

Bariatric Surgery Transforms the Health of Patients Suffering from Obesity

Morbid obesity is a chronic disease that is difficult to resolve with traditional treatments, and clinical results with medical management are often disappointing with failure rates ranging from 95-99%. There is however, a treatment that consistently demonstrates good results. When other treatment options fail and patients are highly motivated to succeed, bariatric surgery is the most effective treatment option for patients suffering from this disease.

- Morbid obesity and related diseases are responsible for 2.5 million deaths every year.¹
- Compared to a normal weight individual of comparable age, a 25-year-old man suffering from morbid obesity can expect a profound loss of life expectancy... 12 years.¹
- A five year follow-up study shows that bariatric surgery reduces patient's relative risk of death by 89 percent.¹
- Another study demonstrates that obese patients having bariatric surgery are 9 times more likely to be alive in five years than comparable patients that did not choose surgery.³

BARIATRIC SURGERY CONSISTENTLY RESOLVES TYPE 2 DIABETES

- Hemoglobin A1C is reduced by more than 3 percent following Roux-en-Y Gastric Bypass¹
- 76.8 percent of patients who suffer from type II diabetes experience complete resolution of the disease after Roux-en-Y Gastric Bypass – often within days of the procedure¹
- Significant reductions in fasting glucose and insulin are seen in post-op patients¹
- Metabolic Syndrome & the progression of impaired glucose tolerance is mitigated by the weight loss that follows bariatric surgery, and the progression to type 2 diabetes is reversed.²

BARIATRIC SURGERY YIELDS SIGNIFICANT COMORBID RESOLUTION AND QUALITY-OF-LIFE BENEFITS

- Bariatric Surgery patients lose 61.2 percent of excess weight following surgery and maintain that loss for five or more years.¹
- Bariatric surgery patients have reduced rates of developing endocrinological disorders, cancer, cardiovascular disease, infectious diseases, musculoskeletal disorders, and psychiatric and pulmonary disorders.³
- Surgery patients benefit from improved social and employment opportunities, perception of well-being, social function, self-image, self-confidence, ability to interact with others, and the enhanced capability of participating in recreational and physical activities, which lead to a higher quality of life.¹

CO-MORBIDITY

Type 2 Diabetes

Hypertension

Dyslipidemia/Hypercholesterolemia

Obstructive Sleep Apnea

Osteoarthritis / Degenerative Joint Dz

RESOLUTION RATE

77% to 98%

52% to 92%

64% (95% improve)

74% to 98%

41% to 76%

GERD / Heartburn	72% to 98%
Asthma	13% (69% - 82% improve)
Urinary Stress Incontinence	44% to 88%
Depression	8% to 55%
Migraine Headaches	57% to 96%

RISKS OF SURGERY

As with any surgical procedure, bariatric surgery may present risks and individual patient results may vary and are not indicative of all outcomes. Of the procedures listed below, only the weight loss surgery procedures have been shown to improve long-term survival yet they have the lowest mortality rates.

PROCEDURE	MORTALITY
Laparoscopic Roux-en-Y Gastric Bypass	0.2%
Laparoscopic Adjustable Gastric Banding (Lap-Band or Realize Band)	0.09%
Hip Fracture	15 to 36%
Cholecystectomy (Gallbladder)	0.3% to 2.4%
Esophagectomy	9%
Pancreatectomy	8.3%
Coronary Artery Bypass Grafting	1.39 to 6.4%

WHO QUALIFIES FOR WEIGHT LOSS SURGERY?

100 or more pounds over ideal body weight (BMI > 40)

OR

75 pounds overweight with life threatening obesity related comorbidities

AND

Motivated patient that desires a better quality of life and improved health

¹Buchwald H, Avidor Y, Braunwald E, et al. Bariatric Surgery: A systematic Review and Meta-analysis. JAMA 2004

²Long SD, O'Brien K, MacDonald KG, et al. Weight Loss in Severely Obese Subjects Prevents the Progression of Impaired Glucose Tolerance to Type 2 Diabetes: A longitudinal interventional study. Diabetes Care 1994; 17(5):372-5.

³Christou NV, Sampalis JS, Liberman M, et al. Surgery Decreases Long-term Mortality, Morbidity, and Health Care Use in Morbidly Obese Patients. Ann Surg 2004;240(3):416-24.