By Margit Feury

FAMILY CIRCLE'S associate photo editor Judy Watson-Remy tried to slim down for years. Then she decided to have weight-loss surgery, and in one year she lost 118 pounds.

Shortcut to Weight Loss? The Risks and Rewards of Gastric Bypass Surgery

"After my surgery, the first thing I had to eat was two spoonfuls of baby food. I immediately had a weird feeling in my belly. Then I realized, 'Wow, this is what it's like to feel full.' I had never ever felt that way before," says Judy Watson-Remy, 43, associate photo editor at FAMILY CIRCLE, who underwent weight-loss surgery in the summer of 2002 after having been overweight her entire life.

Two months after surgery Judy walked into a department store in Manhattan and tried on a coat. It was too big on her. She began to cry. "I had never fit into anything in a regular clothing store before," she says. After years of trying to lose weight, she had finally found her miracle cure.

Millions of Americans search for a weight-loss miracle. Approximately 80 percent of the population of the United States has been on a weight-loss diet. Today many are turning to what they feel is their only choice—going under the knife. In 2002 about 63,000 weight-loss (bariatric) surgeries were performed in the United States. This year an estimated 98,000 will be done, according to the *Journal of the American Medical Association.* No doubt that's due in part to the fact that weatherman Al Roker brought the topic to America's attention by revealing on national TV that he himself had bariatric surgery to reduce his weight.

Is Surgery the Answer?

The seriousness of these operations is not to be understated. "They're not magic fairy dust," says Christine Ren, M.D., bariatric surgeon at New York University Medical Center in New York City. "They're merely tools for people with potentially life-threatening health problems" such as high blood pressure, diabetes and sleep apnea.

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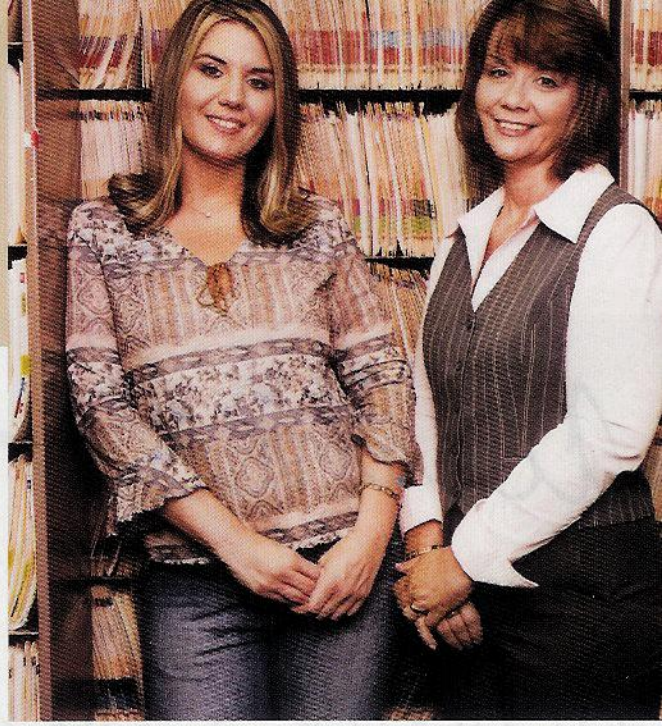
Millions search for a **permanent slim-down** solution.

Dee Tinkle, *far left,* (before) and *far right* (after), had weight-loss surgery with such success that her daughter (shown with her in both pictures) had the same surgery.



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"Weight-loss surgery is the only effective treatment for obesity out there," adds Dr. Ren. "According to the National Institutes of Health, people who lose more than 25 pounds through diet, exercise or diet pills almost always gain it back." According to the NIH, to be eligible for surgery you must be 100 or more pounds overweight or have a Body Mass Index of 40 or higher. (To determine your BMI, take your weight in pounds, divide that number by your height in inches, divide the result by your height in inches again and multiply by 703.) Someone who's 80 pounds overweight or has a BMI over 35 may be eligible if he or she also has at least two obesity-related health problems.

Candidates must also show they have tried to lose weight but have been unsuccessful. Most surgeons require psychiatric evaluations and nutritional counseling beforehand. A patient also needs to be deemed healthy enough to handle the dangers of surgery *(for more on this, see "The Risks: What You Need to Know" on page 89)*. That risk depends on many things, including the length of the operation, size of the patient and type of procedure. "Insurance companies often have stricter requirements than doctors do," says Diane Crumley, president of Neweigh, a company in Houston that helps people get insurance approval for obesity surgery.

One Weapon in the Weight War

When Susan Foster, a former teacher's aide in Olympia, Washington, began looking into weight-loss surgery 15 years ago, she weighed about 250 pounds. She heard about clinical trials being done on the adjustable gastric band (now called a "lap band" since the procedure involved can be performed laparoscopically) and decided to have one inserted. (The Food and Drug Administration approved it in June 2001.) She lost 107 pounds and has been able to keep it off, except for one 15-pound fluctuation (when she was in an accident and couldn't exercise).

During the procedure, an adjustable silicone band is wrapped around the upper part of the stomach, dividing it into a small upper pouch above the band and a larger pouch below. This limits the amount of food that can be eaten at one time, and results in a feeling of fullness as the food slowly makes its way through the narrow outlet between the upper pouch and the rest of the stomach. When the technique is performed laparoscopically, it requires only a few small abdominal incisions. The band is adjustable, so afterward a doctor can tighten or loosen it. But even though it's the least invasive procedure, that doesn't mean it's risk free. In September of 2002 Brenda Scott, city councilwoman in Detroit, died of surgical complications three days after having the lap band procedure. The mortality rate for the procedure is estimated to be 1 in 2000, usually due to complications.

While patients lose, on average, 55 percent of their excess weight with the lap band, others don't lose much at all. For example, if you favor calorie-packed sodas, milk shakes and cocktails, you can still consume large quantities of these since they can easily get through the narrow outlet between the upper pouch and the rest of the stomach.

The Stomach Stapling Solution

A technique that preceded the lap band is vertical banded gastroplasty (stomach stapling), in which a small pouch is created by stapling the top of the stomach. Gastroplasty is done through a large incision. After surgery, only a very small amount of food can be eaten at one time and it must be chewed thoroughly before swallowing. "Stapling isn't

Photo, Brett Pagelli *(right)*.

5 Lifesaving Questions to Ask

Since all bariatric surgeries involve considerable risk, it is vital to ask as many questions as possible, including the following, before deciding if a procedure is right for you:

- Does the surgeon work with a team? Will a doctor, nutritionist and therapist screen you? Be wary of those planning little pre-surgery evaluation and follow-up.
- Does the doctor keep data on patients? Don't be concerned solely with how many pounds patients lose; complications and death rates are more important.
- Are support groups available? Are there meetings where, before opting for it, you can talk to people who've had the surgery? Are both medical and psychological issues related to the procedure addressed satisfactorily?
- Check out the hospital where your operation would be performed. Does it have proper safety procedures for bariatric patients?
- Does the surgeon follow patients long-term? Avoid those who dismiss patients after three to six months.

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adjustable like the lap band," says Robert Marema, M.D., a bariatric surgeon based in Fort Lauderdale, Florida. Patients, on average, lose less weight afterward, and there is a risk that the staples can break down.

Another Option

The Roux-en-Y gastric bypass (which Watson-Remy and Roker chose) is considered to be the gold standard for weight-loss surgery, according to the American Society for Bariatric Surgery and the NIH. With this procedure, the upper portion of the stomach is stapled, creating a small pouch so very little can be eaten at one time, explains Gio Dugay, R.N., N.P., a nurse practitioner in New York City. The pouch is then connected to a portion of the lower intestine. This causes food to bypass the lower stomach and upper intestines and go straight to the lower intestine, so fewer calories are absorbed. Since the pouch created is tiny, food must be chewed thoroughly before swallowing (to avoid regurgitation).

Right after surgery, Watson-Remy was able only to eat two tablespoons of food. "That amount continues to increase," she says. Over time, the newly formed stomach pouch stretches, and some patients regain weight.

Some people can't eat sweets and certain dairy products afterward. Normally these foods pass through the stomach at a slower speed than other foods. But since they now go through only part of the stomach and the lower intestine, they pass through more quickly in what is called the "dumping syndrome." This can cause nausea, lightheadedness, diarrhea and heart palpitations.

About 1 in 200 patients die from this procedure. Michael Intelmann, a former banker from Long Island, lost his wife Darlene as a result of it. "She suffered postoperative complications and never left the ICU," he says. She went into renal failure, had a stroke and her heart stopped. "Don't think weight-loss surgery is a quick fix," he says. "Look what happened to us."

Riskier Techniques

In biliopancreative diversion (BPD) and BPD with the duodenal switch (DS), a portion of the stomach is removed. The remaining stomach is then reconnected to the lowest portion of the intestine. With BPD and BPD/DS, more food can be consumed because the stomach is left larger than with the other bariatric surgery methods. But most of it isn't digested because it goes through only the now-smaller stomach and then to the lower intestine. Because these procedures cause so much of the intestine to be bypassed, fewer nutrients are absorbed than with the other methods.

Most patients lose 70 to 85 percent of their excess body weight and don't regain it. This technique, however, is less frequently used than other types of surgery because of the high risk for nutritional deficiencies.

Dee Tinkle, 47, a nurse coordinator in Delano, California, had BPD/DS surgery three-and-a-half years ago. "I'd tried every diet under the sun for 18 years," Tinkle says. "This was the only thing that worked for me." Dee lost 187 pounds and was so pleased with the results that her daughter, age 28, decided to undergo the same procedure a year later. Both are still satisfied with the results. **FC**

The Risks: What You Need to Know

"Any surgery is risky," says Dr. Ren. "When you're dealing with an overweight person, she probably has pre-existing health problems, so her risk of complications is greater than a healthy person's. The risks are not insignificant and must be weighed against the benefits of being free from obesity and the health problems related to it." Below are some possible dangers:

- **Potentially fatal infection:** With gastric bypass and BPD/DS, the stomach or intestine can leak into the abdomen, causing infection and even death.
- **Blood clots:** Obese patients may have health conditions that put them at risk of developing clots in their legs during and after surgery. If the clots are confined to the leg, swelling and pain result. But if they break off and travel to the lungs, a potentially fatal pulmonary embolism can result.
- **Excessive bleeding:** This can occur during or soon after surgery. Patients on blood-thinning drugs (to prevent clots) are at particular risk. Injury to the spleen can also cause bleeding.
- **Gallstones:** These occur in about 30 percent of weight-loss-surgery patients due to the rapid loss of weight and imbalanced or reduced activity in the gallbladder. Some doctors remove gallbladders during surgery. Medication may prevent the formation of gallstones, but sometimes the *gallbladder still must be removed.*
- **Lap bands slipping out of place:** This is especially likely if a liquid diet is not followed in the weeks after surgery. They can also erode into the stomach (which may happen when a patient takes aspirin or ibuprofen). Often additional surgery is needed.
- **Breathing problems:** After surgery, obese patients may suffer from a condition where the bottom of their lungs partially collapses due to shallow breathing. This can lead to fever, pneumonia and shortness of breath. Deep breathing exercises can prevent or cure this.
- **Staples that pop:** This can happen if gastric bypass patients don't eat mushy food for the first few weeks after surgery.
- **Dumping syndrome:** Gastric bypass patients sometimes have trouble eating sweets and certain dairy products. Normally these foods go through the stomach more slowly than other foods. But since they now go through only part of the stomach and the lower intestine, they pass through the body more quickly. This can cause nausea, lightheadedness, diarrhea and heart palpitations, among other symptoms.
- **Scar tissue:** As connections created with gastric bypass and BPD/DS heal, scar tissue may form, blocking the passage of food. The narrowed area must then be stretched.
- **Wound infection:** Any surgical wound can become infected.
- **Nutritional deficiencies:** With the decrease in food intake and the bypass of certain areas of the stomach and intestine that normally absorb vitamins, there is a decrease in the absorption of *nutrients. Patients must take supplements for the rest of their lives.*
- **Gastrointestinal problems:** Some patients experience constipation while others experience frequent diarrhea.