MBSA

PATIENT GUIDE BOOK

Your guide to sustainable weight loss

Suite 9A, Knox Private Hospital, 262 Mountain Hwy, Wantirna VIC 3152

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(03) 90130865

Specialist Surgeons

Multidisciplinary Model

2-Year Ecosystem

PATIENT INFORMATION GUIDE

Your Guide to

Sustainable Weight Loss

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A Message from the MBSA Team

Obesity is a complex, chronic disease that requires more than just a surgical procedure. Our team provides a holistic, multidisciplinary approach to metabolic health.

Our evidence-based treatments are integrated into a comprehensive 2-year ecosystem that ensures you are supported at every milestone.

Dr. Mani Niazi
Lead Bariatric Surgeon

Specialist Surgeons

High-precision bariatric procedures by specialists.

Multidisciplinary Model

Dietitians, psychologists and clinical nurses.

2-Year Ecosystem

Continuous monitoring and 24-month support.

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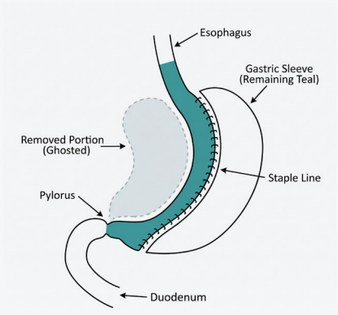
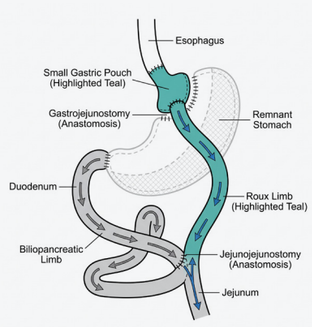
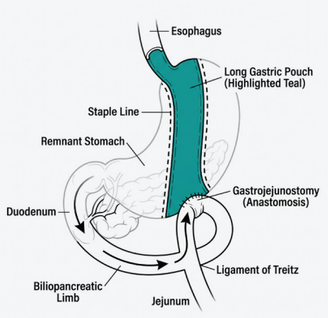
Surgical Approaches to Metabolic Health

Weight loss surgery is not a one-size-fits-all solution. Our clinical team works with you to select a procedure tailored to your metabolic profile, medical history, and long-term health goals. Each approach offers unique mechanisms for weight regulation and metabolic control.

Feature Comparison	SG Sleeve Gastrectomy	RYGB Roux-en-Y Gastric Bypass	OAGB One-Anastomosis Bypass
Visual Guide			
MBS Item	31575	31572	31572
Mechanism	%80 of the stomach is permanently removed, leaving a thin "sleeve" or tube about the size of a banana.	Creation of a small pouch from the top of the stomach, bypassing the remainder of the stomach and the first segment of the small intestine.	Creation of a long, narrow stomach pouch which is then connected to the small intestine in a single loop (omega loop) anastomosis.
MECHANISM OF ACTION	**MECHANISM:** **Restriction + Hormonal Effects** - Smaller stomach → eat smaller meals - Reduced hunger signals (↓ ghrelin) - Increased fullness hormones (↑ GLP-1 & PYY)	**MECHANISM:** **Restriction + Intestinal Bypass + Hormonal Effects** - Smaller stomach → eat smaller meals - Bypasses part of the small intestine → changes calorie and nutrient absorption - Improves blood sugar control and metabolic health	**MECHANISM:** **Restriction + Intestinal Bypass + Hormonal Effects** - Smaller stomach → eat smaller meals - Bypasses part of the small intestine → changes calorie and nutrient absorption - Improves blood sugar control and metabolic health
Clinical Notes	- Lower risk of vitamin and mineral deficiencies - Good option for many patients - May not be suitable for severe reflux (GORD)	- Excellent long-term weight loss and metabolic outcomes - Often preferred for significant reflux (GORD) and type 2 diabetes - Lifelong vitamin and mineral supplementation required	- Excellent weight loss and metabolic outcomes - Strong option for patients with obesity and type 2 diabetes - Lifelong vitamin and mineral supplementation with regular monitoring required

Clinical Recommendation

The information provided in this guide is for educational purposes only. A surgical recommendation is exclusively made following a comprehensive physical assessment, review of co-morbidities, and consultation with the MBSA lead bariatric surgeon.

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Patient Pathway: Preparation to Recovery

Our 2 year program is a structured, evidence-based pathway designed to ensure patient safety, mitigate surgical risks, and maximise long-term metabolic health outcomes.

01 Pre-Operative Preparation

Nutritional Optimization

WEEKS 4-6 PRIOR

Foundational phase focusing on physiological readiness and psychological assessment.

- Metabolic Screening
- Risk Mitigation
- Liver Reduction Diet
- Pre-hab Exercise

02 In-Hospital & Immediate Recovery

ERAS Pathway

DAYS 1-3 POST-OP

Enhanced Recovery After Surgery (ERAS) protocols to expedite clinical stability.

- Early Mobilisation
- Pain Management
- Staged Hydration
- Respiratory Optimization

03 Dietary & Activity Transition

Long-Term Staged Progression

WEEKS 2-12+

A structured transition from medical intervention to sustainable lifestyle habits.

- Dietary Advancement
- Biomarker Reviews
- Progressive Activity
- Lifestyle Integration

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Dietary Progression Matrix

Phase	Timeline	Consumable Type
Liquid Diet	Week 2-3	Fluids, high-protein shakes, hydration, electrolyte balance
Mashed / Puréed Foods	Week 2-3	Support healing while maintaining hydration and protein intake
Soft Food Stage	Week 2-3	Soft, easy-to-chew protein foods, cooked vegetables, gradual increase in variety.
Return to Regular Healthy Eating	Ongoing	Balanced meals focused on protein, vegetables, whole grains and lifelong healthy eating habits.

Meet the Specialists

Our team of industry-leading surgeons and clinical experts are dedicated to your long-term health and metabolic transformation.

Dr. Mani Niazi

Director & Surgeon

Specialising in advanced laparoscopic bariatric procedures and metabolic health management with over 20 years of clinical excellence.

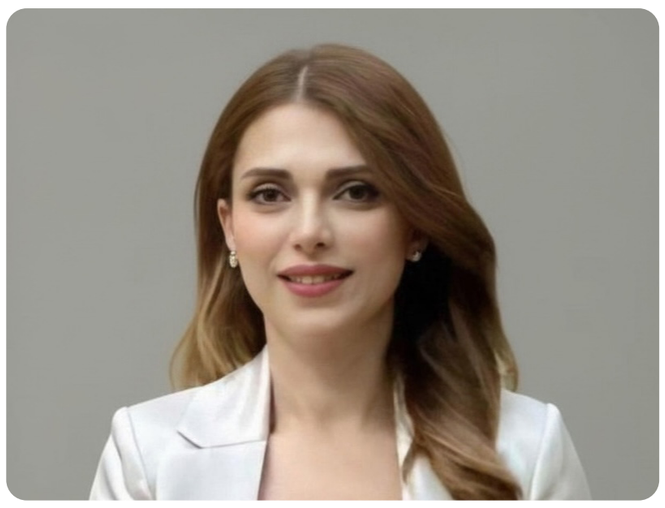
FRACS, MBBS, MS (Surg)

Dr. Ramin Mehdipour

Surgeon

Expert in robotic-assisted surgery and weight-loss revisions, focused on minimal downtime and optimal patient outcomes.

FRACS, MBBS, GESA Accredited



Tara Zavabeti

Senior Dietitian

Tara is an Accredited Practising Dietitian (APD) with over 15 years specializing in obesity management. She provides personalized nutritional roadmaps for every patient.

BSc, MSc, GDipHumNutr, MNutrDiet, APD, AN

Integrated Care Ecosystem

Mary Botros

Clinical Psychologist B.Psych (Hons), M.Psych (Clin)

Dr KristineMoser

Senior Specialist Anaesthetist MBBS (Hons), FANZCA, MPH

Dr Soleiman Kashkooli

Senior Specialist Gastroenterologist MD, FRACP

Daniela (Danni) Bonaddio

Registered Nurse & Personal Trainer B.Nurs, GDipPerioperativeNurs, Cert III & IV (Fitness)

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Weight Loss Surgery Costs

Financial Transparency

We believe clinical excellence and financial transparency go hand-in-hand.
Our comprehensive 2-year programme is designed to remove financial uncertainty, providing you with a clear roadmap to your health goals.

Estimated Out-of-Pocket Range

Depends on health fund and procedure type- Exact figure will be provided after your first consultation.

*Includes Medicare rebates

$1,200 - $6,500*

Funding Pathways

Path A

With **Gold cover** Private Health Insurance

Component	Fixed Facility Rate
Hospital Accommodation & Theatre	$0
Surgeon Fee+ Anaesthetist Fee + Assistant Surgeon Fee, including Two years follow up with surgical team	$6,800
Estimated Total Gap	**Less than $6,000***

* Depends on different private health fund policies Usually patients will receive more than $ 800 rebate

Path B

Self-Funded (**No Gold Cover** Private Insurance)

Component	Fixed Facility Rate
Hospital Accommodation & Theatre (2 Nights)	$10,500
Surgeon Fee+ Anaesthetist Fee + Assistant Surgeon Fee, including Two years follow up with surgical team	$8,000
Estimated Total Gap	**$18,500**

* For Gastric Bypass RYGB & OAGB extra Cost ranges between 10000 — 4000
Depending on different factors to be discussed like private health insurance and if patients need Minimizer ring.

All patients are advised to have a gastroscopy prior to their bariatric surgery as part of their preoperative assessment.

Alternative Funding Access

Superannuation Release

Depends on health fund and procedure type- Exact figure will be provided after your first consultation.

Medical Finance Plans

Payment plans through third-party providers like MediPay or TLC allow you to distribute costs over 84—12 months, ensuring immediate health access.

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Talk to Our Team

Ask a question or book your free 15-minute eligibility call — we'll help you understand your options with no pressure and no obligation.

Book a Free Eligibity Call

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