

Bariatric surgery safe for teens

By ACSH Staff — November 4, 2013



^[1]Bariatric, or weight-loss surgery, has been instrumental in

helping severely obese (those with a BMI over 40) patients and those with comorbid conditions, such as diabetes, attain a more normal body weight and metabolism. Even morbidly obese teens have benefitted from one of several bariatric procedures. According to a [recent survey](#) ^[2], in 2009 there were approximately 1000 bariatric procedures performed on adolescents (10-19 years old). A [new prospective study](#) ^[3] in *JAMA Pediatrics* documents the safety of such procedures in young people.

Dr. Thomas H. Inge of the Cincinnati Children's Hospital Medical Center and colleagues followed 242 young people under 19 years of age for 3 years after they had undergone some type of bariatric surgery. Initially, the teens were, on average 17.1 years old, (27 percent were in the 13-15 age group), and had a median BMI of 50.5 kg/m² (approximately 308 pounds for a 5 ft 6 inch person), which put them well into the severely obese category. A BMI of 30 or higher is considered obese. Ninety-three percent of the cohort was non-Hispanic, 72 percent were Caucasian, and 76 percent were female. Slightly over half of the participants also had four or more major co-morbid conditions, such as high cholesterol, sleep apnea, back and joint pain, hypertension, fatty liver disease and diabetes mellitus.

The Roux-en-Y gastric bypass (in which the GI tract is shortened and rearranged) was the most common procedure (66 percent), followed by vertical sleeve gastrectomy (a portion of the stomach is removed) and adjustable gastric banding (a band is placed around the top portion of the stomach) in 28 and 6 percent of subjects respectively. Explanations of the various types can be found [here](#) ^[4].

Researchers documented major (life-threatening) complications, such as bowel obstruction or bleeding, in 5 percent of the subjects, and minor (non-life-threatening, but unplanned) complications such as a minimal gastrointestinal tract leak not requiring re-operation, in about 8 percent these occurred during surgery or early in the post-operative period. After the patients left the hospital, about 3 percent had major complications and 11 percent experienced minor ones.

Overall, 92 percent of the patients had no major complications after 3 years of observation. The authors wrote The fact that major, life-threatening complications were infrequently observed

documents the short-term safety of these procedures in this patient population.

In a related editorial, Michael G. Sarr, M.D., of the Mayor Clinic, Rochester, Minn., wrote Adolescence is a crucial time for the development of the emotional as well as social foundation of later life; many of us maintain that the psychosocial retardation probably needs to be considered on equal terms as are the more evident metabolic problems of severe obesity; they are all interrelated.

ACSH s Dr. Ruth Kava supports Dr. Sarr s comment A severely obese adolescent will certainly be subject to negative attitudes and comments from others, which can be debilitating to say the least. A longer term follow-up on these patients (which is planned) will help us better understand these influences. But certainly in at least the short term, bariatric surgery may well be the only practical means to help these young people attain a more normal life both medically and psychologically.

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