



### What is weight loss surgery?

Weight loss surgery, also known as bariatric surgery, treats extreme obesity by modifying the stomach, small intestine, or both to reduce the amount of food that is eaten and absorbed. It does not include the surgical removal of body fat such as liposuction.

### What is extreme obesity?

Obesity develops when more food (energy) is eaten than the body needs. Unused energy is stored as excess fat, adding additional body mass and weight. One measure of total body fat is called the body mass index (BMI), which is calculated from a formula based on your height and weight. Extreme obesity is called morbid obesity and is defined as a BMI of 40 kg/m<sup>2</sup> or higher, which is usually 100 pounds or more over ideal weight.

Although obesity is an individual condition, it is also a serious and growing public health problem. Extreme obesity can lead to other serious diseases like type 2 diabetes, sleep apnea and heart disease.

### How can I determine my body mass index?

A tool to calculate your BMI can be found at [www.nhlbisupport.com/bmi/bmicalc.htm](http://www.nhlbisupport.com/bmi/bmicalc.htm).

### What are the options for losing weight?

1. Exercise, diet and lifestyle changes
2. Weight loss surgery with exercise, diet and lifestyle changes

### When should bariatric surgery be considered?

Bariatric surgery may be an option for people who can't lose excess weight through diet and exercise alone and have serious health problems related to their weight.

### What are the different types of bariatric surgery?

There are many different types of bariatric surgery procedures. Restrictive procedures limit the amount of food that can be eaten. Malabsorptive procedures limit the absorption of nutrients. Some procedures are both restrictive and malabsorptive.

- **Restrictive** "Less Food Eaten" - These procedures make the stomach smaller, limiting the amount of food that can be eaten and making the stomach feel full more quickly. Adjustable gastric banding is an example of a restrictive procedure. The Roux-en-Y gastric bypass is an example of a mostly restrictive procedure.
- **Malabsorptive** "Fewer Nutrients Absorbed" - These procedures bypass the majority of the intestines and limit absorption. Examples of these procedures are the biliopancreatic bypass (BPB) and BPB with duodenal switch. These procedures are performed less often due to a high risk of serious problems with vitamin, mineral, and protein deficiencies.

### How effective is bariatric surgery?

Many people who have weight loss surgery are initially able to lose enough weight to improve or cure other serious health conditions like diabetes. It is important to note that surgery can fail if exercise and eating habits don't change permanently. Even with surgery, exercise and diet changes, many people with morbid obesity do not reach a "normal" body weight.

### Is bariatric surgery covered by Regence?

Yes, when benefits are available, when criteria are met, and preauthorization is given. You can find the criteria and more information about bariatric in the Regence Medical Policy at:

<http://blue.regence.com/trgmedpol/surgery/sur58.html>.

## What amount of weight loss is expected with bariatric surgery?

The amount of weight loss you can expect partly depends on the type of surgery you have:

- **Adjustable gastric banding** - In the year after surgery most people lose 40% of their excess weight. So if someone is 100 pounds overweight, they could lose 40 pounds in the first year. Weight loss slows after that and it is unknown whether patients are able to maintain their weight loss over time.
- **Roux-en-Y gastric bypass** - Most people lose around 60% of their excess weight in the first year after surgery. In a ten year study, 80% of people were able to maintain their weight loss.

## Are there safety concerns with these procedures?

Bariatric surgery is major surgery. Complications that can occur include death, infection, blood clots and pneumonia. Rapid weight loss after surgery can also cause gallstones.

There are also specific risks to each procedure that you should know about:

- **Adjustable Gastric Banding** - The band can slip or damage the stomach wall.
- **Roux-en-Y gastric bypass** - The stomach can leak. If food moves too quickly through the small intestine, you can have nausea, vomiting, diarrhea, dizziness and sweating. Also, if the body can't absorb enough nutrients, other conditions can develop (anemia, calcium or vitamin deficiency).

## What is the best way to choose the right procedure?

It is important to choose a procedure that has been proven to be safe and effective. Adjustable gastric banding and the Roux-en-Y gastric bypass are recommended most often. Malabsorptive procedures are performed less often because the risks are more severe and long-term safety/effectiveness is uncertain.

## Does my care end once I have surgery?

Recovery from bariatric surgery requires both short-term and long-term plans, involving different health care professionals. You must also commit to diet and lifestyle changes. Adjustable Gastric Band surgery requires visits to a doctor to adjust the band. Patients who choose Roux-en-Y gastric bypass require lifelong vitamin and calcium supplements and monitoring for nutritional imbalances.

## Are there specific centers that specialize in bariatric surgery?

Yes, they are called Centers of Excellence. Scientific studies have demonstrated that patients do better when they receive care from surgeons and facilities that perform more bariatric procedures and that have specialized experience in caring for patients with extreme obesity. You can read more about Centers of Excellence at: [www.bcbs.com/innovations/bluedistinction/blue-distinction-bariatric/](http://www.bcbs.com/innovations/bluedistinction/blue-distinction-bariatric/).

## If you decide you want to have bariatric surgery, what is the process for getting started?

- Talk to your regular doctor about whether surgery is right for you.
- Many Centers of Excellence have meetings where you learn about their program, surgery options, realistic weight loss goals, lifestyle changes and expectations for regular follow-up with your doctor.
- The surgeon should have you complete an extensive evaluation process that includes physical, psychological, nutritional and physical therapy exams. In order to decrease your risk of complications and get you ready for your new lifestyle, you may be required to lose some weight before surgery.
- You will have a schedule for follow-up care both immediately after surgery and long-term.

## THE BOTTOM LINE

Bariatric surgery can help you can reach a weight that may result in the improvement of serious health conditions. Surgery alone is not a cure for extreme obesity; people must also make a lifelong commitment to changes in eating and exercise to keep weight off.

*Note: Regence physicians, nurses and pharmacists developed this summary to provide you with information about potential advantages and lack of advantages of bariatric surgery. This summary was developed based upon an evaluation of information from the US Food and Drug Administration (FDA), scientific studies and input from practicing doctors and specialists.*