

***Dreams on the Operating Room Table (Bariatric Surgery)***

Bariatric surgery refers to operations that help promote weight loss. It's among the highest-paying surgical specialties, which perhaps partially explains why accuracy and integrity in research and reporting go by the wayside. Combine that with our vulnerability—desperation to lose weight is not conducive to good judgment—and it's a setup for disaster.

People are misled about the extent and severity of the health risks associated with being fat and told that bariatric surgery is a solution. It's not. It would be more appropriately labeled high-risk disease-inducing cosmetic surgery than a health-enhancing procedure. And unlike a diet, you usually can't abandon it when you realize you made a mistake.

The ads for bariatric surgery make it sound so easy. Go to the hospital, gently breathe into a mask until you are lulled into unconsciousness, wake up thinner, and watch the pounds continue to drop off over time.

What's the other side to the story?

Bariatric surgery is nothing more than a forced diet: The various techniques reduce your stomach's capacity to hold food and/or damage your organs so that they can't absorb as many nutrients. The goal is to intentionally induce malnutrition, and post-surgical nutrition deficiencies are the norm.<sup>100,101,102,103,104,105</sup>

**Dying is a distinct possibility.** One study published in the *Journal of the American Medical Association* followed more than 16,000 people who underwent bariatric surgery and found that 4.6 percent died within a year.<sup>106</sup> (Men had higher death rates than women: 7.5 percent versus 3.7 percent.)

Other sources indicate lower mortality rates, but even the American Society for Metabolic and Bariatric Surgery, which presents the most optimistic picture, indicates that two to five out of every thousand individuals die within a month of gastric bypass, the most commonly conducted surgery.<sup>107</sup> Reported results are likely to be deceptively low: One investigative report found that deaths directly attributable to gastric bypass surgery were recorded as deaths from other causes, resulting in many never being accounted for.<sup>108</sup>

The largest examination of mortality rates<sup>109</sup> following bariatric surgery found chilling results: nearly 3% of the patients died after the first year and 6.4% at the end of the fourth year. Of those who had surgery in 1995 and had at least 9 years of follow-up, 13.0% had died. Of those who had the surgery in 1996 and 8 years of follow-up, 15.8% had died, and of those who had surgery in 1997 with 7 years of follow-up, 10.5% had died. Sandy Swarcz, on the Junkfood Science blog, compared these rates to the U.S. National Center for Health Statistics of the Centers for Disease Control and Prevention data, matching Americans of the same age and BMI and concludes: “By best estimates, bariatric surgeries likely increase the actual mortality risks for these patients by 7-fold in the first year and by 363% to 250% the first four years.”<sup>110</sup>

**“Complications” are likely.** A few other possible complications that the ads usually forget to mention, as compiled by Dr. Paul Ernberger and Sandy Swarcz: adhesions and polyps, massive scar tissue, advanced aging, anemia, arthritis, blackouts/fainting, bloating, body secretions (odor like rotten meat), bowel/fecal impaction, cancer (of the stomach, esophagus, pancreas, and bowel), chest pain from vomiting, circulation impairment, cold intolerance, constipation, depression, diarrhea, digestive impairment due to heavy mucus, digestive irregularities, diverticulitis, drainage problems at incision, early onset of diabetes, early onset of hypertension, electrolyte imbalance, erosion of tooth enamel, excessive dry skin, excessive stomach acid, esophageal contractions, esophageal erosion and scarring, feeling ill, gallbladder distress, gynecological complications, hair loss, hemorrhoids, hernia, hormone imbalances, impaired mobility, infection from leakage into body cavities (peritonitis), infertility, intestinal atrophy, intestinal gas, involuntary anorexia, irregular body fat distribution (lumpy body), iron deficiency, kidney impairment and failure, liver impairment and failure, loss of energy, loss of muscle control, loss of skin integrity, low hemoglobin, lowered immunity and increased susceptibility to illnesses, malfunction of the pituitary gland, muscle cramps, nausea, neural tube defects in your children, neurological impairment (nerve and brain damage), osteoporosis, pancreas impairment, pain along the left side, pain on

digestion, pain on evacuation, peeling of fingernails, potassium loss, pulmonary embolus, putrid breath and stomach odor, rectal bleeding, shrinking of intestines, stomach pain, sleep irregularities, suicidal thoughts, thyroid malfunction, urinary tract infection, vitamin and mineral deficiency, vitamin and mineral malabsorption, violent hiccups that persist daily, vomiting from blockage, vomiting from drinking too fast, vomiting from eating too fast, vomiting from eating too much (more than 2 ounces) . . . and best of all—weight regain.<sup>111</sup>

It's hard to understand the justification for intentionally damaging healthy, functioning organs and voluntarily assuming the risk of death and "complications." Apparently, the rationalization is that the dangers of carrying "excess" weight are much worse than the dangers posed by the treatment. Yet the evidence just isn't convincing. Even the American Medical Association has raised serious doubts about bariatric surgery's effectiveness and safety, noting that ethical and scientific questions abound and that the long-term consequences of these surgeries remain uncertain, both in terms of health outcomes and whether significant weight loss is maintained.<sup>112</sup> The developer of gastric bypass, Dr. Edward Mason, also voices concern: "For the vast majority of patients today, there is no operation that will control weight to a 'normal' level without introducing risks and side effects that over a lifetime may raise questions about its use for surgical treatment of obesity."<sup>113</sup>

The most comprehensive independent review of bariatric surgery, conducted by the Emergency Care Research Institute, a nonprofit health services research agency, examined evidence from seventy studies.<sup>114</sup> The investigators reported that while significant weight loss occurred, patients still remain obese. However, they noted that the evidence demonstrating that associated diseases improved was weak, and it was not evident that surgery resolved heart disease or extended life span. They report that claims of improved "quality of life and long-term health impacts are less conclusive."

There is a remarkable paucity of long-term data, but emerging data suggests gradual weight regain and return of co-morbidities during the long term.<sup>115, 116, 117</sup>

It is also logical to expect that because the post-surgery weight loss occurs quickly, most of the weight loss is valuable muscle tissue, not fat, which typically occurs in other weight-loss studies in which the type of weight lost is monitored.

Following surgery, patients are still fat, though less so, and may not have improved prospects for health or longevity. Some may never be able to eat normally again, and may be limited to eating small amounts (about 1,300 calories per day) and forever avoiding certain foods, like milk and sweets. Even if they follow their post-surgery diet, they are still likely to experience pain, vomiting, and an inability to control stool (“dumping”). The American Society for Metabolic and Bariatric Surgery reports that 85 percent of patients experience dumping<sup>118</sup> while a study conducted by Brazilian surgeons found 64 percent experience vomiting five to nine years after their surgery.<sup>119</sup> Research also shows a high rate of depression and suicides among those who have undergone the surgery.<sup>109, 120</sup>

Patients are complimented on their weight loss after surgery. The increased social approval makes them unlikely to admit the painful side effects publicly or acknowledge that the quality of their lives is far worse. Even patients who experience complications often report improved quality of life post surgery.<sup>121</sup> As one post-surgery client explained to me: “We’re ashamed to talk about the negatives. After all, we’ve failed all our lives and now we’ve failed again. So we pretend that it’s all rosy. We accept the compliments and quietly soil our pants, quietly tolerate the hours of excruciating pain that results from one poorly chewed piece of food, the ongoing hospital visits to treat our nutritional deficiencies. But what scares me most is the denial. Scratch a ‘success story’ and you find someone having numerous complications, but they are so brainwashed to believe they were going to die from fat, and so desperate for social approval, that they actually believe they are healthier and better off for having the surgery. Of course, their doctors support them in that view. And they’re the ones raving about the results and recommending surgery to others!”



We don't get the full story. And you can't predict *your* outcome when you're considering the surgery.

Wouldn't it be amazing if bariatric medicine shifted its focus to helping fat people get or stay healthy rather than thin?

## **Bringing It Home**

As this chapter illustrates in exhaustive detail, there is no magic solution to losing weight and keeping it off in a healthy manner. If you continue to seek the Holy Grail of weight loss, you may be feeling depressed right now. There are no guaranteed solutions—and the commonly recommended methods just aren't showing results.

But fantastic news lurks beneath: *You don't have to worry about your weight!* Just trust yourself and everything's going to be okay. Your body can take good care of you. It did this instinctively from day one, and with a little effort, you can re-engage with these powerful mechanisms so they take good care of you once again.

So be patient. A little more background will be helpful, and then part 2 will give you strategies to put your body back in the driver's seat.

Of course, we can't leave food out of a discussion about weight. Not surprisingly, the highly processed, calorie-dense, nutritionally bereft foods that make up the modern diet also play a role in our difficulty maintaining a healthy weight. Let's talk about nutrients next.