

Doctors discuss role of weight-loss surgery in obesity

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(HealthDay)—The role of weight-loss surgery (WLS) for obesity is

addressed in a Grand Rounds Discussion published in the June 6 issue of the *Annals of Internal Medicine*.

Gerald W. Smetana, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues discuss the role of WLS versus dietary and [lifestyle](#) modification in general and for a specific patient who was considered eligible for [surgery](#).

The researchers note that [lifestyle modification](#) and dietary strategies are associated with modest weight loss, and have insufficient effects on [obesity](#)-related comorbidities. Most eligible patients are not offered WLS despite guidelines endorsed by relevant professional societies. For the specific patient discussed, a 64-year-old man with morbid obesity (body mass index, 42.4 kg/m²) and multiple obesity-related conditions, the bariatric surgeon favors WLS, which results in lower 10-year mortality rates than those seen in individuals who do not undergo surgery, and considers laparoscopic adjustable gastric banding (LAGB) to have the least risk. Noting disparities in the effects of obesity on mortality, the general internist suggests that dietary and lifestyle interventions may be safer for elderly patients and recommends a high-protein, low-calorie diet, and resistance training; LAGB should be considered if the patient subsequently needs WLS.

"Despite a joint guideline endorsed by relevant professional societies, most eligible [patients](#) are not offered WLS, despite expected significant excess weight loss after all three commonly performed procedures," the authors write.

One author disclosed financial ties to the pharmaceutical and medical technology industries.

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