

UCLA Center for Obesity and METabolic Health (COMET) offers safe, effective weight loss



UCLA has combined its multiple obesity services into one center in order to simplify referrals and optimize patient care. The UCLA Center for Obesity and METabolic Health (COMET) includes state-of-the-art programs for both surgical and nonsurgical weight loss.

Obesity is a multifactorial disease involving genetic, metabolic, psychological, environmental and behavioral factors. UCLA's collaborative team includes a bariatrician, bariatric surgeons, hepatologist, dietitian and clinical psychologist. Patients receive a comprehensive evaluation and are able to consult with a number of specialists during one visit at COMET's weekly clinic. Because no single treatment will work for every patient desiring weight loss, treatments are individualized to achieve the highest chance of success.

Minimally invasive bariatric surgery

UCLA's Center for Obesity and METabolic Health is a high-volume surgical center with a Level One Center of Excellence designation by the American College of Surgeons' Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. National comparisons show UCLA bariatric surgeons have 50 percent fewer re-operations and a 24-hour shorter hospital stay than average.

Convenience and personalized care at COMET

COMET is a one-stop clinic for patients interested in weight loss and referring physicians who wish to ensure their patients receive comprehensive, high-quality care, says Yijun Chen, MD, assistant professor of surgery at COMET.

"Having all of our services in one center makes things much easier for the referring physician," he says. "It helps patients because we can schedule them with a bariatrician if they want medical management or, if they want surgery, with a bariatric surgeon. It's very easy for patients to consult with a number of physicians on the same day."

Many patients experience a rapid improvement of health and quality of life following a weight-loss intervention.

"Obesity has surpassed tobacco as the number-one cause of preventable death. We really need to have a comprehensive approach to this serious medical disease," Dr. Chen says. "Patients should feel confident in coming to us because we are a center of excellence, have a dedicated staff and offer comprehensive care and the latest technology."

UCLA also boasts a 99.7 percent laparoscopic completion rate. Nationwide, the mortality rate for bariatric surgery is 0.1 percent, less than many other common procedures, such as gallbladder surgery. UCLA bariatric surgeons are among the most experienced providers of laparoscopic obesity treatments in the country and have been at the forefront of many new advances in the field. Following surgery, many patients see dramatic improvements in obesity-related disease, such as improvements in hypertension and hypercholesterolemia as well as a possible resolution of type 2 diabetes. Bariatric surgical options include:

- **Roux-en-Y gastric bypass surgery** — This procedure is considered the gold standard of weight-loss surgery. UCLA surgeons perform Roux-en-Y using minimally invasive laparoscopic techniques and have created an innovative technique for this procedure, called the U loop, that lowers the complication rate. Gastric bypass results in excess weight loss in 60 to 80 percent of patients in the short term, and most patients maintain more than 50 percent of their weight loss up to 20 years after surgery.
- **Laparoscopic sleeve gastrectomy** — This procedure removes approximately 75 to 80 percent of the stomach. Sleeve gastrectomy is a newer procedure with impressive weight-loss results and a low complication rate, including a lower rate for nutrient deficiency and dramatically reduced rate for marginal ulcer and bowel obstruction compared with gastric bypass surgery.
- **Gastric bypass revision** — Surgeons offer revision surgeries for patients who fail to lose enough weight, experience weight regain or medical complications. Lap Band removal is also available.

Medical weight-loss options

Patients who wish to avoid surgery can enroll in a supervised medical weight-loss program that includes a reduced-caloric-intake diet, physical activity and behavior modification. UCLA's Risk Factor Obesity (RFO) program, founded more than 30 years ago, was among the first university programs to research the use of very-low-calorie diets (VLCD). COMET patients are also evaluated for complications of their obesity, especially fatty liver disease (non-alcoholic steatohepatitis, or NASH), and are considered for available medical treatments for their condition. Interested patients can also be considered for participation in ongoing COMET research protocols.

Nonsurgical treatment of obesity can also include medications. A number of new medications are available, including Qsymia (a combination of phentermine and topiramate in an extended-release capsule), Belviq (also called lorcaserin, a medication that affects chemicals in the brain that impact appetite) and Contrave (a combination of bupropion and naltrexone). Clinical trials suggest medications can promote the loss of up to 10 percent of body weight.

Maintenance for long-term success

COMET oversees all aspects of the weight-loss process, including support and education to maintain long-term success. COMET physicians are also pursuing numerous research projects aimed at further enhancing the results of weight-loss interventions.

Participating Physicians

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