Marc Bessler, MD

Letter from the Director

September 2017

Dear Reader,

It's back to school time, and *Reader's Digest* (http://www.rd.com/health/wellness/ways-to-talk-to-kids-about-weight/) has some tips for families on how to start talking about better diet and lifestyle habits.

New data suggest that childhood obesity has damaging long-term consequences. A recent study from England (https://t.e2ma.net/click/l0m5q/l8kxto/5n6n7e) shows that obesity in teens is a predictor of cardiovascular problems and diabetes later in life, while researchers in the Netherlands (https://t.e2ma.net/click/l0m5q/l8kxto/187n7e) link childhood obesity to the development of depression in adulthood.

At our COMMIT program, we urge all our patients to start making positive changes with nutrition, lifestyle and exercise. Surgical procedures and medications are not meant to replace these efforts. However, surgery is the most effective tool currently available to treat obesity and its medical problems. In fact, researchers warn that delaying it until you're seriously obese can be harmful. In the July issue of *JAMA Surgery*, they note that weight loss surgery is being scheduled far too late for many patients to achieve the best results.

The purpose of surgery is to achieve better health with a body mass index (BMI) under 30 and to reverse chronic obesity-related diseases like diabetes.

BMI is a measure of your weight relative to your height, and the higher the weight, the higher the BMI. The take home message is this: Having surgery at a lower BMI, before your obesity gets worse, makes it easier and more likely that you will achieve your target weight.

The study shows that those who have bariatric surgery when their BMI is 40 or less lose an average of 75% of their body weight after the procedure, while those with a BMI over 40 lose only 50 to 60% and those with a BMI over 50 fare even worse. Read more below.

While surgery is the most effective treatment we have for obesity, it is not a cure. Consequently, after a period of success, a small percentage of patients start regaining weight. After evaluation, some may benefit from a revision surgery. In this issue of our newsletter, Dr. Abraham Krikhely explains the different options, including endoscopic revision, noting how our multidisciplinary team of highly skilled surgeons, gastroenterologists, nutritionists and social workers can help these patients get a second chance.

Another issue in the national spotlight is why one in five bariatric patients suffer from acid reflux after a gastric sleeve procedure. We've seen a recent rise in referrals for this problem and are now asking: What can we do to reverse, or prevent acid reflux in this population? One new solution we're exploring is a new technology called LINX. A strand of magnetic beads are placed around the bottom of the esophagus. When you swallow the beads open up and food passes through to the stomach. The rest of the time, these beads keep the esophagus closed, preventing stomach acid from backing up.

To good health,
Marc Bessler, MD, FACS
Director, The Center for Metabolic and Weight Loss Surgery
www.columbiasurgery.org/weight-loss

When to Revise a Weight Loss Surgery

A small number of patients who have weight loss surgery relapse years later. How much depends on the procedure they originally had to address their obesity. These individuals may benefit from an additional procedure, called revision surgery, to help them lose again and treat specific symptoms.

There are many different factors that might contribute to weight regain.

Revision surgery may be done because the patient's anatomy has changed over time and needs repair. "Patients also come to us for help because they've gained weight related to behavioral changes or some new stress in their lives," says Dr. Abraham Krikhely, of the Columbia Center for Metabolic and Weight Loss. "Others have had gastric band procedures and now see their friends or family members getting better results after the sleeve gastrectomy or the gastric bypass. Now they want these benefits."

In this interview, Dr. Krikhely describes when and how revision surgery can help.

Read more (http://columbiasurgery.org/news/2017/08/14/when-revise-weight-loss-surgery)

In the News

Don't Delay if You Need Surgery for Weight Loss

A new study published in JAMA Surgery suggests that weight loss surgery is more successful if done before you reach a BMI of 40, the threshold for severe obesity.

Researchers looked at 27,000 patients who had weight loss surgery in Michigan in the past decade. Only one in three succeeded in getting their BMI below 30 in that first year.

The odds of achieving that goal were much better for those who had BMI of 40 at the time of their procedure. People who waited until they were even heavier (BMI over 50) fared the worst with fewer than 9%, reaching a target BMI of 30 in the first year.

Read more (http://www.cbsnews.com/news/bariatric-surgery-weight-loss-obesity-results/)

Are Sleepless Nights Adding to Your Waistline?

If you have trouble sleeping, you're more likely to be overweight, according to a study from Britain's University of Leeds. Those who sleep poorly also have poorer metabolic health, which can lead to type 2 diabetes.

Researchers found that people who slept an average of six hours a night had

waistlines more than an inch larger than those who got nine hours of sleep a night. Those with less sleep also weighed more.

Shorter sleep was also linked to reduced levels of HDL, the "good" cholesterol that helps remove "bad" fat from the blood and protects against heart disease. The study's findings were published in the journal PLOS ONE.

Read more (http://www.newsmax.com/Health/Health-News/sleep-insomnia-obesity-overweight/2017/07/28/id/804379/)

As Your Weight Creeps Up, So Does Risk of Heart Failure

A weight gain of even 5 percent on the scale can increase your chance of developing heart failure, according to a new study in the *Journal of the American Heart Association*.

But losing weight can actually improve your heart by decreasing the thickness of your heart muscle.

The study looked at over 1,200 men and women, average age 44, who didn't have heart disease—or any other condition that put them at high risk for heart disease. Seven years later, those who gained as little as 5% of their total body weight were more likely to have changes in their heart's structure and function, even after adjusting for high blood pressure, diabetes, smoking and alcohol use.

Read more (http://www.webmd.com/heart-disease/heart-failure/news/20170719/as-weight-creeps-up-so-does-risk-of-heart-failure#1)

Artificial Sweeteners May Actually Increase Risk of Obesity

Artificial sweeteners like aspartame, saccharin, and sucralose won't help you with significant weight loss. Nor did they help more than 1,000 participants in seven clinical trials.

Data from three studies involving more than 400,000 people show that artificial sweeteners are associated with obesity, high blood pressure, type 2 diabetes and problems with heart health.

These results are "kind of the opposite of what these products are intended for," said one of the study's authors. This research was published in the

Canadian Medical Association Journal.

Read more (https://t.e2ma.net/click/l0m5q/l8kxto/xxgo7e)

The Center for Metabolic and Weight Loss Surgery has offices in several convenient locations in the tri-state area. You can make an appointment here (http://columbiasurgery.org/weight-loss/our-locations).

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