

Is bariatric surgery for you?

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(HealthDay)—If you've been struggling with your weight for some time, you might be wondering if bariatric surgery is the answer.

This [surgery](#), which involves reducing the size of your stomach to limit how much food you can take in, isn't for moderate weight loss. You need to be at least 100 pounds overweight with a BMI of 40, or 35 if you also have serious health issues. You'll also need to show that you haven't been able to lose weight with other, more conventional approaches.

Checklist: You may be a candidate for bariatric surgery if:

- You're 100 pounds or more over your ideal weight.
- Your BMI (body mass index, a ratio of weight to height) is over 40 or is over 35 and you have [health issues](#) related to obesity. A person who's 5-feet, 7-inches tall and weighs 260 pounds has a BMI of 40.
- You've been unable to lose and keep off [excess weight](#).

It's important to understand what happens after the surgery. Over the following two years, you're likely to lose between 60 to 80 percent of your excess [weight](#). At first, you won't have much appetite. When it returns, you'll be satisfied with a lot less food than before, health professionals report.

As part of the decision-making process, explore all the risks and benefits of this life-altering procedure.

Beyond the immediate risks of any surgery, there are risks of infection, as well as vitamin, mineral and even protein deficiencies. This can happen because you're taking in fewer nutrients or your body can't absorb them as well as it used to.

To avoid serious consequences, you'll need to follow specific diet guidelines, take supplements for life, and be monitored with regular blood tests.

While [bariatric surgery](#) does help many [obese people](#), it's not a magic wand. You have to be ready to commit to making permanent lifestyle and diet changes.

More information: The American Society for Metabolic and Bariatric Surgery has [answers to common questions](#), including certain risks about weight loss surgery.

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