

Bariatric surgery



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— Dr. Mark Vierra,
Monterey general surgeon

Community Hospital's Bariatric Surgical Center of Excellence

Community Hospital has been designated a Bariatric Surgical Center of Excellence since 2006 by the American Society for Metabolic and Bariatric Surgery. The designation reflects a rigorous evaluation process documenting that we have a comprehensive program that provides safe surgical care, excellent outcomes, and extensive follow-up care.

Beyond weight loss

By their very name, “weight-loss surgeries” put the emphasis on the visible: the loss of weight. But the benefits of the procedures are much more than cosmetic, enabling many patients to better control or even eliminate diabetes, lower blood pressure, reduce cholesterol, and improve a variety of other health issues.

“Although it is understandable that most people focus on weight loss as the goal of weight-loss surgery, this is commonly not our chief concern when we are considering the patient for this type of operation,” says Dr. Mark Vierra, a general surgeon who has performed more than 2,500 bariatric surgeries. “About two years ago, the American Society for Bariatric Surgery changed its name to the American Society for Metabolic and Bariatric Surgery to emphasize the attention we pay to metabolic conditions such as diabetes, hypertension, high cholesterol, sleep apnea, and heart disease.”

Studies cited by the society say that bariatric surgery can improve or resolve more than 30 obesity-related conditions. One study found:

- Type 2 diabetes remission in 76.8 percent of patients
- High blood pressure eliminated in 61.7 percent of patients and significantly improved in 78.5 percent of patients

- High cholesterol reduced in more than 70 percent of patients
- Sleep apnea eliminated in 85.7 percent of patients

The study in the *Journal of the American Medical Association*, also found that joint disease, asthma, and infertility were dramatically improved or resolved among the patients studied. It also showed that patients lost between 62 percent and 75 percent of their excess weight.

“Weight loss by any means,” says Vierra, “has been shown to improve or help prevent all of these conditions in most people, even people who are just a little bit overweight. The problem is that without surgery almost no one loses a lot of weight and keeps it off for more than two years. Three major studies have shown that weight-loss surgery saves lives because of fewer deaths from diabetes, heart disease, and cancer.

“Not everyone has a great diet after weight-loss surgery,” Vierra continues. “But many people are able to make dramatic changes in their diets, which they seemed to have been unable to do without the aid of surgery, I think because they find themselves encouraged by being able to lose weight more effectively and more reliably. Perhaps for all these reasons — lost weight, diminished calorie intake, and

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better diet — most patients who have sleep apnea, abnormal lipids, high blood pressure, or joint disease will find that these conditions are much improved or even go into remission with weight-loss surgery.”

Vierra has seen those kinds of results since he initiated the bariatric surgery program at Community Hospital in 2001 and helped build it into a Bariatric Surgical Center of Excellence, a designation awarded by the American Society for Metabolic and Bariatric Surgery. Patient Debbie Tracy, for example, has lost more than 100 pounds, no longer needs insulin, and has eliminated other medications that had been a must. (See profile that follows.)

“It is striking,” Vierra says, “that the severity of diabetes does not predict likelihood of remission with surgery, and we commonly see patients with very poorly controlled diabetes go into complete remission within just a few weeks of surgery. On the other hand, patients who have had diabetes for more than 10 years, even if well-controlled, may not have complete remission of their diabetes, although it is likely to be much improved.”

While most research has focused on those who are morbidly obese, new research is looking at whether bariatric procedures can provide health benefits to those who are only minimally overweight but have diseases like diabetes.

Validation, he says, could mean that bariatric surgery might be appropriate for a broader section of the population who aren’t dealing with weight issues but who do have diabetes.

More information about bariatric surgery, including a schedule of a monthly overview and introductory lecture by Vierra, is available at www.chomp.org or call Community Hospital at 649-7230.

TYPES OF BARIATRIC SURGERY

Gastric bypass and gastric banding are the most common procedures in the United States. The duodenal switch and vertical sleeve procedure are performed infrequently.

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 main part of the stomach and duodenum.
- Patients eat less because stomach is smaller and hormonal changes may diminish hunger.

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.

Bilio-pancreatic diversion with duodenal switch

- Similar to gastric bypass, but surgeon creates sleeve-shaped stomach.
- Smaller stomach is attached to final section of small intestine, bypassing much of the small intestine.
- Patients eat less because the stomach is smaller and they absorb fewer calories because food does not travel through the duodenum.

Vertical sleeve gastrectomy

- Stomach restricted by stapling and dividing it vertically, removing more than 85 percent of it.
- Procedure generates weight loss by restricting the amount of food that can be eaten.
- Currently considered as an alternative to gastric banding.

SOURCES: American Society for Metabolic and Bariatric Surgery and Dr. Mark Vierra