While Effective, Bariatric Surgery Has its Downsides

By Ruth Kava — January 6, 2016

As we've noted before (most recently here), the most effective means of dealing with extreme obesity is bariatric surgery that in some manner reduces the ability of the digestive tract to absorb dietary calories. Not only can these surgeries provide an astounding amount of weight loss, but they also can induce remission of Type 2 diabetes.

Of the various types, the Roux-en Y gastric bypass surgery (RNYGB), seems to be the most effective, but one thing is certain is that it is the most extensive type. But the results are not always totally positive, because like most surgeries there can be adverse side effects from RNYGB.

To ascertain the types and prevalence of adverse symptoms after RNYGB, Dr. Sigrid Bjerge Gribsholt and colleagues from the Aarhus University Hospital in Aarhus, Denmark, conducted a survey among over 2,200 Danish patients who had undergone RNYGB. These patients were compared to a control group of 90 people, matched with patients with respect to sex and BMI, but who had not received bariatric surgery. The report was published in *JAMA Surgery*.

Of the operated group, about 1,400 patients responded to the survey, of whom 80 percent were women (the average age of all respondents was 47 years). Nearly 89 percent reported having had one or more symptoms in the nearly five years after undergoing RNYGB. In spite of that, most of them (over 87 percent) reported an improvement in their well-being post-surgery; only 8 percent said their well-being decreased. The symptoms that most commonly had led the subjects to seek medical counsel, and the percent reporting them, were:

- abdominal pain 34 percent
- fatigue 34 percent
- anemia 28 percent

Other less common adverse effects included hypoglycemia (low blood sugar), kidney stones, and gallstones. Characteristics that were most commonly associated with having symptoms included: female gender; being younger than 35 years old; being a current smoker; being unemployed; and having other surgical symptoms prior to having RNYGB surgery. However, the risk of having
symptoms from RNYGB surgery were small, ranging from 11 percent for current smokers to 34 percent for those with prior surgical symptoms, compared to the risk of the symptoms being reported by the non-operated control group. Reported quality of life decreased as the number of reported symptoms increased.

The investigators also noted that nearly one third of patients were hospitalized for some reason after RNYGB, and this rate was 4-to-5 fold greater than the hospitalization rate in the comparison group.

The positive effect of RNYGB surgery on patients' perceived quality of life is encouraging, and with more attention to anticipating, and thereby decreasing the occurrence of the reported symptoms, it can be hoped that their frequency will also decrease.