



CONTACT: Keith Taylor
212-527-7537

Kim Muscara-Finnerty
212-527-7535

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NEW STUDY SHOWS SIMILAR BENEFITS, NO ADDITIONAL RISKS FOR SENIORS WHO HAVE GASTRIC BYPASS

Comparable Weight Loss, Complication Rates and Hospital Stays for Young and Old

DALLAS – JUNE 25, 2009 – Morbidly obese seniors, age 65 and over, who had laparoscopic gastric bypass surgery lost nearly 76 percent of their excess weight after two years and had low complication rates and short hospital stays comparable to younger surgical patients, according to a new study presented today at the 26th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS).

“Bariatric surgery in the older population is underutilized because of a misperception that old age alone puts patients at higher risk for complications and mortality,” said Joseph Kuhn, MD, co-author and director of General Surgical Research at Baylor University Medical Center in Dallas, TX. “We found seniors can benefit just as much as younger people from bariatric surgery without taking on additional risk.”

In one of the largest series of laparoscopic gastric bypass surgeries performed on elderly patients, researchers from Baylor University Medical Center analyzed a prospective database of 100 patients over age 65 and compared safety and outcomes to a younger population. All patients had laparoscopic gastric bypass surgery between January 2005 and July 2008. Prior to surgery, older patients demonstrated higher operative risk profiles compared to their younger counterparts in relation to sleep apnea (45% vs. 34%), Type 2 diabetes (65% vs. 33%) and hypertension (81% vs. 57%). Older patients ranged in age from 65 to 77 with an average BMI of 45, and younger patients ranged in age from 18 to 64 with an average BMI of 47.

Post-operative excess body weight loss (EWL) and complication rates were comparable in both groups. At 12 and 24 months, both lost nearly the same amount of weight -- patients over age 65 showed 75.9 percent EWL after one year and 75.5 percent after two years; patients under 65 showed 77.8 percent EWL after one year and 79.2 percent after two years. Neither group reported any deaths in the two year follow-up period, and post-operative complications were low: bleeding (>65 1% v. < 65 1.3%), pulmonary infections (>65 3% v. <65 1.3%), cardiac (>65 2% vs. <65 0.36%) and wound infections (>65 1% v. <65 1.7%). Due to the age and overall health status of the older group, researchers noted it was particularly interesting to also find length of hospital stays (1.9 vs.1.3 days) and 30 day readmissions rates (6% vs. 7.4%) to be so comparable.

About 26 percent of people 65 and older in the U.S. are obese and another nearly 40 percent are overweight,¹ putting them at a higher risk for Type 2 diabetes, high blood pressure and heart disease. Since 1990, the prevalence of obesity has increased more than 50 percent in the elderly.²

“The population is getting older and unfortunately more obese, so we will see a corresponding increase in the number of patients over 65 who are eligible for bariatric surgery and surgery needs to be an option for them,” said Christopher Willkomm, MD, study co-investigator from Baylor University Medical Center.

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 2008 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 (LAGB).

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.

¹ Rhoades, J. Overweight and Obese Elderly and Near Elderly in the United States, 2002: Estimates for the Noninstitutionalized Population Age 55 and Older. Statistical Brief #68. February 2005. Agency for Healthcare and Research Quality, Rockville, Md. http://meps.ahrq.gov/mepsweb/data_files/publications/st68/stat68.pdf.

² Physical Activity and Older Americans: Benefits and Strategies. June 2002. Agency for Healthcare Research and Quality and the Centers for Disease Control. <http://www.ahrq.gov/ppip/activity.htm>.

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PL-207. SURGICAL WEIGHT LOSS OVER 65 - IS IT WORTH THE RISK?

Christopher M. Willkomm, MD; Colleen Kennedy, MD; Tammy L. Fisher, RN; Gregory Barnes, MD; Joseph A. Kuhn, MD; Surgery, Baylor University Medical Center, Dallas, TX, USA