



Surgical Weight Loss Centre

Surgical Weight Loss Centre (SWLC) specializes in the medical treatment of obese and overweight individuals with surgical and non-surgical procedures including the **Lap-Band (Laparoscopic Adjustable Gastric Band) and Gastric Balloon Programs**. Both are proven, safe, and effective to help people achieve significant, sustainable weight loss with fewer side effects and complications than other weight-loss surgical procedures.

Patient consultations are available at no charge with a surgeon in downtown Toronto, Vancouver, Calgary, and Mississauga, or by phone for long distance patients. Patients are always assessed by one of our surgeons to determine if they are a candidate for one of our programs.

SWLC uses the Allergan Lap-Band® System because **international studies** show it has the **highest safety and efficacy rating** and is the only gastric band approved by Health Canada as a treatment for Type 2 Diabetes. Over **750,000** have been implanted world-wide.

Established in 2005, SWLC has helped **over 3,000 patients** and treats hundreds of new ones each year at the Mississauga and Vancouver clinic. Surgery is performed by one of our four surgeons - in the Mississauga clinic by Dr. Chris Cobourn and Dr. David Mumford and in the Vancouver clinic by Dr Philip Mitchell and Dr. Emile Woo.

In order to maximize long-term success, SWLC provides access to our clinical nurse specialists including Canada's first Clinical Bariatric Nurses (CBN), nurses, registered dietitian and a wellness coach. Another unique feature of the SWLC programs is that the patient will have **24/7 access to Speak with a SWLC Surgeon for advice regarding medical concerns.**

Lap-Band adjustments are available at the above locations at no charge for a period of five years. We have trained doctors and nurses (affiliates) who can do the adjustments with direction from the SWLC nursing staff. Some of the affiliates may charge a fee for band adjustments. If you or your nursing staff are interested in becoming an affiliate, please contact us and training can be arranged.

SWLC surgeons have created an **educational series of videos** about the Lap-Band Program and how patients will be supported on their weight loss journey. They were designed to answer the most commonly asked questions about the program.

We have a healthcare professional section on our website www.swlc.ca/hcp that might be of particular interest to you with information on the following topics:

- ✓ Conversation counseling for obese patients
- ✓ Lap-Band and Gastric Balloon programs
- ✓ Resolution of co-morbidities
- ✓ Links to co-morbidity resources
- ✓ Upcoming professional conferences pertaining to obesity



The following is an abstract from **Surgical Weight Loss Centre's** paper published in *Obesity Surgery* in April 2010

Laparoscopic Gastric Banding Is Safe in Outpatient Surgical Centers

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OBES SURG

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ABSTRACT

Background Due to constraints on resources and capacity, as well as advances in surgical technique and care, there has been progressive change toward converting surgical procedures to the outpatient setting when feasible. This study was designed to investigate the safety of laparoscopic adjustable gastric banding (LAGB) as an outpatient procedure for morbid obesity in Canada.

Methods This retrospective analysis included consecutive patients who underwent outpatient LAGB at the Surgical Weight Loss Centre in Ontario, Canada, beginning with our initial experience in February 2005 and continuing to July 2009. Eligible patients were morbidly obese adults whose outpatient clinic surgery had been performed by one of two experienced surgeons.

Results A total of 1,641 patients were included in this analysis. The average pre-surgical body mass index was 46.7 kg/m² (range 35.0 to 79 kg/m²). Fifteen patients (0.91%) experienced minor complications during surgery or within 30 days of surgery (dysphagia, *n*=5; wound infection, *n*=3; port infection, *n*=2; all other complications occurred in one patient each). Four patients required transfer to hospital from the clinic on the day of surgery, and three were admitted. None of the complications were serious and all were resolved. The device was explanted in two patients. The average time from sedation to discharge was <4 hours (h).

Conclusions The ability to treat patients within 4 h and the extremely low complication rates reported here contribute to a growing literature supporting the safe performance of LAGB in an outpatient setting for the treatment of morbid obesity.

To obtain a full reprint of this paper please contact Surgical Weight Loss Centre at info@swlc.ca or 1.888.278.7952 (905.278.8000)