

QUESTIONS FOR YOUR PRIMARY CARE PHYSICIAN

In order to determine your present health condition, an assessment of your health is a necessity. The following questions will help you and your physician evaluate your current health condition as it relates to obesity, and help you consider the possible treatment options available.

EVALUATING HEALTH

My BMI is _____. Does this indicate that I suffer from morbid obesity?

How does morbid obesity affect my health?

Do I have any health problems that are related to my weight?

How will these obesity-related conditions affect my health long term?

Am I at risk for additional health problems because of my weight? If so, what problems?



FINDING A TREATMENT OPTION THAT WORKS

I'd like to talk about treatment options for morbid obesity. Traditional treatment options such as diet, exercise, and drug therapy have not worked for me. I've heard a lot about bariatric surgery and would like to discuss the risks and benefits of it with you.

FINDING A BARIATRIC SURGEON

Can you recommend a local bariatric surgeon who offers a comprehensive treatment program to support my needs both before and after surgery?

Yes

Will you write a referral for me to see this bariatric surgeon?

No

Are you willing to provide me with a referral if I provide you with a list of bariatric surgeons?*

If, after discussing this information, your primary care physician does not support your decision to pursue bariatric surgery and is unwilling to provide a referral, you may wish to use the handout on the following page to help guide your discussion. When you present this information, let your physician know that you found this information on BariatricEdge.com and that it contains important data about morbid obesity and its potential impact on your health.

* A list of bariatric surgeons with comprehensive treatment programs can be found on www.BariatricEdge.com

RESOLUTION AND IMPROVEMENT OF CO-MORBIDITIES

The following information is from BariatricEdge.com and provides important information about morbid obesity and related co-morbid conditions and how bariatric surgery impacts these co-morbid conditions.

Type 2 Diabetes

A 2004 meta-analysis published in *JAMA* showed that 76.8 percent of gastric bypass surgery patients found complete resolution of type 2 diabetes, and 86 percent found improvement or resolution.¹

Many gastric bypass surgery patients with type 2 diabetes have demonstrated little or no need for continuing medication.²

High Blood Pressure

A 2004 meta-analysis looking at the impact of bariatric surgery among morbidly obese patients showed that hypertension was resolved or improved in 78.5 percent of gastric bypass surgery patients.¹

A study of 500 gastric bypass surgery patients showed 92 percent resolution of hypertension.³

High Cholesterol

Recent research on the impact of gastric bypass surgery found that hyperlipidemia and hypercholesterolemia were improved in more than 93 percent of patients.³

Sleep Apnea

Recent research found that obstructive sleep apnea was resolved in 85.7 percent of patients through gastric bypass surgery.³

Gastroesophageal Reflux Disease

A 2000 study of 500 patients showed resolution of GERD in 98 percent of patients.³

While there is anti-reflux surgery, it fails more often in people with morbid obesity and only addresses one co-morbidity.⁴

Operative Risk

According to the American Society for Bariatric Surgery 2004 Consensus Statement, the operative morbidity (complications) associated with Roux-en-Y Gastric Bypass surgery in the hands of a skilled surgeon is roughly 5 percent, and the operative mortality (death) is roughly 0.5 percent.⁵

For Laparoscopic Adjustable Gastric Banding, the same consensus statement reported that in the hands of skilled surgeons, the operative morbidity is approximately 5 percent, and operative mortality is approximately 0.1 percent.⁵

REFERENCES

- ¹ Buchwald H, Avidor Y, Braunwald E, et al. Bariatric Surgery. A Systematic Review and Meta-analysis. *JAMA* 2004;292(14):1724-37.
- ² Sampalis J, Liberman M, Auger S, et al. The impact of weight reduction surgery on health-care costs in morbidly obese patients. *Obes Surg* 2004;14:939-47.
- ³ Wittgrove AC, Clark GW. Laparoscopic Gastric Bypass, Roux-En-Y 500 Patients: Technique and Results, with 3-60 Month Follow-up. *Obes Surg* 2000 Jun;10(3):233-39.
- ⁴ Perry Y, Courcoulas AP, Fernando HC, et al. Laparoscopic Roux-En-Y Gastric Bypass for Recalcitrant Gastroesophageal Reflux Disease in Morbidly Obese Patients. *Jour Lap Surg* 2004 Jan-Mar;8(1):19-23.
- ⁵ Buchwald H. 2004 ASBS Consensus Conference Statement, Bariatric surgery for morbid obesity: Health implications for patients, health professionals and third party payers. *SOARD* 2005;(1):371-78.