

BARIATRIC DIGEST

BARIATRIC NEWS FROM THE SURGICAL WEIGHT LOSS CENTER OF UTAH JULY 2005

Digest Dialogue

Right Procedure + Right Program = Right Choice
By Amber Baker R.N.

The field of bariatric surgery is experiencing an explosion of growth, research, and regulation. Guiding your patients who may be potential surgery candidates may seem daunting. The Surgical Weight Loss Center of Utah at Salt Lake Regional Medical Center offers help in guiding you as a physician to help your patients make the right choice in bariatric surgery.

There are currently several different bariatric procedures being performed. Our program offers two procedures: The Roux-En Y Gastric Bypass and The Lap Band. All bariatric procedures cause weight loss by one or both of these methods: limiting how much food the patient can eat at one time and limiting how much food the body absorbs as fuel. These changes also allow the body to use stored fat as fuel.

Restrictive Procedure: The LAP-BAND

An adjustable, saline-filled balloon is placed on the top portion of the stomach to create a small pouch. The size of the band is adjusted using a port placed underneath the skin, attached to the abdominal fascia. Adjusting the band changes how quickly food leaves the new pouch.

Results

- Shorter hospital stay
- Fewer complications
- Less invasive surgery
- Band can be adjusted periodically
- Good option for women in child-bearing years
- No "dumping syndrome"
- Quicker recovery
- Used in Europe and Australia with good success

Risks

- Long term US results >10 years have not been studied (FDA approval 6/01)
- US results to be determined
- Weight loss is slower (average 1-2 lbs./week)

Restrictive and Malabsorption Procedures: Roux-en-Y Gastric Bypass

Part of the stomach is closed off. This leaves a small pouch to hold food, restricting the amount that can be eaten at one time. The small intestine is cut and reattached to the new stomach pouch creating a shortened path for food to travel through.

Results

- Quicker weight loss (this can be motivating to patients)
- Most frequently performed Bariatric procedure in the US
- First done in 1967
- Laparoscopically since 1993
- 50% of patients were at their goal weight in a 14 yr follow-up study.
- Many health conditions improve

Risks

- Longer recovery time than lap band
- Dumping syndrome
- Increased number of complications
- Longer hospital stay
- Poor absorption of iron, calcium, and chronic B12 deficiency.
- Stomach pouch stretching

Some important considerations for your patient include the fact that Weight Loss Surgery is not cosmetic surgery. The decision to elect surgical treatment requires an assessment of the risks and benefits to the patient. The success of weight loss surgery is dependent on the patient's long-term lifestyle changes. The patients must also be aware that problems may arise after surgery that require re-operation. The average mortality rate for 10,000 patients is 0.3%. A recent study established the following criteria for the success of bariatric surgery, which is: the ability to achieve and maintain weight loss of at least 50% of excess body weight without having substantial adverse effects.¹

Our program offers comprehensive care including pre-education seminars, one-on-one meetings with a dietitian and an exercise physiologist, and pre-operative teaching. Our follow-up and support groups will guide your patients to their weight loss goals and help them cope with the changes weight loss can bring. For more information you can refer patients to our information line 1-800-401-8446 (THIN) or visit our website at www.saltlakeregional.com and click on the "Surgical Weight Loss Center of Utah" link.

¹ (Balsiger, BM, Kennedy, FP, Abu-Lebdeh HS, et al. Prospective Evaluation of Roux en-Y Gastric Bypass as Primary Operation for Medically Complicated Obesity. *Mayo Clinic Proc.* 200 July; 75 (7): 673-80)

About the Author

Amber Baker, BS, RN



Amber is from Salina, Utah. She graduated from Snow College and the University of Utah. She has a B.S. in exercise and sports science and a B.S. in nursing. Amber has been a part of the Surgical Weight Loss Center of Utah team since July of 2004.

Amber is the clinical coordinator for the program overseeing and educating the clinical staff at Salt Lake Regional Medical Center. She also facilitates the lap band support group monthly. Amber is responsible for pre-op and post-op education for all bariatric patients.

The thing Amber loves most about her job is seeing the confidence that patients gain after they realize what they can accomplish.