

More severely obese kids should get surgery, MD group says

October 27 2019, by Lindsey Tanner



This combination of undated photos provided by the family in October 2019 shows Faith Newsome before and after gastric bypass surgery. At 5 feet, 8 inches and 273 pounds, her BMI was almost 42 and she had high blood pressure and prediabetes when she had the procedure at age 16. After about a year, she'd shed 100 pounds and those health problems disappeared. She slimmed down enough to become active in sports, shop for prom dresses and gain a better self-image. But to avoid malnutrition she takes vitamins, must eat small meals and gets sick if she eats foods high in fat or sugar. (Family photos via AP)

Even some severely obese preteens should be considered for weight loss surgery, according to new recommendations.

The guidance issued Sunday by the American Academy of Pediatrics is based on a review of medical evidence, including several studies showing that [surgery](#) in teens can result in marked weight loss lasting at least several years, with few complications. In many cases, related health problems including diabetes and [high blood pressure](#) vanished after surgery.

While most of those studies involved teens, one included children younger than 12 and found no ill effects on growth, the policy says.

"Safe and effective is the message here," said Dr. Sarah Armstrong, a Duke University pediatrics professor and the policy's lead author.

Armstrong said children who have not gone through puberty may not be mature enough to understand the life-changing implications of surgery but that age alone shouldn't rule it out. She doesn't do surgery but works at a center that offers it; the youngest patient was 14.

It's not a quick fix, she said. "It's a lifelong decision with implications every single day for the rest of your life."

Nearly 5 million U.S. children and teens are severely obese, a near doubling over 20 years. Many have already developed related health problems including diabetes, high blood pressure, sleep apnea and liver disease. But most kids don't get [obesity surgery](#), mainly because most public and private health insurance doesn't cover it or they live far from surgery centers, Armstrong said. Costs can total at least \$20,000.

Resistance from pediatricians is another obstacle. Many prefer "watchful waiting," or think surgery is risky or will alter kids' growth. Some don't recommend surgery because they think "weight is a personal responsibility rather than a medical problem," the new policy states.

Dr. Rebecca Carter, an assistant professor of pediatrics at the University of Maryland School of Medicine, said the new recommendations give pediatricians better guidance about which patients should be referred and evaluated.

Recent data show that pediatric obesity surgery rates have tripled in almost 20 years but still average fewer than 2,000 operations each year.

The academy's recommendation say children and teens are generally eligible for surgery if their body mass index is 40 or higher, or at least 35 if they have related major health problems. These criteria may vary by gender and age, Armstrong said. They are similar to criteria for surgeons from the American Society for Metabolic and Bariatric Surgery. A BMI of 30 and above is considered obese.

Faith Newsome was a typical patient. At 5 feet, 8 inches and 273 pounds, her BMI was almost 42 and she had high blood pressure and prediabetes when she had gastric bypass surgery at Duke at age 16. After about a year, she had shed 100 pounds and those health problems disappeared. She slimmed down enough to become active in sports, shop for prom dresses and gain a better self-image. But to avoid malnutrition she takes vitamins, must eat small meals and gets sick if she eats foods high in fat or sugar. Her BMI, at just under 30, puts her in the overweight range.

Now 21 and a senior at the University of North Carolina in Chapel Hill, Newsome is quick to answer whether she has regrets.

"Never," she said. "Teens should be able to discuss every option with their doctors, and surgery should be one of those options."

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Citation: More severely obese kids should get surgery, MD group says (2019, October 27)
retrieved 9 April 2024 from

<https://medicalxpress.com/news/2019-10-severely-obese-kids-surgery-md.html>

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