

Types of Bariatric Surgery Transcript

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[O. Raphael Nwanguma, M.D., FACS]

An obese patient can live a long and healthy life – but that is very rare. People who live to be in their 70s and 80s are usually not obese patients. Because obesity increases heart disease, diabetes, hypertension – eventually, by that decade, most of the patients who have been obese for a long time have already succumbed to their diseases. I mean, is it possible for that rare individual who is obese to live to be 70, 80 or 90? Yes, that is possible. But it is not very common.

Medications do not usually cure diseases like diabetes. When someone has diabetes, their blood glucose goes up and they take insulin. When the insulin wears off, the blood glucose goes back up again. But what we find is that after bariatric surgery, about 80-90% of people get off their diabetes medication. People not only obviously get better from the diabetes, their heart gets healthier. Weight loss surgery is the only modality that we know that can get rid of obesity and the associated co-morbidities, and keep it off for a long time.

At Med Center Health, we do the Sleeve Gastrectomy and the Roux-en-Y Gastric Bypass. Even though the bypass and the gastric sleeve have almost equal efficacy, the sleeve – on the other hand – does it with the least amount of risk. Patients with Barrett's Esophagus should get the bypass instead of the gastric sleeve. That's really the only reason someone should initially do the bypass instead of the gastric sleeve. So, Barrett's Esophagus is a pre-cancerous condition of the lower esophagus and it is related to acid reflux.

Bariatric surgery, like any other surgery, carries risks. However, with advances that we've made today in medicine, it's not any riskier than any other general surgery involving the belly area that we do here in the United States. It's very safe and patients recover very well – and they go home within a day or two of the surgery.

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