Weight-Loss Surgery Improves Health of Some Diabetics

By Gil Ross — October 7, 2015

A new study from the Netherlands gives significant support to the ability of bariatric surgery to eliminate clinical findings of type 2 diabetes (T2D), also known as "adult onset" diabetes.

There were some variations in the efficacy among the three main types of weight-loss surgery. Further, the study was observational, that is, a retrospective record-review analysis, rather than the more reliable prospective, randomized controlled study.

That said, the degree of remission-induction detected in the records-review analysis was so striking as to be difficult to dispute.

The multi-center group of authors from four separate Dutch medical centers was led by Jan Peter Yska, D. Pharm., of the Medical Centre Leeuwarden. It was published in *JAMA Surgery*.

The authors reviewed the charts supplied by a primary care database in the United Kingdom, the MRC Lifecourse Epidemiology Unit in Southampton of 569 obese patients with type 2 diabetes who had different types of weight-loss operations, and compared their diabetes parameters to 1,881 similar diabetics who didn't have surgery. The measured parameters included BMI, and triglyceride, blood glucose, and hemoglobin A1c levels.

The results were striking indeed all relevant measurements sharply decreased during the first two years after bariatric surgery. Altogether, the surgical patients had an almost 18-fold greater chance of experiencing remission, meaning their elevated blood sugar returned to a healthy level, common in people without diabetes.
Compared to results without surgery, remission was about 43 times more likely in patients who had gastric bypass, which reduces stomach size from three pints to a few ounces, and almost 17 times more likely for patients who had procedures known as sleeve gastrectomies, which reduce the stomach to the size of one cup, give or take. Remission was about seven times more likely when patients had gastric banding, which is less invasive than the other types, but is associated with less weight loss.

Co-author Frank de Vries, a pharmacist at Maastricht University and Utrecht University in the Netherlands, told Reuters [3] that while diabetics might benefit from bariatric surgery in general, and gastric bypass in particular, there aren’t enough long-term data yet to say whether these operations might make sense for diabetics who are not obese.

There is no strong evidence to date,” De Vries said, "that support recommending bariatric surgery for the management of type 2 diabetes alone, in the absence of obesity.

Roughly one in nine adults have diabetes, and the disease will be the seventh leading cause of death by 2030, according to the WHO. Most diabetics have type 2, which happens when insulin secretion becomes disordered, leading to elevated blood sugar and many other metabolic abnormalities.

Left untreated it can lead to kidney failure, nerve damage, vascular diseases which lead to amputations, blindness, heart disease and strokes.

I’d advise that before anyone jump on the bariatric bandwagon, let’s remember that such surgery especially the more extensive gastric bypass is not risk-free. Operative and post-op complications are not uncommon, and even later on the development of malabsorption and malnutrition can actually occur. Also, lifestyle improvements before surgery can make it unnecessary, with balanced diets, smaller portions and increased exercise.