Bariatric Surgery:

The One Specialty Where a Big Loss Is a Great Gain

As a surgeon specializing in laparoscopic bariatric surgery for weight loss, William Graber, MD, probably sees greater medical, physical and emotional improvements in his patients than any other surgeon, and that, he says, is why he keeps doing what he does.

Of course, ask any dedicated physician why he or she practices medicine and you'll probably get a similar answer, but with Dr. Graber's patients it's obvious on the surface, since it is common for his patients to lose at least 75 percent of their excess weight, which could be more than 100 pounds. This leads to profound health benefits.

The toll that the morbidly obese pay for carrying that much excess weight is costly. Take diabetes—80 percent of diabetics are overweight or obese. An 11- to 18-pound weight gain doubles a person's likelihood of developing Type 2 diabetes. The obese often develop high blood pressure and an increased risk for stroke and heart attack. Obesity also tends to bring with it higher levels of lipids—fatty substances like cholesterol and triglycerides—in the blood. Both substances can lead to atherosclerosis or hardening of the arteries and, eventually, heart attacks and stroke. There's also a greater tendency for liver and kidney disease. Perhaps the most staggering statistic is that obesity is responsible for an estimated 300,000 premature deaths each year in the United States alone.

The problem is still growing. According to data released in January by the Centers for Disease Control and Prevention, more than 34 percent of Americans are classified as obese (a body mass index greater than 30) and about 4 percent, Dr. Graber says, are morbidly obese with a BMI of 40 or higher.

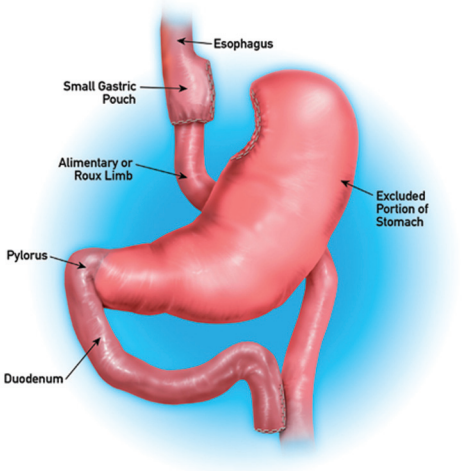
"Obesity and the health problems that go with it are at record levels in the U.S.," Dr. Graber says, "and right now bariatric surgery is the only way to help the morbidly obese successfully lose weight, keep it off and improve their overall health."

Laparoscopic gastric bypass surgery—the kind of weight loss surgery Dr. Graber performs—is a serious procedure and he will not consider it unless the person has a BMI of 40, or 35 if there are serious medical problems related to weight. Prospective patients must also have had unsuccessful attempts at weight loss through dieting and exercise before they can be considered.

"Gastric bypass surgery is not to be taken lightly," Dr. Graber warns. "It is major surgery and its success ultimately depends on how committed the patient is to changing eating habits after the surgery. This operation is a very powerful tool to control appetite."

Dr. Graber cites the mid-1950s as the first time surgical weight control was attempted, but it wasn't until the 1990s that it became more mainstream because surgeons began performing the gastric bypass operation using less invasive laparoscopic surgery. Instead of using one long incision, surgeons like Dr. Graber began using smaller incisions with their movements precisely guided by a miniature video camera, providing, he says, a magnified image and "much better visualization." The laparoscopic approach, Dr. Graber says, reduces a patient's hospital stay and avoids several postoperative complications that are prevalent with a single long incision.

To begin the bypass, Dr. Graber uses a specialized cutting tool to separate a small portion of the upper stomach from the rest of the stomach. By stapling the bottom of this section he creates a small pouch about the size of an



In the most commonly performed gastric bypass procedure, Roux-en-Y, a small stomach pouch is created, excluding a larger portion of the stomach. A section of the small intestine is attached to this pouch. Food that is eaten now bypasses the stomach and goes directly to the small intestine. Filling this pouch with just a few bites of food creates the same sensation as a large meal would have before the surgery. Patients who have gastric bypass surgery do need to commit to a new style of eating (including smaller portions, foods low in sugar and fat and appropriate fluid intake) as well as regular physical activity to promote overall good health.

Could Your Weight Be Increasing Your Health Risk?

Calculate your body mass index (BMI) on St. Joseph's Web site at www.sjhsyr.org/sjhhc/hidc07/WellnessTools/20/000001.htm. BMI is a numerical value of your weight in relation to your height. BMIs are good indicators of healthy weights for adult men and women, regardless of body frame size. Higher and lower BMIs are associated with significantly increased health risks in some people.

The success of any surgery depends on many factors, including the highly skilled members of the surgical team. Members of St. Joseph's bariatric surgical team, photographed in an operating room, include (from left to right) Penny Jemola, RN, Katie Geiss, RN, William Graber, MD, and Ginette Soule, ST.

egg. He also closes the top of the much larger remaining section of the stomach. In the second part of the surgery, Dr. Graber cuts the lower part of the patient's small intestine, pulls it up and attaches it to the pouch he created earlier. Any food eaten by the patient now bypasses the stomach and goes directly to the small intestine. Changing the path the food takes reduces the body's ability to absorb calories and turns off a person's appetite. (The lower part of the stomach continues to function, secreting digestive fluids into the upper part of the small intestine. Dr. Graber has reconnected the upper part of the small intestine to the lower part to deliver those digestive fluids, but nothing else.) One drawback to the procedure is that patients also absorb fewer nutrients, so vitamin and mineral supplements are needed.

Besides dramatically reducing the amount of food the patient is capable of consuming, Dr. Graber says the surgery also works to reduce hunger.

"We don't quite fully understand the actual process that makes this happen," Dr. Graber says, "but when the food bypasses the stomach it also shuts off the creation of hormones that 'tell' the brain we're hungry. It lessens our appetite."

The surgery, however, is not a "green light" for the patient to resume previous eating habits—far from it.

"As I tell my patients," Dr. Graber says, "they still have to pay their taxes. To make it work they have to eat real food three times a day taking tiny bites. They'll feel full after a few bites and they need to stop. If patients continue to snack all day, the surgery won't work."

The surgery's visual effects are quickly obvious. Dr. Graber says his patients often lose 30 to 40 pounds the month following surgery. The second month they may lose another 30. After that, he says, it tapers off, but most can expect to lose at least 70 percent of their excess weight and some lose it all and keep it off.

"It's important, however, not to dwell on the numbers or percentages," Dr. Graber stresses. "The important measurement is having a healthy life."

The health benefits often start to "kick in," Dr. Graber says, within days or weeks of surgery. Energy levels rise. Blood pressure drops. Cholesterol levels drop. The effects of Type 2 diabetes are reduced. Cancer risks go down. The changes can be emotional, as well.

"I've had cases in which patients have a gained a new outlook on life," Dr. Graber recalls. "They no longer feel crippled, socially isolated by obesity. I feel very lucky to be able to do this operation for these people because it makes such a difference in their lives." ●

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