

# Weight-Loss Surgery

Ads for weight-loss surgery are everywhere these days—and for good reason.

**More than 5 percent of adults** in the United States are “morbidly obese”—the term used to describe people 100 pounds or more over their recommended weight. For many of these individuals, weight-loss (bariatric) surgery is an effective, lifesaving option that can open the door to a happier future.

However, complications occasionally develop months or years after the initial procedure, requiring another operation to repair the problem. “The main reasons for this revisional surgery are weight regain, unsatisfactory weight loss or complications from the initial operation, such as gastrointestinal leaks, bowel obstruction or ulcers,” says **Dr. Ninh Nguyen**, one of the world’s leading authorities on bariatric and revisional surgery. As an acknowledged expert in managing these complications, he treats many people each year who are referred from other institutions throughout the western United States.

**Correcting complications.** “There are several types of weight-loss surgery,” says Nguyen. “Each has its own set of possible complications, as well as surgical solutions.” Lap-Band® surgery, for example, involves an inflatable silicone band wrapped around the upper part of the stomach to restrict food intake. If the band slips, it must be surgically repositioned or replaced. If it erodes into the stomach, it must be taken out. Nguyen accomplishes this with minimally invasive techniques, sometimes even removing the band through the patient’s mouth. The Lap-Band then can be replaced with a different type of weight-loss surgery.

Another weight-reduction operation is gastric bypass surgery. “Roux-en-Y (RNY) is the most commonly performed bariatric operation,” says Nguyen, who pioneered the minimally invasive



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version of RNY. During the operation, surgeons create a small pouch at the top of the stomach. Then they connect the pouch to the beginning portion of the small intestine, bypassing the remainder of the stomach and upper portion of the small intestine. This leads to immediate and significant weight loss because the bypass restricts the amount of calories that can be absorbed by the body. “Although RNY is successful for the vast majority of people, a small number of patients eventually regain weight,” says

Nguyen. In these cases, the problem can be remedied by the addition of a Lap-Band onto the stomach pouch—a strategy that may help patients get back on track with their weight loss.

Sleeve gastrectomy is another method of surgical weight loss. It involves dividing the stomach vertically and removing a portion of it, which restricts food intake. “A rare but possible complication is leakage of stomach fluids into the abdominal cavity, which can lead to infection,” says Nguyen. “Revising the problem is complex and can be done surgically or nonsurgically, depending on the circumstances.”

**Choosing wisely.** How can people improve their odds of having a trouble-free bariatric procedure? “Weight-loss operations are considered as safe today as gallbladder surgery when performed by an experienced surgeon at an accredited facility where many bariatric operations take place each year,” says Nguyen. Choosing a surgeon who has performed a minimum of 100 weight-loss operations significantly improves the odds of success. Nguyen and his colleague, **Dr. Kevin Reavis**, have performed more than 1,500 bariatric surgeries. Furthermore, the bariatric surgery program at UC Irvine Medical Center is accredited as a Level 1a Bariatric Center by the American College of Surgeons, meaning that it has the resources and experience necessary to provide the highest level of care and best outcomes.

On the horizon are even less invasive weight-loss procedures. Nguyen is embarking on a clinical trial involving the insertion of an inflatable balloon into the stomach. Known as an intragastric balloon, the mechanism gives patients a feeling of being full. If approved by the Food and Drug Administration, the device would be the first weight-loss surgical option performed without any incisions.

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