DEAR COLLEAGUES,

I am pleased to share with you the 2014 quality outcomes for Summa’s Bariatric Care Center. The rate at which obesity continues to worsen is troublesome; I am sure you share my concern. In 2012, the American Medical Association declared obesity to be a disease. Using body mass index (BMI) as a guide, in 2014, the total number of severely overweight individuals in Summa’s nine service area markets was 563,919. This number includes 232,318 obese individuals and 48,300 individuals with morbid obesity.¹

While there is not yet agreement on a single best approach to non-surgical weight loss management, there is now consensus that the most effective and long-lasting treatment for morbid obesity is surgical weight loss intervention.

Our approach to weight loss management is two-fold. We offer patients both a surgical and non-surgical approach for successful weight loss management.

Each patient is carefully assessed and provided with an individually tailored recommendation. Since starting our surgical program in 2004, we have performed a total of 2,502 surgeries and have continued to expand annually, performing 497 surgeries in 2014.

While we have continued to increase the number of patients we serve, our focus on creating a positive patient experience has never wavered. We are proud that our patient experience scores for both inpatient and outpatient care have placed us in the 95th percentile nationally for the past eight years.

As Summa continues to develop its population health strategy, Weight Loss Management will continue to be a critical initiative for all of us. The Bariatric Care Center can offer a successful program for any of your patients interested in losing weight.

Thank you for taking the time to review our results. While cosmetic improvements are frequently a result of significant weight loss, the primary goal is to help cure our patients of the medical problems caused by their obesity and to help them reclaim their life. As always, please do not hesitate to contact me directly if you have any questions, or if you need information for your patients.

John G. Zografakis, M.D., FACS
Director, Bariatric Care Center
Summa Health System

Volume

Surgical weight loss procedures performed at Summa include laparoscopic Roux-en-Y gastric bypass, laparoscopic sleeve gastrectomy, laparoscopic adjustable gastric banding and laparoscopic revisional procedures. Our bariatric surgeons are fellowship-trained in advanced laparoscopic and weight loss surgery. Some procedures can be done using a single incision or robotic-assisted approach.

Quality of Care

Summa’s bariatric care team collects and monitors quality of care data and works continuously to refine and improve its processes and program to make sure each patient receives the highest level of care.

### 30-DAY MORTALITY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Summa's Bariatric Care Center Percentage</th>
<th>National Percentage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roux-en-Y Gastric Bypass</td>
<td>0.00%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Sleeve Gastrectomy</td>
<td>0.00%</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

### AVERAGE LENGTH OF STAY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Summa's Bariatric Care Center Number of Days</th>
<th>National Average Number of Days*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roux-en-Y Gastric Bypass</td>
<td>2.12</td>
<td>2.40</td>
</tr>
<tr>
<td>Sleeve Gastrectomy</td>
<td>1.50</td>
<td>2.00</td>
</tr>
</tbody>
</table>

*National Data for 2013 taken from American College of Surgeons MBSAQIP Database
Demographics

Candidates for a primary weight loss procedure at Summa range in ages from 17 to 70. These are patients with morbid obesity, with or without comorbid diseases such as type 2 diabetes, obstructive sleep apnea, hypertension and gastroesophageal reflux disease. The typical patient has usually tried many different approaches to weight loss but has been unsuccessful in sustaining weight loss. In many cases, patients also struggle with underlying issues such as binge eating, emotional eating or other behavioral health conditions which have contributed to their obesity.
Laparoscopic Roux-en-Y Bypass

The average percentage of excess body weight loss as a result of laparoscopic Roux-en-Y bypass is 64% after three years.

Laparoscopic Sleeve Gastrectomy

The average percentage of excess body weight lost as a result of a laparoscopic sleeve gastrectomy as a primary weight loss procedure is 51% after three years.

Laparoscopic Adjustable Gastric Band

The average percentage of excess body weight loss as a result of an adjustable gastric band is 42% after three years.

Long-term weight loss for patients with diabetes using a non-surgical, conservative weight loss method is 6% at one year and 4% at three years.\(^6\)

\(^5\) Beginning in 2010, the laparoscopic sleeve gastrectomy was performed as a primary weight loss surgery and as the first step in a staged procedure leading to a roux-en-y gastric bypass.

Type 2 Diabetes Mellitus

643 of 2,143 (30%) patients undergoing weight loss surgery had type 2 diabetes preoperatively.

Following weight loss surgery:

Two years post-operatively:
- 57% of patients have complete resolution of type 2 diabetes.
- 71% of patients experienced resolution and/or improvement of their type 2 diabetes.

Five years post-operatively:
- 71% of patients experienced resolution and/or improvement of their type 2 diabetes.

Hypertension

1,231 of 2,143 (58%) patients undergoing weight loss surgery had hypertension preoperatively.

Following weight loss surgery:

Two years post-operatively:
- 41% of patients have complete resolution of their hypertension.
- 58% of patients experienced resolution and/or improvement of their hypertension.

Five years post-operatively:
- 58% of patients experienced resolution and/or improvement of their hypertension.

Resolution = Patient not taking prescription medication for comorbidity
Improvement = Reduction in usage of prescription medication for comorbidity
Obstructive Sleep Apnea
Following weight loss surgery:
Two years post-operatively:
• 74% of patients experienced complete resolution of their obstructive sleep apnea.
Five years post-operatively:
• 79% of patients experienced resolution of their obstructive sleep apnea.

Gastroesophageal Reflux Disease
Following weight loss surgery:
Two years post-operatively:
• 53% of patients experienced complete resolution of their gastroesophageal reflux disease.
Five years post-operatively:
• 59% of patients experienced resolution of their gastroesophageal reflux disease.

Hypertiglyceridemia
Following weight loss surgery:
Two years post-operatively:
• 52% of patients experienced complete resolution of their hypertiglyceridemia.
Five years post-operatively:
• 37% of patients experienced resolution of their hypertiglyceridemia.

1,213 of 2,143 (57%) patients undergoing weight loss surgery had obstructive sleep apnea preoperatively.
1,180 of 2,143 (55%) patients undergoing weight loss surgery had gastroesophageal reflux disease preoperatively.
699 of 2,143 (33%) patients undergoing weight loss surgery had hypertiglyceridemia preoperatively.

Resolution = Patient not taking prescription medication for comorbidity
Improvement = Reduction in usage of prescription medication for comorbidity
To refer a patient or for more information, call (330) 375-6590 or go to summahealth.org/weightloss