For some teens: Gastric band, not punk rock band

By ACSH Staff — January 12, 2012

While weight-loss surgery has been championed as an effective treatment for many severely obese adults who were otherwise unsuccessful at losing their excess weight, there is still an ongoing debate over the minimum age required to receive such a procedure.

Recently, an article in The New York Times [1] explored the different facets of this issue. As the piece notes, weight-loss surgery is becoming increasingly widespread numbers have risen sevenfold over the past decade, and 220,000 operations are now performed each year. Currently, about one to two percent of these weight-loss operations are conducted on patients under 21, and there is a movement to increase this number researchers are studying the impact of weight-loss surgery in children as young as 12. Allergan, the producer of the commonly used Lap-Band, which is used in the laparoscopic adjustable gastric banding procedure that constricts the stomach and makes the patient feel full on little food, is pressing for permission from the FDA to use its device in teenagers as young as 14. (Currently, the procedure is approved for patients who are at least 18 with a minimum body mass index of 40, 35 for people with at least one other health-related condition, or 30 for people with at least two co-morbidities).

Some, like Dr. Jeffrey Zitsman, director of the New York-Presbyterian/Morgan Stanley Children’s Hospital center for adolescent bariatric surgery, believe that weight-loss surgery is an important option for teens. It’s like having a precancerous condition that you can treat rather than waiting till it’s cancer, Dr. Zitsman contends. These proponents believe that keeping weight under control during these early years is especially important, before the obesity gets out of control and causes both significant health damage and social ostracism.

Yet others oppose giving young teenagers the operation, believing that it is not advisable to change a teen’s anatomy before they have finished developing. Opponents also argue that the health risks that could result from obesity are not an immediate threat to adolescents, so encouraging lifestyle changes might be a more appropriate strategy at this point in their lives. What’s more, teenagers tend to be more rebellious, and thus less likely to commit successfully to a strict dietary regimen, which is required to maintain weight loss following the surgery. Those who don’t adhere may be at risk of severe complications. Diana Zuckerman, president of the National Research Center for Women and Families, explains that these teens are making a lifelong commitment at a time when they may not be ready to do so. You’re going to have to have this tiny little meal for the rest of your life, she says.

ACSH’s Dr. Ruth Kava understands both sides of the argument, but agrees that there are significant concerns that adolescents may not properly take care of themselves following bariatric surgery. Young people don’t necessarily realize the long-term repercussions of their behavior and might not adhere to the diet they must follow after surgery, she comments. It would be ideal to
make sure prior to the procedure that they will be able to commit to the behavioral changes they'll have to make.

But countering obesity in teenagers is clearly an important goal, and the less invasive laparoscopic options that are available come with a fairly low level of risk: Only 0.05 percent of gastric banding patients die during or immediately after surgery, and only 1 percent of these patients develop major complications. The data just are not in yet regarding the long-term effects of weight-loss surgery in younger patients, says ACSH's Dr. Gilbert Ross. At this point, it should be decided on a case-by-case basis for these young patients with developing bodies.

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