## Cleveland Clinic BARIATRIC AND METABOLIC INSTITUTE Results and Benefits of Bariatric Surgery

#### **Results of Weight Loss Surgery**

Most patients will lose about 66 to 80 percent of their excess body weight with the gastric bypass procedure. Substantial weight loss occurs 18 to 24 months after surgery; some weight regain is normal and can be expected at two to five years after surgery.

In addition to weight loss, surgery has been found to have a beneficial effect on many medical conditions such as: diabetes, hypertension, acid reflux, sleep apnea, polycystic ovary syndrome (PCOS), urinary stress incontinence, low back pain, and many others. Our research has shown that 80% of our diabetic patients had remission from their diabetes (the blood sugar is normal on no medication). Many patients report an improvement in mood and other aspects of psychosocial functioning after surgery.

The overall quality of life is improved. Many patients express elation on being able to do things that may seem trivial to the non-obese person, such as, improvement in personal hygiene, going to the store, playing with their children, getting in and out of a car, riding a roller coaster, shopping for regular sized clothes...the list is endless.

Also, because most surgeries are performed laparoscopically (minimal invasive surgery), patients will typically experience shorter hospital stays, smaller incisions and quicker recovery periods.

#### **Benefits of Surgical Weight Loss**

In our section about the health consequences of severe obesity, we listed problems, or co-morbidities, that affect most of the organs in the body. Most of these problems can be greatly improved, or entirely resolved, with successful weight loss. Most people have actually observed this, at least for short periods, after a weight loss by dieting. Unfortunately, with dieting, such benefits usually do not last, because weight loss from diets does not often last. We have shown that the weight loss achieved with Roux-en-Y Gastric Bypass can average 80 percent of excess body weight, and can be maintained for years following surgery. We instruct patients in a very simple program, which is much easier to follow when one is not constantly deprived on a diet.

### Medical conditions that may be greatly improved after surgery includes:

• **High blood pressure**. At least 70 percent of patients who have high blood pressure, and who are taking medications to control it, are able to stop all medications and have a normal blood pressure, usually within two to three months after surgery. When medications are still required, their dosage can be lowered, with reduction of the annoying side effects.

•High cholesterol. More than 80 percent of patients will develop normal cholesterol levels within two to three months after the operation.

•Heart disease. Although we can't say definitively that heart disease is reduced, the improvement in problems such as high blood pressure, high cholesterol, and diabetes certainly suggests that improvement in risk is very likely. In one recent study, the risk of death from cardiovascular disease was profoundly reduced in diabetic patients who are particularly susceptible to this problem. It may be many years before further proof exists, since there is no easy and safe test for heart disease.

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•Diabetes. More than 90 percent of Type II diabetics obtain excellent results, usually within a few weeks after surgery: normal blood sugar levels, normal Hemoglobin A1C values, and freedom from all their medications, including insulin injections. Based upon numerous studies of diabetes and the control of its complications, it is likely that the problems associated with diabetes will slow in their progression when blood sugar is maintained at normal values. There is no medical treatment for diabetes that can achieve as complete and profound an effect as surgery - which has led some physicians to suggest that surgery may be the best treatment for diabetes in the seriously obese patient. Abnormal glucose tolerance, or "borderline diabetes," is even more reliably reversed by gastric bypass. Since this condition becomes diabetes in many cases, the operation can frequently prevent diabetes as well.

• Asthma. Most asthmatics find that they have fewer and less severe attacks, or sometimes none at all. When asthma is associated with gastroesophageal reflux disease, it is particularly benefited by gastric bypass.

• **Respiratory insufficiency**. Improvement of exercise tolerance and breathing ability usually occurs within the first few months after surgery. Often, patients who have barely been able to walk find that they are able to participate in family activities, and even sports.

• Sleep apnea syndrome Dramatic relief of sleep apnea occurs as our patients lose weight. Many report that within a year of surgery, their symptoms were completely gone, and they had even stopped snoring completely—and their spouses agree. Many patients who require an accessory breathing apparatus to treat sleep apnea no longer need it after surgically induced weight loss.

• Gastroesophageal reflux disease Relief of all symptoms of reflux usually occurs within a few days of surgery for nearly all patients. We are now beginning a study to determine if the changes in the esophageal lining membrane, called Barrett's esophagus, may be reversed by the surgery as well—thereby reducing the risk of esophageal cancer.

• Gallbladder disease When gallbladder disease is present at the time of the surgery, it is "cured" by removing the gallbladder during the operation. If the gallbladder is not removed, there is some increase in risk of developing gallstones after the surgery, and occasionally, removal of the gallbladder may be necessary at a later time.

• Stress urinary incontinence This condition responds dramatically to weight loss and usually becomes completely controlled. A person who is still troubled by incontinence can choose to have specific corrective surgery later, with much greater chance of a successful outcome with a reduced body weight.

• Low back pain, degenerative disk disease, and degenerative joint disease. Patients usually experience considerable relief of pain and disability from degenerative arthritis and disk disease and from pain in the weight-bearing joints. This tends to occur early, with the first 25 to 30 pounds lost, usually within a month after surgery. If there is nerve irritation or structural damage already present, it may not be reversed by weight loss, and some pain may persist