## <u>Weighty Issues:</u> Getting the Skinny on Weight Loss Surgery

## PREFACE

I am a surgeon who specializes in bariatric surgery, that is, I'm the guy who does the gastric bypass, gastric banding (lap band) and the newer sleeve gastrectomy operations. OK, I'm a *weight loss* surgeon, but I'm seriously thinking about going on a campaign to change that title because what I do is really *metabolic* surgery. Sure, my patients show up because they want to lose weight, a lot of weight, but not just because they think they have a shot at the *Sports Illustrated* swimsuit edition. They come in because of their deteriorating health. They're diabetic, or hypertensive, at risk for heart attack or stroke, their kidneys are failing, their hips and knees are shot from carrying so much extra weight. They have gall bladder problems, back problems, sleep apnea. Or any combination of the above. Regardless of age, they do not feel as well as they can or should.

Others come in because they are desperately unhappy. Society is cruel to overweight people. They are stared at, scorned or thought of as weak and self-indulgent. They may not interact with friends easily or have a significant other in their lives. Salaries and employment opportunities are often affected by bosses' attitudes toward overweight workers, thinking them either lazy or a poor insurance risk that will drive rates up. People who are overweight often feel invisible. They're uncomfortable in their own skin. They're unhappy and unhealthy and all they want is to be heard – and seen – for the person they are inside...and many of them don't even know who that person *is* yet!

Whatever the reason, whatever the physical or psychological malady my patients bring with them, the common thread is that they want to "fix it." *Now*. They've tried *everything*, they tell me, and now they need help.

I don't offer the quick fix. Weight loss (or metabolic) surgery *isn't* the quick fix. In fact, it requires a lot of hard work and a lifetime commitment. However, a majority of gastric bypass, sleeve and band patients significantly improve their health in a very short period of time. Diabetic numbers go down almost immediately for these people, many of whom have their medications drastically reduced or even eliminated following surgery. Also reduced for these patients is the increased risk of heart attack, stroke and kidney failure associated with out-of-control diabetes. That can translate into *years* of increased life expectancy.

Losing weight lightens the load on the joints as well, helping patients to get moving, to exercise, perhaps for the first time in their lives. And, of course, exercise promotes cardiac health and increases lean muscle mass which, in turn, helps burn calories more efficiently. So it's a win-win.

Probably the most important thing to do when considering weight loss surgery is to find a program that supports *you*. Our program at Cedars-Sinai Medical Center in Los Angeles puts the emphasis on patient education and evaluation. Once a person completes an initial consultation with a surgeon and meets the physical criteria for surgical candidates, that's when the real work begins. Our patients go through an extensive course of on-site educational classes as well as webinars, plus psycho-social evaluations with professionals who determine if they have the mindset for success, extensive lab work and tests to evaluate heart, lungs and anything that would make them high-risk for surgery. This process can take three to six months. Then following surgery, we offer support groups that help patients adapt to their new lifestyle and stay on track for the long term. People who go through our program know they aren't going through this experience alone. They've got doctors, nurse practitioners, psychologists and dieticians standing by for them, in addition to the many friendships that are forged at our support groups.

Please don't think that if you are investigating surgery, that somehow reflects negatively on you. I hear so often that patients feel like failures because they haven't been able to get a handle on their weight on their own. There's often guilt because diet and exercise haven't worked for them. Of course, surgery should not be taken lightly. Even though these operations have become more and more safe in recent years, it's still surgery and there are risks associated with it. What you need to determine, with the help of your primary physician, is if the risk of being severely overweight is greater than the risk of surgery, and if you are willing to make the necessary commitment for long-term success.

It is my hope that this book will tell you what you won't find in the vast sea of information coming from the limitless cyber-universe known as "out there," where much of what you read isn't vetted for accuracy and should be taken with a grain of salt. Here, I have compiled the most often-asked and important questions my patients pose while they are in the decision-making process, getting ready for surgery or recovering from it. These are issues I address with my patients in the exam room or in my office, where they feel comfortable speaking freely. They are the subjects that come up over and over again in the pre-surgery education classes and post-surgery support groups we offer. These are the questions I face at "Ask the Doctor" sessions, as well as the topics our post-surgical patients cover when they "pay it forward" to those whose surgery is in the future.

This is not an *everything you wanted to know about weight loss surgery* book. It's an *I wish my surgeon had the time to answer more of my questions* book. I hope you will use these discussions as springboards for chats with your own doctor. Ask the questions – all of them – the tough ones, the icky ones, the personal ones.

Losing weight to reclaim your health requires a huge commitment and a complete change of lifestyle with regard to food. Is this the easy way out? Nope. It's a long, arduous process, requiring a lot of hard work and dedication. In the long run, is it worth it? You bet it is!

## Dr. Scott Cunneen