

OBESITY – Your questions answered

Mr Shaw Somers (Consultant Specialist Upper GI, Laparoscopic and Bariatric Surgeon) and Professor Martin O Savage (Consultant Paediatric Endocrinologist) at The London Clinic answer some common questions about obesity surgery and childhood obesity.

Q What is obesity surgery?

Obesity surgery is a new field of upper gastrointestinal surgery. The speciality focuses on the surgical treatment of patients with obesity severe enough to cause illness (morbid obesity). Over the last 20 years operations have been designed and tested to help people lose significant weight and maintain weight loss. There are different types of operations which are used to bring about dietary change and appetite reduction which result in extensive weight loss. Most surgery can be performed with keyhole surgery, minimising discomfort and recovery time. The pro's and con's of each operation need to be discussed in detail with the surgeon for the correct choice to be made.

Mr Shaw Somers

Q Who might be eligible for obesity surgery?

The criteria for eligibility have been reviewed and set out by the NICE (National Institute for Clinical Excellence). People with a body mass index more than 35 could benefit from surgery to help lose weight. Those with weight-related illness, such as diabetes, are particularly suitable. Studies have shown that people with a body mass index greater than 50 are better treated with surgery, rather than dieting or tablets. Of course, some people may be content with a large body, whilst others may find a lesser degree of overweight intolerable. The decision to opt for surgery is individual and requires a consultation with a specialist team.

Mr Shaw Somers

Q Is obesity surgery worth the risk?

There is a misconception that obesity surgery is very dangerous. The facts are that all types of obesity surgery are less risky than the medical and lifestyle effects of remaining severely obese. Patients who undergo gastric banding should expect to lose 50% of their excess weight in 2 years. Those that undergo gastric bypass can expect to lose 70% of their excess weight. The chances of severe complications are low (approx 1 in 200). Overall, many studies have confirmed the safety and effectiveness of obesity surgery when performed by specialist teams.

Mr Shaw Somers



Q What should concerned parents/guardians do if they think their child is overweight?

Firstly a parent/guardian should consult their general practitioner (GP) for accurate weight and height measurements which are plotted on the centile charts for the child's age. The GP will take a history to assess the time-scale of weight gain and see if there are any obvious precipitating physical or emotional issues. A careful physical examination will follow which should identify any associated abnormal physical signs. If the GP is concerned that there might be an underlying organic cause, such as a hormonal disturbance, the child should be referred to a consultant paediatrician with experience of the management of childhood obesity. The specialist, usually a paediatric endocrinologist, will assess the likelihood of an endocrine cause, also calculating the child's body mass index and comparing it with the normal range for the child's age. Endocrine causes for childhood obesity, such as thyroid deficiency and Cushing's syndrome are rare, and can be tested with a blood test. If no hormonal imbalance is found, careful dietary advice should be given and facilities for follow-up medical care provided.

Professor Martin O Savage

Q What are the main contributing factors to the increase in childhood obesity?

Environmental factors such as excess calorie intake and decreased physical activity. This explains the alarming 'epidemic' of childhood obesity now being documented in most western industrialised nations. Quality of food at home and at school also contributes with children frequently eating foods that contain high concentrations of carbohydrates and fats.

Professor Martin O Savage

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Q What treatments are available to children suffering from obesity?

The exclusion of an endocrine cause such as hypothyroidism or Cushing's syndrome, both of which are rare but treatable, constitutes the first step in the management of childhood obesity. If the child has 'simple obesity', which can be attributed to excess calorie intake, the child should receive expert advice from a paediatric dietician in the form of a calorie-controlled or calorie-restricted diet. Children require sufficient calories to be able to expend energy and continue normal growth development. This means that advice from a trained dietician is likely to be more effective than simply using common sense to avoid high calorie nutrition. Medications aimed at suppressing appetite in children are rarely effective and may have side effects and are thus not recommended. In severe or 'morbid' childhood or adolescent obesity, which can have damaging consequences for the patient's present or future health, bariatric surgery may be an option. This surgery aims to reduce gastric or upper intestinal nutritional absorption.

Professor Martin O Savage

Common myths and facts regarding obesity:

- *I will have to lose weight before I can have obesity surgery*
– MYTH
Most people can safely undergo surgery, whatever their weight. Forcing people to try to lose weight to 'earn' their surgery is cruel.
- *Obesity surgery will leave me with terrible side-effects*
– MYTH
The different operations have been developed to give patients and their consultants the choice to determine the most effective course of action. Severe side effects are very rare.
- *Diabetes can be cured by obesity surgery*
– FACT
Some obesity operations, such as gastric bypass, can cure diabetes. Many patients no longer need any form of treatment for diabetes, blood pressure or other weight related illness.

The London Clinic is located on Harley Street, in the heart of the capital's medical community, and is internationally renowned for its medical and surgical expertise.

If you would like to put any alternative questions on obesity to Mr Shaw Somers or Professor Martin O Savage, please contact [Tracey Thompson](#) or [Ceri Chang](#) at Trinity PR on **020 8786 3860** or alternatively email: pressoffice@thelondonclinic.co.uk

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