

2019 - 2020 Outcomes Report

Dear Colleagues,

Over the past few years our healthcare systems have been challenged by unprecedented adversities as we combated what is potentially the most somber healthcare crisis of our life. Yet within this calamity, we have also continued to combat obesity, another epidemic crisis so ubiquitous that it has impacted every facet of our society and defined this period in time. The evidence that obesity and diabetes are amongst the most important factors which predict a complicated course of COVID-19 in patients infected with this virus have further emphasized the importance of treating this disease and its associated comorbidities.

It has now been 30 years since the historic National Institutes of Health consensus statement which deemed bariatric surgery to be the most effective and the only durable therapy for the treatment of severe obesity. Since then, the operations utilized have been thoroughly studied and highly refined. These procedures are performed with highly advanced minimally invasive surgical techniques and boast excellent safety profiles with complication rates lower than most commonly performed operations.

The evidence for the benefits of metabolic/bariatric surgery has also become robust. In addition to the weight loss and a better quality of life, this therapy leads to the remission of type 2 diabetes, hypertension, obstructive sleep apnea, dyslipidemia, GERD and osteoarthritis amongst more than 230 associated conditions. New evidence shows that these benefits also transcend improved health with additional preventive attributes for cardiovascular events, incidence of cancer and even premature death.

As we navigate this new healthcare environment, we remain committed to providing surgical outcomes recognized on a global level and improve the general health of our community. We are pleased to bring you our Summa Health Weight Management Institute 2019/2020 annual report of outcomes and accomplishments. We thank you for your time in reviewing this manual, for your partnership in treating the disease of obesity and for allowing us the privilege to care for your patients.

Sincerely,



Joh Zognoky

John Zografakis, M.D., FACS, FASMBS

Director, Summa Health Weight Management Institute



Min.

Adrian Dan, M.D., FACS, FASMBS

Director, Summa Health Weight Management Institute



Kenneth Wells, M.D.
Director, Summa Health Weight
Management Institute

More than 5,500 minimally invasive metabolic/bariatric procedures since 2004!

More detailed information about the Summa Health Weight Management Institute is available for download on our website at summahealth.org/weightloss.

Patient Advocacy

Patients suffering from obesity and diabetes also contend with the pervasive stigma and bias that exists among the public and even some medical professionals. Some regard obesity and its related co-morbid conditions as a self-inflicted condition and a character flaw rooted in lack of discipline and will power. In addition, patients seeking medical and surgical therapy for obesity are stigmatized as having failed with conventional diet and exercise regimens. There is now an overwhelming body of evidence which has debunked these myths. This had led to an understanding that obesity and diabetes are diseases rooted in genetics and metabolic dysfunction and worthy of some of the most powerful and effective medical and surgical treatment modalities.

The physicians and medical professionals at the Summa Health Weight Management Institute strive to advocate on behalf of our patients and educate the public and medical community regarding the causes of the disease as well as the efficacy and safety of our therapies. Summa Weight Management physicians provide lectures, author publications and serve on national committees to promote a better understanding of obesity and improve access to care for patients living with this devastating condition and its ramifications.

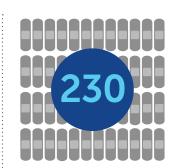
Overcoming Obesity

Obesity is a chronic disease.*





BMI (Body Mass Index) is simply the relationship between a person's weight and height. It is useful in determining the degree to which a person's body weight may impact their risk for disease or death.



DISEASES ARE LINKED TO OBESITY

42.4% of U.S. adults are obese



Akron Obesity Awareness Forum

Healthcare Provider Education

Like many other conditions, the disease of obesity is rooted in genetics and physiological dysfunction. However, erroneous information about its etiology and risk factors remain amongst the general population and even some medical professionals with good intentions. The avalanche of evidence regarding the pathophysiology of the disease has only come to light in the past few years and many of our medical schools and residencies remain deficient in teaching the facts about this ubiquitous condition.

Summa Health has led the charge in our region to provide opportunities for AMA accredited continuing medical education events available for any healthcare professionals. In collaborations with Summa's department of Cardiology, the Weight Management Institute has organized the annual Akron Obesity Awareness Forum. The goal of this event is to educate our medical communities about the risk factors, diagnosis and treatments of obesity. We have been honored with presentations from global leader in the field of metabolic/bariatric surgery including renowned surgeons **Dr. Walter Pories** who reviewed the Metabolic Basis of Type 2 Diabetes (2019) and Dr. Raul Rosenthal who reviewed the close relationship of Obesity and Cancer (2020). The 4th annual Akron Obesity Awareness (AOA) Forum was held in November 2021 with renowned surgeon Dr. Philip Schauer who discussed obesity, type 2 diabetes and outcomes of metabolic surgery. We hope that you will join us in the future for another highly informative educational event that will cover yet another facet of this costly disease.

2019 - 2020 Surgical Program At a Glance

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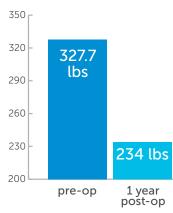


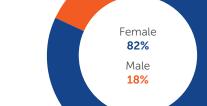
Average BMI Change



Average BMI change is 16.01 kg/m²

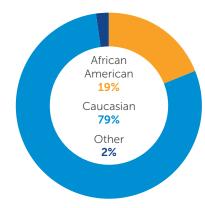
Average Weight Change





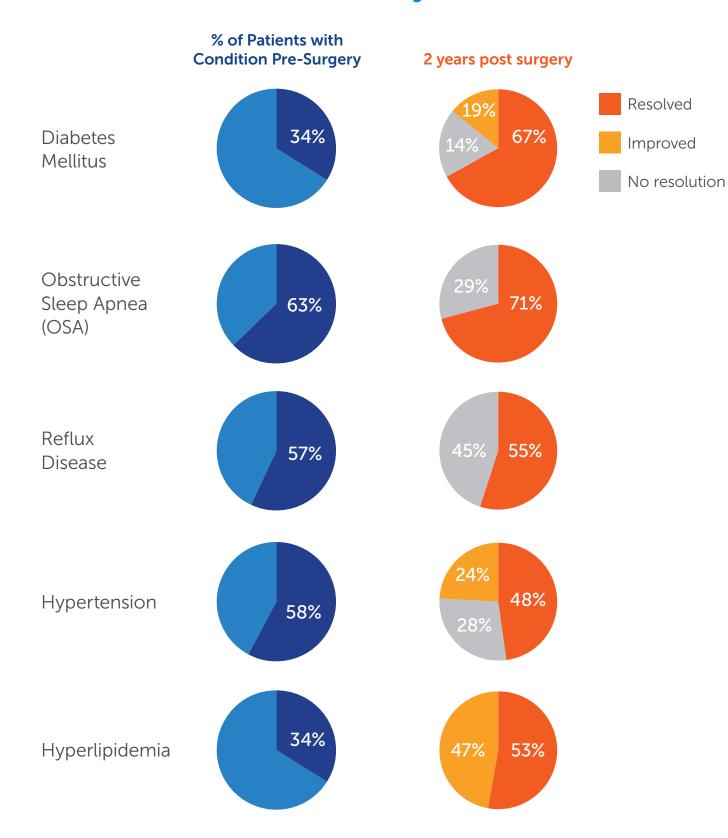
Gender

Race



Average weight change is 93.7 lbs

2019 - 2020 Comorbidity Resolution



*COVID-19 pandemic

Sleeve Gastrectomy

Over the past decade, the Sleeve Gastrectomy has increased in popularity, and now is the most common metabolic/bariatric procedure performed in the United States and across the world. It is less complex technically and this makes it ideal for patients with super-morbid obesity, those with very complex surgical histories and patients who are at a high risk from a cardio-pulmonary standpoint. The operation impacts the patient's metabolism leading to weight loss and resolution of many associated conditions.

2019/2020 Summa Health Gastric Sleeve Patient Demographics Average Age Gender Average Pre-op BMI Female 83% Male 17% Age range: 20 - 78 years old

Quality of Care	Summa Health's Bariatric Care Center Percentage	National Average*
Average Length of Stay	1.24 days	1.3 days
		60-120

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Resolution Rates of Major Co-Morbid Conditions with Sleeve Gastrectomy

Diabetes	71%
Hypertension	40%
Hyperlipidemia	73%
OSA	70%

^{*}National Data for 2020 taken from American College of Surgeons MBSAQIP Database



Ssrelle Saikaly

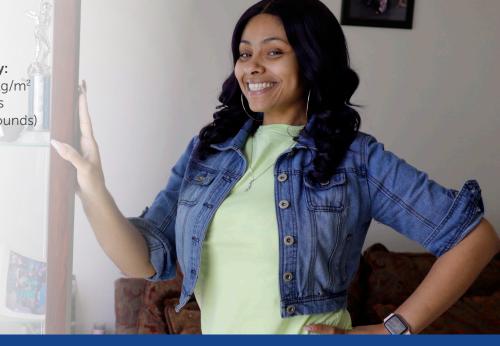
Before Surgery:

- BMI 51 kg/m²
- 322 pounds
- Suffering from GERD and back pain

After Surgery:

- BMI of 26 kg/m²
- 160 pounds (lost 162 pounds)



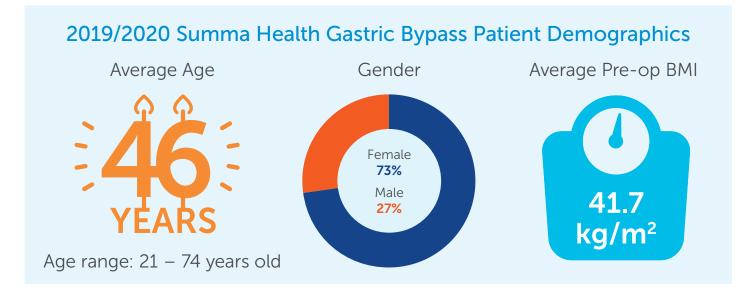


"Since my gastric sleeve surgery, I have lost over 150 pounds, I eat right, I exercise and I'm expecting a baby. I'm going to have a healthy pregnancy."

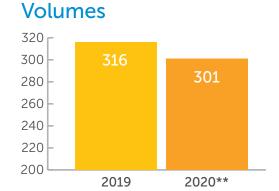
^{**}COVID-19 pandemic

Gastric Bypass

In 2019, the Gastric Bypass procedure has celebrated its 50th anniversary. The operation has long been considered a "gold standard" in metabolic/bariatric surgery and has been refined over the decades to the highly effective and safe operation it is today. This operations remains ideal for patients with obesity who also suffer from diabetes and GERD. Its impact on the metabolism allows patients to control hunger, improve satiety and reach a healthy weight with resolution of co-morbidities.



Quality of Care	Summa Health's Bariatric Care Center Percentage	National Average*
Average Length of Stay	2.15 days	2.2 days
Average Length of Procedure	126 minutes	120-180 minutes



Resolution Rates of Major Co-Morbid **Conditions with Gastric Bypass**

Diabetes	68%
Hypertension	42%
Hyperlipidemia	70%
OSA	40%

Annabelle Blankenship

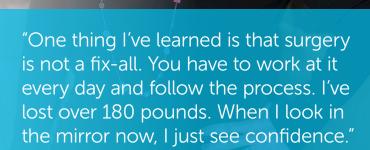
Before Surgery:

- BMI of 68 kg/m²
- 360 pounds
- Suffering from asthma and chronic shortness of breath
- Leg swelling

After Surgery:

- BMI of 32 kg/m²
- 170 pounds
- All comorbidities resolved





Alicia Fitzgerald

Before Surgery: • BMI 49 kg/m²

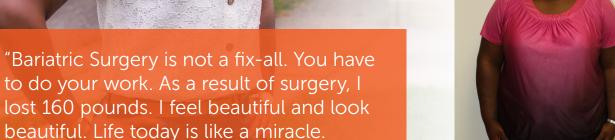
- 328 pounds
- Suffering from hypertension and **GERD**

After Surgery:

- BMI of 25 kg/m²
- 168 pounds
- 160 pounds lost
- All comorbidities resolved



- *National Data for 2020 taken from American College of Surgeons MBSAQIP
- **COVID-19 pandemic

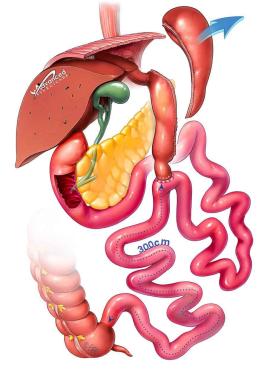


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I'm living my best life."

Single Anastomosis Duodeno-Ileostomy with Sleeve Gastrectomy (SADI-S)

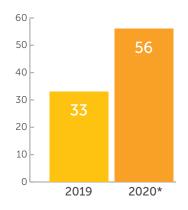
SADI-S is the latest operation to gain popularity and acceptance for obesity and associated conditions. It is a variation of the "duodenal switch" procedure, but less technically demanding. The SADI-S shows promising results with some of the greatest weight loss and remission rates for type 2 diabetes amongst the available options. It is ideal for patients with a genetic predisposition to super-morbid obesity and refractory diabetes and can be performed in patients who have already undergone a sleeve gastrectomy as the first stage.



Revisional Surgery

Obesity is a chronic disease, often requiring multiple treatment modalities or surgical procedures as patients combat the metabolic dysfunction through the course of their life. As a matter of fact, revisional operations are the fastest growing segment of metabolic and bariatric surgery. In some instances, a two stage approached is chosen by the surgeon to maximize the safety in high risk individuals. In others, who may benefit from an augmented metabolic response, a conversion to a different operation may be needed. The expertise and experience of the surgeons at Summa Health allow our team to undertake some of the most complex revisional operations to meet our patients' needs.

Volumes



*COVID-19 pandemic























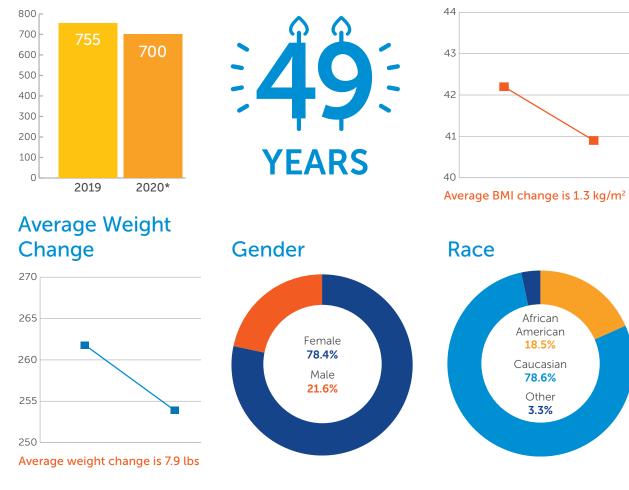
2019 - 2020

Volumes

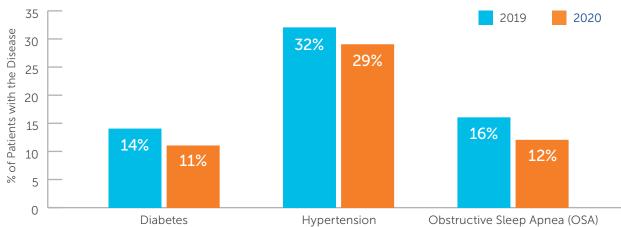
Medical Weight Loss Program At a Glance

Average Age

Average BMI Change



Reduction in Comorbidities in Medical Weight Loss Patients



Medical Weight Loss Program

Our comprehensive Weight Loss Institute provides the support that patients need throughout their journey of weight loss and health improvement. Our obesity medicine specialists, boarded certified by the American Board of Obesity Medicine are able to assist surgical patients seeking to maintain the weight loss and benefits achieved. Such follow-up with specialty focus in obesity has been shown to be of paramount importance for the long-term success after metabolic/bariatric surgery. Obesity medicine care is also employed leading up to surgery to begin the weight loss and healthy eating habits in anticipation of the procedure. In addition, obesity medicine specialists assist patients who choose to pursue a medical weight loss approach or have a contraindication to surgical therapy.

Mary Ellen Coneglio Jenna Morningdale

Initial:

- 261 pounds
- BMI of 45.9 kg/m²

- 183 pounds
- BMI of 32.5 kg/m²

• 402 pounds

Initial:

• BMI of 50.3 kg/m²

Now:

- 258 pounds
- BMI of 32.2 kg/m²



"The health benefits are amazing, I have more energy and I feel I have aged in a different direction—I feel younger!"



"My weight loss journey helped me understand myself a lot."

14 Weight Management Institute *COVID-19 pandemic

Multidisciplinary Care

At the Summa Health Weight Management Institute, we take a multidisciplinary approach to weight loss. In addition to surgeons and physicians, our team includes psychologists, dietitians a clinical exercise specialist as well as additional support staff. These professionals guide and educate patients throughout their weight loss journey, from setting realistic and achievable short- and long-term goals to ensuring they stay on track and remain successful.

Our behavioral health specialists will help identify any underlying disordered eating behaviors that could be at the root of previous weight gain and failed efforts at weight loss. They work with patients to conquer those behaviors, and help develop new, constructive eating behaviors. These services are excellent options for those who struggle with eating in response to emotions or stress, or who struggle with depression and anxiety.

Sometimes patients just need the help of a dietitian. Patients needing Medical Nutrition Therapy (MNT) for diabetes, high blood pressure, elevated cholesterol or lipids, obesity or other medical conditions requiring special diet accommodations can see a registered dietitian at any of the Weight Management Institute's six locations. Patients that do not have a condition which qualifies them to use their Medical Nutrition Therapy insurance benefit, or who do not have insurance, can still see a registered dietitian for a Nutrition Education appointment for a low out-of-pocket fee.

Patients are monitored at regular intervals to determine progress made and the need for modifications to the plan.

Our RN case managers, clinical triage RNs and dietitians provide intensive education and support before, during and after surgery. They work closely with our surgeons to ensure each patient receives excellent care. Our clinical exercise specialist provides training that explains the role that exercise plays in successful weight loss. She also helps each patient develop an individualized exercise plan and is available for individual consultation. Our financial specialist explains the details of medical insurance, reviews all known out-of-pocket expenses (those that are not covered by insurance) and works closely with patients and insurance companies to obtain approval for surgery.

Finally, our Advanced Practice Providers work closely with our surgeons and team members to provide comprehensive pre and post-operative care to our patients.



Our Multidisciplinary Team

Surgeons



John Zografakis, M.D., FACS, FASMBS



Adrian Dan, M.D. FACS, FASMBS



Mark Pozsgay, D.O., FACS, FASMBS



Tyler Bedford, M.D.



Logan Mellert, D.O

Physicians



Ken Wells, M.D., Certified Diplomate ABOM



Irene Dejak, M.D. Certified Diplomate AROM



Natasha Koren, M.D. Certified Diplomate ABOM

Registered Nurse Case Managers



Kiera Nenadov, MSN, BSN, RN



Barb Norvaisa, BSN, RN, CBN

Clinical Psychologists



Jennifer Duncan, Psy.D.



Hilary Hassinger, Ph.D.



Sarah Lyall-Neal, Ph.D.

Registered Dietitians



Bridget Balish, Mich. MS, RD, LD MS, F



Michelle Boltz, MS, RD, CSSD, I



Lauren David,

Advanced Practice Providers



Leisa Bridle, MSN,



Kathleen Wright, CNP, MSN



Mallory Zupke, MMS,

Hanna Rice

Hanna Rice, RD, CSOWM, LD

Clinical Exercise Specialist



Laura Ilg, RD, LD

Laura Richardson Ph.D., RCEP



Abdominal Wall Reconstruction and Hernia Repair

Obesity affects every aspect of one's health and every single organ in the human body. Patients with a higher BMI and abdominal obesity have an increased abdominal pressure, rendering them at a greater risk for development of abdominal wall hernias or incisional dehiscence defects after abdominal operations. The presence of such complex abdominal wall defects along with obesity amount to very difficult clinical situations. For these patients, bariatric surgery is the pathway to achieving the weight loss and medical optimizations needed prior to hernia repair.

Our abdominal wall experts can provide patients in this predicament with the comprehensive world-class care needed to address not only obesity but also abdominal wall reconstruction.

Dr. Tyler Bedford and Dr. Logan Mellert, both fellowship trained in bariatric surgery as well as advanced minimally invasive abdominal wall reconstruction techniques, provide options for patients with complex abdominal wall hernias and obesity, even if patients have undergone previous failed repairs.

Plastic Surgery/Body Contouring



Dr. Michael Subichin, along with Dr. Moheb Said, offers state-of-the-art body contouring services through Summa's division of plastic surgery.

Success after metabolic and bariatric surgery may result in excess skin for some patients. While metabolic and bariatric surgery improves overall health and quality of life, such excess tissue may lead to difficulty with exercise and is an important aspect of the journey to a healthier life. Plastic surgeons who specialize in body contouring are readily available at Summa Health to offer patients a spectrum of procedures devised to further enhance the quality of life. Patients who have undergone metabolic and bariatric surgery may be evaluated for this very important aspect of their journey when their weight loss has stabilized.

Fellowship trained plastic surgeons at Summa Health Medical Group offer the entire spectrum of body contouring surgical procedures to help patients reach their health and activity goals.

Surgical Education and Minimally Invasive Bariatric and Foregut Surgery Scholarly Activities

Fellowship training offers physicians the opportunity to obtain additional, specialtyfocused education after the completion of residency training. The ability of a hospital to provide care by fellowship trained physicians is a strong indicator of a higher level of care. Completion of a fellowship means a surgeon has spent additional time developing in-depth knowledge and surgical expertise in their chosen specialty.

Summa Health also is a nationally recognized epicenter for surgical training. The surgical fellowship program is one of only six in the United States and unique in Ohio for its triple accrediation in Bariatric, Foregut and Advanced GI Minimally Invasive Surgery. Applicants selected for this highly competitive position, benefit from training with all of Summa's minimally invasive surgery faculty and become proficient in advanced laparoscopic, robotic and endoscopic techniques. Our graduating fellows have gone on to develop centers of excellence and have put their skills into practice in communities across the country.

This fellowship is now in its tenth year, having started in 2011. It is accredited by the MIS Fellowship Council for dual Minimally Invasive Surgery (MIS) and Bariatric Surgery. It is led by fellowship program director, Adrian G. Dan, M.D., FACS, FASMBS.

All five of the surgeons at Summa's Weight Management Institute are fellowship trained as

- · Adrian G. Dan, M.D., FACS, FASMBS: Cleveland Clinic Foundation
- John G. Zografakis, M.D., FACS, FASMBS: **Evanston Northwestern Healthcare**
- Mark Pozsgay, D.O., FASMBS: University of Pittsburgh Medical Center
- Tyler Bedford, M.D.: Summa Health
- Logan Mellert, D.O.: Summa Health

Our Fellows:



John Mitko, M.D. 2020 - 2021



Brian Mooers, M.D. 2021 - 2022

Chandrutie Latchman, D.O. 2011 - 2012

Andrew Standerwick, M.D.

2012 - 2013

Mark Nugui, D.O. 2013 - 2014

Greg Johnston, D.O 2014 - 2015

2015 - 2016

Tyler Bedford, M.D. 2016 - 2017

Chris Finley, D.O. 2017 - 2018

Kristine Makiewicz, M.D. 2018 - 2019

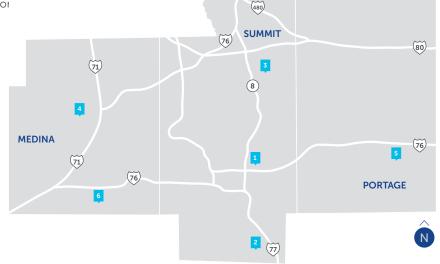
Logan Mellert, D.O. 2019 - 2020

Lindsey Berbiglia, D.O.

Locations

Summa Health System - Akron Campus Building 2, Richard M. and Yvonne Hamlin Pavilion 95 Arch St, Suites 175 and 260 Akron, OH 44304

- Summa Health Green Medical Center 1700 Boettler Rd, Suite 200 (Door 5) Uniontown, OH 44685
- Summa Health Hudson Medical Center 5655 Hudson Dr. Suite 200 Hudson, OH 44236
- Summa Health Medina Medical Center 3780 Medina Rd .Suite 105 (Door 3) Medina, OH 44256
 - Summa Health Rootstown Medical Center 4211 State Route 44, Suite 130 Rootstown, OH 44272
- Summa Health Wadsworth-Rittman Medical Center Founders Hall, Ground Floor (Door 4) 195 Wadsworth Rd Wadsworth, OH 44281



New offices in Wadsworth and Rootstown now open!



Scholarly Activities and Academic Accomplishments

Peer-Reviewed Publications

- Subichin M, Clanton J, Makuszewski M, Bohon A, Zografakis JG, Dan A*. Liver disease in the morbidly obese: a review of 1000 consecutive patients undergoing weight loss surgery.
 Surg Obes Relat Dis. 2015 Jan-Feb;11(1):137-41. doi: 10.1016/j. soard.2014.06.015. Epub 2014 Jul 3. PMID: 25701959.
- Dan AG. Obesity-The Epidemic Crisis of Our Time. Surg Clin North Am. 2016 Aug;96(4):xv-xvi. doi: 10.1016/j. suc.2016.06.001. PMID: 27473809.
- Berbiglia L, Zografakis JG, Dan AG*. Laparoscopic Roux-en-Y Gastric Bypass: Surgical Technique and Perioperative Care.
 Surg Clin North Am. 2016 Aug;96(4):773-94. doi: 10.1016/j. suc.2016.03.003. PMID: 27473801.
- Zografakis J*, Johnston G, Haas J, Berbiglia L, Bedford T, Spear J, Dan A, Pozsgay M. Urinary Bladder Matrix Reinforcement for Laparoscopic Hiatal Hernia Repair. JSLS. 2018 Apr-Jun;22(2):e2017.00060. doi: 10.4293/JSLS.2017.00060. PMID: 29861621; PMCID: PMC5958935.
- Al-Jumaily AM, Ashaat S, Martin B, Pohle-Krauza R, Krauza M*, Dan A, Zografakis J. A pilot study on the biomechanical assessment of obstructive sleep apnea pre and post bariatric surgery. Respir Physiol Neurobiol. 2018 Apr;250:1-6. doi: 10.1016/j.resp.2018.01.007. Epub 2018 Jan 12. PMID: 29339193.
- Mellert LT, Cheung ME, Zografakis JG, Dan AG*. Laparoscopic Inguinal Hernia Repair Using ProGrip Self-Fixating Mesh: Technical Learning Curve and Mid-Term Outcomes. Surg Technol Int. 2019 May 15;34:235-240. PMID: 30753740.
- Dan AG*. Comment on: Effect of the closure of mesenteric defects in laparoscopic Roux-en-Y gastric bypass: a prospective study. Surg Obes Relat Dis. 2019 Nov;15(11):1907-1909. doi: 10.1016/j.soard.2019.09.067. Epub 2019 Sep 20. PMID: 31624045.
- Smith BM, Dan AG*. Operative Technique for Laparoscopic Placement of Continuous Ambulatory Peritoneal Dialysis Catheter. J Laparoendosc Adv Surg Tech A. 2020 Jul;30(7):815-819. doi: 10.1089/lap.2019.0750. Epub 2020 Feb 19. PMID: 32074477.
- Smith BM, Reilly K, Baker E, Deeken A, Dan AG*. A case report of mantle cell lymphoma presenting as intussuscepting colon mass. Int J Surg Case Rep. 2020;69:28-31. doi: 10.1016/j. ijscr.2020.03.022. Epub 2020 Mar 28. PMID: 32248013; PMCID: PMC7132049.
- Makiewicz K, Berbiglia L, Douglas D, Bohon A, Zografakis J, Dan A*. Prevalence of Upper Gastrointestinal Pathology in Patients with Obesity on Preoperative Endoscopy. JSLS. 2020 Apr-Jun;24(2):e2020.00021. doi: 10.4293/JSLS.2020.00021. PMID: 32612344; PMCID: PMC7316525.

- Mellert LT, Cheung M, Berbiglia L, Shoemaker A, Douglas D, Pozsgay M, Zografakis J, Dan A*. Reoperations for Long-Term Complications Following Laparoscopic Adjustable Gastric Banding: Analysis of Incidence and Causality. Cureus. 2020 May 14;12(5):e8127. doi: 10.7759/cureus.8127. PMID: 32550047; PMCID: PMC7294902.
- Dan AG*, Fondran JC. Comment on: Colectomy for patients with super obesity: current practice and surgical morbidity in the United States. Surg Obes Relat Dis. 2020 Nov;16(11):1770-1771. doi: 10.1016/j.soard.2020.07.018. Epub 2020 Aug 1. PMID: 32863165.
- Dan AG*. Comment on: High acquisition rate and internal validity in the Scandinavian Obesity Surgery Registry (SOReg).
 Surg Obes Relat Dis. 2020 Nov 28:S1550-7289(20)30686-9.
 doi: 10.1016/j.soard.2020.11.025. Epub ahead of print. PMID: 33376054.
- Lu Y, Juo YY, Martin MJ, Dan AG, Banerjee A, Jones DB, Dakin GF, Jain-Spangler K, Chen Y*. Analysis of Early Job Market Experiences and Perceptions Among Bariatric Surgery Fellowship Graduates and Bariatric Surgery Program Directors. Obes Surg. 2021 Jan 6:1–11. doi: 10.1007/s11695-020-05150-7.
 Epub ahead of print. PMID: 33405180; PMCID: PMC7786144.
- Smith B, Mirhaidari S, Shoemaker A, Douglas D, Dan AG.
 Outcomes of Laparoscopic Peritoneal Dialysis Catheter
 Placement Using an Optimal Placement Technique. JSLS. 2021
 Jan-Mar;25(1):e2020.00115. doi: 10.4293/JSLS.2020.00115.
 PMID: 33879992; PMCID: PMC8035820.
- Dan AG, Mellert LT. Comment on: The role of citrulline, intestinal-fatty acid binding protein and D-dimer as potential biomarkers in the diagnosis of internal herniation after Rouxen-Y gastric bypass. Surg Obes Relat Dis. 2021 Jun 30:S1550-7289(21)00313-0. doi: 10.1016/j.soard.2021.06.016. Epub ahead of print. PMID: 34301499.
- Dan AG*. Comment on: The association between bariatric surgery and cataract: a propensity-score-matched cohort study. Surg Obes Relat Dis. 2021 Dec 16: S1550-7289(21)00593-1. doi: 10.1016/j.soard.2021.12.013. Epub ahead of print. PMID: 35016839.
- Francis A, Mellert L, Rarekh N, Pozsgay M, Dan AG*. Robotic Adrenalectomy: A 10-year Clinical Experience at a Tertiary Medical Center. JSLS. 2022 Apr-Jun;25 (In Press)
- Smith B, Mellert L, Shoemaker A, Dan AG*. Glucagon More than a GI hormone for Sleeve Gastrectomy. Bariatric Times. 2022 19 (3).

Textbook Chapters

- Dan A*, Lynch R. The History of Bariatric and Metabolic Surgery
 Minimally Invasive Bariatric Surgery 2nd Edition (2015). Editors:
 Brethauer S, Schauer P, Shirmer B.
- Lynch R., Pasini D., Dan A*. Post-operative Pathways in Minimally Invasive Bariatric Surgery - Minimally Invasive Bariatric Surgery 2nd Edition (2015). Editors: Brethauer S, Schauer P. Shirmer B.
- Berbiglia L, Zografakis J, Dan A*. Laparoscopic Roux-en-Y Gastric Bypass – Surgical Technique and Perioperative Care. The Surgical Clinics of North America (2016). Editors: Dan A, Martin R.

Invited Lectures At National Meetings

- Adrian Dan MD My Fellow Needs a Job Their Responsibility or Mine? - Fellowship Council - 1st FC Program Director's Summit, Virtual, November 7, 2020.
- Adrian Dan MD
- The Objective of Robotic Competency in Bariatric Surgery Fellowship Training
- o Indications for Surgery for Treatment of Obesity and DM2
- o High-Yield Pearls in Bariatric Surgery
- o Interesting Case Discussion Weight Regain Course American Society for Metabolic and Bariatric Surgery – Re-United Meeting, Las Vegas, NV, January 20, 2022.

Published Abstracts

- Finley C, Dan A, Bohon A, Haas J, Zografakis J, Pozsgay M. Internal hernia rates in gastric bypass using absorbable versus non-absorbable suture for mesenteric closure. Surgery for Obesity and Related Diseases 14 (2018), S132.
- Smith B, Pasini D, Norvaisa B, Bedford T, Pozsgay M, Zografakis J, Dan A. Selective Upper Gastrointestinal (UGI) Contrast Imaging after Laparoscopic Roux-en-Y Gastric Bypass (LRYGB). Surgery for Obesity and Related Diseases 15 (2019), S152.

National Presentations

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