

STACY
BRETHAUER:

There's lots of reasons why patients don't pursue bariatric surgery, or why doctors don't refer patients for surgery. I think it fundamentally starts in our culture. There's a lot of denial around obesity. Patients who would clearly meet the criteria, with a body mass index of 50, often perceive themselves as just a little overweight. Or they don't recognize the risk of not treating their sleep apnea and their blood pressure.

And so some of it's just educating patients about the fact that obesity is a chronic disease. It can shorten your life, like many other chronic diseases. And there's good treatment for it. Sometimes that discussion is just never held with the patient.

If you compare the treatment of obesity, which has been declared a chronic disease by the AMA in 2013, it's not treated the same way or looked at the same way as many other chronic diseases. If you think about cancer and cardiovascular disease, there's an escalation of therapy. So you start with the least invasive and least impactful therapy, behavior, lifestyle changes, diet. And you move to medication.

And then you move to interventions that aren't surgery. And ultimately, surgery is offered if all of these other things haven't worked. That's true for cardiovascular disease, for sure.

And in cancer, we look at cancer as mostly a surgical disease within our field of general surgery. But there's other things that are offered. There's adjuvant therapy, like chemotherapy, radiation therapy. And there's a perception that, if the cancer comes back, it's the cancer that came back. It's not that the patient failed and the patient did something to make the cancer come back.

When we look at chronic diseases in those terms, it makes sense. But when we look at the chronic disease of obesity, what we typically see is people perceive it as a disease or a problem of willpower. It's way more complicated than just a willpower issue. There are many, many genetic and physiologic pathways that help us regulate our weight and protect our weight. We live in a culture that has a lot of very high-calorie, easily accessible food around. And we have grown to become a more sedentary culture.

There's a lot of things that are going into our obesity epidemic. But it fundamentally is behavior, environment, and genetics, which is true for a lot of cancers, which is true for cardiovascular disease. It's also true for obesity.

So I think we have to look at it in that vein. And we have to start thinking about it as let's start with the least invasive things. Let's escalate therapy and maybe medication or an endoscopic procedure.

Surgery is the next option if it makes sense. And if someone gains their weight back after an operation, or starts to gain some weight back, it doesn't mean that they have-- they've lost their willpower again or they've failed the operation. It means they need more therapy, just like any other chronic disease.

And we have to keep hammering away at this disease. It's a chronic problem. And we have to keep on top of it. And it does require lifelong follow-up and care.