; Dijong Xie, BS; Bridget M Zimmerman, PhD; Isaac Samuel, MD, FRCS

P79. SURGICAL MANAGEMENT OF POSTOPERATIVE BLEEDING AFTER BARIATRIC SURGERY. Tomas Escalante-Tattersfield, MD; Olga Tucker, MD; Patricio Fujimara, MD; Samuel Szomstein, MD; Raul J Rosenhal, MD

P80. BARIATRIC SURGERY. Simon Biron, Surgeon; Picard Moreau, Surgeon

P81. LAPAROSCOPIC ASSISTED TRANSJEJUNAL ENDOSCOPY OF THE EXCLUDED DUODENUM IN BPD-DS: DESCRIPTION OF TECHNIQUE AND CASE REPORTS. Brian Lane, MD; Douglass W Hess, MD; Douglass S Hess, MD, Amy M Biedenbach, PA-C

P82. EFFECTS OF GASTRIC BYPASS WITH 21-MM CIRCULAR STAPLER ON VITAMIN SUPPLEMENTATION AFTER BILIOPANCREATIC DIVERSION. Samuel, MD, FRCS

P83. LAPAROSCOPIC GASTRIC BANDING, THE GREEK EXPERIENCE: CHANGES IN BODY COMPOSITION IN RELATION TO SATIETY LOSS AND THE IMPACT OF PSYCHO-EDUCATION. Konstantinos M Konstantinidis, MD; FACS; Chatzidimitriou N Anna, BA; MSC; Marina G Chaida, Msc; MMeaFS

P84. LAPAROSCOPIC RE-OPERATIVE BARIATRIC SURGERY: A SINGLE-INSTITUTION EXPERIENCE. Paolo Gentilescu, MD; Giuseppe S Sica, MD; Francesca Linosi, MD; Domenico Benavoli, MD; Pierpaolo Sileri, MD; Emanuela Bianciardi, MD; Achille G. Gaspari, MD

P85. DIAGNOSIS AND MANAGEMENT OF JEJUNO-JEJUNOSTOMY COMPLICATIONS FOLLOWING LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS FOR MORBID OBESITY. Javanaj Salimzadeh, MD; Olga Tucker, MD; Samuel Szomstein, MD; Raul J Rosenhal, MD

P86. INTERNAL REVISED BARIATRIC SURGERY. Michelle K Sava, MD, Ann Bryant, BSN; Teresa Hillary, RD; Gina Woods, MD; Vanita Aroda, MD

P87. EVALUATION OF COMORBIDITIES AND 30 DAY POSTOPERATIVE COMPLICATIONS IN A VA BARIATRIC PROGRAM. Michelle K Sava, MD, Ann Bryant, BSN; Teresa Hillary, RD; Gina Woods, MD; Vanita Aroda, MD

P88. CAN ADVANCED LAPAROSCOPIC FELLOWSHIP PROGRAMS BE ESTABLISHED WITHOUT COMPROMISING THE CENTER’S OUTCOMES? Shna N Kothari, MD; William C Boyd, MD; Pamela J Lambert, RN; Michelle A Mathiason, MS

P89. REVISIONAL BARIATRIC SURGERY. Olga N Hetzer, MD; Ioannis Ioannou, MD, Tomas Escalante-Tattersfield, MD; Samuel Szomstein, MD; Raul J Rosenhal, MD

P90. LAPAROSCOPIC RE-OPERATIVE BARIATRIC SURGERY: A SINGLE-INSTITUTION EXPERIENCE. Paolo Gentilescu, MD; Giuseppe S Sica, MD; Francesca Linosi, MD; Domenico Benavoli, MD; Pierpaolo Sileri, MD; Emanuela Bianciardi, MD; Achille G. Gaspari, MD
P91. VITAMIN D DEFICIENCY: NOW WHAT?
Shannon M. Januma, FAC, RD

P92. THE SERIAL CHANGES OF SERUM CALCIUM, VITAMIN D, AND IPDH AFTER GASTRIC BYPASS.
Joo-Hye Lee, MD, Jan Dix, PA-C, Michael S Miller, BS, C. Joe Northup, MD, Mary Simmons, RD, Anna D Miller, RN, Hongkuan Wang, MD, Bruce D Schirmer, MD

P93. DUODENAL SWITCH: ADDRESSING CURRENT CONTROVERSIES.
Barbara N Metcalf, RN, Robert A Ralskin, MD, John D Husted, MD, John M Rabskin, MD, Myra Lazo, PA, Jennifer Smith, PA

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Barbara N Metcalf, RN, Robert A Ralskin, MD, John M Rabskin, MD, John D Husted, MD

P95. VITAMIN D DEFICIENCY IN PRE-OPERATIVE BARIATRIC SURGERY PATIENTS.
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P96. Bariatric Results in 500 Patients Following Laparoscopic Gastroplastic Bypass with Subset Analysis of Age and Sex.
Christopher J Larson, PA-C, RD, Pamela J Lambert, RN, Michelle A Mathiaou, MS, Shani N Kohari, MD

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P98. INSURANCE COVERAGE FOR BARIATRIC SURGERY: WHO GETS DENIED AND WHY?
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P102. Obstructive Sleep Apnea in the PACU Following Bariatric Surgery.
Vijay A Chauss, MD, Carolyn D Ambrossio, MD, MS, Sean O Reilly, MD, Jana Hudcova, MD, Roman Schumann, MD

P103. Maximizing Outcomes Through Multidisciplinary Case Conferencing.
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P104. Evaluation of Treatment Regimens for Controlling Hyperglycemia in Postoperative Bariatric Surgery Patients. Andrew A Wheeler, MD, Suzanne Mitchele, PharmD, Sharon J Bachman, MD, Richard K Johnson, MD, Richard W Madsen, PhD, Roger A de la Torre, MD, James S Scott, MD

P105. Is It Cost-effective to Screen for Helicobacter Pylori Infection in Bariatric Patients Prior to Gastroesophageal Bypass Surgery?
Tatiana Paguero, MD, Stephanie F Yeager, RD, Christina Hartman, Peter N Benotti, MD, FAC, Anthony Petrick, MD, FAC, Mary Jane Reel, MD, FAC, William E Stradal, III, MD, FAC, Christopher D Still, DO, FAC

P106. Musculoskeletal Quality of Life: What Is the Interaction Between Obesitas, Depression, and GI Related Quality of Life?
Elise Larson, BS, Beivy Encarnacion, BS, Eric Ketchum, BS, John M Mortin, MD, MPH

P107. The Effect of Preoperative Weight Loss on Postoperative Weight Loss and Maintenance.
Gregory A Buderich-Villa, MD, Jason Raunissen, MD, Collen Bancoum-Pro, RD, Abigail Weston, BSN, Jennifer Campbell, RD, Judy Yamaski, BSN, William D Fuller, MD, Mohamed R Ali, MD

P108. VOLUME TEMPLATED VENTILATION VERSUS AIRWAY PRESSURE RELEASE VENTILATION IN THE MORBIDLY OBESE PATIENT.
Omid Jazayeri, MD, Kenneth Miller, MEd, RRT-N, Michael Pasquale, MD, FAC, Mark Cipolle, PhD, MD, FAC

Judy K Couch, RN, MSN

P110. THE EFFECT OF INTERMITTENT PNEUMATIC COMPRESSION ON VENOUS FLOW AUGMENTATION IN THE BARIATRIC SURGERY PATIENT.
Gupta E Escareno, MD, Kerri A Clancy, RN, Maria Griffin, PhD, Andrew N Nicolaides, MS, FRCS, David B Lautz, MD

P111. VITAMIN D DEFICIENCY: NOW WHAT?
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P112. THE EFFECT OF A BARIATRIC SPECIFIC PNEUMATIC COMPRESSION SYSTEM ON VENOUS FLOW IN THE SUPEROBESIVE PATIENT.
Gupta E Escareno, MD, Kerri A Clancy, RN, Maria Griffin, PhD, Andrew N Nicolaides, MS, FRCS, David B Lautz, MD

P113. HAIL! HAIL! THE GANGS ALL HERE: THE INTEGRATED MODEL OF SUPPORT GROUP MANAGEMENT.
Julie M Janeway, BBA, MSA, Karen J Sparks, BBA, MBBEd

P114. MEDICATION THERAPY MODIFICATIONS IN POSSE-SURGICAL BARIATRIC PATIENTS.
Nabila Ahmed, PharmD, Julie M Janeway, BBA, MSA, Karen J Sparks, BBA, MBBEd

P115. WE HAVE A PROBLEM! CRISIS COMMUNICATION AND MANAGEMENT TO MINIMIZE RISK.
Julie M Janeway, BBA, MSA, Karen J Sparks, BBA, MBBEd

P116. LEGAL LIABILITY AND SUPPORT GROUP LEADERS.
Julie M Janeway, BBA, MSA, Karen J Sparks, BBA, MBBEd

P117. SLEEVE GASTRECTOMY WITH ENTERAL BYPASS.
Muhammad Alam, Cristian Sepulveda

P118. A NEW ABDOMINOPLASTY APPROACH FOR PATIENTS FOLLOWING MASSIVE WEIGHT LOSS SURGERY.
Titus D Duncan, MD, Antonio E Mangubat, MD
PLENARY SESSION

Registration fees include: instruction, continental breakfasts, refreshment breaks, lunch (Thursday and Friday), a complimentary ticket to the Welcome Reception (Wednesday), and a complimentary ticket to the Annual Reception and Dinner Dance (Friday). 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 sessions and courses on Monday, Tuesday and Wednesday 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 Professional Networking Session 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: PRE-REGISTRATION IS REQUIRED FOR INVITED GUESTS.

Anyone who would like to register after June 4, 2007 must register on-site. On-site registration is on a space available basis. All paid registrations received in the ASBS office by June 4th 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 American Society for Bariatric Surgery. Visa, MasterCard and American Express also are accepted. Registration can be made by mail or fax. Online registration is also available at www.asbs.org.

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

CANCELLATION POLICY

Registration fee less a $50 administration charge is refundable if the ASBS is notified in writing by May 14, 2007. 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 out of our 24th Annual Meeting.

NOTE: Early prices will expire on May 15, 2007.

- ASBS Centers of Excellence: Issues, Answers, and Compliance (8:00 AM - 5:00 PM)
  - Members: $225 $275
  - Non-members: $325 $375

- Allied Health Essentials in Surgical Support (8:00 AM - 4:30 PM)
  - Members: $225 $275
  - Non-members: $325 $375

- OR Personnel, PACU, and Any Bariatric Health Care Providers (8:00 AM - 4:30 PM)
  - Members: $225 $275
  - Non-members: $325 $375

- Basic Bariatric Statistics (8:00 AM - 12:00 PM)
  - Members: $110 $160
  - Non-members: $210 $260

- Advanced Bariatric Statistics (1:00 PM - 5:00 PM)
  - Members: $110 $160
  - Non-members: $210 $260

- Masters’ Course in Behavioral Health - Monday (8:00 AM - 4:30 PM) & Tuesday (8:00 AM - 12:15 PM)
  - Members: $300 $350
  - Non-members: $400 $450

Please PRINT and fax completed form to 352-331-4975 or mail with payment 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 picture identification available.
## DAY 2 - TUESDAY, JUNE 12

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Early Price</th>
<th>Late Price</th>
<th>Members</th>
<th>Non-members</th>
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</thead>
<tbody>
<tr>
<td>Essentials of Bariatric Surgery (8:00 AM - 5:00 PM)</td>
<td>$250</td>
<td>$300</td>
<td>$350</td>
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<tr>
<td>Allied Health Postgraduate Courses - AM Session</td>
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<td>(A) Advance Practice in Addressing the Complexity and Challenges of the Bariatric Surgical Patient (9:00 AM - 12:00 PM)</td>
<td>$115</td>
<td>$165</td>
<td>$215</td>
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<td>(B) Case Studies (9:00 AM - 12:00 PM)</td>
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<td>(C) Laparoscopic Adjustable Banding Course (9:00 AM - 12:00 PM)</td>
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<tr>
<td>(D) Nutrition and Bariatric Surgery (9:00 AM - 12:00 PM)</td>
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<tr>
<td>Allied Health Postgraduate Courses - PM Session</td>
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<tr>
<td>(A) Advance Practice in Addressing the Complexity and Challenges of the Bariatric Surgical Patient (1:00 PM - 4:00 PM)</td>
<td>$115</td>
<td>$165</td>
<td>$215</td>
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<tr>
<td>(B) Case Studies (1:00 PM - 4:00 PM)</td>
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<td>(C) Laparoscopic Adjustable Banding Course (1:00 PM - 4:00 PM)</td>
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### ASBS/SAGES Endoscopy Postgraduate Course

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<tr>
<td>ASBS/SAGES Endoscopy and Endoluminal Postgraduate Course Didactic Only (7:30 AM - 12:00 PM)</td>
<td>$150</td>
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<td>ASBS/SAGES Endoscopy and Endoluminal Postgraduate Course Didactic (7:30 AM - 12:00 PM) - Lab A (1:00 PM - 2:30 PM)</td>
<td>$550</td>
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<td>$650</td>
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<tr>
<td>ASBS/SAGES Endoscopy and Endoluminal Postgraduate Course Didactic (7:30 AM - 12:00 PM) - Lab B (3:00 PM - 4:30 PM)</td>
<td>$550</td>
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## DAY 3 - WEDNESDAY, JUNE 13

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<th>Late Price</th>
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<th>Non-members</th>
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<tbody>
<tr>
<td>Advanced Bariatric Life Support (7:50 AM - 5:30 PM)</td>
<td>$275</td>
<td>$325</td>
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<tr>
<td>Students/Residents/Fellows Session (1:00 PM - 5:00 PM)</td>
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<tr>
<td>Advanced Bariatric Surgery: Controversies in Bariatric Surgery (8:00 AM - 5:00 PM)</td>
<td>$275</td>
<td>$325</td>
<td>$375</td>
<td>$425</td>
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<tr>
<td>Allied Health Sciences General Session (8:00 AM - 5:00 PM)</td>
<td>$190</td>
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## PAYMENT INFORMATION

**TOTAL REGISTRATION FEES (Registration plus social event tickets)**

- **Check (made payable to ASBS)**
- **Visa**
- **MasterCard**
- **American Express**

**Card Number:** ___________  **Expiration Date:** ___________

**Printed Name on Card:** ___________

**Billing Address:** ___________  **Billing Address (If different from business address):** ___________

Fax completed form to 332-331-4973 or mail with payment to ASBS, 100 SW 75th Street, Suite 201, Gainesville, FL 32607.