Endoluminal Tactics May Cut Bariatric Morbidity

BY DOUG BRUNK
San Diego Bureau

Emerging endoluminal techniques and devices intended for weight loss therapy may reduce the risk of morbidity and mortality associated with current bariatric surgery approaches, according to the research findings of Dr. Philip Schafer and his associates.

The use of endoluminal approaches to avoid any type of abdominal incision and, more importantly, any intra-abdominal dissection “may go a long way to further reduce the morbidity of these operations, making them cheaper and safer,” said Dr. Schafer in an interview. “They may expand the access for patients. Only 1% of patients with severe obesity are actually getting access to surgery, which is the only known therapy to be effective for a large percentage of patients.”

Dr. Schafer, director of advanced laparoscopic and bariatric surgery at the bariatric and metabolic institute of the Cleveland Clinic, and his associates categorized the current endoluminal methods for weight loss therapy as presurgical endoluminal therapy, postsurgical endoluminal revision procedures, and primary procedures (Surg. Endosc. 2007;21:147-56).

In the presurgical endoluminal therapy arena, Dr. Michel Gagner and his associates pioneered a two-stage operation consisting of a sleeve gastrectomy followed by a Roux-en-Y gastric bypass (RYGB) or a diapansal switch (Obes. Surg. 2003;13:861-4).

“The rationale is that the first-stage operation, sleeve gastrectomy, is comparatively simple (requiring no anastomosis), needs less operative time (1-2 hours), and results in a predictable 40- to 50-kg weight loss,” Dr. Schafer and his associates wrote in their review. “Such weight loss reduces the operative risk for the second-stage procedure, which presumably results in more weight loss and greater durability.”

Dr. Gagner, professor of surgery and chief of bariatric surgery at Cornell University, New York, and his associates were also known for an approach using the placement of endoluminal duodenoejjunal tube or plastic sleeve to the first part of the duodenum proximal to the ampulla of Vater in pigs as a weight-loss surgery. This study, which demonstrated good weight loss in pigs, was the basis for the first human trial reported by Dr. Leonar- do Rodriguez and his associates at the annual meeting of the American Society for Metabolic and Bariatric Surgery (former- ly the American Society for Bariatric Surgery) in June 2007.

With the flow of food diverted, GI hormones may change enough to cause the diabetes to reverse itself.

DR. GAGNER

Obese Blacks and Hispanics Underestimate Health Risks

BY CAROLYN SACHS
Contributing Writer

HONOLULU — Many overweight black and Hispanic adults’ estimates of their obesity-related health problems are more optimistic than are practice-based statistical findings, according to research presented at the annual meeting of the National Medical Association.

Data from a telephone survey “point to an important opportunity for physicians to communicate to their minority patients the serious health consequences associated with excess weight,” concluded Dr. Valentine J. Burroughs, chief medical officer of North General Hos- pital, New York, and colleagues.

The researchers reported that “self-reported rates of obesity-re- lated comorbidities among African-American and Hispanic adults, self-described as overweight,” fell below what would be expected based on clinical data, suggesting a lack of awareness of actual risk.”

The study also found that in spite of greater self-reported prevalence of certain risk factors for poor health, “African Americans have a more optimistic view of their overall health and weight status com- pared to Hispanics.”

Information for the study was collected from a telephone survey of 537 black and 526 Hispanic adults; 30.1% of black respondents were male, as were 35.4% of Hispanic respondents. The researchers recruit- ed only candidates who described themselves as being either “slightly” or “very overweight.” A higher per- centage of Hispanic participants (81.9%) reported themselves as being “slightly overweight,” compared with black participants (76.6%). Survey participants’ body mass in- dex was calculated from self-re- ported height and weight.

The obesity-related comorbidities that were most frequently self- reported by black participants were high blood pressure (33.0%), arthri- tis (20.4%), and high cholesterol (18.4%). Hispanic participants most frequently reported high choles- terol (17.2%), high blood pressure (15.0%), and difficulty sleeping (12.9%).

Survey participants were also asked to rate their overall health. Only 3% of Hispanics rated their health as poor, as did 5% of blacks. On the other hand, 33% of blacks rated their health as either “very good” or “excellent,” compared with 23% of Hispanics.

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