Obesity epidemic means more weight-loss surgery

Editor's Note: This article, focusing on individuals who have undergone weight-loss surgery, was prepared just as the federal government announced that it may stop making Medicare payments for the procedures for people age 65 and over. It contends the death rate among older patients may be too high. Doctors who perform weight-loss surgery, meanwhile, vigorously deny that clinical data support such a move.

Please see page 10 for a story outlining all sides of this timely debate. The final decision is expected at the end of this month. Whatever the outcome, "LifeTimes" will keep you posted.

In 2002 Col. Robert Stratiff, a 69-year-old military man in Colonial Heights, Va., noticed that his legs had developed oozing ulcers — a sign his veins were failing. "I had heart problems, arthritic knees and sleep apnea," he says. "I walked on crutches, and I had to sleep sitting up. I needed heart surgery and two knee replacements."

A retired Army colonel who had piloted helicopters in Vietnam, Col. Stratiff was unhappy with the way his life was ending up. Somehow over the years he had packed 360 pounds onto his 5-foot-7-inch frame and developed related health problems.

"The doctor told me that if I didn't do something about my weight, I would lose both my legs and probably my life," he says.

After reading an article about weight-loss surgery, Col. Stratiff asked his doctor if an operation could help. His physician wasted no time making an appointment for him with a specially trained bariatric surgeon.

Col. Stratiff attended seminars in which various aspects of the surgery were explained and watched the proposed surgical procedure on film. "The doctor told me my odds were good — so I wasn't worried about risk," says Col. Stratiff.

Standard gastric bypass

Results were immediate. Within a month, Col. Stratiff had lost 40 pounds; after two months, 70. After eight months, doctors told him that he was healthy enough to undergo knee replacement. (He also underwent a third surgery, a heart bypass, with flying colors.)

Today, at 170 pounds, Col. Stratiff no longer has vein problems or sleep apnea. He may never have to go through with replacement of his second knee because his arthritis pain is so much less.

He does say that the first month after weight-loss (bariatric) surgery "was hell. All the food has to be pureed, and you have terrific post-operative pain." (However, he says the pain from weight loss surgery was much less than he experienced with subsequent knee surgery.)

During that month, a physical therapist visited his home several days a week to show him strengthening exercises. Solid food was reintroduced gradually until he could eat everything he ate before surgery.

Weight loss has meant a return to active life. Now, Col. Stratiff swims a mile four or five times a week. He also eats right. "I haven't had a French fry or a potato chip in three years. I've given up fast food, and I don't miss it."

Col. Stratiff underwent standard gastric bypass surgery, termed the Roux-en-Y procedure. In this operation the surgeon makes an incision from the top of the breast bone to the navel. With the abdomen laid open, an egg-shaped pouch for receiving food is separated from the lower stomach by a line of staples. The small size of the pouch limits the body's ability to hold much food.

Then, the surgeon attaches a lower section of the small intestine directly onto the pouch, bypassing most of the stomach and the first section of the small intestine. This short cut to the pouch not only causes less food to be absorbed, but also reduces much of the desire to eat by minimizing the upper intestine's secretion of the appetite-stimulating hormone ghrelin.

"I thank heaven that the surgery was available," says Col. Stratiff. "I have absolutely no regrets."

Obesity risks

Col. Stratiff typifies people for whom obesity is a causal factor in multiple debilitating disorders, including arthritis, cancer (especially endometrial, breast, prostate and colon cancer), coronary heart disease, gallbladder disease, gastroesophageal reflux disease, high blood pressure, respiratory problems, stress urinary incontinence, stroke and type 2 diabetes.

The number of annual deaths directly attributable to obesity alone is heavily debated. Earlier this year the U.S. Centers for Disease Control and Prevention said obesity by itself causes about 112,000 deaths a year — far fewer than the 365,000 deaths the agency had earlier reported.

However, as a main underlying contributor to illness, obesity is implicated in many of the nearly 700,000 U.S. deaths each year from heart disease. The World Health Organization reports that 30 percent of all cancer deaths worldwide are obesity-related.

The risk of premature death from one or a combination of obesity disorders is well-documented. For example, the Framingham Heart Study finds that 40-year-old adults who have a "body mass index" (BMI) equal to or greater than 30 shorten their lives by six or seven years. Meanwhile, obese smokers by middle age double the number of years of life lost. Obese women smokers will live 14 fewer years and men 13 fewer years than their non-smoking, lower-weight counterparts.

Even more years are lost if a person is obese as a young adult. The third National Health and Nutrition Examination Survey reports that people age 20 to 30 with a BMI equal to or greater than 45 forego 13 to 18 years of life.

Despite the devastating physical toll of being overweight, 64 percent of Americans are now either obese or overweight, including the 30 percent of adults who are defined as obese or morbidly obese, says the National Center for Health Statistics.

In a society where people live longer and become more sedentary with age, the need for weight loss surgery as a last resort for dangerously obese people grows. But is the surgery safe? Some are certain it is when performed by experienced doctors at properly equipped facilities. Others want to see more evidence. (See page 10 story.)

Laparoscopic method

"I can tell you that minimally invasive laparoscopic bypass surgery is as safe as any major surgery when it's done by someone who's highly experienced at a major medical center," says Constantine Frantzides, M.D., Ph.D., professor of surgery and director of the Minimally Invasive Surgery Center of Evanston Northwestern Healthcare in Evanston, Ill.

Laparoscopic procedures enable a surgeon to perform gastric bypass surgery using a small, tubular instrument with a camera attached (a laparoscope) for viewing the abdomen through short incisions. Special technology allows the surgeon to see and work inside the abdomen using magnified images.

Jerri Kelley, a patient of Dr. Const[antine] Frantzides, lost 140 pounds following weight loss surgery. She has kept it o[ff for fi]ve years. Ms. Kelley made the decision when she realized sbe could not wal[k far en]ough to babysit for a grandchild.

Dr. Frantzides has designed and performed 13 different world-first minimally invasive laparoscopic procedures as well as special surgical instruments to carry out the procedures. He travels internationally to teach, and patients come to him from all over the country.

Laparoscopic surgery results in permanent weight loss with fewer complications than other weight-loss procedures, says Dr. Frantzides.

"With traditional bypass surgery, the entire abdomen is open for several hours, inviting clot formation and other complications," he says. "But with laparoscopic bypass the patient is in surgery for just 90 minutes. Most patients require no stay in intensive care afterwards. Two hours after surgery, they are breathing deeply, moving about. And laparoscopic surgery can mean going home the next day."

Laparoscopic bypass surgery is also deemed superior to a procedure called "lapband" surgery, in which the surgeon places an inflatable silicone band around the upper part of the stomach to pinch off a small pouch. "Unfortunately, band procedures tend to lower a person's eating capacity — but not the desire to eat," says Dr. Frantzides. "So frequently weight creeps back on."

Any surgery on an obese patient is riskier than that on other patients, says Dr. Frantzides. "This is why bariatric procedures need to be done by a highly experienced surgeon working with a team trained in bariatric procedures at a center with a good success record for weight-loss surgery."

Therein, says Dr. Frantzides, lies a problem. There are too few highly qualified advanced laparoscopic surgeons. Patients who opt for the surgery may have to travel to major medical centers to be assured of the best possible care.

"You need to find a surgeon who has done at least 100 bypass operations," says Dr. Frantzides. "You need to ask, 'Have you standardized your technique?' and 'Is your hospital equipped for bariatric patients?'"

He advises, "Be sure to ask a potential surgeon for the mortality rate among bypass patients. A rate of more than 3 percent should be considered unacceptable."

Dr. Frantzides studied 435 bariatric patients he operated on from October 2001 through December 2004 using an advanced laparoscopic technique. His study on these patients was awarded the best general surgery scientific paper by the American Society of Laparoscopic Surgeons in September 2005.

Among his patients, there was a .05 percent mortality rate — excellent for this high-risk population. Other high-volume surgeons commonly report death rates in the range of .1 to 3.0 percent among patients undergoing laparoscopic procedures.

"Weight-loss surgery may be an extreme measure, but for many, many people it is the only way they are going to lose weight and prolong their lives," says Dr. Frantzides.

"When you reach 100 pounds of overweight, it becomes much more difficult to lose weight with diet and exercise alone and keep it off long term. Most patients I see have been obese for years. They have tried everything."

When a person is 100 pounds or more overweight, nonsurgical medical treatment is only effective in 5 percent of patients, he says. This level of overweight is called "morbid" obesity.

"Frankly, we don't know why it is so difficult for the very obese to lose weight and keep it off," says Dr. Frantzides. "We just know that despite the best intentions, most patients cannot do it."

When choose surgery?

A 1991 consensus statement from the National Institutes of Health (NIH) says that weight loss surgery should be considered as a treatment option for people with a BMI in excess of 40. Surgery should also be considered for people with a BMI between 35 and 40 if they also have more than one major health problem such as severe diabetes or high blood pressure. Patients should have shown poor response to nonsurgical therapy.

Doctors need to inform patients of potential bariatric surgery complications, says the NIH. The rate of hospitalizations in the first year following traditional gastric bypass surgery shows that complications are not uncommon. Among them are dehydration, vitamin deficiency, leaking at stomach staple lines and hernias at incision sites.

Most at risk for complications are the people who can potentially be helped the most – very overweight people. In the very obese, blood clots occasionally break free during surgery, travel to the lungs and cause pulmonary embolism. (Walking and using leg wraps to apply pressure to the leg can help reduce this risk.) Pneumonia may develop in the lungs because fat deposits put extra stress on the chest cavity.

"Twenty-five years ago when bypass surgery was in its infancy, you heard some frightening stories about the risks and complications," says Gibby Morton, 72, of Lincolnwood, Ill., who had laparoscopic surgery recently. "But everyone I know who has had it done in the last few years is just so thankful." Mrs. Morton says her weight was in the obese rather than morbidly obese range.

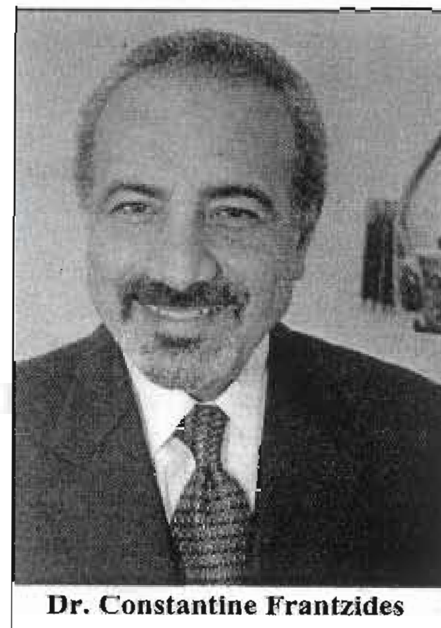
"I had developed arthritis in my knees and other joints," she says. "I wanted to save my joints so I could remain mobile, and I wanted to avoid heart disease and diabetes, which the future can hold for an obese person."

Mrs. Morton says that over the years she has gained insight into the way she sometimes gave food more importance in her life than it ought to have had. To maintain her new lifestyle — eating small, frequent meals —

She attends a weekly support group for people who have had bariatric surgery.

She says, "I'm giving myself a year to continue losing weight and get into my permanent body, which I hope will be a size 10. Then I plan to stay active the rest of my life."

Already, she says, she is walking on an indoor track an hour at a time.



Dr. Constantine Frantzides

Lifestyle change

After weight-loss surgery, meals must be smaller and more frequent. A person must slowly sip fluids throughout the day between meals rather than take liquids with meals.

To avoid malnutrition, supplements must be taken, particularly folic acid, vitamin B-12, vitamin D, iron and calcium.

In Evanston, Ill., a patient who askes to be called by only her first name, Carol, says that she underwent laparoscopic bariatric surgery a few months ago mainly because her acid reflux disease was "out of control" and she had developed diabetes.

"My weight was going up, up, up," says Carol, 72. "Now it is going down, down, down."

Coming down from 260 pounds, Carol is leading a more active life — swimming, shoveling snow and doing housework with more vigor.

"I didn't tell most of my friends that I had the surgery," she admits. "They just know I'm losing weight. They're as happy for me as I am for myself."

Only a doctor can determine if you are a candidate for laparoscopic bariatric surgery. To locate a qualified bariatric surgeon and a center of surgical excellence, telephone the American College of Surgeons at 1-800-621-4111, or visit www.facs.org. —M.A.S.

Body mass index

One way to determine if you are overweight or obese is to calculate your body mass index (BMI).

To determine BMI, multiply your weight in pounds by 704.5, then divide the result by your height in inches, and divide that result by your height in inches a second time. (Or you can use the BMI calculator at http://www.nhlbisupport.com/bmi/.)

Overweight is generally defined as BMI of 25 to 29; obesity as BMI of 30 or more.

In Illinois, facilities where staff members are highly experienced in weight-loss surgery include:

- Alexian Brothers Medical Center, Elk Grove Village
- Evanston Northwestern Hospital, Evanston
- Northwestern Memorial Hospital, Chicago
- Rush University Medical Center, Chicago
- Trinity Medical Center, Moline
- University of Illinois Hospital, Chicago