Obesity

Your treatment options. Your second opinion.

What is Obesity?

Obesity is described as an increased body weight caused by excessive accumulation of fat.

Morbid Obesity is defined as a state of being overweight such that the obesity prevents normal activity or bodily function and will likely cause a serious or life threatening disorder.

Weighing two to three times your recommended weight would be deemed morbidly obese and defined as being excessively overweight.

Body Mass index (BMI) is a measure of weight in relation to height. It is the most practical way to estimate if a person is underweight, at a healthy weight, overweight or obese.

BMI is calculated by body weight (kg) divided by height in metres squared.

As a rule a:

> BMI 20 – 25 is associated with little or no risk (unless the visceral fat is high)

> BMI 25 – 30 is regarded as having a low risk.

> BMI 30 – 35 is regarded having a moderate risk.

> BMI 35 - 40 is regarded as having a high risk.

> BMI above 40 is regarded as being at very high risk from their obesity

Obesity is a now worldwide problem. Over the last 20 years the data suggests that most populations have increased the overall percentages that are overweight. Obesity is now common in Australia, affecting one in four adults. Men and women are just as likely as each other to be obese.

Causes

The three main factors that can contribute to obesity in some patients include:

> Energy in (food consumed)

> Energy out (exercise, general activity or essential bodily activities such as heart activity, breathing etc.)

> Genetic propensity

The most common cause of obesity is eating too much food and doing too little physical activity. Genetic factors cannot be altered and can be associated with a propensity for becoming obese. Food is a supply of energy, measured in kilojoules (heat) or calories (weight). If you consume excess food (calories) and don't utilise all of its energy through physical activity, the excess is turned into fat and stored in your body.

This can be stored in the subcutaneous tissue over the body or limbs and/or in the abdominal cavity (central adiposity). Central adiposity can be associated with a greater risk of developing diseases related to becoming obese despite the level of the BMI. Central adiposity can be measured by waist circumference. Other causes of obesity may include side effects of medications.

Anti-depressants are commonly prescribed and associated with an increased tendency to put on weight. Medical conditions such as an underactive thyroid gland can be associated with weight gain. This can be easily diagnosed with a blood test that measures thyroid function.

Risks of obesity

The risks of obesity can include cardiovascular disease, heart disease, stroke or cerebrovascular events, hypertension, peripheral vascular disease, type 2 diabetes and gall stones. In addition to these, you could also experience a higher rate of falls and accidents, joint degeneration and early onset of osteoarthritis, and skin irritation.

Treatment options

The main treatment options for obesity are usually lifestyle changes, non-surgical medical treatments, Bariatric surgery. Often these treatments are used in combination, particularly as an addition to lifestyle changes. Treatment may also be required for any obesity-related diseases.

Lifestyle changes

Lifestyle changes may often be the initial treatment for obesity, including eating smaller amounts of food based on a healthy diet; increasing physical activity during work, transport and/or leisure time; and psychological therapies and education to reinforce eating and physical activity behaviour changes.

Non-surgical medical treatments

Non-surgical medical treatments may be suggested if lifestyle changes haven't been successful and your BMI is over 30 or over 27 with risk factors and/or existing obesity-related diseases.

Treatments may include very-low energy diets, which are high-protein and low-carbohydrate, for quick weight loss, and medications that may help in different ways, for example, orlistat blocks the digestion of fat.

Medication such as appetite suppressants and those which decrease intestinal absorption may also help some patients.

Helping you maintain your motivation

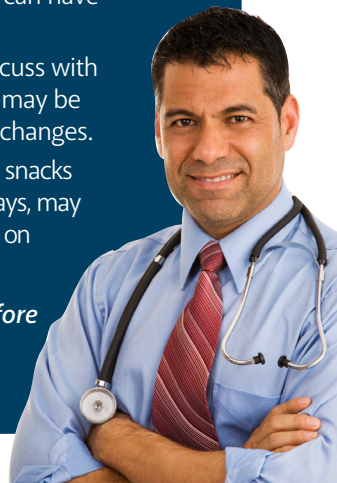
Achieving weight loss with lifestyle changes can be challenging, and you may need support to maintain your motivation. The following may be helpful:

> Find a doctor and/or dietician you can have a long term relationship with.

> Be open and honest when you discuss with your doctor and/or dietician what may be helpful for you to achieve lifestyle changes.

> Short term goals, such as eating less snacks or doing physical activity on more days, may be less challenging that just focussing on weight loss.

Always consult a medical expert before commencing a course of treatment for any medical condition.



Bariatric surgery

If lifestyle changes and non-surgical medical treatments haven't been successful or aren't permitted, and your BMI is over 40 or over 35 with obesity-related disease, bariatric surgery may be suggested to you.

Gastric banding is the most common bariatric surgical procedure in Australia. Other procedures include partial stomach removal (sleeve gastrectomy) to permanently reduce the size of your stomach, Roux-en Y gastric bypass, which bands your stomach and bypasses it to a lower part of your small intestine, and biliary-pancreatic diversion, which combines a partial stomach removal and bypass the majority of the small intestine.

Gastric banding

Gastric banding (also called laparoscopic adjustable gastric banding or lap band surgery) involves placing a band around your stomach near the upper end to create a small pouch, which aims to only allow small meals to be eaten and still make you feel full.

The band has an access port into which saline (salt water) is injected, which can then be tightened or loosened to adjust the pouch size.

The procedure is performed under general anaesthesia, most often using minimally invasive keyhole surgery. After surgery you usually need to follow a specific diet, such as pureed food for the first four weeks, and then a long term diet suited for your smaller stomach.

Gastric banding and medical research

When evaluating you for gastric banding or other treatments for obesity, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that gastric banding for people with obesity may often be more effective for weight loss and improvements in obesity-related diseases when compared to lifestyle changes and non-surgical medical treatments for up to two years.

However studies have also found that the effectiveness of gastric banding may be reduced in the long term, for example, maximum weight loss reduction may be reached after one year, but then adding back weight may be common in the years that follow.

Research also shows that gastric banding may be less effective for obesity in people not psychologically suited to the procedure, for example, due to unrealistic expectations of weight loss.

Gastric banding and risks

Most complications following gastric banding aren't common but may include infection, blood clots, bleeding, gallstones and food intolerance; however one in four people may require a second surgery, for example, to replace or adjust the band or change the port access.

Understanding these risks is important, particularly if gastric banding may be less effective in the long term, and may be less effective for people not psychologically suited to the procedure.

Every surgical procedure has inherent risks however in patients who are obese these risks can be greater when compared to a non-obese patient.

Sleeve gastrectomy

Sleeve gastrectomy involves creating a "sleeve" of stomach over a bougie (long tube) and removes a large portion of the greater curvature of the stomach leaving a small tube along the lesser curvature.

Laparoscopic sleeve gastrectomy (SG) is a restrictive procedure initially developed as part of a staged approach for high-risk super-obese patients.

SG is increasingly being performed as a standalone operation with good weight loss and resolution of obesity related comorbidities. Significant advantages of SG include low complication (3 to 24 percent) and mortality (0.39 percent) rates, the ease of performing the procedure, preservation of the pylorus (exit of the stomach), maintenance of physiological food passage and the avoidance of foreign material

The most common complications of SG include:

- Post-operative bleeding
- Stenosis (narrowing of the newly constructed stomach)
- Gastric leaks — Gastric leaks after SG are one of the most serious complications and can occur in up to 5.3 percent of patients
- Reflux — Gastro-0esophageal reflux after SG presents with classic symptoms such as burning pain, heartburn, and regurgitation. It can occur as an early and late complication

Gastric banding and obesity surgery – the main points

- If lifestyle changes and medical treatments haven't been successful or aren't permitted, and your BMI is over 40 or over 35 with obesity-related disease, you should discuss with your doctor whether you need gastric banding.
- If you're considering gastric banding, take into account the medical studies showing that while gastric banding may often be more effective for weight loss and improvements in obesity-related diseases compared to lifestyle changes and non-surgical medical treatments, the effectiveness may be reduced in the long term, and it may be less effective for people not psychologically suited to the procedure.

  Sleeve gastrectomy was originally offered to the patients who were regarded as super obese as it is a significant operation. Sleeve gastrectomy is being recommended more frequently as it has been found to be effective in maintaining long term weight loss. Though a major procedure, the long term studies are encouraging. As gastric sleeve surgery is a more recent operation, at this stage most studies are reviewing patients who are 5 years post surgery.
- If achieving weight loss with lifestyle changes is difficult for you, you may need support from your doctor and/or dietician.

Would you like a second opinion?

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

If you want to know more about GPS² or have a general enquiry, please contact us on 1800 477 246 or email via contact@gps2.com.au