

Health care solutions

How bariatric surgery can help people help themselves **Interviewed by Chelan David**

Nearly two-thirds of the U.S. population is considered overweight, and 5 percent of all Americans fall into the morbidly obese category. Excess weight substantially increases the risk of numerous health problems and is also associated with an increase in mortality.

Bariatric surgery is designed to help people fighting obesity improve their health by using surgical intervention. Although bariatric surgery can be an effective tool in weight loss, patients must also commit to long-term lifestyle changes.

"Bariatric surgery is ideal for people who are willing to take personal responsibility for their well-being," says Dr. Amir Mehran, assistant clinical professor of surgery and director of bariatric surgery at UCLA Medical Center. "It really helps them as long as they are willing to help themselves."

Smart Business spoke with Mehran about the types of surgical weight-loss techniques that are available, what eligibility requirements must be met and what the recovery process consists of.

What are some health risks associated with obesity?

Obesity is associated with several risks, including cardiac disease, high blood pressure, diabetes, hyperlipidemia and obstructive sleep apnea. There are also risks for malignancies such as ovarian, prostate, colon and kidney cancers.

What types of methods are available for the surgical treatment of excess weight?

Several are available. The caveat, however, is that none of them will work unless the patients change their lifestyle and eating habits before surgery.

The most common procedure is the Roux-en-Y gastric bypass, which has been done since the late 1960s. It has been shown to be quite effective with minimum number of side effects. Another available method is adjustable gastric banding. It is a newer operation whose U.S. results have been mixed. The biliopancreatic diversion/duodenal switch is a much more dras-



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tic and less commonly performed operation. It results in the most amount of malabsorption.

Once again, however, if a person is not committed to the whole pathway of changing his or her life, nothing will work.

In order to have a surgery, what eligibility requirements must a patient meet?

The general eligibility requirements are based on guidelines set by the National Institutes of Health. Essentially, they go by body mass index, which is defined as kilograms divided by meters squared. People with body mass indexes over 40 are considered to be morbidly obese. If their body mass index is over 35 but they have other problems such as high blood pressure or diabetes, they are considered to be candidates for surgery as well.

People are generally between the ages of 18 and 65, although there is currently much debate about what to do with children who are morbidly obese. Obesity must have been present for several years, and patients should have been on several supervised diets in the past. They must also be free of any major psychiatric problems.

What are some possible risks and complications that can arise from bariatric surgery?

Speaking for the gastric bypass procedure, the mortality rate is roughly one in 500. The risks include intestinal leakage, which occurs in less than 1 percent of cases, and deep venous thrombosis in the leg with resultant pulmonary embolus, where a clot from the leg travels to the lung, which occurs in about less than 1 percent of all cases. Other potential problems include bowel obstructions, marginal ulcers and sagging skin.

How should a person decide if a surgery is the most viable option?

It's a very personal choice. It has to be made with the help of family, a good social support system and a trusted primary care physician.

This type of surgery is really geared toward people who have tried everything else to lose weight. They've been on all kinds of diets and exercise programs and have lost a certain amount of weight. However, after a while they stop losing weight, get discouraged and gain all of their weight back plus an additional amount.

Once surgery is completed, what does the recovery process consist of?

For the laparoscopic Roux-en-Y gastric bypass, which is what we do at the UCLA Medical Center, the recovery time is roughly two to four weeks. Then during the first year or two, the patient needs to be followed closely with blood work done every three months. After that, a yearly follow-up is fine.

For the gastric bypass procedure, as long as patients take their vitamins and are watchful of what they do, the downsides are very minimal. It is critical to have a good primary physician who can follow their progress closely.

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