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FOR IMMEDIATE RELEASE

**NEW FINDINGS ON OBESITY AND WEIGHT LOSS SURGERY
PRESENTED AT AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY (ASMBS)**

- Surgery's Positive Affect on Female Sexual Dysfunction, High Cholesterol -

- Clinical Consequences of Insurance Requirements and Denials on Patients with Morbid Obesity -

- Patient Outcomes and Complication Rates Affected by Family, Race and Gender -

LAS VEGAS, NV – JUNE 22, 2010 – Leading researchers, scientists, medical and surgical professionals from all over the world gather here at the [27th annual scientific meeting](#) of the American Society for Metabolic & Bariatric Surgery ([ASMBS](#)) this week to present new findings on obesity, morbid obesity, bariatric and metabolic surgery.

“Studies this year provide important new data on some lesser known benefits of bariatric and metabolic surgery, offer new insights into how to reduce complication rates and improve patient outcomes even further, and further document the challenges people with morbid obesity face the longer treatment is delayed or denied,” said John Baker, MD, President, ASMBS, and Medical Director, Baptist Medical Center’s Baptist Health Weight Loss Center in Little Rock, Arkansas.

Surgery’s Impact on Female Sexual Dysfunction and High Cholesterol

Researchers from Miriam Hospital and Brown University Medical School found that nearly 70 percent of women with [sexual dysfunction](#) no longer have the condition within six months of bariatric surgery. Another study by University of Iowa Hospital and Clinics researchers showed that within six months of gastric bypass, nearly all patients with [high cholesterol](#) had normal cholesterol levels and those who were on statins or other lipid lowering drugs before surgery no longer needed them, even six years after surgery.

Clinical Consequences of Insurance Mandated Diet Programs and Denials of Surgery

A new study shows patients [denied bariatric surgery](#) by their insurer developed a host of new obesity-related diseases and conditions including Type 2 diabetes, hypertension and obstructive sleep apnea, within three years. Another study on insurers, showed that patients on [insurance-mandated diet programs](#) for six months before bariatric surgery did no better than patients with no such insurance requirement. However, patients on these programs had to [wait](#), on average, about four months longer for surgery.

Patient Outcomes Affected by Gender, Race, and Family

A [study](#) of 38,000 patients finds that Hispanic, Caucasian and female patients are among the patient groups that have the fewest complications after bariatric surgery. The study is one of the largest to identify differences in surgical outcomes based on demographic factors. Another [study](#) found family members who undergo surgery together lose significantly more weight and have a higher resolution of obesity-related conditions than patients who don't share the experience with a loved one. The [study](#) shows brothers and sisters who shared the surgical experience had the best outcomes.

Morbid [obesity](#) is a disease that affects more than 15 million people in the U.S. Last year, an estimated 220,000 Americans had [metabolic or bariatric surgery](#), which is less than 1 percent of the medically eligible population. In 2008, annual obesity-related health spending reached \$147 billion, double what it was a decade ago, and spending is projected to rise to \$344 billion each year by 2018.

People with morbid obesity are generally 100 or more pounds overweight, have a BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as [Type 2 diabetes](#), heart disease or sleep apnea. The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding.

About the ASMBS

The [ASMBS](#) is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information about the ASMBS, visit www.asmb.org.

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Tags: obesity, morbid obesity, bariatric surgery, gastric bypass, gastric banding, metabolic, cholesterol, sexual dysfunction, ASMBS, American Society for Metabolic and Bariatric Surgery, obesity research, weight loss, diabetes, hypertension, insurance denial, health insurance, insurance requirements, family, race, gender, age, 6 month diet, obesity fact sheet, obesity health spending, weight loss surgery