

Adolescent Bariatric Surgery

Pediatric obesity is one of the most important health concerns today. Obesity can lead to other diseases including type 2 diabetes mellitus, high blood pressure, and high cholesterol. These other conditions used to be seen in only adults with obesity, but physicians are now seeing these “adult” diseases in obese children and adolescents.

The best treatments for prevention and treatment of obesity are a balanced diet and exercise. In some cases of extreme obesity when diet and exercise have failed, bariatric surgery is considered as a treatment. There are 2 types of bariatric surgery.

GASTRIC BYPASS SURGERY

In a gastric bypass, the surgeon cuts some of the stomach off to make a smaller stomach pouch. This pouch becomes the “new” stomach. The surgeon then connects that pouch directly to the middle part of the small intestine. The early part of the small intestine is “bypassed” and not used any more. After gastric bypass surgery, the stomach is much smaller so the patient takes in less food to feel full. Since part of the intestine is bypassed, fewer calories from the food are absorbed.

Advantages of this approach in surgery are that initial weight loss is often greater with bypass surgery. However, because it is a major surgery, patients can have complications and need longer to recover. This surgery can also lead to vitamin deficiencies since part of the intestine that absorbs vitamins is no longer being used. Also, this surgery is permanent and cannot be reversed.

GASTRIC BANDING SURGERY

In this type of surgery, a band, often called a lap band, is put around the top part of the stomach. This band tightens around the stomach and creates a pouch at the top of the stomach so that the patient feels full with less food.

Advantages of this surgery are that it does not cause vitamin deficiencies and it can be reversed. The band is adjustable and removable. However, people sometimes do not lose as much weight with this surgery compared with bypass, and the band may need to be replaced at a later time, which would require another surgery.

It is difficult to decide which adolescents would benefit from this type of surgery. This is a decision that must involve the patient, his or her family, physicians, nutritionists, and often psychologists. An adolescent who is considering this surgery is extremely overweight and has not been able to lose weight through diet and exercise but is both healthy enough and mature enough for the surgery. The adolescent also needs to understand that the surgery is not a quick fix; it will lead to a different lifestyle afterward. After recovering from the surgery, the adolescent will need to participate in and monitor diet



and exercise and take medicines and possibly vitamins, as well as continue to have careful follow-up by a physician.

FOR MORE INFORMATION

Medline Plus
<http://www.nlm.nih.gov/medlineplus/weightlossurgery.html>

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Resource: Medline Plus

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