METABOLIC & BARIATRIC SURGERY

OVERVIEW

- Metabolic and bariatric surgery, the treatment of morbid obesity and obesity-related diseases and conditions, limits the amount of food the stomach can hold, and/or limits the amount of calories absorbed, by surgically reducing the stomach's capacity to a few ounces

- Candidates for bariatric surgery have a body mass index (BMI) of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as type 2 diabetes, heart disease or sleep apnea

- An estimated 220,000 people with morbid obesity in the U.S. had bariatric surgery in 2008

- About 15 million people in the U.S. have morbid obesity; only 1% of the clinically eligible population is being treated for morbid obesity through bariatric surgery

- Bariatric surgery costs an average of $17,000 - $25,000; Insurance coverage varies by provider

- Bariatric surgery can improve or resolve more than 30 obesity-related conditions, including type 2 diabetes, heart disease, sleep apnea, hypertension and high cholesterol

TYPES OF BARIATRIC SURGERY PERFORMED BY DR. FULLUM

- **Laparoscopic Roux en Y Gastric Bypass**
  - Stomach is reduced from size of football to size of golf ball
  - Smaller stomach is attached to middle of small intestine, bypassing the section of the small intestine (duodenum) that absorbs the most calories
  - Patients eat less because stomach is smaller and absorb fewer calories because food does not travel through duodenum

- **Laparoscopic Adjustable Gastric Banding**
  - Silicone band filled with saline is wrapped around upper part of stomach to create small pouch and cause restriction
  - Patients eat less because they feel full quickly
  - Size of restriction can be adjusted after surgery by adding or removing saline from band

- **Vertical Sleeve Gastrectomy**
  - Emerging procedure
  - Approximately 85% of the stomach is removed, leaving a sleeve-shaped stomach
  - No published studies on long-term results

IMPACT ON OBESITY-RELATED DISEASES

- Studies show bariatric surgery resolves type 2 diabetes in 73% - 83% of patients [1,2,3]

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- Study shows bariatric surgery cuts the risk of developing coronary heart disease in half [4]
- Studies show bariatric surgery is an effective treatment for obstructive sleep apnea and resolves the condition in more than 85% of patients [5,6]

BARIATRIC SURGERY: RISKS VS. BENEFITS

- The federal government (AHRQ) and studies report significant improvements in safety [6,7]
  - Risk of death from bariatric surgery is about 0.1%

- Morbidly obese individuals who have bariatric surgery increase their longevity, as compared to those who do not have surgery
  - Patients can improve life expectancy by 89% [8]
  - Patients can reduce their risk of dying by 30% - 40% [9,10]

- Morbidly obese patients who have surgery dramatically reduce their risk of dying from an obesity-related disease, as compared to those who do not have surgery
  - Risk of death from diabetes down 92%, from cancer down 60% and from coronary artery disease down 56% [10]

LONG-TERM EFFECTIVENESS OF BARIATRIC SURGERY

- In general, bariatric surgery patients experience their maximum weight loss 1-2 years after surgery and maintain a substantial weight loss, with improvements in obesity-related conditions, for years
- Patients may lose 30% - 50% of their excess weight 6 months after surgery and 77% of their excess weight as early as 12 months after surgery [11]
- Long-term studies show up to 10-14 years after surgery, morbidly obese patients who had surgery maintained a greater weight loss and more favorable levels of diabetes, cholesterol and hypertension, as compared to those who did not have surgery [3,12]

ADOLESCENTS AND BARIATRIC SURGERY

- As obesity rates rise in the U.S., an increasing number of adolescents (12-17 years old) are receiving bariatric surgery, an estimated 349 in 2004 [7]
- Bariatric surgery has been performed on morbidly obese adolescents for more than 10 years; doctors are gaining more experience with surgery for this age group
- Long-term efficacy and impact remains unknown, but is a topic of ongoing research

FOLLOW-UP CARE

- Bariatric surgery is considered a tool to help morbidly obese patients lose weight, to be used in conjunction with changes in eating and exercise habits

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- Research shows that bariatric surgery patients who keep all doctors appointments for at least 3 years after surgery lost an average of 24% more weight, as compared to those who skipped appointments [13]
- Studies show that bariatric surgery patients who attend support groups maintain about 20% - 30% greater excess weight loss as compared to patients who do not attend support groups [14,15,16]

Facts compiled and provided by the American Society for Metabolic & Bariatric Surgery.

For the latest facts related to metabolic and bariatric surgery, visit:
http://www.asmbs.org/Newsite07/media/asbs_presskit.htm

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