

[MUSIC PLAYING]

STACY
BRETHAUER: The current guidelines in terms of who's eligible for bariatric surgery date back to the 90s when the NIH developed criteria regarding who should be eligible for weight loss surgery. Those are fairly arbitrary BMI cutoffs that were not evidence based at the time. But that's the cutoffs that have continued to today. And that's what we use, and typically the insurance company used, to determine whether a patient's eligible for bariatric surgery. And those criteria are a BMI of 35 to 40 with some obesity related comorbid conditions, or a BMI of 40 and higher, whether they have any of those conditions or not.

You can have patients with very high body mass index and very few metabolic or medical comorbidities, and you can have patients who have lower BMIs who have severe diabetes, metabolic syndrome, and so just in and of itself, body mass index is not a great predictor of who would benefit the most in terms of their metabolic burden. But it's what we have. It's what we use. And then we try to tailor the intervention according to those patients' specific comorbidities as well as their BMI,

What we offer today now is, really, two or three operations. Most centers do two operations, the sleeve gastrectomy and the gastric bypass. And they're done one laparoscopically. So we're talking about an hour to two hours of surgery with four or five small incisions. 97% to 99% of patients are getting through this operation without any real major issues or complications. Doesn't mean it's easy. They have they have to struggle a little bit in terms of recovering from the surgery and advancing their diet. And everyone has a learning curve to get through.

But those are temporary things. And in the long term, most patients are able to keep that weight off because we select patients who are committed to doing the things they need to do in terms of their behavior, their diet, and their activity. And the operation offers them a way to actually get more active. It's not often that they don't want to move and exercise, it's that they physically can't or it hurts too much.

And as the weight loss starts occurring, they get to be more active and they adapt a more active lifestyle. And their food choices and preferences change pretty dramatically, actually. And so those patients, 85% to 90% of them, will maintain most of their weight loss over the long term. But there is a subset of patients who will regain weight. But it's a minority of patients. And so the vast majority of patients who have bariatric surgery are able to keep off that weight long term, at least the majority of that weight, and have long term benefits from that.

I think physicians often are biased because they often see the patients who are struggling or having a problem versus the other 85%, 90% of folks who are out there, living their lives, doing well and doing all the right things and keeping the weight off.