

# Bariatric surgery found to cut risks

Weight-loss operations are expected to rise

BY ALICIA CHANG, August 23, 2007 ASSOCIATED PRESS

LOS ANGELES -- The first long-term studies of stomach stapling and other radical obesity treatments show that they not only lead to lasting weight loss but also dramatically improve survival. The results are expected to lead to more such operations, possibly for less severely obese people, too.

Researchers in Sweden and the United States separately found that obese people who underwent drastic surgery had a 30% to 40% lower risk of dying seven to 10 years later compared with those who did not have such operations.

The research, published in today's New England Journal of Medicine, could put to rest uncertainties about the benefits and risks of weight-loss surgery and lead governments and insurers to rethink who should qualify for such procedures, some doctors said.

"It's going to dispel the notion that bariatric surgery is cosmetic surgery and support the notion that it saves lives," said Dr. Philip Schauer, director of bariatric surgery at the Cleveland Clinic in Ohio, who had no role in the research.

Obesity surgeries have surged in recent years along with global waistlines. In the United States, 177,600 operations were performed last year, according to the American Society for Metabolic & Bariatric Surgery. The most common method was gastric bypass, or stomach-stapling surgery, which reduces the stomach to a small walnut-sized pouch and bypasses part of the small intestine where digestion occurs.

The Swedish study is the longest look yet at how obesity surgery affects mortality.

## The studies' results

Researchers led by Dr. Lars Sjostrom of Goteborg University compared 4,047 people with a body-mass index of more than 34 who had one of three types of surgery or received standard diet advice. BMI is a measure of height and weight; a BMI over 30 is considered obese.

After a decade, those in the surgery group lost 14% to 25% of their original weight compared with 2% in the other group. Of the 2,010 surgery patients, 101 died. There were 129 deaths in the comparison group of 2,037 people.

In the U.S. study, Ted Adams of the University of Utah led a team that looked at 7,925 severely obese people in the state who had gastric bypass. They were matched with people who did not have the operation and who were of similar height and weight.

After an average of seven years' follow-up, 213 people who had surgery died compared with 321 who did not have the procedure. The study did not look at weight loss.

Deaths from diabetes in the surgery group were dramatically cut by 92%; from cancer by 60%, and from heart disease by 56%. Surprisingly, the surgery group had a higher risk of death from accidents and other causes not related to disease.

## **Dramatic benefits**

Surgery's dramatic benefits make it ethically hard to deny patients the operation, said Dr. George Bray of the Pennington Biomedical Research Center at Louisiana State University.

Herb Olitsky, a 53-year-old business owner from New York City, credits his improved lifestyle to gastric bypass.

A diabetic, Olitsky was given months to live after developing a life-threatening bacterial infection near his heart muscles.

Olitsky, who stands 5 feet 8 inches tall, underwent stomach-stapling surgery in 1999 and went from 520 pounds to 160 pounds. He no longer struggles to walk a quarter block and has managed to control his blood pressure and heart rate.

"I knew I had to get it, and that's what's kept me alive," Olitsky said. "I'm healthier now than I've ever been."

## **Surgery requirements**

Weight-loss surgery is considered relatively safe with the risk of death from the surgery at less than 1%. Common complications include nutritional deficiency, gallstones and hernia.

U.S. guidelines recommend that surgery be considered only after traditional ways to slim down have failed. Candidates must be at least 100 pounds overweight and have a BMI of more than 40, or a BMI of more than 35 plus an obesity-related medical condition such as diabetes or high blood pressure.

This fall, a panel of experts from the National Institutes of Health is to revisit the obesity surgery guidelines. It's not known whether a BMI change would be considered, spokeswoman Susan Dambrauskas said.

Susan Pisano, a spokeswoman for America's Health Insurance Plans, which represents 1,300 insurers, said the group will rely on any new recommendations from the federal government.