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FOR IMMEDIATE RELEASE

**NEW STUDY SHOWS HEALTH INSURER REQUIRED PROGRAM
MAY UNNECESSARILY DELAY BARIATRIC SURGERY**

Patients Wait Nearly Four Months Longer for Surgery, But Get No Additional Benefit

LAS VEGAS, NV – JUNE 25, 2010 – Patients required by their health insurance providers to complete a six-month medical weight loss program before bariatric surgery do no better than patients who have no such requirement, according to a new study presented here at the 27th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

Researchers at Carolinas Medical Center in Charlotte, NC, followed 440 consecutive bariatric surgery patients who had either laparoscopic gastric bypass (327) or laparoscopic adjustable gastric banding (113) from 2006 to 2010. One-hundred-sixteen patients were in health insurance plans requiring them to go through a so-called “mandated medical program” (MMP) for six months before bariatric surgery, and 324 patients were in plans that did not have this requirement.

According to the study, there was no significant difference in pre- or long-term post-operative weight loss between the two groups one year after surgery. However, those in the MMP group typically had to wait nearly four months longer to have bariatric surgery than their non-MMP counterparts.

“Our study shows that insurance mandated medical weight loss programs demonstrate no clinical benefit over what we normally do to prepare our patients for bariatric surgery,” said Timothy Kuwada, MD, the study’s lead investigator and the bariatric surgeon who performed all the surgeries in the study. “The most significant thing they seemingly do is unnecessarily delay surgery, which could be potentially harmful to patients.”

Dr. Kuwada states that regardless of insurance criteria, all patients typically received doctor-directed nutritional and psychological counseling for about two months to prepare them for surgery and were all placed on a standardized low calorie liquid diet two weeks prior to surgery. In addition to nutritional and psychological counseling, MMP patients were required to see a physician for six consecutive months as part of a medical weight loss program.

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In the pre-surgery period, the MMP group lost two pounds more than the non-MMP group, which is not statistically significant. After one year, gastric bypass patients in the non-MMP group had lost 64 percent of their excess weight while patients in the MMP group lost about 63 percent of their excess weight. Laparoscopic adjustable gastric band patients lost less weight than gastric bypass patients and the difference in excess weight loss between gastric band patients in the MMP group and the non-MMP group was not statistically insignificant (37% vs. 30%).

“We hope insurance companies revisit their policies on mandated medical weight loss programs so patients can have bariatric surgery when they are ready physically and mentally, not at an arbitrary time point like six months,” added Dr. Kuwada.

People who are morbidly obese are generally 100 or more pounds overweight, have a BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as Type 2 diabetes, heart disease or sleep apnea. According to the ASMBS, more than 15 million Americans are considered morbidly obese and in 2009 an estimated 220,000 people had some form of bariatric surgery. The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding.

In addition to Dr. Kuwada, co-authors of the study were Maher El Chaar, MD; Sarah Richardson, Dimitrios Stefanidis, MD, PhD, John Cleek, MD, John Tomcho, DO , Division of Minimally Invasive and bariatric Surgery, Carolinas Medical Center, Carolinas Laparoscopic and Advanced Surgery Program, Charlotte, NC

About the ASMBS

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information about the ASMBS, visit www.asmb.org.

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PL-201: Insurance Mandated Medical Programs Prior to Bariatric Surgery: Do Good Things Come to Those Who Wait?

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