ASMBS American Society for Metabolic & Bariatric Surgery

CONTACT: Keith Taylor
212-527-7537

Belinda Mager
212-527-7535

FOR IMMEDIATE RELEASE

NEW HOPE FOR WOMEN WITH MORBID OBESITY TRYING TO GET PREGNANT

New Study Shows Gastric Bypass May Reverse Infertility

ORLANDO, FL – June 15, 2011 – Obesity has been linked to infertility and now a new study shows bariatric surgery may treat its most common cause, polycystic ovarian syndrome (PCOS), a hormonal imbalance that affects up to 10 percent of women of child-bearing age -- 33 to 50 percent of whom are overweight or obese. The findings* were presented here at the 28th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

"Not many patients come to a bariatric surgeon to treat infertility problems," said Mohammad Jamal, MD, FACS, study co-author and Clinical Assistant Professor of Surgery at the University of Iowa Hospitals and Clinics in Iowa City. "But this study suggests that women with morbid obesity, who are infertile secondary to PCOS, may have a new surgical option. Many other studies have shown bariatric surgery can improve or resolve a multitude of diseases and conditions. It appears that infertility now joins that list."

In the study, researchers from the University of Iowa Hospitals and Clinics report that 100 percent of the morbidly obese women who were diagnosed with PCOS related infertility, and desired children, became pregnant within three years following gastric bypass surgery.

A review of medical records of 566 morbidly obese women who had gastric bypass surgery over a period of nine years revealed 31 patients between the ages of 22 and 42 who had PCOS before surgery. Six post-menopausal patients, and five patients lost to follow-up, were excluded. The remaining 20 patients, average age 32, were contacted by telephone. Fourteen of them were fertile prior to surgery or did not desire to become pregnant after surgery.

The remaining six women, who had been diagnosed with infertility before surgery, and still desired pregnancy, became pregnant within three years of gastric bypass surgery. Doctors advise women not to try to conceive until at least 18 months after bariatric surgery due to surgery-related changes that could affect fetal development.

-more-

Before surgery the women had an average body mass index (BMI) of 52, and after surgery had an average excess weight loss of nearly 60 percent. Menstruation corrected in 82 percent of the women and nearly 80 percent no longer had Type 2 diabetes.

In addition to infertility, PCOS increases the risk of obesity, insulin resistance and Type 2 diabetes, heart disease, irregular menstrual cycles and miscarriage.

"Significant weight loss also reduces the risk of pregnancy related complications, which is another important consideration," added Dr. Jamal. "Though this is a small study, it has a big result and should be an area for more investigation and should be discussed with morbidly obese women who are having difficulty conceiving."

Obese women who become pregnant may suffer from a complication of gestational diabetes, which passes on an increased risk for early diabetes and obesity to their children.[1]

Bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions.[2] People with morbid obesity have BMI of 40 or more, or BMI of 35 or more with an obesity-related disease such as Type 2 diabetes, heart disease or sleep apnea. Recently the FDA approved the use of an adjustable gastric band for BMI 30 and above, recognizing that there is an increase in mortality and medical complications of obesity at even this level of obesity.

According to the ASMBS, more than 15 million Americans have morbid obesity. Studies have shown patients may lose 30 to 50 percent of their excess weight 6 months after surgery and 77 percent of their excess weight as early as one year after surgery.[3]

The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB). Bariatric surgery limits the amount of food the stomach can hold, and/or limits the amount of calories absorbed, by surgically reducing the stomach's capacity to a few ounces.

The federal government estimated that in 2008, annual obesity-related health spending reached $147 billion,[4] double what it was a decade ago, and projects spending to rise to $344 billion each year by 2018.[5] The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of bariatric surgery due in large part to improved laparoscopic techniques and the advent of bariatric surgical centers of excellence. The risk of death from bariatric surgery is about 0.1 percent[6] and the overall likelihood of major complications is about 4 percent.[7]

In addition to Dr. Jamal, study co-authors include Yusuf Gunay MD, Alyssa Capper, BS, Anas Eid MD, and Debi Heitshusen RN, all from the University of Iowa Hospitals and Clinics.

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.asmbs.org

###

***PL 113: ROUX-EN-Y Gastric Bypass (RYGB) Ameliorates Polycystic Ovarian Syndrome (PCOS) and Dramatically Improves Conception Rates: A Nine-Year Analysis.**

Mohammad K. Jamal, MD; Yusuf Gunay, MD; Alyssa Capper, BS; Anas Eid, MD; Debi Heitshusen, RN; University of Iowa Hospitals and Clinics

---

[1] http://www.nichd.nih.gov/health/topics/gestational_diabetes.cfm

[2] RA Weiner. " Indications and Principles of Metabolic Surgery." U.S. National Library of Medicine. 2010; 81(4):379-94

[3] AC Wittgrove et al. "Laparoscopic Gastric Bypass, Roux-en-Y: Technique and Results in 75 Patients With 3-30 Months Follow-up. "*Obesity Surgery.* 1996. 6:500-504.

[4] EA Finkelstein. "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates." *Health Affairs*. 2009. 28(5):822-831.

[5] K Thorpe. America's Health Rankings. "The Future Costs of Obesity." 2009.

[6] Agency for Healthcare Research and Quality (AHRQ). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Jan. 2007.

[7] DR Flum et al. "Perioperative Safety in the Longitudinal Assessment of Bariatric Surgery." *New England Journal of Medicine*. 2009. 361:445-454. http://content.nejm.org/cgi/content/full/361/5/445