Medicine for Managers

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Bariatric Surgery

As obesity reaches epidemic proportions, it is becoming increasingly important to achieve weight loss by any means possible. Surgery for weight loss, known as bariatric surgery, is used in those patients who are grossly obese and in whom other attempts at weight loss have failed.

Those patients whose obesity is life threatening with a Body Mass Index [BMI] of greater than 40 [also known as morbid obesity] or who have a BMI of greater than 35 but who have other serious health disorders or diseases may be treated under the NHS. Such disorders may include hypertension, diabetes, hyperlipidaemia and sleep apnoea. However it is not available in all areas and the NHS funds less than half of all procedures.

Obesity isn't a new problem but the incidence is rising rapidly, presumably as a result of the twin incentives of readily available high calorie advertised foods and drinks and the availability of money to buy them.

> The BMI is the ratio of weight to the square of the height, thus:
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> $$BMI = \frac{\text{weight (kg)}}{\text{height}^2 \text{ (cm)}}$$

Nowadays, the problem cannot be ignored and, despite available advice on diet, many morbidly obese people fail to lose weight.

There are two most commonly used types of surgery:

(1) gastric banding [where a band is placed to encircle part of the stomach to reduce its capacity] which results in a requirement for less food to feel 'full'.

(2) gastric bypass where the larger part of the stomach is bypassed so that food enters the small bowel, less food is digested and a feeling of fullness occurs quickly. There are, however, many variations of the procedure and all can be done by open operation or, where considered appropriate, laparoscopically.

The procedures are not without significant risk. Grossly obese patients or those with other serious medical problems are already at intrinsically greater risk and it is estimated that death occurs in between one in fifty and one in two hundred patients depending on the degree of obesity. Other significant risks include internal bleeding and clotting problems such as deep vein thrombosis and pulmonary embolism. Following surgery persistent vomiting is common as patients come to terms with their dietary restrictions and dehydration may also ensue. Patients who are to undergo bariatric surgery must be very carefully counselled beforehand to ensure that they have realistic expectations about their life and its restrictions after the operation.

Following bariatric surgery patients should not regard the process as complete because the surgery alone does not guarantee weight loss. It is necessary post-operatively to start a programme of rigorous dietary control combined with structured exercise and the approach to maintaining weight reduction will be lifelong. Normally patients continue to see dieticians post-operatively because they may need vitamin and mineral supplementation and intensive advice about the diet to maintain the steady weight loss. Post-operative counselling is also important. Psychological support, including cognitive counselling, is essential to provide the necessary support. Other problems may also develop. For example significant reduction in weight may be accompanied by the development of loose folds of redundant skin. This may be in the form of an apron hanging from the lower part of the abdomen or from the chest, under the arms and round the neck and the sagging skin may need removal for physical and cosmetic reasons. Grossly obese patients who have suffered anxiety or depression may attribute the problem to their weight and may find that the psychiatric problems do not disappear with weight reduction. Sometimes interpersonal relationships are damaged by losing weight. However, things are not all bad and it is often the case that patients with co-morbidities do improve as the weight reduces. Raised blood pressure may come down towards normal and diabetes may improve. Some patients can reduce medications for disorders aggravated by excess weight.

Overall the results of bariatric surgery are good. Research carried out in America suggests that patients with a gastric band

will lose about half of their *excess* body weight and those with a gastric bypass will lose about two-thirds of their *excess* body weight. In both groups there will be improvements (and sometimes cure) of other medical disorders.

No doubt the debate about funding and whether the operations should all be paid for by the NHS will continue. Whether there will be a meeting of minds between the two polarised positions is probably very doubtful. Undoubtedly the surgery will help most people to have more years of healthy life but obesity is generally controllable by the individual and some see it as a self-inflicted wound. This debate is particularly focused at a time of financial stringency when cuts are being sought.

As someone trying to lose a stone at the moment, I understand how difficult, albeit simple, is the mantra “eat less, exercise more”. I’ll let you know how it goes!

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