Weight Loss Surgery: Is It Worth The Risk?

Lately, going under the knife to achieve extreme weight loss seems to be the method of choice. But it's not as quick or easy as it sounds. What you need to know about medical intervention to treat obesity

November 28, 2006 By Tamara Jefferies

You have to admit it: Star Jones looks good—tight, fit, glam. And when you see folks like Ms. Jones, the *Today Show's* Al Roker and television and radio host Mother Love looking slim and satisfied, you think: "Maybe I should have my stomach stapled too." Because, admit this: You could afford to lose a few pounds. Most of us can. According to the American Obesity Association, 65% of American adults are overweight or obese. A recent study by the Centers for Disease Control and Prevention (CDC) shows that 78% of black women and 60% of black men are overweight.

If you're heavy, you've probably dieted and might have lost a pound or two. But if your weight has ballooned or is causing serious health concerns, obesity surgery can look like the solution. It certainly helped Jennifer Holliday, Randy Jackson and others slim down. And it's a surefire way to lose those extra pounds for good. Right? Maybe.

Experts agree that no other weight loss method is as effective long term, since most people regain the weight they lose through traditional diets. Obesity surgery also can eliminate diabetes, hypertension, heart disease, gallbladder problems and some 30 other weight-related conditions. In 2005, approximately 171,000 people had some form of the surgery.

But obesity surgery—and its aftermath—"are no walk in the park," says surgeon Dapo Popoola, MD, founder of the Surgilite Medical Group in Torrance, California. Here's what you need to know if you or someone you know is considering weight loss surgery.

What is it?

Folks often use "stomach stapling" to refer to any weight loss surgery, but the correct term, "bariatric surgery," describes any procedure that alters your stomach so you can't eat as much or diverts your intestinal tract so that you absorb less fat and calories—or both. While some procedures do involve stapling the stomach into a pouch the size of an egg, a wide range of approaches—from the popular Roux-en-Y gastric bypass to the biliopancreatic diversion for the severely obese to laparoscopic gastric banding, which is adjustable and reversible—are available.

A multidisciplinary medical evaluation will determine which is right for you.

Who can have it?
Angela Cush, 34, of Ashdown, Arkansas, once carried 404 pounds on her five-foot-three-inch frame, which translates into a body mass index (BMI) of 72, far exceeding the normal range of 18.5 to 24.9. She had uncontrollable high blood pressure, took cholesterol-lowering drugs, suffered asthma and constant fatigue and was too depressed to leave home. “Someone had to help me get dressed and tie my shoes,” she says. In 2003, she underwent a Roux-en-Y gastric bypass and has dropped to 179 pounds.

To qualify for the surgery, your BMI must be over 40—about 100 pounds overweight—or you must have a BMI of 35 (85 pounds overweight) and have multiple obesity-related conditions. (Calculate your BMI on the National Institutes of Health BMI calculator at www.nhlbisupport.com/bmi.)

Your doctor will also evaluate your health, weight loss goals, diet history, lifestyle and other factors. You have to show several unsuccessful attempts at losing weight in a supervised program like Weight Watchers or on a doctor-prescribed diet. You’ll also undergo a psychological screening to determine your ability to cope with life later on.

If surgery goes smoothly and you follow your doctor’s instructions, you can lose a lot of weight and may be able to kiss your medications good-bye. “But your life after surgery will not resemble life before surgery,” says Boyd Lyles, MD, director of the HeartHealth and Wellness Center in Dallas and medical director for L.A. Weight Loss Centers. “Life isn’t going to be as easy.”

After surgery
Bariatric surgeries have serious risks, including stomach leaks, blood clots, hernias, intestinal blockage or gallbladder problems. As medical technology has advanced, surgical options have improved and immediate complications are fewer. While stats indicate that most bariatric procedures are successful in the short term, new research indicates that four out of ten patients experience complications—some mild, some requiring follow-up surgery—within six months. And some insurers are reluctant to cover the cost of the additional care.

Tonya Prince, 27, of Houston, was fortunate. She had a problem-free laparoscopic Roux-en-Y gastric bypass in April 2005 and was home in three days. “I was driving within a week,” she says. The pounds melted quickly, but her lifestyle was altered drastically. Here are some of the changes bariatric surgery patients can expect:

You’re on a diet forever. For several weeks you drink only small amounts of liquid. Prince had to sip water or a protein drink every 15 minutes from “a tablespoon cup.” She advanced to grits and mashed potatoes, then baby food, then yogurt and cheese. Two to three months after surgery, patients can eat regular food—but never much more than about a cup at a time, says Dr. Popoola.

You may have to give up some foods permanently. “Over the six to 12 months after surgery,

the stomach pouch enlarges slightly, increasing your ability to tolerate regular food," says gastroenterologist Jeannette Newton Keith, MD, of the University of Chicago Medical Center. "Some of my long-term patients can eat anything. But some will not tolerate certain foods." Sugary or high-fat foods tend to provoke "dumping syndrome": vomiting, diarrhea, sweating, dizziness. Meat can be difficult to digest.

You risk malnourishment because your ability to absorb vitamins and minerals decreases. "If you take a vitamin with iron, calcium and vitamin D and get adequate protein you should do fine if you are compliant with the recommended diet," says Dr. Keith.

You lose the fat, but not the flesh. Naked, "I look like a 60-year-old," says Prince. Cush says she spends an hour camouflaging her excess flesh in sturdy support garments. Insurance may not cover cosmetic surgery.

Your weight loss may plateau. Over three years, most people lose just 70% of their excess body weight. Tonya Prince went from 306 pounds to 196 initially. To lose her last 20, she'll have to exercise and follow a strict weight loss plan.

You can "out-eat" the surgery, says Dr. Keith. "We've seen people gain back all the weight they lost," says Gerard Musante, PhD, founder of Structure House, a residential weight-loss program in Durham, North Carolina.

You can't use food to soothe your stress. If you overeat when you're stressed, you'll have to find another way to cope after surgery.

You may miss eating. For many folks, food represents love. But after Prince's first bite of Christmas cake, she threw up for three hours. Many patients undergo a "grieving process" to overcome the "emotional loss" of food, says Dr. Musante.

What's the verdict?
Our experts agree: You could probably lose weight without medical intervention if before the surgery you ate the way you're going to have to eat afterward. In behavior-modification-based weight loss programs, "We've had people lose 100, 200 pounds," says Dr. Musante. Surgery is not the only way. But if your health is in jeopardy, surgery may be a solution that could save your life, says Dr. Lyles. Dr. Popoola agrees: If you're "morbidly obese and have diabetes, high blood pressure, sleep apnea and such," consider bariatric surgery.

"Everyone's experience is different, but my opinion is, if you follow the rules and have a positive attitude, it's the best option," says Angela Cush.

SURGEON SEARCH
Iif you're considering bariatric surgery, follow this guide to selecting a good doctor

If you're having weight loss surgery, you need the best doctor and the most comprehensive care

available. The nonprofit Surgical Review Corpora-tion (www.surgicalreview.org) designates “Centers of Excellence” for the American Society of Bariatric Surgeons. To be included, a bariatric center or surgeon must (among other things) track patients for five years, provide supervised support groups, have equipment that can accommodate severely obese patients and care for critically ill patients.

A center must perform at least 125 surgeries annually; an individual surgeon will have done at least 125 total and at least 50 during the preceding year. If your doctor’s name isn’t on the SRB’s list, do your own research:

- Ask around to find someone who has had the surgery and is happy with the outcome, and get the name of his or her doctor.
- Look for a doctor who’s performed lots of procedures. Ask about patient outcomes. How many had complications? How did he handle them?
- Make sure your surgery is performed at a facility offering comprehensive care, in case complications occur.
- Ask how often you will see your surgeon, psychological counselor, nutritionist, bariatric nurse and exercise counselor, especially after surgery.
- Make sure the program offers a psychological prescreening (possibly several counseling sessions), physical exams and nutritional counseling before surgery.
- Dr. Jeannette Keith says the University of Chicago’s weight loss program prepped patients for a year beforehand.
- Look for a program that will provide access to psychological, nutritional and exercise counseling and support groups afterward, as well as thorough medical follow-ups.

You’ll have to follow up with your doctor, so make sure he is someone you trust and respect.

Tamara Jefferies is coauthor, with Brenda Wade, of Power Choices: Seven Signposts on Your Journey to Wholeness, Love, Joy and Peace (Heartline Productions, 2006).

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http://beta.docker.realhealthmag.com/article/Weight-Loss-Surgery-Is-It-Worth-The-Risk-10926-5473