

Winning from Losing: Young teen's gastric bypass surgery reduces health complications

- Story
- Discussion

BETHANY CARSON - H&R Staff Writer | Posted: Wednesday, May 11, 2005 12:00 am | Loading...

Font Size:

Default font size

Larger font size



[Buy this photo](#)

Stephanie Francis by her mother's car last week, seven months after having a minimally invasive gastric bypass surgery

DECATUR - It was not an easy way out, but it was a life-saving procedure for one Sangamon County teen.

Stephanie Francis of Buffalo was just 14 when she underwent the weight-loss surgery called gastric bypass seven months ago. She has since attended her first dance and joined the high school softball team.

She said gastric bypass was not a quick fix, and it's still difficult for her, but it did save her life.

"If I had continued to gain weight at the rate I was going, I wouldn't be here right now," she said.

Weighing 387 pounds last summer, she became all too familiar with doctors' offices. The weight contributed to a rare vision condition where the spinal fluid pressure around her brain was too high, causing her to go blind and suffer from severe headaches. She also had sleep apnea and needed a machine to breathe throughout the night. Depression and hopelessness had also set in.

She once attended a weight-loss program, Camp Jump Start, near Carbondale and lost 33 pounds in four weeks. Stephanie said the camp increased her confidence in her ability to lose weight, but her health problems were compounding.

A year of searching for an answer led to specialist Dr. Constantine Frantzides, director of minimally invasive surgery at Evanston Northwestern Healthcare.

Conducting the surgery at Glenbrook Hospital, Frantzides said Stephanie was his youngest patient at age 14. He said adolescent surgeries are rare. He's conducted 21 procedures on teens ranging in age from 14 to 18 compared to thousands of adults.

Fifteen is usually his minimum age requirement. The other two requirements are a strong family history of obesity and an emotional maturity.

Frantzides said he has accepted as patients every adolescent who has come into his office because they are brought to him by their parents, who have had gastric bypass surgery themselves. He countered the argument that adolescents are not done developing by saying obesity can be a major hazard to the development of the child in multiple ways.

"They don't really lead healthy teenage years, not only from the physical point and the health point of view but also from the emotional and psychological point of view," he said. "These are really scars they are going to carry for the rest of their lives.

"I think the benefits of this surgery for the teen-age kids far outweigh the risks."

Teens, he said, receive minimally invasive surgeries rather than an open surgery. The laparoscopic procedure uses small incisions, resulting in less blood loss, shorter hospitalization, faster recovery and fewer complications, according to the National Institutes of Health.

The procedure is more difficult to perform, however. First creating a small pouch to restrict the amount of food a person can eat, the surgeon then connects a Y-shaped part of the small intestine to the new pouch. As a result, food bypasses a major portion of the stomach and reduces the amount of calories absorbed by the body.

Dr. Sidney Rohrscheib, a general surgeon at the Illinois Bariatric Center in Clinton, said he prefers a different procedure for younger patients.

"If it were my kid, it would be a lap band," he said.

A silicone rubber band is placed around the top of the stomach. When inflated, it restricts the passage of food into the rest of the stomach. The band can be tightened or loosened at any time, according to the National Institutes of Health.

Rohrscheib said it's reversible, it doesn't have operative risks, and it's less traumatic after the surgery.

Yet, the youngest people he operates on are about 20 years old. Emotional maturity is taken into account.

"I certainly won't do gastric bypass on an adolescent," he said, partially because the medical malpractice insurance companies discourage operating on adolescents.

He did agree that gastric bypass for adolescents could be determined on a case-by-case basis. "The impact of being overweight in those formative years is just devastating," he said, "and you grasp at any straw you can to try to correct that. It's not too drastic."

He recommended parents consider gastric bypass for their adolescents only as a last resort and pursue an experienced surgeon with a multidisciplinary team.

Stephanie was seen by numerous health care professionals, including Cheryl Swenny, licensed clinical professional counselor and behavioral psychologist for St. John's feeding team in Springfield. Swenny said the medical team initially did not recommend gastric bypass for Stephanie because of the emotional issues relating to weight and family instability at the time.

"That's the worry by doing these with adolescents because they live in the moment," Swenny said, "and priority is social peer kind of things and not necessarily what the parents are telling you to do."

She said Stephanie had proved during camp that she could succeed in a supportive environment. With the addition of family support, counseling, medical monitoring and self-discipline, Stephanie could cope with the lifelong changes induced by gastric bypass, she said.

Stephanie stayed in the hospital for two nights and was back in school in two weeks, but she said the first month was painful. She didn't want to give up her favorite foods, and she got sick if she ate too much.

"After a while, you learned what works and what doesn't," she said. Now she limits bread or pasta, which are difficult for her to digest.

Vitamins are another story. Disliking the act of taking of medicine for any reason, Stephanie said she has to remind herself how important supplements and medications are for her weight loss and overall health.

She needs 65 grams to 75 grams of protein a day, which Frantzides said is the equivalent of eating half of a chicken. Because her stomach is restricted, Stephanie has to get her protein in condensed forms, such as tofu, protein shakes and protein bars.

She also takes a multivitamin and a calcium supplement. Once a week, she takes a B12 supplement that dissolves under her tongue.

Within five months after surgery, Stephanie lost nearly 100 pounds, regained most of her vision, reduced her blood pressure to normal and slept better.

"I don't have to worry about every other day whether I'm going to get sick," she said the past week. "It's a lot easier to wake up every day and know that you're getting better and not worse."

She set a goal of weighing less than 200 pounds. That's 95 pounds to go, but she has not set a time limit.

"I lost a lot of weight fast," she said. "Now it's taking longer to lose weight. My body is catching up. You can't really make yourself lose this much weight in this amount of time because your body is going to go as fast as it can."

Her mother, Karla Francis, said she has seen her daughter go from being nearly blind and clinically depressed to shopping for homecoming dresses and displaying emotional maturity.

"We got her emotionally ready because if anybody, adult or child, is not emotionally ready for this, it wouldn't be the right thing," she said.

She said going to school in a town of 500 people still challenges her daughter, and the temptation for emotional eating doesn't disappear. On the other hand, she said, her trust in the procedure has grown along with her daughter's confidence.

"When I see her walking out of school, there's a bounce in her step and she's smiling," she said. "I'm just so, so proud that everything she's been through, and she's a very, very strong person for it."

According to Frantzides, success of the surgery depends on two things: the surgeon making the right-sized stomach pouch and the patient following strict, comprehensive guidelines afterward.

Frantzides said he had to correct the surgery of his first teen-age patient, a 17-year-old male. Originally making the stomach pouch too large, Frantzides said a second surgery reduced it. Five years later, the patient reached a normal weight.

The bypass patient must also accept nutrition guidelines, supplement regimens, exercise programs and support groups.

"It's pointless if you don't exercise," Stephanie said. Two hours of softball every day helped her.

"Before that, I didn't have the motivation to go out and walk around the block. With softball, if you don't practice, you don't play."

The other part of her gradual progress is support, she said. "You have to have people supporting you to make the right choices. (Otherwise), you're just going to fall back into old habits."

Bethany Carson can be reached at bcarson@herald-review.com or 421-6968.

Posted in Lifestyles on *Wednesday, May 11, 2005 12:00 am* Updated: 10:56 am.

Share This Story

Print Email ShareThis

Similar Stories

- Fiddlin' away
- 'Against All Odds' earns approval of subject
- Skinny up comfort foods
- Sisters' wedding pact doesn't stand up to test of time
- Overprotective parents won't acknowledge teen's maturity
- Volunteers help make library's carpet installation project a breeze

Sponsored Links

Mexico Gastric Bypass Surgery in Mexico

Must travel to Mexico. Save 70%. Board certified.

As seen on CNN.

www.mexicolapbandexperts.com

Medical IDs Save Lives

Give yourself and your loved ones peace of mind with a medical ID.

AmericanMedical-ID.com

Post Gastric Bypass Surgery

Post gastric bypass surgery. Find more about Gastric Bypass Surgery.

BypassSurgery.SteadyHealing.com

Ads by Yahoo!