

New weight-loss therapy rids body of food before digestion

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Robert Boston Vladimir Kushnir, MD, shows a tube from a weight-loss device to research coordinator and dietitian Abigail Lowe. Kushnir uses an endoscope to insert the tube into the stomach, allowing overweight patients to remove about one-third of the food they eat, preventing absorption of those calories. Credit: Robert Boston/Washington University School of Medicine

A new weight-loss therapy offers significantly overweight people a means to rid their bodies of some of what they eat before excess calories can be absorbed.

Called aspiration therapy, the FDA-approved, nonsurgical therapy was developed by researchers at Washington University School of Medicine in St. Louis and is available at Barnes-Jewish West County Hospital.

"We were involved in some of the early clinical trials, and we're following patients who have been in the study for over three years now," said Vladimir Kushnir, MD, an assistant professor of medicine and director of the Bariatric Endoscopy Program at Washington University and Barnes-Jewish Hospital. "It's been very successful, with study patients losing an average of 14 percent of their total body weight, almost double the amount seen with other nonsurgical procedures and similar to [weight loss](#) seen with some surgical procedures."

Kushnir uses an endoscope to place a small, discreet device into the stomach, a tube that is undetectable beneath a shirt or a one-piece bathing suit. That tube, similar to a port used to get drugs into the body, protrudes slightly from the skin.

"It's similar to a feeding tube," Kushnir explained. "About two weeks after the procedure, the patient comes in for minor modifications to the external part of the tube and then meets with a dietitian, a physician and a nurse practitioner to learn how to use the device."

For the device to work, a patient goes to a restroom 30 to 60 minutes after eating, connects the tube to an external apparatus and removes about one-third of the food eaten, preventing absorption of those calories.

"But in order to be successful, the patient has to eat more slowly, chew

the food very well and drink a good amount of water," Kushnir said. "During aspiration therapy, people also must learn to eat smaller portion sizes and consume fewer calories, so eating differently is a big part of how the weight loss is achieved."

Kushnir said most patients perform aspiration therapy once or twice each day, after the largest meals they consume.

Aspiration therapy is not for people who need to drop small amounts of weight, Kushnir said. The device is recommended for those with a [body mass index](#) (BMI) between 35 and 50. A person with a BMI of higher than 25 is considered overweight. Those with BMIs over 30 are considered to have medically significant obesity, so candidates for aspiration therapy need to lose quite a bit of weight.

Many who are eligible for the procedure also have other health problems, such as type 2 diabetes, high blood pressure or sleep apnea. But Kushnir said that individuals who are obese but haven't yet developed those complications also may be candidates for aspiration therapy.

At present, most health insurance plans do not cover the therapy, though some insurance companies pay for an initial pre-procedure exam. Some insurers also pay partially for medications, laboratory tests or other referrals.

Provided by Washington University School of Medicine in St. Louis

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