

## HOUSE CALLS

# Weight Matters: When to Consider Weight-Loss Surgery



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The warm weather is finally here and school may have ended but there is always time for learning. Today's lesson is about weight, weight loss, and weight-loss surgery. Hillel, the great rabbi, was once challenged to teach all of the Bible's lessons while standing on one foot. He succinctly replied, "Love thy neighbor as thyself. All the rest is commentary."

As medical director of Norwood Hospital's Center for Weight Control, I am always asked, "What is the best way to lose weight?" To paraphrase Hillel: "Eat good food, less of it, and exercise more. All the rest is commentary." What follows is a little bit of Hillel's succinctness and a healthy portion of my commentary.

### You Know the Drill

**Eating Right:** Most of us understand that good food is lean proteins—chicken, fish, and beef, as well as fruits, vegetables, low fat dairy and eggs in moderation. Proper preparation means baking, broiling, steaming, or sautéing. Most of us also know that "bad" food is cakes, candies, cookies, chips, fruit juice, alcohol, soda, and ice cream. No one seriously trying to lose weight should ever eat or drink these foods except in moderation and on special occasions. Try to eat your protein first as it has the ability to be most filling and satisfying.

**Exercising:** At least three, if not four or more times a week, get activity that elevates your heart rate, that makes you sweat, and that actually requires you to make an effort. Exercise is not what we do all day no matter how tiring or busy we feel it is. In most situations exercise doesn't cause weight loss, but it is an important factor in weight maintenance and is vital to sustaining a healthy heart and lungs and to reducing stress and blood pressure.

The key to the weight-loss and weight-maintenance challenge is to eat good food, less of it, and to exercise more. But you already know that!

### The Weight-Loss Challenge

The challenge then is not lack of knowledge or understanding about what we need to do to lose weight—it's the ability to implement the plan. Countless books have been written and fortunes made trying to improve on these simple weight-loss concepts for the perfect diet or easiest exercise plan. They don't exist.

The one caveat to this is that programs that include a support network have proven beneficial to the weight-loss challenge—in the words of an old proverb, "If you want to go fast, go alone; if you want to go far, go together." Fast weight loss is worthless if it is not sustained. If you don't have ready access to a support network, you need to consider Weight Watchers, Over-Eaters Anonymous, or similar programs.

### Oh, That Hunger

The challenge to eat less can be daunting. Hunger is a very powerful sensation. The hunger drive keeps us alive. No matter what program you follow, there is no compensation for the inevitable hunger that results from reduced food intake.

It's important to understand that satisfaction with food is a mechanical event not a calorie event. A gallon of ice cream may be 10,000 calories but even if you eat the whole thing, it will melt, rapidly exit your stomach, and leave you hungry again in no time. On the other hand a 12-ounce steak has the ability to satisfy because the protein sits in your stomach, stretches your stomach, and stimulates the nerves that diminish your hunger.

Additionally we must eat to survive. We confront food on a daily basis, and we must manage our interaction to see that it is appropriate and productive.

## **Weight Matters: When to Consider Weight-Loss Surgery** *continued*

### **Is Weight-Loss Surgery the Answer?**

For those who have tried and succeeded at weight loss only to regain, weight-loss surgery may offer a valuable assist. I say this for those who have previously lost on a weight-loss program because that is a prerequisite for success with weight-loss surgery. Weight-loss surgery is not magic. All three of the common weight loss operations—LapBand®, Sleeve Gastrectomy and Gastric Bypass are just tools to help an individual lose and maintain their weight. If an individual hasn't already proven to themselves and a weight-loss care team that he or she can succeed with non-operative weight loss, then it is very unlikely that he or she will succeed even with an operation. Many insurers will only pay for weight loss surgery if a patient has a documented history of weight loss success even if it is transient, as it so often is.

**LapBand® surgery** has been done worldwide for 20 years and in the United States for more than 10. It is the simplest and initially safest of the three common operations. It involves placing a plastic belt around the top of the stomach to reduce how much food is required to make a person feel full and satisfied. The band, just like a belt, is adjustable. It can be made larger or smaller according to a person's needs. LapBand® surgery does not require any cutting, sewing, or rerouting of the intestinal track. It results in slow, steady, safe, sustained weight loss.

**Sleeve Gastrectomy**, or Sleeve, has been done with increasing frequency over the last five years. It involves surgically removing 80 percent of the stomach to significantly reduce how much food is required to satisfy a person's hunger. The Sleeve is irreversible because the stomach, once divided and removed, cannot be replaced. Sleeve results in more rapid weight loss than does LapBand® and for some patients the weight loss may be achieved with less effort.

**Gastric Bypass** is the grand-daddy of weight-loss operations. It has been done in one form or another for over 50 years and has a long track record of proven success. In a Bypass—the top of the stomach is cut free from the rest and a small pouch is created. The small intestine is then divided and the downstream portion is connected to the pouch. This reduces intake because the small pouch fills rapidly and it reduces the absorption of calories and nutrients because food passes rapidly through the bypassed gut before these substances can be absorbed. Of the three weight-loss operations, Bypass results in the most rapid, though not necessarily most sustained weight loss.

**Surgery Mechanics** All three operations are done laparoscopically, meaning through one-inch or smaller incisions, under general anesthesia. They typically take one-to-two hours to perform and involve a one- or two- and rarely three-night hospital stay. Patients should plan to take two weeks off from work. Patients stay on a liquid diet for two weeks, followed by a soft diet for two weeks, and then resume regular food. Regardless of the operation, patients always take small bites, chew carefully, eat slowly, and separate liquids and solids. Drinking while eating diminishes the ability of the operation to reduce intake and make a person feel satisfied.

Frequent follow-up with the weight-loss care team is essential for success. People having weight loss surgery should plan to see the clinical team including the surgeon, nutritionist, and if needed psychologist, every six-to-eight weeks during the first post-operative year and at least yearly after that. Attendance at support groups and other practice activities like nutrition classes and 5K walks and runs can significantly improve outcomes.

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### **Norwood Hospital Center for Weight Control--Talk to Us**

Norwood Hospital offers both LapBand® and Sleeve Gastrectomy surgical weight-loss options. In addition, the hospital offers a nutrition clinic in Norwood, as well as satellite clinics in Wrentham and Foxboro. Our affiliated hospital, St Elizabeth's Medical Center, offers the Gastric Bypass procedure.

### **Weight-Loss Surgery Information Seminars**

To learn more about weight-loss surgery in a supportive environment and meet the Norwood Hospital weight-loss team, plan to attend a free one-hour information seminar at Surgical Weight Loss Specialists, Dr. Glasgow's private office, 278 Union Street, East Walpole, MA. To register, please call **877-298-5677** or register online at [www.norwoodweightloss.com](http://www.norwoodweightloss.com).

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