

Bariatric 14 Weight Loss Surgery

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Ask Your Patients...

"Would you like to discuss weight-loss surgery?"

If Your Patient Asks...

"How can I lose weight?"

UNDERSTAND the problem

Obesity has become a well-recognized problem in the U.S., affecting more than 30% of adults.^{1,2} Obesity-related health problems, including diabetes, heart disease, arthritis, and certain cancers, produce significant disability in affected individuals. More than 100,000 deaths each year are directly related to obesity.³

Exercise and intentional weight loss can improve or eliminate these health problems and reduce obesity-related mortality.⁴ However, because weight loss through diet and exercise is difficult and studies suggest that obese patients tend to regain lost weight, interest in bariatric surgery has been increasing.

In order to improve health outcomes in severely obese patients, one should have a clear understanding of how weight-loss surgery may fit into patient care. This includes the likely extent of weight loss, the expected benefits, the risks both during and after the surgery, and the long-term effects on nutrition and quality of life.

WHO can benefit

Adults between 40 and 59 years of age are more likely to be obese than adults in other age groups. The overall prevalence is approximately 40% among men and 41% among women. Non-Hispanic black women and Mexican American women are more likely to be obese than white women, overall. However, non-Hispanic black women older than 60 years of age are significantly more likely to be obese than either of the other groups.²

With the substantial increase in the number of obese Americans over the past several decades, the use of bariatric surgery has increased as well. Women undergo bariatric surgery more often than men, making up 82% of procedures in 2004.⁵ Most procedures are performed in adults 18 to 54 years of age, but the number of adults older than 55 years of age choosing bariatric surgery has increased greatly. Although the use of these procedures in adolescents is controversial and numbers remain small, the number of teens having bariatric surgery has been increasing.

WHAT are the criteria

The National Institutes of Health, the American College of Physicians, and the American Association of Clinical Endocrinologists recommend that weight-loss surgery be considered for patients who meet the following criteria:^{6, 7, 8}

- BMI is greater than 40 or greater than 35 in the presence of high-risk comorbid conditions (e.g., diabetes, hypertension, hyperlipidemia).
- Obesity-related conditions interfere with the patient's daily life.
- The patient has tried and failed an adequate exercise and diet program.
- The patient has no current drug or alcohol abuse or uncontrolled psychiatric illness.
- The patient understands the risks, benefits, potential long-term side effects (e.g., cholelithiasis, malabsorption), necessary lifestyle changes, and expected outcomes.

HOW patient health improves

Weight loss has been demonstrated to be a highly effective means of reducing or eliminating obesity-related comorbidities. The majority of patients who have undergone weight-loss surgery have shown improvement in or resolution of:⁹

- Diabetes
- Nonalcoholic fatty liver disease
- Polycystic ovarian syndrome
- Venous stasis disease
- Obstructive sleep apnea
- Gastroesophageal reflux disease
- Degenerative joint disease
- Depression
- Migraine
- Urinary incontinence
- Pseudotumor cerebri
- Hypoventilation

Bariatric surgery holds considerable promise for substantial weight loss in extreme obesity. However, long-term benefits may not be fully realized without sustained lifestyle changes.¹⁰ All of the options for weight loss should be thoroughly discussed with patients, including the benefits, risks, and challenges.

WHERE to find resources

American Association of Clinical Endocrinologists

<http://www.aace.com>

American College of Physicians

<http://www.acponline.org>

American Society for Metabolic and Bariatric Surgery

<http://www.asmb.org>

Centers for Disease Control and Prevention

Overweight and Obesity

<http://www.cdc.gov/obesity>

National Institutes of Health (NIH) Obesity Research

<http://obesityresearch.nih.gov>

The Obesity Society

<http://www.obesity.org>

- 1 Centers for Disease Control and Prevention. Prevalence of overweight and extreme obesity among adults: United States, trends 1960-62 through 2005-2006. Available at http://www.cdc.gov/nchs/data/hestat/overweight/overweight_adult.htm. Accessed November 2, 2010.
- 2 Ogden CL, et al. *Obesity Among Adults in the United States—No Statistically Significant Change Since 2003–2004*. NCHS Data Brief 1. Hyattsville, MD: National Center for Health Statistics; 2007.
- 3 Flegal KM, et al. Excess deaths associated with underweight, overweight, and obesity. *JAMA*. 2005;293(15):1861-1867.
- 4 Williamson DF, et al. Prospective study of intentional weight loss and mortality in never-smoking overweight US white women aged 40-64 years. *Am J Epidemiol*. 1995;141(12):1128-1141.
- 5 Zhao Y, Encinosa W. *Bariatric Surgery Utilization and Outcomes in 1998 and 2004*. Statistical Brief 23. Agency for Healthcare Research and Quality; 2007.
- 6 Consensus Development Conference Panel. NIH conference: gastrointestinal surgery for severe obesity. *Ann Intern Med*. 1991;115:956-961.
- 7 Snow V, et al. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2005;142(7):525-531.
- 8 Mechanick JL, et al. American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic and Bariatric Surgery medical guidelines for clinical practice for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient. *Surg Obes Rel Dis*. 2008;4:S109-S184.
- 9 Brethauer SA, et al. Risks and benefits of bariatric surgery: current evidence. *Cleve Clin J Med*. 2006;73(11):993-1007.
- 10 Elder KA, Wolfe BM. Bariatric surgery: a review of procedures and outcomes. *Gastroenterology*. 2007;132(6):2253-2271.

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