

Study examines outcomes of gastric bypass surgery in morbidly obese and superobese patients

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Superobese gastric bypass patients appear to have improvements in quality of life and obesity-related co-existing conditions, and despite losing weight remain obese after surgery, according to a report in the April issue of *Archives of Surgery*, one of the *JAMA/Archives* journals.

"The prevalence of overweight and obesity has increased markedly world-wide in past years. Obesity related comorbidities [co-existing diseases or conditions] are responsible for a shortened life expectancy and a reduced quality of life," the authors write as background information in the article. Though moderate [weight loss](#) has been shown to improve comorbidities in overweight or moderately obese patients, in morbidly obese patients "only bariatric surgery can provide substantial and maintained weight loss, which in turn results in improvement of obesity-related comorbidities and quality of life."

Michel Suter, M.D., P.D., of Hôpital du Chablais, Aigle-Monthey, Lausanne, Switzerland, and colleagues compared weight loss, body mass index (BMI), comorbidities and quality of life in 492 morbidly obese (having a BMI of 40 to 49) patients and 133 superobese (having a BMI of 50 or higher) patients treated with primary laparoscopic gastric bypass (average age 39.8 and 40.4, respectively) between 1999 and 2006.

Morbidly obese patients lost up to 15 BMI units (34.7 percent body weight) after 18 months and maintained an average loss of 13 BMI (30.1 percent body weight) units six years after surgery. Superobese patients lost a maximum of 21 BMI units (37.3 percent body weight) after two and a half years and an average of 17 BMI units (30.7 percent [body weight](#)) after six years. Although superobese patients had a greater weight loss than morbidly obese patients, less than 50 percent

of them had a BMI of less than 35 six years after surgery compared with more than 90 percent of morbidly [obese patients](#).

"Despite these differences, improvements in quality of life and comorbidities were impressive and similar in both groups," the authors note.

"Weight loss or residual BMI is not all that matters, and all aspects of the results of bariatric surgery must be evaluated to draw meaningful conclusions about the effectiveness of a given bariatric operation," the authors conclude. "Only large randomized studies comparing Roux-en-Y [gastric bypass](#) with other bariatric procedures and studying all aspects of weight loss [surgery](#), with long-term follow-up, will be able to establish whether one procedure is superior to the others, especially in the superobese patient group."

[More information:](#) Arch Surg. 2009;144[4]:312-318

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