FACT SHEET

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METABOLIC & BARIATRIC SURGERY

OVERVIEW

- Treatment for morbid obesity and obesity-related diseases and conditions limits amount of food stomach can hold and/or limits amount of calories absorbed, by surgically reducing the stomach’s capacity to a few ounces

- Surgical candidates have body mass index (BMI) of 40 or more, or BMI of 35 or more with an obesity-related disease
  - Research suggests the BMI standard may no longer be appropriate because it does not take into account gender, race, age, fitness or body fat composition
  - In February 2011, the FDA lowered BMI requirements for gastric banding with Lap-Band® for individuals with BMI 30 to 40 and at least one obesity related condition

- About 220,000 people with morbid obesity in the U.S. had bariatric surgery in 2009 – just 1% of the clinically eligible population; 15 million Americans have morbid obesity

- Bariatric surgery costs an average of $11,500-$26,000; insurance coverage varies by provider

IMPACT OF BARIATRIC SURGERY: RISKS VS. BENEFITS

- The U.S. government’s Agency for Healthcare Research and Quality (AHRQ) and recent clinical studies report significant improvements in safety
  - Risk of death from bariatric surgery is about 0.1%
  - Overall likelihood of major complications is about 4%
  - Risks of living with morbid obesity outweigh the risks of bariatric surgery

- Improvement or resolution of more than 30 obesity-related conditions, including Type 2 diabetes, heart disease, sleep apnea, hypertension and high cholesterol
  - Gastric bypass resolves Type 2 diabetes in nearly 90% of patients
  - Gastric band surgery resolves Type 2 diabetes in 73% of patients
  - Cuts risk of developing coronary heart disease in half
  - Resolves obstructive sleep apnea in more than 85% of patients

- Studies show bariatric surgery increases lifespan, as compared to those who do not have surgery
  - Patients may improve life expectancy by 89%
  - Patients may reduce their risk of premature death by 30 - 40%
  - Risk of death from diabetes down 92%, from cancer down 60% and from coronary artery disease down 56%

GUIDELINES AND RECOMMENDATIONS

- American Heart Association (AHA) March 2011 scientific statement says bariatric surgery can result in long-term weight loss and significant reductions in cardiac and other risk factors, noting the benefits of bariatric surgery may outweigh the risks for the severely obese

- American Diabetes Association (ADA) Guidelines 2009 recommends bariatric surgery be considered for adults with BMI ≥ 35 and Type 2 diabetes, especially if diabetes is difficult to control with lifestyle and pharmacologic therapy

- International Diabetes Federation (IDF) 2011 guidelines state bariatric surgery should be an accepted option for people who have Type 2 diabetes and BMI of 35 or more, and an alternative treatment option for people with BMI of 30-35 when diabetes cannot be adequately controlled with medical therapies

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LONG-TERM EFFECTIVENESS OF BARIATRIC SURGERY

- Patients typically reach maximum weight loss 1-2 years after surgery and maintain a substantial weight loss, with improvements in obesity-related conditions, for years afterwards
  - Patients may lose 30 to 50% of excess weight 6 months after surgery and 77% of excess weight as early as 12 months after surgery\(^7\)

MOST COMMON BARIATRIC SURGERY PROCEDURES

**Gastric Bypass**
- Stomach reduced from size of football to size of golf ball
- Smaller stomach attached to middle of small intestine, bypassing a section of small intestine (duodenum and jejunum) limiting absorption of calories
- Bypassing the duodenum induces metabolic changes that help improve or resolve Type 2 diabetes

**Laparoscopic Adjustable Gastric Banding (LAGB)**
- Silicone band filled with saline wrapped around upper part of stomach to create small pouch and cause restriction
- Patients eat less because they feel full quickly
- Size of restriction can be adjusted after surgery by adding or removing saline from band

**Bilio-Pancreatic Diversion with Duodenal Switch**
- Similar to gastric bypass, but surgeon creates sleeve-shaped stomach
- Smaller stomach attached to final section of small intestine (ileum), bypassing approximately 60% of small intestine
- Bypassing the duodenum induces metabolic changes that help improve or resolve Type 2 diabetes.

**Vertical Sleeve Gastrectomy**
- Procedure growing in availability
- Stomach restricted by stapling and dividing vertically, removing more than 85%
- Procedure generates weight loss by restricting the amount of food that can be consumed

NEWER PROCEDURES

**Natural Orifice Translumenal Endoscopic Surgery (NOTES)**
- Emerging minimally invasive procedure still in clinical trials
- Surgery performed through natural orifice such as mouth or vagina, eliminating need for external incisions
- Patients may experience a quicker, less painful recovery

**Single Incision Laparoscopic Surgery (SILS)**
- Minimally invasive procedure performed with single incision through abdominal wall
- Patients may experience a quicker, less painful recovery

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