

Fat no more: bariatric surgeries prevail when diets fail

Ann Veilleux isn't worried about her size 16 clothing going out of style. That's because soon, the 50-year-old nurse will be buying smaller sizes.

As recently as July, Mrs. Veilleux was a size 28 and her 5-foot-1-inch frame carried a body mass index of 47. A BMI of 40 is one of the criteria for being morbidly obese.

"I'm a nurse, so I knew better," Mrs. Veilleux said. "I had dieted and done Weight Watchers and LA Weight Loss. I would take off 20 pounds and then I'd gain it all back and more. It was yo-yo dieting."

A parishioner of St. Andrew by the Bay, Annapolis, she works for a disease management company, managing patients with heart disease and diabetes.

"I didn't want to end up like these other people I talk with every day, but I knew I was going down that road," she said.

She decided to have gastric bypass surgery at St. Agnes Healthcare, designated a center of excellence by the American Society of Bariatric Surgery.

Dr. Andrew Averbach, director of bariatric and minimally invasive surgery at St. Agnes, said patients lose 65 percent to 70 percent of their extra weight within a year. Some 70 percent keep it off, while 30 percent regain weight, but not nearly as much as before.

"Rarely do people go back to square one," Dr. Averbach said.

In January the Journal of the American Medical Association reported that the first

randomized study to examine gastric banding surgery as a tool for treating adult-onset diabetes found that 22 of 30 patients who had the surgery had their diabetes go into remission, as opposed to just four patients in the control group.

Dr. Averbach said two types of procedures are used. The first is Roux-en-Y, commonly known as gastric bypass, and it's the procedure that Al Roker of the Today Show had. The size of the stomach is reduced and then it's connected directly to the lower part of the small intestine, reducing the absorption of calories.

LAP-BAND is a newer, less-invasive procedure in which surgeons place a band around the stomach, limiting its capacity and making the patient feel full faster. Surgery takes less than two hours, and patients can be discharged after 24 hours.

Although patients don't tend to lose as much weight as with traditional gastric bypass, Dr. Averbach said, one advantage to LAP-BAND is that it's reversible.

"That's good for women who plan to get pregnant," he said. "We can open it up and they can eat normally during pregnancy." LAP-BAND also has a slightly lower risk of complications.

Surgical complications are rare, but after surgery people must follow a certain diet, including avoiding alcohol and cutting out sweets, and complications can arise if they don't.

"People who are compliant won't have a problem," Dr. Averbach said.

"I eat small amounts and I eat more frequently," Mrs. Veilleux said, adding she takes a vitamin, iron and calcium supplement every day.

She's only had one incident where she ate the wrong thing and became ill - and that was at Christmas, when, as all dieters know, temptation runs high. She gave in to a

bite of raspberry white chocolate cheesecake, and ate the crumbs before cleaning the pan.

She felt quite ill afterward.

“It’s good because it does keep you honest,” she said, but added it’s well worth the restrictions to enjoy good health and increased energy.

“The first two weeks you’ll ask ‘Why did I do this’ because you’re sitting home, eating your tablespoon of food,” she said. “But you’re still healing. Pretty soon you can eat normally. It just improves your health – it’s definitely worth it.”