Physicians Question Lower BMI Requirements For Lap-Band Surgery

The American Society of Bariatric Physicians (ASBP) is concerned that the FDA advisory panel recommended lowering the BMI requirement for lap-band surgery, while the FDA recently denied two new obesity medications. Bariatric surgery is drastic and expensive and carries higher morbidity and mortality risks than lifestyle interventions or medication. Patients who could have otherwise lost weight in a non-surgical medical bariatric program may now be encouraged to skip medical therapy and jump directly to surgery.

The ASBP supports medically-supervised weight loss programs as the treatment of choice for patients with BMIs between 30 and 35, and believes that the recommendation of the lap-band for patients with BMIs of 30 and above is premature and carries risks that have not yet been considered.

Effective, non-surgical approaches involving structured diet and exercise, behavioral modification and medication when indicated should be considered first for many patients who will now be eligible for surgery. Before a patient ever considers surgery, the ASBP advocates that the patient first seek the help of a qualified bariatric physician, who will start with a complete patient work-up, ensuring that metabolic and overall health are not compromised. Proper implementation of a medically-managed weight loss program by a bariatric physician can lead to tremendous success, with long term reversal of obesity related co-morbidities equivalent to surgical interventions minus the risks.

Bariatric surgery will continue to be an option for severely obese patients, but patients who have had bariatric surgery require long-term lifestyle changes and nutritional monitoring to ensure a safe and lasting weight loss. Bariatric surgery is often accompanied by side effects and substantial failure rates. In fact, approximately 90 percent of patients in a recent Allergan study experienced a side effect, such as vomiting or pain. Almost 30 percent of bariatric surgery patients regain the weight they initially lost or have the surgery reversed, according to long-term studies. A recent study in the American Journal of Medicine showed that there was a five-fold increase of suicides among all patients who had bariatric surgery, most occurring within three years following the surgery. Weight loss surgery also causes nutritional deficiencies requiring lifelong supplementation of calcium, vitamin B12, folate, multivitamins, iron, and thiamine.

There are benefits to surgery but more comprehensive longer-term surveillance and follow-up methods should be developed to evaluate the negative side effects. Surgery is, therefore, not a treatment that is an end in itself, and it should not be viewed as the first or only choice for obese patients.

The ASBP concludes that bariatric surgery is not a quick fix or an easy answer to the obesity epidemic. Bariatric surgery has been and should remain a second line therapy after comprehensive medically-managed weight loss. Bariatric surgery does not end one's challenges with weight; rather, it creates new and different nutritional, medical and psychiatric challenges that must be carefully considered. In conclusion, the ASBP does not support the lowering of BMI standards to qualify for bariatric surgery.

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