

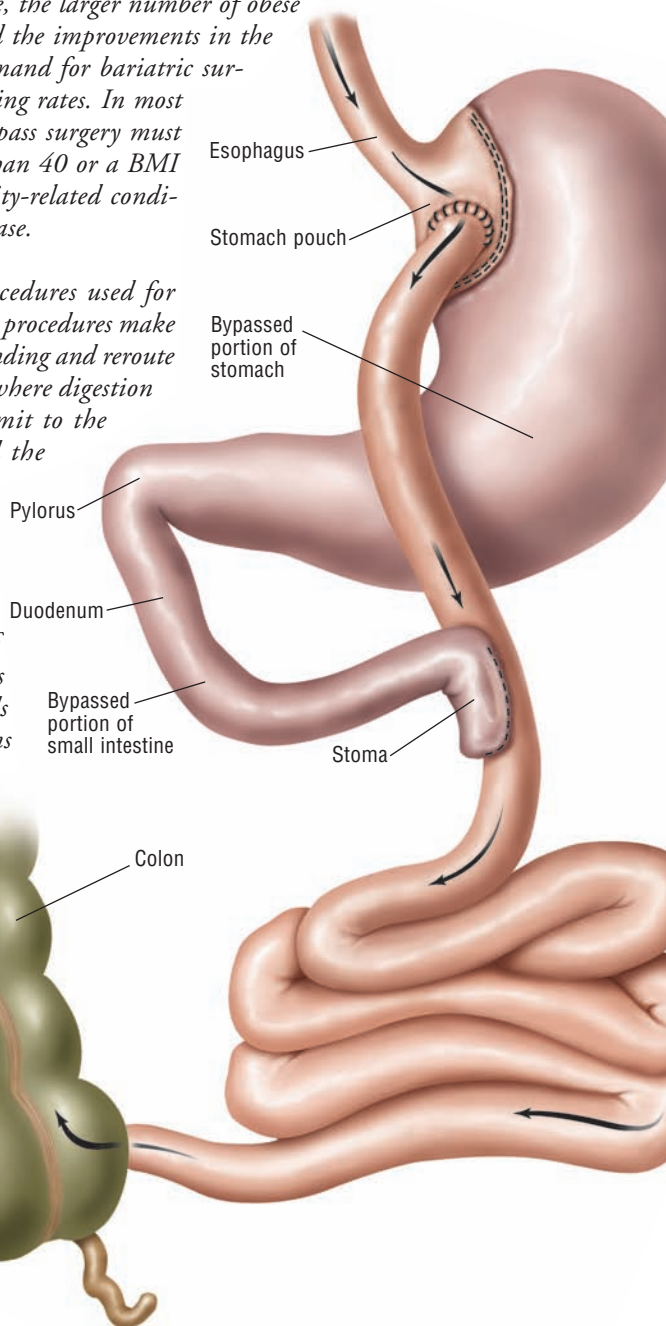
# Gastric Bypass

## Limiting Food Intake

Gastric bypass surgery, also known as bariatric surgery, is becoming a more common procedure to treat morbidly obese patients in the United States. In 2002, over 70,000 Americans underwent gastric bypass operations to lose weight. However, this number represents less than 1% of the more than 11 million patients in the U.S. who would have been medically eligible for the operation in 2002. With the increased safety of the procedure, the larger number of obese patients who qualify for this surgery, and the improvements in the surgery itself, it is estimated that the demand for bariatric surgery will continue to increase at astounding rates. In most cases, patients who qualify for gastric bypass surgery must have a body mass index (BMI) greater than 40 or a BMI between 35 and 40, along with an obesity-related condition such as type 2 diabetes or heart disease.

Although there are various surgical procedures used for bariatric surgery, the most commonly used procedures make the stomach area smaller by stapling or banding and reroute the food past most of the small intestine, where digestion takes place. The result is a dramatic limit to the amount of food that can be eaten and the absorption of fewer calories and nutrients, as this food is digested in the shorter

small intestine. Gastric bypass surgery is a life-altering surgery. Most patients lose a great deal of weight rapidly for up to about two years after the procedure. This weight loss leads to improvement in many health problems associated with obesity, including type 2 diabetes, high blood pressure, and sleep apnea. There is a risk of complications, however, and it is an expensive surgery that may not be covered by insurance. To help ensure success, patients who are thinking about gastric bypass surgery must undergo screening and education to better understand the benefits, risks, and lifelong commitment they will be making to weight loss and its long-term maintenance.

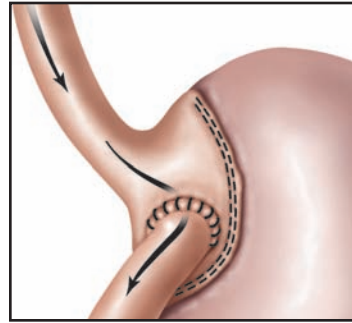


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## Surgery Now Safer and Less Invasive

Gastric bypass surgery is becoming a more frequently performed and safer surgery, and it is less invasive than ever before. With the dramatic successes of bariatric surgery, it is anticipated that the number of doctors and their patients who choose this treatment will continue to increase.



**Appropriate Candidates:** Gastric bypass surgery is indicated in patients who are morbidly obese, i.e., men more than 100 pounds overweight, women more than 80 pounds overweight, or patients with a BMI greater than 40. Patients with a BMI between 35 and 40 are also candidates if they have any health problems associated with obesity, including high blood pressure, heart disease, type 2 diabetes, and osteoarthritis. Weight loss in morbidly obese patients can improve these health problems and lead to a longer life.

*In most gastric bypass procedures, the stomach is separated so only a small portion is available for digestion, aiding weight loss.*

Patients considering bariatric surgery have usually failed on calorie-restrictive diets and exercise programs. Bariatric surgery, however, is not a miracle cure for obesity. To be good candidates for this surgery, they must understand the lifetime commitment to a new way of eating.

**Before Surgery:** Patients undergo an extensive evaluation of their physical health, as well as a psychological evaluation, to determine whether they are fully aware of the lifestyle changes this surgery will require. They are counseled on the necessary changes in their diet. They discuss realistic expectations for weight loss and the effect that the surgery will have on their daily lives and relationships, both while they are losing weight and afterward.

**Laparoscopic Procedures:** In many hospitals, newer laparoscopic procedures for gastric bypass have replaced the more traditional abdominal surgery. Laparoscopic procedures are done while the patient is under general anesthesia. Several small incisions in the abdomen are made through which the surgeon passes surgical instruments and lights to perform the surgery. In the most common gastric bypass procedures performed, the stomach is made smaller by using a stapling procedure or an adjustable band. The stomach that remains working is able to hold only small amounts of food or liquid at a time. At the same time, in combination procedures such as the Roux-en-Y gastric bypass, a Y-shaped section of the small intestine is attached to the new stomach so that food bypasses a significant area of the small intestine. The entire procedure takes about two hours. Compared with traditional abdominal surgery, laparoscopic procedures result in a quicker postsurgical recovery time. There is also a smaller risk of developing hernias after laparoscopic surgery. Most patients will remain in the hospital for two or three days and will be unable to return to work for three or four weeks.

**After Surgery:** There will be specific instructions as to the type and amount of food that can be eaten, beginning with an all-liquid diet and slowly advancing to more solid foods. With the small stomach, patients can eat only 1/2 to 1 cup of food at a time, and it must be nutritious and soft. It should be well chewed before it is swallowed. Meals high in fat or sugar are often difficult to digest. The surgery can result in the “dumping syndrome,” a reaction seen after a patient has eaten a meal high in simple carbohydrates (sugars), which can cause nausea, sweating, abdominal cramping, and diarrhea. Due to the small stomach size, patients may need to eat five or six small meals a day and should drink fluids, in sips, about 30 minutes after meals. Some patients may require vitamin supplementation. Patients must have follow-up visits with the doctor to check on their weight loss, health, and nutritional status. Since many patients lose a great deal of weight, they often need to undergo plastic surgery to remove excess skin around the abdomen.