Weight-loss surgery effective for severely obese

By ACSH Staff — December 12, 2013

The U.S. National Institutes of Health recommends that those individuals with a body mass index (BMI) of 40 or higher, (or 35 if accompanied by serious medical conditions such as diabetes), consider undergoing bariatric surgery. A new study [1], conducted by researchers from the University of Pittsburgh’s School of Medicine and Graduate School of Public Health and published in *JAMA*, adds more evidence supporting the efficacy of weight loss surgery for not only weight loss, but also to ameliorate obesity-related health complications.

Researchers led by Dr. Anita Courcoulas, a bariatric and general surgeon at Magee-Womens Hospital of UPMC, used data from the Longitudinal Assessment of Bariatric Surgery Consortium, which is an observational cohort study including data from 10 hospitals to study the safety and effectiveness of bariatric surgery. They used records from about 1700 patients, ranging in age from 18 to 78, with an average BMI of 45.9. Individuals had either undergone gastric bypass surgery (where most of the stomach is bypassed) or laparoscopic gastric banding (surgery to make the stomach smaller).

They tracked the records of these individuals for three years following surgery and found that both procedures resulted in significant weight loss, mostly within the first year following surgery. Gastric bypass surgery resulted in a median weight loss of about 32 percent and laparoscopic gastric banding resulted in median weight loss of 16 percent of initial body weight. Additionally, among those individuals with obesity-related health conditions, 67 percent demonstrated remission from diabetes and 38 percent demonstrated remission from hypertension after undergoing gastric bypass surgery. For laparoscopic gastric banding, those numbers were 28 percent and 17 percent respectively. High cholesterol was also resolved in 61 percent of gastric bypass patients and 27 percent of laparoscopic gastric band patients.
However, Dr. Courcoulas cautions, Bariatric surgery is not a one size fits all approach to weight loss. Our study findings are the result of data collected from a multicenter patient population, and emphasize the heterogeneity in weight change and health outcomes for both types of bariatric surgery that we report. Longer-term follow-up of this carefully studied cohort will determine the durability of these improvements over time and identify the factors associated with the variability in effect.

According to ACSH’s Dr. Ruth Kava, These data supplement an already extensive body of research indicating the efficacy of bariatric surgery with respect to both weight loss and comorbid conditions in the extremely obese patient. Long-term follow up on the patients in this cohort will be important to inform us about the durability of these effects. Of course, prevention of obesity is preferable to treating it when already well-established; however, for patients with severe obesity and related health conditions bariatric surgery may be their best hope.

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