



American Society for Metabolic & Bariatric Surgery

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**AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY (ASMBS)**

**HIGHLIGHTS PROGRESS OF SCIENCE IN FIGHT AGAINST OBESITY**

**New Studies Show Safer Operations and More Health Improvements Beyond Weight Loss**

**ORLANDO, FL – JUNE 13, 2011** – Leading researchers, scientists, medical and surgical professionals from all over the world gather here at the 28th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS) this week (June 12 to June 17) to present new findings on obesity, morbid obesity, bariatric and metabolic surgery.

“Studies this year provide important new data on some of the medical problems that directly affect the lives of obese patients and highlight less known health benefits of bariatric and metabolic surgery,” said Bruce Wolfe, MD, President, ASMBS, and Professor of Surgery at Oregon Health & Science University in Portland, Oregon, and Emeritus Professor of Surgery at the University of California, Davis. “Advances in the field and new studies are coming out that show a positive impact on female infertility, migraines, and the prevention of heart disease and stroke. Additionally, data shows bariatric surgery has become safer than ever thanks to improving surgical techniques and more surgeon experience.”

**Obesity Surgery as a Female Infertility Treatment?**

Good news for women. Researchers at the University of Iowa Hospitals and Clinics found bariatric surgery may be a treatment that can reverse infertility by treating its most common cause – PCOS – polycystic ovarian syndrome. All women in the study diagnosed as infertile before surgery were able to have children after surgery.

**The Top Six Risk Factors Facing Bariatric Surgery Patients**

Bariatric surgery already had one of the lowest mortality and complication rates of any major surgery. Now, a study from University of California Irvine, has identified a way that may make it even safer. Researchers studied more than 100,000 patients and found six patient risk factors that could help doctors predict, evaluate, reduce or avoid in-hospital mortality after bariatric surgery. They are developing a tool that could help patients better understand their personal risk of surgery.

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### **Prevention of Heart Attacks, Stroke and Migraines**

South Carolina researchers report on a study that showed a lower incidence of heart attack, stroke and death after bariatric surgery suggesting surgery may not only be a treatment for disease, but may also prevent it. A separate study out of the University of Iowa reports that the vast majority of patients with morbid obesity and doctor-diagnosed migraines saw improvements or never had a migraine headache again after surgery.

### **Can Depression Interfere with Weight Loss after Bariatric Surgery?**

Preoperative depression does not have an effect on the weight loss or the improvement of obesity-related diseases after bariatric surgery, according to researchers from the University of Michigan. Patients who were depressed lost as much weight as patients who were not known to have depression. There was a marked improvement in quality of life in operated patients.

### **How Soon is Too Soon to Leave the Hospital after Bariatric Surgery?**

A new Stanford University study of more than 52,000 patients finds that discharging patients too soon from the hospital after bariatric surgery could have dire consequences. The national average for discharge is two days -- less than that can cause some serious complications.

### **Gastric Bypass for Lower BMIs?**

A small study out of Stanford University shows patients with body mass index (BMI) less than 35 may benefit from gastric bypass even more than their heavier counterparts, particularly when it comes to Type 2 diabetes. Could gastric bypass become available for people who are less obese as was recently recommended by the U.S. Food and Drug Administration (FDA) for the gastric band? The study also suggests that the sooner obesity and obesity-related diseases are treated, the better the results with fewer complications.

### **About Metabolic and Bariatric Surgery**

Bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions.<sup>1</sup> People with morbid obesity have BMI of 40 or more, or BMI of 35 or more with an obesity-related disease such as Type 2 diabetes, heart disease or sleep apnea. Recently the FDA approved the use of an adjustable gastric band for BMI 30 and above, recognizing that there is an increase in mortality and medical complications of obesity at even this level of obesity.

According to the ASMBS, more than 15 million Americans have morbid obesity. Studies have shown patients may lose 30 to 50 percent of their excess weight 6 months after surgery and 77 percent of their excess weight as early as one year after surgery.<sup>2</sup>

The most common methods of bariatric surgery are laparoscopic gastric bypass and laparoscopic adjustable gastric banding (LAGB). Bariatric surgery limits the amount of food the stomach can hold, and/or limits the amount of calories absorbed, by surgically reducing the stomach's capacity to a few ounces.

The federal government estimated that in 2008, annual obesity-related health spending reached \$147 billion,<sup>3</sup> double what it was a decade ago, and projects spending to rise to \$344 billion each year by 2018.<sup>4</sup> The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of bariatric surgery due in large part to improved laparoscopic techniques and the advent of bariatric surgical centers of excellence. The risk of death from bariatric surgery is about 0.1 percent<sup>5</sup> and the overall likelihood of major complications is about 4 percent.<sup>6</sup>

### **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](http://www.asmb.org).

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<sup>1</sup> RA Weiner. "Indications and Principles of Metabolic Surgery." U.S. National Library of Medicine. 2010; 81(4):379-94

<sup>2</sup> AC Wittgrove et al. "Laparoscopic Gastric Bypass, Roux-en-Y: Technique and Results in 75 Patients With 3-30 Months Follow-up." *Obesity Surgery*. 1996. 6:500-504.

<sup>3</sup> EA Finkelstein. "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates." *Health Affairs*. 2009. 28(5):822-831.

<sup>4</sup> K Thorpe. America's Health Rankings. "The Future Costs of Obesity." 2009.

<sup>5</sup> Agency for Healthcare Research and Quality (AHRQ). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Jan. 2007.

<sup>6</sup> Flum et al. "Perioperative Safety in the Longitudinal Assessment of Bariatric Surgery." *New England Journal of Medicine*. 2009. 361:445-454. <http://content.nejm.org/cgi/content/full/361/5/445>