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Heart to Heart

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Bariatric Surgery (How to Avoid It)

More than a 33% of Americans and 21% of Filipinos are overweight or obese. This has transformed a surgical procedure that was once reserved for a handful of dangerously obese patients to a very popular operation the past few years. In 2005 alone, there were about 200,000 surgical weight-loss procedures that were performed. In the United States, gastric bypass has been the most popular one. Some surgeons now claim that gastric “banding” is a safer, just as effective and has lesser side-effects and complications as gastric bypass. The least favored procedure is called Biliopancreatic diversion/duodenal switch, an operation even much more complicated than its name sounds.

What is bariatric surgery?

Stated simply, bariatric surgery is the general term used for operative procedures performed on the stomach and the small intestine, to enable the obese patient to lose weight more expeditiously and maintain as normal a weight as possible long term for better health.

What is done in gastric bypass?

There are two basic things done in this procedure: (1) Stapling the stomach to make a small stomach pouch (reduced to about 5% surface area), thus reducing the stomach volume by 95%, so the absorbing area is 95% less, allowing only 5% of the food absorbed; and (2) Bypassing a small part of the upper intestinal tract. These two procedures make the patient feel full faster, and with a small amount of food in that small pouch. This also reduces the appetite, besides reducing the calories absorbed. The procedure carries a 1.5% -2% death rate. About 75% to 80% of all bariatric surgeries in the USA involve gastric bypass.

How effective is gastric bypass?

The Roux-en-y gastric bypass procedure is very effective, allowing the patient to lose 65% to 75% of the excess weight. Eating more calories than the prescribed diet will obviously negate or reduce the effectiveness of the surgery.

What is Gastric Banding?

The second most common (15%-20%) slim-down surgery in the United States is called gastric banding, also known as “lap band” and “adjustable gastric band.” This is a surgical procedure where a hollow silicone “band” is placed over the top of the stomach and inflated with saline (salt) solution to compress that part of the stomach to restrict the amount of food that can get in, and pass thru, the stomach. In Europe, this is the procedure of choice. Unlike gastric bypass or other weight-loss surgeries, gastric banding is fully reversible (the band can be removed), and has the lowest mortality (death) rate of one tenth of 1%. The only downside is that adjustments are needed to maintain its effectiveness and the band can erode into the stomach over time. Also, the weight loss is achieved over a longer period of time, because it does not include a bypass component. It will take banding four to five years to achieve what gastric bypass can do in a year. However, some physicians, especially in Europe, think this is a more “physiological and safer” way to lose weight.

What is Biliopancreatic diversion/duodenal switch?

The least common of the 3 procedures, this diversion-switch procedure has the highest mortality (2.5% to 5%) and the riskiest as far as malnutrition and death are concerned. This slim-down surgery results in 60% to 80% loss of excess weight in one year.

Who are candidates for bariatric surgery?

Not all people who have excess weight or who would like to have a slimmer body are candidates for weight-loss surgery. The sequelae (aftermaths) and possible complications are too significant a price to pay for aesthetic vanity. The appropriate medical indication is reserved for persons who have a BMI (Body Mass Index) of 40, or a BMI over 35 only among those patients with weight-related diseases, like diabetes or high blood pressure. (To calculate your BMI: Your weight in pounds divided by your height in inches squared, multiplied by 703. Or, email us your weight in pounds and height in inches, and our auto-calculator will do the rest. Your BMI reading will be emailed to you.)

What are the possible complications of weight-loss surgeries?

Bariatric surgery alters the natural body physiology of food transit and absorption, and as such has attendant side effects and possible complications. Foremost among them are gas, abdominal pain, diarrhea, and reduced appetite, and in some cases, nausea and vomiting, leading to malnutrition and deficiency in minerals and vitamins, like calcium, iron, B1, B12, etc. Osteoporosis is a possible complication. Severe thiamine (B-1) deficiency could lead to Wernicke’s Encephalopathy, a brain dysfunction syndrome that was often hard to diagnosis among these patients before. With greater experience with these procedures, the

index of suspicion is much higher today on this syndrome. The symptoms may include mental confusion, abnormal eye movement, muscle weakness, and movement incoordination, which could result in permanent disability. Hearing loss from vitamin deficiency has also been reported as a possible complication.

How do we avoid this surgery?

While some obesity may be hormonal in nature, majority of overweight problems are due to self-abuse --- too much food, especially carbo, like rice, pop beverages, and sweets, and too little, or, no exercise at all. If we take full control of our lifestyle to safeguard our health, eat just enough to maintain our normal weight and do daily regimented exercises, we will not need any of these painful and expensive surgeries. # # #

