



NEW LEAF - NEW LIFE

weight loss surgery



Here at New Leaf our main objective is to support you all the way through your weight loss surgery journey from your very first contact with us, your pre-operative needs, your time in hospital and your weight loss journey after surgery.

We are a company that specialises exclusively in weight loss concentrating on a combination of surgical interventions with a unique programme of support for all clients in the form of nutritional advice, emotional eating and psychological advice and advice on appropriate exercises for post bariatric patients.



THANK YOU FOR REACHING OUT TO US

Please allow me to explain how New Leaf Weight Loss Solutions can help you reach your weight loss goals and why you should choose us as your Bariatric surgery provider.

I am the Managing Director of New Leaf and also a successful Dr Hruby patient, having travelled to Turnov in May 2013 for a sleeve gastrectomy. I am not only Patient Care Manager but also a very successful Eating Psychology Coach specialising in working with post weight loss surgery clients to help with head hunger, emotional eating and craving control and offer services to New Leaf Clients as a priority at reduced prices. I have successfully lost over 9 stone since my surgery and am currently maintaining a healthy BMI and a dress size 14. My only regret is not having had the surgery 10 years earlier as I now feel 10 years younger! (see my story later in the brochure)

“My only regret is not having surgery earlier”

I run the website, email clients, liaise with the Doctor and offer advice where I can. I offer you a helping hand to aid you in your choice of procedure, surgeon and destination.

Although I have some training in eating disorders, nutrition and weight loss psychology I am not medically trained in bariatrics and any posts/suggestions I make are purely my own opinion, albeit with considerable experience in patient care from weight loss surgery procedures and post-operative support.

There is also the support of the Facebook forum where you can ask questions for others who have had the surgery with our surgeons before you.

We have an ethos of transparency at New Leaf and allow our clients to share their experiences with others so that you are entirely aware of what to expect and we fully believe in not pressuring people into surgery or relate decisions, we merely advise and allow people to make their own decisions in their own time.

“I NO LONGER LIVE TO EAT, I EAT TO LIVE. LIFE IS FANTASTIC!” - Amanda

Other members of staff include ex patients who work as administrators on our Facebook forum and client co-ordinators to help support you before, during and after your hospital stay. All of our staff are here to support you every step of the way and uniquely to New Leaf they have all had surgery with one of our surgeons so understand what it feels like to suffer with obesity and have travelled down the path you are about to travel. They have had surgery at the hospital itself, know the surgeons and staff personally and have been successful in their weight loss efforts, either currently at goal and maintaining or are currently in the weight loss stage of their journeys.

Here at New Leaf we can offer not only safe and affordable bariatric surgery with some of the best surgeons in Europe; but also after care support that is second to none in this area. We are completely passionate about helping other patients to achieve their weight loss and body image goals and because we have experienced the surgery ourselves we believe that we can empathise with you and guarantee to support you every step of the way.

Warmest wishes

Amanda Duggan

New Leaf Weight Loss Solutions





TURN OVER A NEW LEAF AND
CHOOSE NEW LEAF TO SUPPORT
YOU THROUGH YOUR WEIGHT
LOSS SURGERY JOURNEY AND
BEYOND

www.newleafwls.co.uk
Phone: 07551958653
Email: info@newleafwls.co.uk

WEIGHT LOSS SURGICAL PROCEDURES

Bariatric surgery (weight loss surgery) includes a variety of procedures performed on people who have obesity. When undertaken alongside following the dietary and lifestyle guidelines it is currently seen as the most successful way to control obesity in the modern world.

The following procedures are undertaken by our surgeons at New Leaf, please take a look at each of them and decide which is the most suitable for you. If you wish for some guidance in choosing the correct procedure do not hesitate to contact our staff who are very happy to help you.



GASTRIC PPLICATION OR WRAP

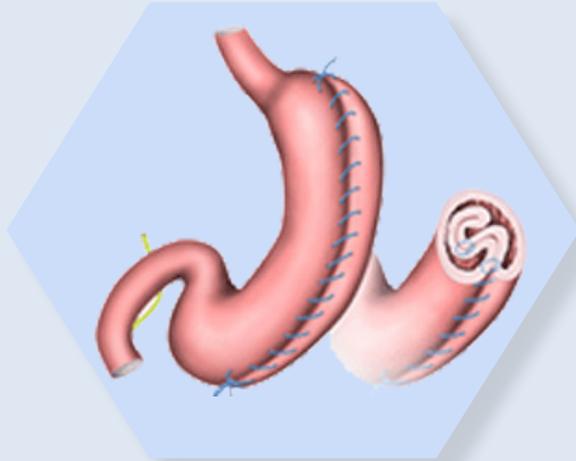
Laparoscopic folding the stomach in on itself twice and stitching

This method is one of the newest. This operation has been more popular since about 2010. The essence of the surgery is restriction, a mere prevention from eating larger volumes of food. The method of gastric plication {LGCP - Laparoscopic Greater Curvature Plication} is achieved by stitching the stomach wall together and then tucking the wall of the stomach in on itself. This has the result of the interior of the stomach wall filling its own space therefore space for food is greatly reduced. It does not involve cutting the stomach, and it is arguably reversible.

There is no foreign body to implant like the band, and recovery is quick. The results of this procedure are still viewed with caution, pending a larger number of post-op patients and a longer history of the operation, but there are now post 3 year reports which show it to be a safe procedure with better results than the band. Short-term results are encouraging and the operation sits well between gastric banding and sleeve gastrectomy with a 45% - 50% average excess weight loss. Given the above, however, this procedure is still regarded as clinically untested and needs close monitoring.

3200
Euros





SUITABLE FOR

The gastric plication is most suitable for patients with a BMI of less than 40, although many patients with higher BMI's have been very successful with this procedure.

The stomach is folded and therefore still remains intact, this means that more care must be taken to stick to the guidelines of no more than 100g portions to ensure that the stomach does not stretch and the restriction is maintained.

It is most suitable for:

- BMI under 40
- Patients who can successfully follow dietary guidelines, but struggle to maintain their loss
- Patients who feel they do not want to have part of their stomach removed or re-routed
- Patients who do not have a particularly sweet tooth
- Patients who can cope with feeling hunger
- Patients with financial restrictions
- As a better alternative to the band

VERTICAL SLEEVE RESECTION OF THE STOMACH

Laparoscopic surgical narrowing of the stomach.

This procedure is now the number one Bariatric procedure in the world, with an average EWL of 60 - 70%.

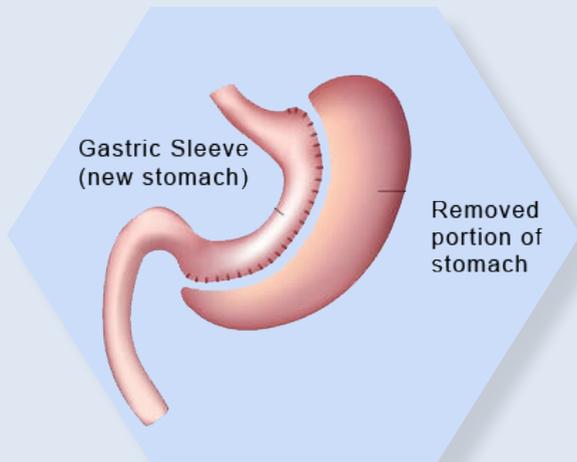
Other names for this operation are vertical sleeve gastrectomy (VSG) or gastric sleeve resection of the stomach. It originated as part of another surgical procedure, called a biliopancreatic diversion with duodenal switch, where the sleeve resection was performed first as part of this procedure. Gradually it became clear that, for a number of clients, this first procedure was in itself sufficient, and so this procedure has been launched independently. This procedure was finally adopted in 2008 and has been recognized as a fully-fledged operation. It consists of the complete longitudinal division of the stomach line beginning about 5 cm from the pylorus and proceeding to the Angle of His, then the separated part of the resected stomach is removed.

It is a restrictive operation, preventing the stomach from receiving large portions of food. The removal of gastric fundus

reduces levels of the hormone ghrelin, which is released precisely in this area. This hormone is responsible for hunger and following the surgery, clients consistently indicate significantly lower feelings of hunger, which positively affects food intake. This favourable metabolic effect is probably also involved in changes in the duodenal secretion of hormones, especially GLP- 1, having a positive effect on insulin resistance.

Price includes all pre-operative examinations (blood tests, gastroscopy, ECG, spirometry, chest x ray), post-operative leak test where required, meals and drinks, medications in hospital and to come home with, and up to 6 days of hospital care.

4500
Euros



SUITABLE FOR

The cost of higher efficiency is higher morbidity. In this type of operation, complications are described as early and late. Early complications include bleeding/leakage from the resection margin and late complications include leakage with fistula or abscess formation requiring reoperation and long-term treatment. From a surgical point of view, these complications are kept to a minimum by using a modern endo-stapler (Ethicon), with three rows of staples. Most surgeons construct along the established 36Fr bougie. It must be emphasized that this operation is irreversible.

It is most suitable for:

- A BMI of 35 and above with a comorbidity
- A BMI of 40 and above without a comorbidity
- Are comfortable with a permanent procedure which removes part of the stomach
- Struggle with eating large portions of food
- Prefer sugary foods (many patients suffer from dumping syndrome which can be a deterrent)
- Would like the added benefit of reduction of hunger due to removal of fundus gland
- Are more likely to 'push' on sizes of meals as stomach has less chance of dilation
- Have struggled to stick to dietary regimes in the past

ROUX EN Y (RNY) GASTRIC BYPASS

This is both a restrictive and a malabsorptive procedure which produces the greatest metabolic effects but also has the potential of having more long term complications in the form of nutritional deficiencies. The success of this method is on average 65 - 70% EWL.

This procedure has very good results in reducing comorbidities such as diabetes mellitus, leading to an increasing preference for this method where speedy resolution to comorbidities is required. Complete disappearance or significant improvement in diabetes type 2 is observed in up to 85%!

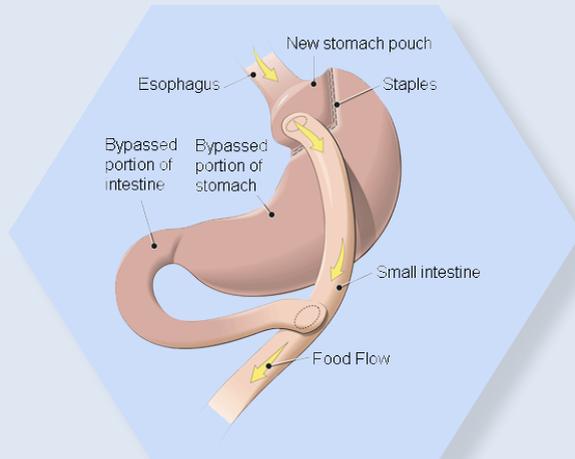
In essence, the operation consists of the separation of a small part of the stomach cardia (volume of about 20-50 ml) and then connection to the small intestine in the form of a Roux en Y (The Roux en Y construction includes two limbs (in a "Y" formation). One limb or loop is the one food and other oral intakes flow through; the other is for bile and other drainage. The surgery is defined as mixed; restrictive and mal-absorptive. If the loop is short (proximal) (up to about 75 cm), the mal-absorptive

effect is less, causing less long term problems, which is preferred. A "long-limb" (distal) option is available, where the alimentary loop reaches 150 cm or more, causes more malabsorption, but has more associated problems.

Price includes all pre-operative examinations (blood tests, gastroscopy, ECG, spirometry, chest x ray), post-operative leak test where required, meals and drinks, medications in hospital and to come home with, and up to 6 days of hospital care.

Complications can occur, obviously related to construction of the bypass, like the gastric sleeve, complications are mainly hemorrhaging staple lines and leakage in the staple lines. Other late complications that we can identify are gastric fistulas, ulcers at the connection of the small stomach to the small intestine, or narrowing of the connection.

5280
Euros



The malabsorption component of this operation can increase the efficiency of the surgery when compared with purely restrictive operations but brings side effects in the form of deficiency of certain micronutrients such as iron, vitamin B 12, vitamin D and others.

In the postoperative period is therefore necessary to constantly monitor these nutrients and substitute with vitamin tablets.

SUITABLE FOR

This procedure is better for patients with a larger BMI or patients that suffer from severe acid reflux, due to the possibility of severe malabsorption of vitamins over the long term.

- A higher BMI (over 40)
- A very sweet tooth (dumping syndrome is common which can be a very big deterrent)
- Patients that suffer from acid reflux
- Patients with Diabetes type II. Evidence shows that 81% of type II diabetics get remission with this procedure (although the sleeve is said to be almost as effective)

MINI GASTRIC BYPASS (MGB)

Mini gastric bypass surgery (MGB) is a laparoscopic weight loss surgery that theoretically can be revised. It is very similar to the traditional RNY bypass but only has one connection (single anastomosis) to the small intestine. Compared to gastric sleeve surgery and RNY, the MGB procedure is less invasive and requires less time for surgery and recovery.

Instead of a small pouch like with the gastric bypass, the mini gastric bypass surgery procedure creates a narrow tube-like pouch that holds approximately 1-2 ounces, restricting the amount of food that can be taken in at one time. The small intestine is then attached or looped to the new pouch approximately six to seven feet from its starting point. This placement bypasses the part of the intestines that allows for less nutrients, calories, and fats to be absorbed by the body, causing weight loss.

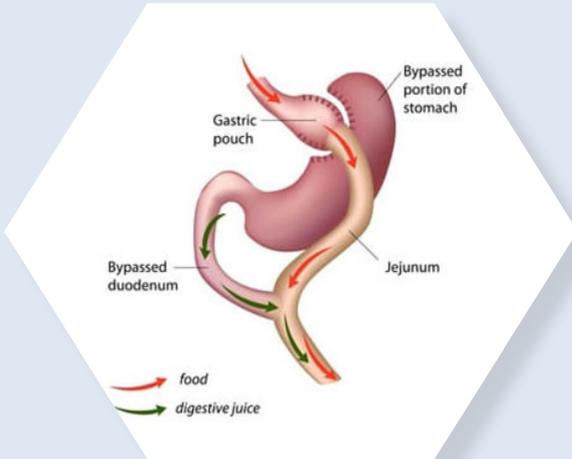
MGB is a mal-absorptive and restrictive procedure. Because you will eat less and absorb fewer calories, you will lose weight. Following surgery, and for the remainder of your life, it is important to take a bariatric multivitamin,

calcium, vitamin B12, and iron (for women of menstruating age). With MGB, patients who employ proper nutrition, diet, and exercise can expect to lose up to 60 - 65% of their excess weight. They are also more likely to experience an overall well being and reduction of many co-morbidities associated with a person suffering from obesity.

Because this is a laparoscopic procedure, and no large incision is needed to perform mini gastric bypass surgery, there is a lower risk of large surgical scars or hernia. This procedure has a shorter operating time and less post-op complications reported.

Recent studies have shown that patients can expect to lose similarly to the traditional bypass, up to 60 - 65% of their excess weight by the end of the first year, and slightly more by the third year post-op.

5110
Euros



DO YOU QUALIFY FOR SURGERY? - INDICATIONS FOR BARIATRIC PROCEDURES (EUROPEAN GUIDELINES FOR BARIATRIC SURGERY)

BMI 40 +, All patients with a BMI of 40 or above would be approved for surgery unless they have a contra-indication against bariatric surgery.
BMI 35 – 40

Patients with complications, which can be expected to improve after weight loss induced by surgery (ie metabolic disorders, cardio-respiratory disease, severe joint disease, severe psychological problems linked with obesity) See section on co-morbidities for further details. BMI 30 +. Only considered in patients with Type II diabetes. Set point BMI can be documented as current or former

Consideration will be given to clients who previously had a BMI of 40+ but who have lost weight, or those who cannot sustain a lower weight (proof from medical professional will be needed)

COMORBIDITIES

Comorbidities are medical conditions that exist in addition to obesity and are often a result of being overweight. Comorbidities are a factor in determining a patient's eligibility for bariatric surgery; Metabolic disorders (eg type 2 diabetes, high cholesterol/dyslipidemia, high blood pressure), obstructive sleep apnoea, cardio-respiratory disease, venous stasis disease, degenerative joint disease/osteo-arthritis, gall bladder disease, asthma, urinary stress incontinence, anaemia, severe psychological problems linked with obesity, reproductive/fertility problems, polycystic ovary syndrome/menstrual irregularity.

Comorbidities are medical conditions that exist in addition to obesity and are often a result of being overweight. They are a factor in determining a patient's eligibility for bariatric surgery. If you have a BMI lower than 40 you may be considered for surgery if you have one or more of the following (and can get medical proof of the condition):-

- Metabolic disorders (eg type 2 diabetes, high cholesterol/dyslipidemia, high blood pressure)
- Obstructive sleep apnoea
- Degenerative joint disease/osteo-arthritis
- Urinary stress incontinence
- Severe psychological problems linked with obesity (with report from psychologist or GP),
- Reproductive/fertility problems
- Polycystic ovary syndrome

If your weight has previously been higher this will also be taken into consideration when deciding your eligibility for weight loss surgery (we may need proof of this from your GP), so please inform us of this.

CONTRAINDICATIONS

Indications for bariatric surgery after 60 years of age should be considered individually. There is no upper age limit for surgery, but these patients must be accompanied by a favourable balance of risks and benefits. The aim of surgery in the older patient is to increase the quality of life.

Patients with a BMI of 60 or more must be considered on an individual basis.

Specific contraindications to bariatric surgery

- Under 18's
- Patients with Chron's disease.
- Patients with a history of previous open stomach surgery (Patients with a history of upper abdominal surgery should be individually discussed).
- Uncompensated psychotic disorders, severe depression and personality disorders, or if the treatment is not recommended by a psychiatrist with experience in obesity.
- Misuse of alcohol or drug addiction.
- Diseases in the foreseeable future which are life-threatening.
- Inability to self-care without long-term family or social support that would ensure care.
- Gastric or duodenal ulcers
- Unstable diabetes
- Existing or pre-condition of Anorexia Nervosa and Bulimia Nervosa without a referral from a psychologist.

NEW LEAF SUPPORT AND AFTERCARE

SUPPORT TEAM

Unlimited access to your own specialist weight-loss support team which includes your bariatric surgeon, past patient client co-ordinators, nurses and other professionals

PERSONAL CO-ORDINATOR

Personal client co-ordinator who will be there for you to contact throughout your journey and will help you with your pre and post surgery diet, be in touch whilst you are at the hospital and answer any of your specific concerns

EATING DISORDER THERAPIST

Amanda trained at the National Centre for Eating Disorders in London and can therefore help with any questions and concerns that you may have about your relationship with food and emotions

SPECIALIST NURSES

Scott is a fully qualified SEN and is available to help you with any medical issues that you may have along your journey

NUTRITIONAL PLAN

Personalised nutritional plan - access to our dietician who can help you with a personalised dietary plan tailored to your exact requirements *

WEIGHT LOSS COACHING

Bariatric weight loss coaching - personalised weight loss coaching to help you stay on track and change your relationship with food

LIFETIME ADVICE & SUPPORT

Lifetime advice and support to help with weight loss and to also help maintain weight loss achieved via e-mail, telephone and SMS

FACEBOOK GROUP

Active Facebook group with over 1200 members who can answer all of your questions and help and guide you through the process

View our videos and support online: <http://newleafwls.co.uk/resources>

* Additional charge - please enquire for details

NEW LEAF SUPPORT AND AFTERCARE



EMERGENCY 24/7 HELPLINE

New Leaf provide an Emergency 24/7 telephone helpline



PERSONAL TRAINER

Personal virtual trainer to help you back to fitness*



CHAUFFEUR

Chauffeur Transport for Surgery *

View our videos and support online: <http://newleafwls.co.uk/resources>

* Additional charge - please enquire for details

STAFF

Dr Martin Hruby

Dr Martin Hruby is a highly regarded Bariatric Surgeon in both the Czech Republic and Internationally. He graduated from the Charles University Prague in 1987 and has since gone on to become a Senior Consultant in general surgery and the Chief of Staff at Panochova Hospital in Turnov specialising in endoscopic and laparoscopic surgery.



Dr Hruby specializes in Gastric Sleeve surgery and this is his preferred type of procedure.

He has been a bariatric surgeon since 2003, and has since become the Chief of the Bariatric group and now trains other surgeons in Bariatric procedures.

He has an excellent reputation as a top class Bariatric surgeon with a very low sleeve gastrectomy leak rate of 0.6% from approximately 1300 procedures.

Graduated from Charles University Prague, Faculty of General Medicine, 1987

1990 - Postgraduate Diploma

1995 - Attestation II. degree

Senior consultant in general surgery since 1995, Sub-specializations; minimally invasive and endoscopic treatment, gastroscopy, colonoscopy, laparoscopy

Chief of staff since 1998

Bariatric Surgeon since 2003

Member of: IFSO - International Federation for the Surgery of Obesity

EAES - European Association for Endoscopic Surgery

Studied at: University of Tübingen, Germany, Centre for Minimally Invasive Surgery

University of North Carolina USA

Hospital Hallein, Austria, Centre for Bariatric Surgery

Moabit Hospital, Berlin

Dr Hruby's experience/complications until the end of March 2018: Total bariatric procedures; 1560

Sleeve resection: – total number 1300, average %EWL over 5 years; 72% ;complications: bleeding 13, late leak (fistula) 10 stenosis of the sleeve 1 (susp.) , pneumothorax 1, ARDS 1, brain stroke 1

Plication – total number 220+, %EWL low number for statistic, complications: leak 1, too tight wrap with necessity of re-do to release 1, bleeding gastric ulcer 1

Gastric bypass: – total number 41, %EWL low number for statistic, complications: malnutrition after omega loopn bypass with necessary re-do surgery 1, anastomotic ulcer 3

Other complications in British clients;

It was not a surgical complication but very rare anesthesiology complication – pneumothorax and subcutaneous emphysema. This complication needed several days of breathing support, the problem was treated within one week and the patient returned home. Treatment was included in the original price (no extras).

STAFF

Dr Lal Mohan



See Dr Lal Mohan here: <http://newleafwls.co.uk/the-hospital>

STAFF

MUDR. MICHAL CIERNY CSC PHD



Dr Cierny is one of the most experienced surgeons specializing in laparoscopic and minimally invasive surgery, bariatric surgery, especially (or “surgical treatment of obesity”, “metabolic surgery”). With more than 1500 procedures performed, he is truly one of the most experienced surgeons in this field in the country.

Dr Cierny specializes in RNY bypass and MGB and MGB is his preferred procedure.

EDUCATION:

1978 - 1984

Faculty of Medicine, Comenius University, Bratislava, general medicine

1987
exam

Language school in Bratislava - general language in English

1988

Surgical attestation I.

1993

Surgical attestation II. – final specialisation in general surgery

1997

Candidate of Sciences - CSc, corresponding to title, in Bratislava

PhD

EMPLOYMENT:

IX.1984 - VII.1993

Dérer Hospital, Kramáre - Bratislava, Surgical Clinic at Postgraduate Medical University Institute
Trauma Hospital in Brno, Ponávka 6, Brno 662 50

VIII. 1993 - V.2007

VI. 2007 - X.2009

Head of „BMI Surgery Ltd“, Viniční 235, Brno 615 00

XI.2009 – now

Hospital Břeclav, U nemocnice 1, Břeclav 690 74

MINIMAL INVASIVE SURGERY TRAINING:

- I.-III. 1992 Israel, Asaf Harofeh Medical Center, Tel Aviv -
Laparoscopic Cholecystectomy
- VII. - VIII. 1992 USA - Cleveland Clinic, Ohio - Colorectal Surgery (Dr.
Victor Fazio)
- VIII.- IX. 1992 USA - Johns Hopkins University, Baltimore, Maryland -
Pancreatobiliary and Laparoscopic Surgery (Dr. J Cameron)
- IX. 1996 Singapore, Center of Miniinvasive Surgery, University of
Singapore - Laparoscopic Surgery (Prof. Peter Goh)

BARIATRIC SURGERY WORKSHOPS:

Laparoscopic gastric band (2001 - Prague,CZ, 2003 - Hamburg, Germany,
2003 - Linz, Austria, 2005 - Jablonec n.Nisou, CZ), Laparoscopic Roux Y
gastric bypass (2005 – Prague, CZ, 2006 - Antwerpen, Belgium, 2007
– Brno, CZ, 2008 - Ostrava,CZ, 2010 - Kaunas Lithuania), Laparoscopic
sleeve gastrectomy (2007, Brno, CZ), Laparoscopic gastric plication (2010
– Prague, CZ), Laparoscopic mini-gastric bypass / One anastomosis gastric
bypass (2011 – Břeclav,CZ, 2017– AKH Wien, Austria)

MEMBERSHIP IN PROFESSIONAL SOCIETIES:

ČCHS - Czech Surgical Society of Jan Evangelista Purkyně
ČOS - Česká obesitologická společnost Jan Evangelista Purkyně
Bariatric Section of CCHS and COS JEP
IFSO - International Federation of Surgery of Obesity
EAES - European Assotiation of Endoscopic Surgery
ELSA - Endoscopic and Laparoscopic Surgeons of Asia

RESEARCH GRANT:

1994 - 1997, Grant IGA at Ministry of Health of the Czech Republic No.
2003-3, Use of laparoscopy in trauma and acute abdomen, principal
investigator.

SELECTED LIST of PUBLICATIONS:

Čierny M, Kozumplík L, Macků L, Ochmann J, Vrstýák J: Laparoscopic
inguinal hernioplasty - results in the initial serie two years postoperatively.
Rozh.Chir., 1997, vol. 76, No. 6, pp. 297-301

Čierny M, Ochmann J, Vrstýak J, Kozumplík L, Macků L, Zelníček P .:
Laparoscopy in abdominal injuries. Rozhl.Chir., 1998, vol. 77, No. 8, pp.
343-349

Čierny M, Ochmann J, Vrstýak J, Zelnicek P .: The contribution of

laparoscopy in abdominal injuries. *Miniinvazivní terapie*, 1998, vol. 3, No. 3, pp. 92-96

Čierny M: Bariatric Surgery, in Brychta Pavel et Stanek Jan: *Aesthetic Plastic Surgery and Corrective dermatology*, Grada Publishing, 2014, 329 pp.

Čierny M.: Careful patient selection for bariatric surgery leading to superior results, in Kvapil Milan: *Diabetologie 2016*, Triton, 2016, 292 s.

Čierny M.: Bariatric treatment in patients with sleep apnoea, in: Betka Jaroslav et al.: *Breathing disorders in sleep – the surgical treatment*, in press.

Čierny M, Travníček A, Uchal' J.: Gastric bypass and its role in metabolic and bariatric surgery, *Perspectives in Surgery*, in press.

MAIN AUTHORS OF LECTURES AND POSTERS ABROAD /selected/:

- Laparoscopy in abdominal trauma management and suture of diaphragmatic rupture, Video discussion at Congress ISW 2005, 22.8.2005, Durban, South Africa

- Quality of life assessment by WHO QoL-BREF in patients after adjustable gastric banding for morbid obesity, Poster discussion, ISW 2005, 22.8.2005, Durban, South Africa

- Comparison of weight loss results in 100 patients after Sleeve gastrectomy and 100 patients after gastric banding. IFSO 2009 (International Federation for Surgery of Obesity) –Paris, France

- Evaluation of initial 150 laparoscopic Sleeve Gastrectomies in a series performed by one surgeon. European Chapter IFSO Meeting, Lausanne, Switzerland, 2010

- Complications in a series of 550 bariatric patients operated by a single surgeon, 2011 -Hamburg International Federation for Surgery of Obesity, Germany

- Influence of bariatric surgery on the development of type 2 diabetes, *Obesitological Congress*, 2010, Nitra, Slovakia

- Gastric Plication versus Gastric Sleeve - a single center short-term comparison. IFSO World Congress 2013, Istanbul, Turkey

- Effect of bariatric surgery on sleep apnea syndrome, *Congress of Sleep Medicine*, Nitra, 2016, Slovakia

- Surgical treatment of T2 diabetes, *European IFSO Congress*, 2016, Gotteborg, Sweden

□ Bariatric surgery decreases of extracellular RNA in plasma, *Czech national congress on Obesitology and bariatric surgery*, 2016 Tábor, Czech Republic

- Selection of the patient and selection of the procedure in bariatric surgery, Czech national congress on Obesity and bariatric surgery , 2017 Mikulov, Czech Republic
- Gastric bypasses in bariatric surgery, Congress of Czech and Slovak Gastroenterology, 2017, Bratislava, Slovakia

Dr Cierny experience and complications until end of December 2017

Total No of bariatric procedures since 2003 - till 31.12.2017 (in my previous hospitals in Brno + in Břeclav Hospital) : cca 1500

432 clients/1500 were from UK and USA

Gastric Band: 294 (within years 2003 - 2011)

Sleeve gastrectomy: 440 Average EWL – 61%

Gastric plication: 443 Average EWL – 43%

Roux-en Y Gastric Bypass (RYGB): 93 – Average EWL 62 %

Mini/One Anastomosis Gastric Bypass (MGB/OAGB): 184 Average EWL – 55 % (early results)

Bleeding with need of blood transfusion: 4 patients after Gastric bypasses (from nearly 300 RYGB and MGB/OAGB patients so far).

Leak: 0, Internal hernia or ileus: 0, Conversion: 1 for bleeding from splenic vessels during a reoperation after failure of Sleeve (performed elsewhere) in superobese patient. The final solution was done 1 year later. 0 deaths resulting from bariatric surgery.

STAFF

Support staff – Amanda's story

It was the day that I got on the airplane back from France that changed my life. I had been talking to the lady next to me in the queue and we sat together on the plane. As we were seated, she kept trying to push the arm rest all the way down on the seat; I was too ashamed and embarrassed to tell her that it was my thigh that was stopping it going down, the pain was terrible but I said nothing.

Shortly afterwards the air hostess came round to check we had our seat belts fastened and I was trying to hide under my coat the fact that I just couldn't fasten mine. She whipped the coat away and shouted down the plane "Lady here, needs a seat belt extension".

I wanted to crawl into a hole and die, I was so embarrassed. The following morning I woke up and all of my left thigh was covered in bruises and I knew I just could not go on any longer this way. I just didn't have a life. I have grandchildren that I couldn't play with, I had arthritis in my knees and hips and I was in constant pain, and I could do hardly any exercise because everything hurt. Coupled with that and almost more importantly to me, I was mentally in a terrible place, I had lost all confidence and had little self esteem and I felt fat, unattractive and ill.

Amanda xx

Read my full story and watch my video on <http://newleafwls.co.uk/project/amanda>



Why was it I was successful at everything else I did in my life, but I just could not get a grip with my weight?

STAFF

Marie – Support Staff

As my children got older, I got slower, and the pre-menopause approached, with increasingly heavy periods, tiredness, inability and disinclination to exercise at all, lack of iron, and my new anti-depressants gave me my appetite back sitting and eating became almost life's only pleasure. I was almost suicidal.

After much thought I started looking into Gastric Sleeve surgery and came across Dr Hruby and New Leaf. It looked good ... the website indicated that the prices were good, there was a 7 night stay in a real, proper hospital with all emergency facilities, and when I enquired further, I would be able to bring my husband who could stay in my actual room in the hospital, and hold my hand. Done, sorted, and booked my sleeve op for about 6 weeks from the moment I spoke to New Leaf.

"Now I'm nearly 2 years out, and remain 5 stone lighter".

Marie

Read my full story on <http://newleafwls.co.uk/project/marie-sleeve>



“Now I’m nearly 2 years out, and remain 5 stone lighter”.

STAFF

Becky

I come from a "Fat" family. We all like our food and as a child I associated good things with food such as birthdays, Christmas, Sunday lunches, in fact most of my memories involve food in some way or another.

One day I realized I couldn't lift myself out of the bath without going on all fours. I also took my niece to a local shopping centre and couldn't walk from one end to the other - I drove round to a closer car park!

I knew that was the time to do something about it.

I started to do some research about gastric sleeve surgery and found out it would be more affordable to go abroad. I came across Dr Hruby's name and contacted New Leaf and I booked my sleeve for the 1st March 2015 and started my pre-op diet on 1st February 2015.

I have lost 13 1/2 stone so far (Including pre-op) and gone from a size 28-30 to a comfortable 14 (sometimes a 12!).

Becky

Read my full story on <http://newleafwls.co.uk/project/becky-gastric-sleeve>



“I was 34 years old and weighed a whopping 25 stone!” .

STAFF

Nikki

What a difference a year can make? I had my WLS surgery May 19th 2014 under the expert care of Dr Hruby and his team.

As a result of this and the efforts I have made to follow his advice on nutrition and activity and the amazing support and insight I have received from Coaching with Amanda Duggan I am now 8 stone lighter.

Knowledge is power and I am now empowered to deal with whatever life throws at me without reaching for food as a buffer. I am a realist – life still happens however it is a lot more enjoyable with having excess weight to deal with too. This is a direct result of the benefits of Amanda's coaching and support and for that I will be for ever grateful. I am now 11 ½ stone down and a size 8 – 10. I never in a million years thought I would be this successful. I am a regular gym member and love it particularly my hot yoga sessions.

Nikki

Read my full story here <http://newleafwls.co.uk/project/nicola-sleeve>



“I cannot recommend New Leaf enough”.

STAFF

Scott

I was a skinny child but in my teens the weight started to climb. I would be constantly on diets trying hard to keep it under control. While I worked at it the weight would fall but the second I took my eyes off the game it would creep back on...FAST!

Over the years I would spend less and less time at a comfortable weight. I tried all of the diets all with excellent levels of success but nothing I seemed to do would change the way that I would eat for ever. As my weight increased the destructive nature of my eating would get worse.

Surgery had always been an option for me. My mother had a gastric band fitted about 15 years earlier and had lost a lot of weight thanks to it.

New Leaf had something that none of the other companies had. This Facebook support group of people that all used the same surgeon and all had their surgery in the same hospital. I joined the support group and watched it for a few months. The longer I watched the more I realised this was the company for me.

The money I spent on having my gastric sleeve surgery in Turnov I truly believe has been the best value I will ever receive from that same amount of money ever again in my life.

Scott

Read my full story here <http://newleafwls.co.uk/project/scott>



“New Leaf had something none of the other companies had”.

STAFF

Peter

I am Amanda's husband and I help out with some of the administration and accounts for New Leaf. To be honest, when Amanda originally wanted surgery I was a bit sceptical and I couldn't understand why she just couldn't eat less and exercise more. It really frustrated me.

Eventually, she was adamant that she was going for surgery, so I supported her and accompanied her to Turnov for the surgery. I was a bit worried about what we would find; I suppose I had some pre-conceived ideas about Eastern European countries. I couldn't have been more wrong. The hospital was clean, well equipped and the standard of care was fantastic. We could not have been better looked after.

Over the past few years I have seen Amanda grow in confidence and shrink in size. It has been amazing. She qualified as an Eating Disorder Therapist and she has been helping others. She is so passionate about helping people to 'recover' from obesity and I know that New Leaf is a vocation for her rather than a job. I have seen New Leaf go from strength to strength and now I am retired, I am not just happy, but I feel privileged to be able to help out and become part of such an amazing team of people.

I now understand that obesity and weight loss is not just a case of eat less and exercise more and have a much greater empathy. Over the past few years I have developed a good working relationship with Dr Hruby and the staff at New Leaf and the hospital. I like to help out wherever I can and am happy to chat to any partners of patients to put their mind at rest if they have questions or concerns.



“I now understand that obesity and weight loss is not just a case of eat less and exercise more and have a much greater empathy”.

RISKS, COMPLICATIONS AND LONG-TERM ISSUES FOLLOWING WLS; PLEASE READ!

As with any major surgery, weight-loss surgeries pose potential health risks, both in the short term and long term.

Longer term risks and complications of weight-loss surgery vary depending on the type of surgery. They can include:

Risks associated with the surgical procedure can include:

- Excessive bleeding
- Infection
- Adverse reactions to anesthesia
- Blood clots
- Lung or breathing problems
- Leaks in your gastrointestinal system
- Death (rare)
- Bowel obstruction
- Dumping syndrome, causing diarrhea, nausea or vomiting
- Gallstones
- Hernias
- Low blood sugar (hypoglycemia)
- Malnutrition
- Stomach perforation
- Ulcers
- Vomiting
- Death

AFTER WLS

After weight-loss surgery, you generally won't be allowed to eat for one to two days so that your stomach and digestive system can heal. Then, you'll follow a specific diet for about 6 weeks. The diet begins with liquids only, then progresses to ground-up or soft foods, and finally to regular foods. You may have many restrictions or limits on how much and what you can eat and drink.

If possible, get your GP on side. You may need blood tests every 3 months for 2 years (certainly recommended following gastric bypass and sleeve), and you may need prescription medication e.g. omeprazole, prescription vitamins and minerals. He/she maybe able to refer you to a dietician if required, or even for counselling if you are struggling emotionally.

You may experience changes as your body reacts to the rapid weight loss in the first three to six months after weight-loss surgery, including:

- Body aches
- Feeling tired, as if you have the flu
- Feeling cold
- Dry skin

WHEN WEIGHT-LOSS SURGERY DOESN'T WORK

It's possible to not lose enough weight or to regain weight after any type of weight-loss surgery, even if the procedure itself works correctly. This weight gain can happen if you don't follow the recommended lifestyle changes. To help avoid regaining weight, you must make permanent healthy changes in your diet and get regular physical activity and exercise. If you frequently snack on high-calorie foods, for instance, you may have inadequate weight loss, or even regain a large percentage of your original loss. Your first year following surgery is very important as this is the time to learn new, healthy habits, so that when maintenance arrives, it is not so difficult to contend with. Please make the most of your 'golden time'.

Bariatric surgery is NOT the ultimate solution to your weight issues, but in combination with a healthy lifestyle, it is a great tool. It's up to you how you use it!

To help prevent regain you have to:

Learn how and what to eat all over again e.g. no snacking, stay away from cake, crisps, chocolate, junk-food, take-away, alcohol, fizzy drinks (fizzy drinks are the quickest way to regain your hard-earned weight loss), minimise carbohydrate based foods (rice, pasta, white bread, potatoes), and eat more healthy foods (meat, fish, vegetables, fruit). Also, you **MUST** start an exercise regime that you can stick to permanently.

If you feel that you cannot/will not do these things, you are NOT ready to have weight loss surgery

BARIATRIC COACHING PROGRAMMES

I am committed to improving the standards of psychological support for weight loss surgery patients. I would like to introduce you to our Bariatric Life Coaching programmes. These are programmes of coaching and support designed purely to support, mentor and help Weight Loss Surgery patients be successful in their goals by the use of practical tools, support and psychological interventions. In order to decide whether Bariatric Life Coaching would benefit you, I would like you to answer the following questions:

- Do you feel that you sometimes sabotage your weight loss efforts
- but don't understand why?
- Do you want to get to the root of why you eat when you are stressed, bored, sad, upset etc. and find out how to stop doing this?
- Do you want to understand what might be stopping you from getting to a healthy weight and staying there?
- Do you want to stop cravings and bingeing?
- Do you want to give your weight loss surgery the very best chance of success right from the start?
- Have you regained or are you unhappy with the amount of weight, you have lost following your weight loss surgery?
- Do you feel your relationship with food is an unhealthy one and that it is stopping you from being successful?

If the answer is yes to one, or more, of the above questions then Bariatric Coaching would be really beneficial in helping you.

Research has shown that the vast majority of bariatric patients have suffered from some form of eating disorder and evidence shows that an eating disorder stems from the mind rather than the body. Without dealing with the reasons why we became obese in the first place and changing those limiting beliefs, we cannot effectively recover from the eating disorder and, even with surgery, we will still be a slave to all of our old thinking, behaviours etc. However, basically, it is not your fault!! Your mind is doing what it has always done and, believe it or not, there are usually very good reasons for your mind leading you back to eating bingeing and regain.

Something in the past will have triggered you to use food as a comfort

or a protection mechanism. You just need to reprogramme that thinking and hopefully with my help we can do that together.

Now is the time to recognize that, to lose weight and change the way your body looks and feels for good, you must first change the way you think. Why? Because everything you do is preceded by thought. Some of you are aware of your conscious mind, but most of the time you run on "automatic pilot". Your beliefs and behaviours around food have been formed over many years and are deeply installed in your unconscious mind. The way you think and feel about food, and yourself, determines everything you do including what you put in your mouth, and how much you move your body. This determines what size and shape of body you have. If you want to change it, you have to change the way you think.

As your Bariatric Life Coach I will work with you on a one-to-one, completely personalised level, to help you:-

- Reprogram your mind and wipe out programming that keeps you stuck and addicted to food
- Uncover and release the limiting beliefs preventing you from having the life and body you want
- Learn why your mind links certain foods to positive memories, and to help you use a simple neuro-exercise to reprogram this association
- Learn how to manage cravings both at home and in public
- Discover how your childhood relationships with parents/authority figures effect your willpower and what to do about it
- Identify underlying emotional drivers causing
- Learn to identify why you are holding onto your excess weight and why it benefits you.
- Then help you learn to reprogram your mind to
- Let go of the weight

Explore nutrition for you and your weight loss surgery tool and learn how you can work with your body to ensure that your physiological craving instinct is minimised.

All of this and much more ...

THE BBS BARIATRIC LIFE COACHING PROGRAMMES

I currently offer three different levels of support which you can choose from, dependent upon your circumstances and budget. You can choose to pay for your coaching either on a monthly basis, or to pay up front at the beginning of your coaching course and receive a 10% discount.

BARIATRIC BOOTCAMP - 3 MONTHS SUPPORT

This programme is ideal for people who are at the pre-op stage, wanting to make changes quickly or are wanting to get back on track after experiencing weight gain some months out from surgery. However, if you have a lot of weight to lose, have had an unhealthy relationship with food for a long time or simply want longer term support and mentoring, one of my six month support courses would probably be more suitable for you.

- 12 x 75 minute sessions taken weekly
- Weekly homework activities
- Personalised nutritional advice
- 6 months food diary and email support

Normal price £750 (£250 per month for 3 months or spread payment over 6 months at £150 per month) or £675 if paid in full at the beginning of the sessions. £600 for New Leaf clients.

ONGOING OR MAINTENANCE COURSE - 6 MONTHS SUPPORT

This package is for you if you have more than a couple of stone to lose and/or want to make sure that you have the very best chance of maintaining your weight loss for the long run. It provides support over a longer period of time but is more affordable than our optimal success package because your coaching sessions are taken bi-weekly rather than weekly. If you feel you need the accountability and regular contact

of a weekly coaching session then our Optimal Success course is more suited to you.

- 12 x 75 minute sessions taken bi-weekly over 6 months
- Bi-weekly homework activities
- Personalised nutritional advice
- 6 months food diary and email support

Normal price £1000 (£165 per month for 6 months or spread payments over 12 months at £90 per month) or £900 if paid in full at the beginning of the course. £750 for New Leaf clients

OPTIMAL SUCCESS COURSE - 6 MONTHS SUPPORT

This package provides you with the very best support possible to enable you to have the very best chance of success. 6 months mentoring and support ensures that you stay on track not just in the short term but enables you to make real and lasting changes in both your behaviours around food and your weight and body image.

- 24 x 75 minute sessions taken weekly
- Weekly homework activities
- Personalised nutritional advice
- 6 months food diary and email support

Normal Price £1,350 (£225 per month for 6 months or spread payment over 12 months at £150 per month) or £1215 if paid in full at the beginning of the course. £1000 for New Leaf clients.

The level of support that I provide my clients is so personal and in depth that I only ever work with 6 clients at any one time so that I can give each of you my undivided attention during your coached time with me. This enables me to make you a solemn promise that I will do everything possible to help you break free from food addiction and obsession once and for all.

CLIENT TESTIMONIALS

"An amazing experience"

"I found New Leaf online and approached them straightaway and within 2 days my mind was made up to go with this company. From the minute I spoke to them, they made me feel so welcome and at ease. 3 weeks later I was having my gastric sleeve and all I can say is what an amazing experience I had from start to finish. Every bit of my experience was easy and I never worried once as I knew I was in very good hands. The care from the nurses, and the amazing Dr Hruby was something I have never experienced before. They were beyond caring and professional. The hospital was so clean at all times and whenever you needed anything at all, the nurses were there at your beck and call. I would recommend New Leaf and the lovely and caring Amanda Duggan to anyone who wanted weight loss surgery. Thank you, Amanda, for making me happy."
Treatment Received: Gastric Sleeve

"I cannot speak highly enough of the experience. From 1st contact they are caring and professional. Amanda Dugan takes time to discuss and ensure that you are fully aware of the procedures and nothing is hidden from anyone on the support group. No question is too silly and the support before, during and after is just incredible. Dr Hruby is a wonderful surgeon and will discuss things fully with you. The nurses are amazing and the language barrier was no hurdle. They ensure you are fit for surgery by doing tests.

Would I do it again, you betcha!"

Treatment Received: Gastric Plication

"I used New Leaf Clinic and client coordinator Becky Lee to arrange VSG - Vertical Sleeve Gastrectomy surgery in the Czech Republic with Dr Martin Hruby. As a referring agency Becky at New Leaf offers an excellent service, with complete transparency about the surgeon record and the hospital in the Turnov, Czech Republic. All monies are paid directly to the hospital, and the majority can be paid on the day of surgery, so there is no possibility of the agent going out of business and you losing your hard-earned cash. As you are having surgery in another country you might be worried about the lack of formal arrangements for aftercare, however, with the gastric plication (wrap) and VSG (sleeve)

procedures, there is very little requirement for medical aftercare. New Leaf also have a very active online patient support forum, where honest opinions can be sought prior to surgery and great support provided after surgery with respect to diet regime. Dr Hruby is also happy to receive and answer emails from his former patient, giving advice, even though there is no contact to provide continuing care.

I was extremely happy with my treatment, both the surgery and the nursing care and the procedure has been very successful for my weight loss.

Have no hesitation in contacting New Leaf if you are at the start of your research. There's no pressure to book and lots of information given while you make up your mind. The price was fantastic too!"

"I used New Leaf to arrange my gastric sleeve in Turnov the Czech Republic The owner of the business let me decide when I wanted the surgery, and I was part of the Facebook page for many months and was never pestered to make a decision, I got plenty of help and watched other people go for surgery, I followed their progress. Then when I decided I wanted the gastric sleeve, Becky was fantastic. The operation was in Nov and I have lost 4 stone in weight. Fantastic hospital, fantastic surgeon. And spotless hospital. Nurses were great nothing to much trouble. I would recommend New leaf you are the one who is in charge of when you want your surgery, Becky will contact the doc and send your info off and then if accepted it's up to you no pushy sales tactics like some companies. Great service thanks New Leaf."

"I was very sceptical about going abroad for surgery until I found New Leaf via a WLS forum. The advice and assistance I was given was incredible. The price was amazing compared to UK prices and the treatment I received whilst over there was fantastic and intact, better than any treatment I have ever received in an NHS hospital. The hospital is spotlessly clean and the nursing staff great. The minute you press your buzzer someone is there to help. Dr. Hruby is a lovely, down to earth man, very experienced in his field and really puts your mind at rest. The follow up advice from New Leaf is second to none. My decision to go to Turnov with New Leaf and have WL surgery is the best decision

I have ever made. I am now 3 months out from having a Wrap/Plication, have lost over 3 stones already and suffered no ill effects at all. Wish I'd done it years ago. Would not hesitate in recommending New Leaf Weight Loss Surgery to anyone."

"I went for a wrap in December 2013. I chose this after reading about others' experiences and reading all the literature provided. I have no complaints, I am delighted with the outcome of my surgery. I am able to control my eating with the ongoing support of the on-line community and making steady progress in my weight reduction journey. I found the clinic clean, the nurse's friendly, the procedures explained well and carried out efficiently. I felt secure and confident. The food was mostly not to my liking but that was not really an issue as mainly taking fluids. The transport to and from Prague was comfortable and reliable. I would highly recommend the clinic for anyone travelling from the UK, the standard of care is equal to or better than at home."

"First class care, lost 70lbs in 8 months with Gastric Plication surgery (wrap). Dr Hruby was very personable and professional and answered my questions in-depth and honestly. I couldn't recommend New Leaf anymore. From the Healthcare, down to the amazing aftercare support, I can honestly say that the surgery was the best money I've ever spent.

"This hospital, the treatment staff and admin staff outdid any expectations that I had. From the outset of my original enquiry to my post op advice it's been amazing. I have fibromyalgia and had researched a gastric sleeve as a possible aid. Many clinics were helpful in their responses but new leaf was instantly friendly full of information and quick to respond to any questions I had. I instantly felt safe and secure and supported in my choice. Dr Hruby is a warm gentle and very professional surgeon and instantly puts you at ease. The girls on admin are there with you every step of the way and it becomes that your part of a family not a business. The nurses were so helpful and can't do enough for you and they keep you and your travelling partner very comfortable. The hospital is so clean it puts our local ones to shame and the whole process is like a well-oiled machine. I have recommended this to everyone I can and will be returning myself for more surgery once my weight has gone."

"I have had a major issue with my weight for all of my life. I spent months researching the options available in the UK and overseas. The entire experience with New Leaf from initial contact to the procedure and now nearly 10 months post op has been first class. The quality of care by the medics and support team in the hospital was exceptional. I would not hesitate in recommending New Leaf, one of the aspects that sets them apart is the genuine client first approach, I asked lots of questions and nothing went unanswered. I never felt under any pressure unlike some other service providers I had been in contact with prior to New Leaf. The ability to share experiences with the New Leaf community has also been a great help since my op. I am not someone who is easily impressed however I have been and continue to be impressed by the service and ongoing support by the team at New leaf. And regular thank my lucky stars that I went ahead with my sleeve. I am now 9 months post op and 7 1 /2 stone down from my pre-op weight. My life has changed enormously for the better and New Leaf and Dr H have made an awful lot of this possible."



NEW LEAF - NEW LIFE
weight loss & cosmetic surgery