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Gastric Bypass Surgery

Obesity – being severely overweight – has reached epidemic proportions in the adult and adolescent population of the United States.

Obesity is associated with increased risks for type 2 diabetes mellitus, high blood pressure, heart disease, stroke, lung disease, degenerative joint disease, gallbladder disease, certain types of liver disease, some forms of cancer (colon and prostate in men; colon, breast, cervix, uterus, ovary and gallbladder in women), and early death, not to mention the psychological and social ramifications. Losing weight appears to have a beneficial effect on reducing these risks.

The ideal method of losing weight is diet and exercise. Unfortunately many individuals are not successful. Surgical techniques have been developed to promote weight loss in severely overweight individuals, especially those with obesity-related diseases such as coronary heart disease, diabetes and hypertension, who have failed at traditional methods of losing weight.

To understand how this works, it helps to understand the normal digestive process.

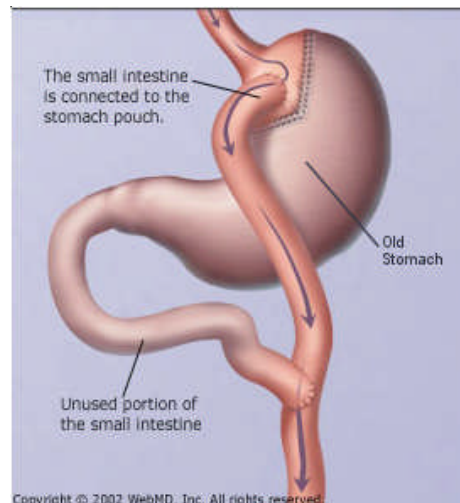
Digestion is a two-part process: the breaking down of food into molecules of protein, calories, fat, vitamins and minerals, followed by the absorption of these nutrients into the body.

The normal stomach can hold three pints of food and liquid. Digestion begins in the mouth with chewing and mixing with saliva, and continues in the stomach where food mixes with acid. From the stomach food enters the small intestine, where bile and pancreatic juices continue food breakdown into particles small enough to be absorbed.

Iron and calcium are absorbed in the first few inches of small intestine. Protein,

carbohydrates and fats are absorbed along the remainder of the small intestine. Materials which cannot be absorbed are eventually eliminated as waste through the colon.

The surgical procedure for obesity most commonly performed today divides the stomach, separating a small pouch from the remainder of the stomach. This pouch can hold only 1-2 ounces (2-4 tablespoons); the lower portion of the stomach no longer receives any food. The pouch is then



reconnected to the small intestine in such a way that the first part of the small intestine is bypassed. This connection between the small stomach pouch and the intestine is deliberately made narrow, causing food to empty from the pouch only very slowly.

Creating a smaller stomach restricts the amount of food that can be eaten at any one time, and causing it to empty very slowly restricts the amount that can be ingested throughout the day. Bypassing the upper portion of the small intestine reduces the amount of calories and nutrients that are

able to be absorbed. The combined result of this restricted intake and malabsorption is weight loss.

This surgery is effective at causing rapid weight loss – often 100 pounds or more. Many patients also see improvement in blood pressure, cholesterol and blood sugar, often enabling reduction or even discontinuation of medications for these conditions. Weight loss generally levels off after 18-24 months.

This surgery forever changes patients' eating habits. Meals will be small, generally no more than ½ to 1 cup at a time. Food must be soft, moist and thoroughly chewed. The protein content of a meal should be taken first, followed by any fruits and vegetables. Dehydration may occur if patients do not sip water and other fluids throughout the day.

By its nature, this surgery predisposes to nutritional deficiencies, and all patients must take lifelong supplemental multivitamins, folic acid, calcium and B12. Menstruating women must also take iron. Failure to take these supplements could result in serious malnutrition, anemia, osteoporosis and even permanent nerve paralysis.

Other potential complications include vomiting due eating too much or to blockage of the narrow connection between the pouch and the intestine. Bleeding and infection are uncommon. The risk of death is less than one percent.

Individuals contemplating obesity surgery should seek a reputable obesity surgery program that provides thorough preoperative medical, nutritional and psychological screening, a well-organized surgical program, and the opportunity for close medical, nursing, nutritional and psychological post-operative follow-up including the option of support groups.