

Why all the Hype about Gastric Bypass and LapBand Surgery?

An interview with Dr. Jamshid Nazarian, the Medical Director of Beverly Hills Institute for Bariatric Surgery

By Heather Snell

For people that are prone to carry excess body fat, weight control can be a miserable life-long battle and, in most cases, it ends up being one step forward and two steps back. Some of us can somehow stay ahead of the battle, but others are never able to win that battle, let alone the weight loss war. Most non-surgical weight loss programs are based on some combination of diet/behavior modification and regular exercise. Unfortunately, even the most effective have proven to be effective for only a small percentage of patients. It is estimated that less than 5% of individuals who participate in non-surgical weight loss programs will lose a significant amount of weight and maintain that loss for a long period of time.

According to the National Institutes of Health, more than 90% of all people in these programs regain their weight within one year. Sustained weight loss for those who are morbidly obese is even harder to achieve. Serious health risks have been identified for people who move from diet to diet, subjecting their bodies to a severe and continuing cycle of weight loss and gain known as "yo-yo dieting."

Millions of individuals in the United States and around the world are overweight or obese (severely overweight). When weight increases to an extreme level, it is called morbid obesity. Obesity is associated with diabetes, heart disease, high blood pressure, some types of cancer and other medical problems. Bariatrics is the field of medicine that specializes in treating obesity. Bariatric surgery is the term for operations to help promote weight loss. Bariatric surgical procedures are only considered for people with severe obesity and not for individuals with a mild weight problem. For many obese people, the risk of death from not having the surgery is greater than the risks from the possible complications of having the procedure. With all the advances in medicine and the techniques in bariatric procedures and given the severity and complications of the illness it is no wonder that there are now over fifty-thousand weight loss procedures performed annually.

We wanted to know about the disease and the role of **Gastric Bypass Surgery and LapBand**, so we asked **Jamshid Nazarian, MD, FACS**, the Medical Director of Beverly Hills Institute for Bariatric Surgery.

Cosmed: Doctor Nazarian, what is Morbid Obesity?

Dr Nazarian: Obesity becomes "morbid" when it reaches the point of significantly increasing the risk of one or more obesity-related health conditions or serious diseases (also known as co-morbidities) that result either in significant physical disability or even death. Morbid obesity is typically defined as being 100 lbs. or more over ideal body weight or having a Body Mass Index of 40 or higher. According to the National Institutes of Health Consensus Report, morbid obesity is a serious disease and must be treated as

such. It is a chronic disease, meaning that its symptoms build slowly over an extended period of time. Morbid obesity brings with it an increased risk for a shorter life expectancy. For individuals whose weight exceeds twice their ideal body weight (that's about 2-6% of the U.S. population), the risk of an early death is doubled compared to non-obese individuals

Cosmed: What are the Causes of Morbid Obesity?

Dr Nazarian: The reasons for obesity are multiple and complex. Despite conventional wisdom, it is not simply a result of overeating. Research has shown that in many cases a significant, underlying cause of morbid obesity is genetic. Studies have demonstrated that once the problem is established, efforts such as dieting and exercise programs have a limited ability to provide effective long-term relief.





Cosmed: How does Bariatric Surgery Work?

Dr Nazarian: There are two basic ways that bariatric surgery works to help patients lose weight and improve or resolve co-morbidities: One way is malabsorption and the other is restriction. The most common bariatric surgery performed today, Roux-en-Y gastric bypass surgery, uses both. The surgery is designed to reduce the size of the stomach, thus reducing food intake. This surgery also causes food not pass to the rest of the stomach and short part of the beginning of the small intestine resulting in reducing the amount of absorption of food intake. Surgery also reduces the hunger sensation and the patient's appetite altogether, resulting in weight loss and making it easier to maintain that weight.

LapBand, on the other hand, is a purely restrictive operation and works by creating a very small stomach; above the band and possibly by vagal stimulation as well. Weight loss in this procedure is slower but sufficiently effective in most cases. Adjustability of this band and low complications are the reasons which attract the patient to this procedure. This procedure can be done as outpatient or 24-hour hold basis.

Cosmed: How much weight can someone expect to lose?

Dr Nazarian: Weight loss will vary depending upon a patient's weight prior to surgery and the type surgery the patient receives. After surgery, their choice of foods and level of activity will affect the amount of weight loss. The majority of Gastric bypass patients lose more than two-thirds of their extra body weight within one year of surgery and the rest thereafter. In case of Lap Band the process slower and takes longer.

Cosmed: How long is the recovery?

Dr Nazarian: With advances in Laparoscopic procedures, the recovery is normally two to three weeks with no strenuous activities. Most office and routine work can be resumed in two (2) weeks. The LapBand recovery is typically one (1) week.

Cosmed: What are some of the risks or cautions you advise your patients?

Dr Nazarian: Weight loss surgery is major surgery. They should make the decision to have weight loss surgery only after careful consideration and consultation with an experienced bariatric surgeon or a knowledgeable family physician. A qualified surgeon should answer your questions clearly and explain the exact details of the procedure, the extent of the recovery period and the reality of the follow-up care that will be required. They may, as part of routine evaluation for weight loss surgery, require that you consult with a dietician/nutritionist and a psychiatrist/therapist. This is to help establish a clear understanding of the post-operative changes in behavior that are essential for long-term success. This surgery is only a tool. The patient's ultimate success depends on strict adherence to the recommended dietary, exercise and lifestyle changes.

Cosmed: Thank you Dr. Nazarian for your time and valuable information.

Jamshid Nazarian, MD, FACS specializes in the Laparoscopic Roux-en-Y Gastric Bypass and LapBand procedure; the most effective and widely accepted surgical procedure that offers excellent weight control with minimal nutritional risk. Dr. Nazarian has been practicing in Beverly Hills, California since 1986, and has performed over two-thousand bariatric cases. In total, he has participated in more than four-thousand Bariatric surgeries. Dr. Nazarian's practice specializes in Laparoscopic procedures (non-invasive Gastric Bypass, LapBand, and other procedures), and he has also performed a large number of difficult corrective/revision bariatric surgeries referred to him from other institutions.

For more information contact Dr Nazarian at 310. 854. 1174 or see his website: www.Drnazarian.com