

Why Surgery?

Indications for surgery

- BMI > 40 or 100lbs or more over their ideal body weight
- BMI of 35-40 with high-risk co-morbidities
- BMI of 30-35 with high-risk co-morbidities – newest indication but not accepted by all insurances
- Documented failure with medical or conventional weight loss programs
- No uncontrolled endocrine cause of obesity
- Absence of substance abuse
- No uncontrolled psychological condition
- Educated about the surgery and the risks of planned surgery
- Willing to be dedicated to a complete lifestyle change
- Commits to a lifetime of follow-up
- Has a support system in place
- Is an acceptable operative risk

New Weight Loss Surgery Options Close to Home



Hours of Service

Business office hours:

Monday - Thursday, 8:00 a.m. - 5:00 p.m.

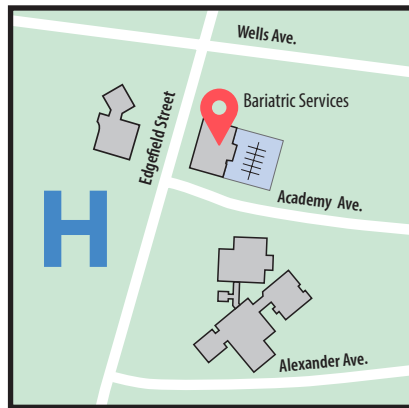
Friday, 8:00 a.m. - 2:00 p.m.

Contact Us

For more information regarding a referral or to make an appointment, please call (864) 725-4911.

Location

Bariatric Services is conveniently located at 160 Academy Avenue, Greenwood, South Carolina.



SELF REGIONAL
HEALTHCARE

BARIATRIC SERVICES

160 Academy Avenue, Greenwood, S.C. 29646

Office: (864) 725-4911

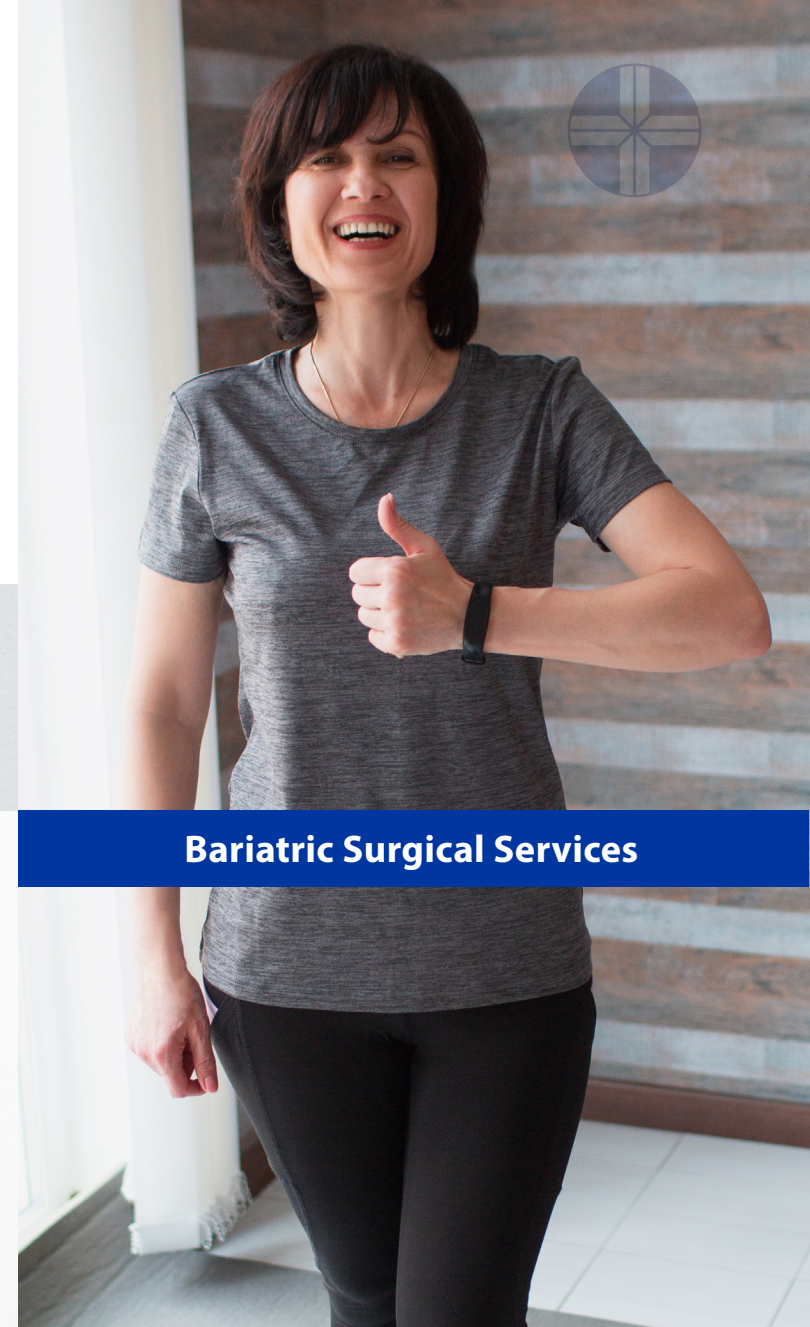
Fax: (864) 223-4026

selfregional.org

QSF-MKT-SMG-0000, Revision level 0, 09/17/2024, Current

SELF REGIONAL
HEALTHCARE

BARIATRIC SERVICES



Bariatric Surgical Services

Meet Your Surgeon

Dr. Santosh Swaminathan is a board-certified, fellowship-trained bariatric surgeon specializing in minimally invasive and robotic techniques. He graduated from JIPMER, one of the top 5 medical schools in India, and completed his general surgery residency at Saint Mary's Hospital in Waterbury, CT, along with a research fellowship at the University of Connecticut in Farmington, CT. Dr. Swaminathan further honed his expertise with a fellowship in minimally invasive bariatric surgery at Jefferson Health Abington, PA.

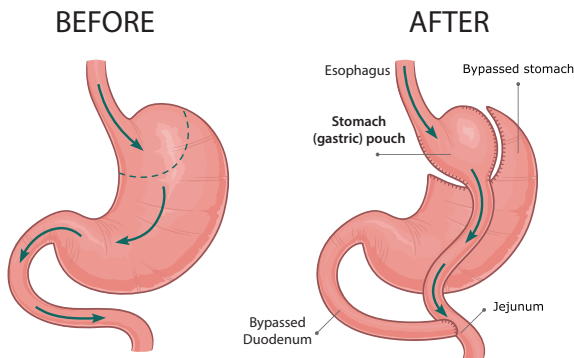


He offers comprehensive weight management services, including laparoscopic and robotic-assisted metabolic and bariatric procedures. Dr. Swaminathan also provides care for patients with a history of bariatric surgery, offering revisional surgery when needed.

Which Surgery Seems Right for You?

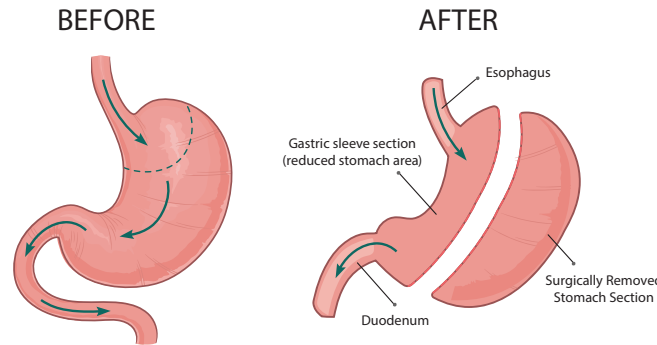
Gastric Bypass Surgery: Roux-en-Y (RYGB)

The Roux-en-Y Gastric Bypass (RYGB) involves reducing the size of the stomach by dividing and stapling it to create a small pouch, approximately the size of an egg. A section of the small intestine is then connected to this new, smaller stomach, allowing food to bypass a portion of the digestive tract. This smaller stomach pouch helps you feel full and satisfied after consuming only a small amount of food. The procedure bypasses roughly one-third of the intestinal tract, leaving the remaining two-thirds to absorb nutrients. This process, known as malabsorption, aids in significant weight loss and helps with long-term weight maintenance.



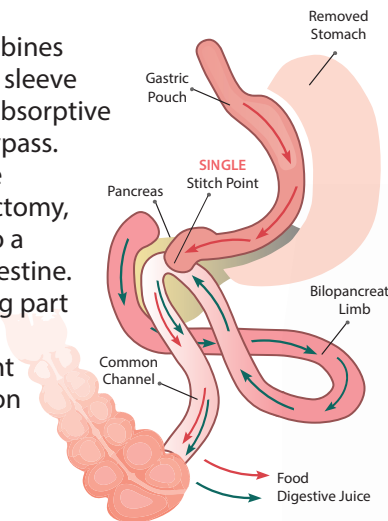
Vertical Sleeve Gastrectomy: "The Sleeve"

Vertical Sleeve Gastrectomy, commonly known as "The Sleeve," involves removing approximately 70-80% of the stomach by stapling and reshaping it into a smaller, sleeve-like form. This new stomach allows food to pass through while significantly reducing its capacity. The portion of the stomach that is removed contains the hormone ghrelin, which is responsible for signaling hunger to the brain, resulting in patients often experiencing reduced appetite. This procedure is irreversible, providing restriction without causing malabsorption.



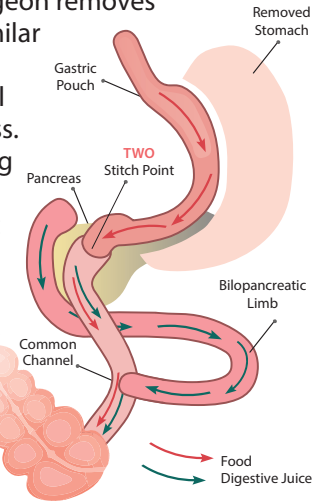
Single Anastomosis Duodeno-Ileal Bypass with Sleeve (SADI-S)

The SADI-S procedure combines the benefits of a restrictive sleeve gastrectomy with the malabsorptive effects of the Roux-en-Y bypass. This surgery starts with the creation of a sleeve gastrectomy, which is then connected to a single loop of the small intestine. By rerouting and bypassing part of the intestine, the SADI-S procedure enhances weight loss through both restriction and malabsorption.



Duodenal Switch: "DS"

The Duodenal Switch (DS) is a procedure similar to the SADI, starting with a sleeve gastrectomy. In this surgery, the duodenum is cut and reconnected further down the small intestine to create a bypass. Unlike the SADI, the DS involves two points of intestinal reconnection, making it a longer and more complex operation with increased risks. During the procedure, the surgeon removes about 80% of the stomach, similar to the gastric sleeve. It also bypasses a portion of the small intestine, like the gastric bypass. However, instead of connecting the small stomach directly to the small intestine as in gastric bypass, the DS connects the stomach to the duodenum, the first section of the small intestine.



Revision Surgery:

Our surgeon also offers revision surgeries for patients experiencing complications from previous bariatric procedures. However, not all patients qualify for revision surgery, and coverage varies depending on the insurance provider. This procedure requires a thorough discussion with your surgeon and is evaluated on a case-by-case basis.

To Get Started, Schedule Your Intake Appointment Today.

