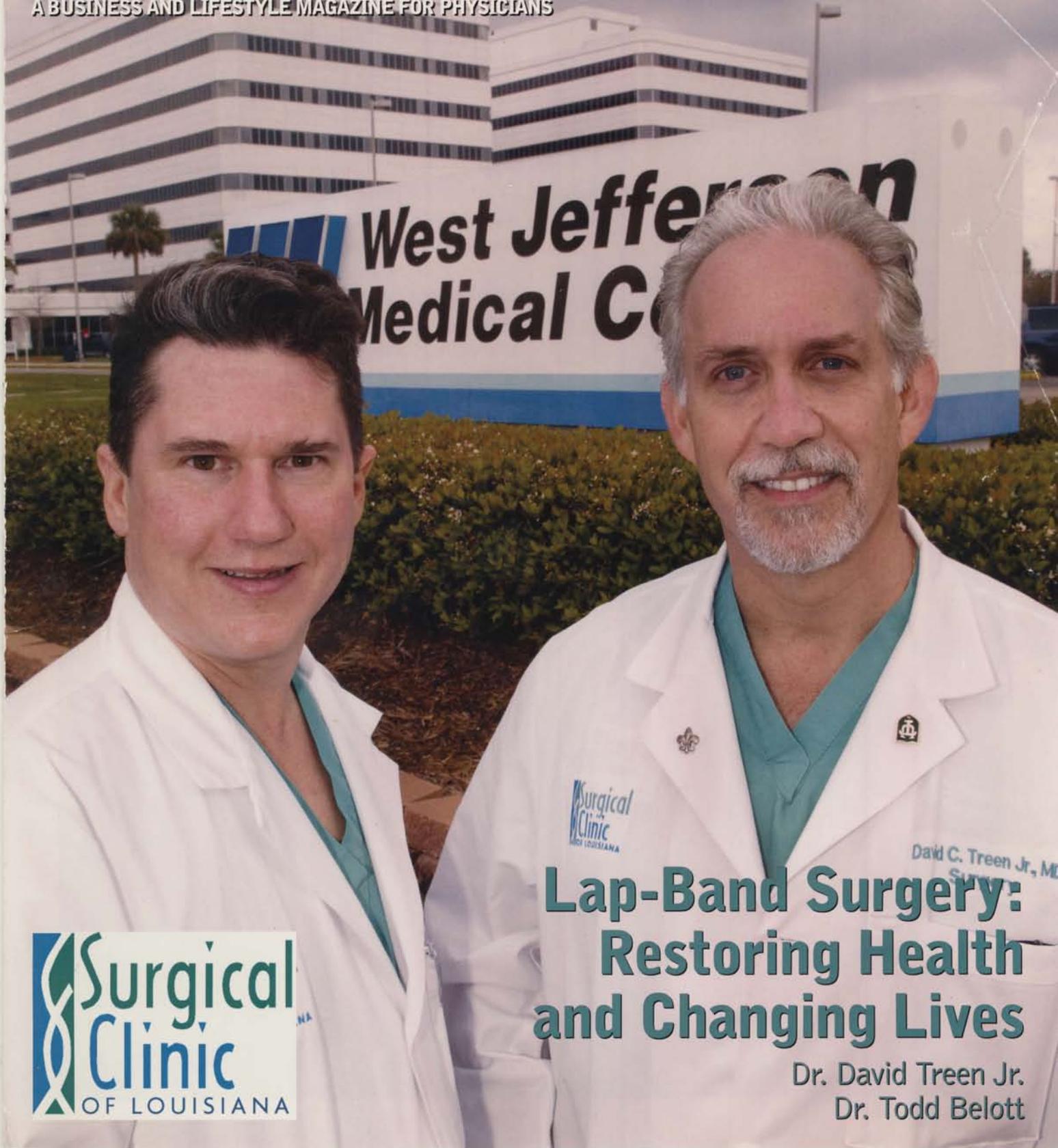


M.D. NEWS

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**West Jefferson
Medical Center**

**Surgical
Clinic**
OF LOUISIANA

Lap-Band Surgery: Restoring Health and Changing Lives

Dr. David Treen Jr.
Dr. Todd Belott

Lap-Band Surgery

Restoring Health and Changing Lives

By Jaye Andras Calhoun

A new patient is in the examining room waiting for you. When you enter the room, looking up from the medical chart you have been reviewing, you observe that the young woman is clearly obese. You:

- a) Say nothing about the patient's weight and address only the concern that prompted her visit;
- b) Mention offhand that she would "feel better" if she improved her diet and exercise; or
- c) Initiate a serious discussion about the health risks associated with obesity and offer the patient information about available medical treatments for her condition.

If you're like most physicians, you tend to stick with a) or b) for a variety of reasons including the historical lack of efficacy of most

nonsurgical medical treatments as well as, until recently, the lack of safe, effective surgical alternatives.

Fortunately, with the introduction of Laparoscopic Adjustable Gastric Banding (Lap-Band) surgery, obese patients now benefit from a surgical option that is considerably safer than gastric bypass surgery and more effective than behavior modification alone, with or without medication. This surgery is considered to be minimally invasive, to cause minimal scarring and the pain is no worse than is associated with any other laparoscopic surgery. In most cases, the surgery can be performed on an outpatient basis and the patient can be back at work in a week to 10 days.

As a result of these factors, a growing number of physicians are now offering the surgery, including Dr. David C. Treen Jr. and

High-resolution video endoscopic technology facilitates Lap-Band surgery.





rate. Bariatric surgeries, on the other hand, have been shown to be the most successful.

But the weight loss is primarily a means to a very important end: significant improvement in overall patient health. Drs. Treen and Belott emphasize the impact of bariatric surgery on the “long list of comorbidities that are associated with morbid obesity — sleep apnea, diabetes type 2, hypertension, degenerative joint disease in the lower extremities, gastroesophageal reflux disease and, even worse, many forms of cancer are higher in patients who are obese, and the list goes on and on and on.” According to Dr. Treen, “The remarkable thing about bariatric surgery is that so many of these comorbidities can be reversed or significantly improved following the type of weight loss that occurs regularly after Lap-Band surgery. A recent study published in the *Journal of the American Medical Association* (JAMA) in January of this year reported that only 13% of patients who had obesity-related diabetes type 2 could be expected to have a remission of that disease following a medical therapy regime while, in the patients who had undergone Lap-Band surgery, the difference was 73%. And so now at this point it almost looks like weight-loss surgery is the cure for obesity related diabetes type 2.”

Left: David C. Treen Jr., M.D.

Below: Dr. Treen and Dr. Belott complete final stages of Lap-Band procedure.

Dr. Todd P. Belott of the Surgical Clinic of Louisiana, who are leading the field in the New Orleans area and can't say enough about the results they've seen in their own patients. For many years, Dr. Treen has been widely recognized as one of the best, advanced laparoscopic surgeons in the country, but he has developed into an expert in Lap-Band surgery because of his conviction that treating a patient's obesity directly may cure so many related illnesses as a beneficial side effect. The health risks associated with obesity are well known and prevalent throughout the country. Dr. Treen points out that “the epidemic of obesity in the United States is fast approaching the most serious health threat in America, particularly in Louisiana. In 2005, 30% of adults in Louisiana were obese. In 2007 the number has gone up to 50%.” Unfortunately, medical-related, nonsurgical weight-loss programs have a 95% failure





lose weight may still desire the surgery to address health-related issues, but he or she is more likely to have to pay for it out of pocket, without insurance reimbursement.

Many bariatric patients are very Internet-savvy and come into the clinic very well educated about the procedure. Nevertheless, “We do extensive preoperative education with our patients because it’s so important that people contemplating bariatric surgery know that the surgery is not the solution in and of itself — it does require a change in attitude about food and about exercise and education in making quality choices.”

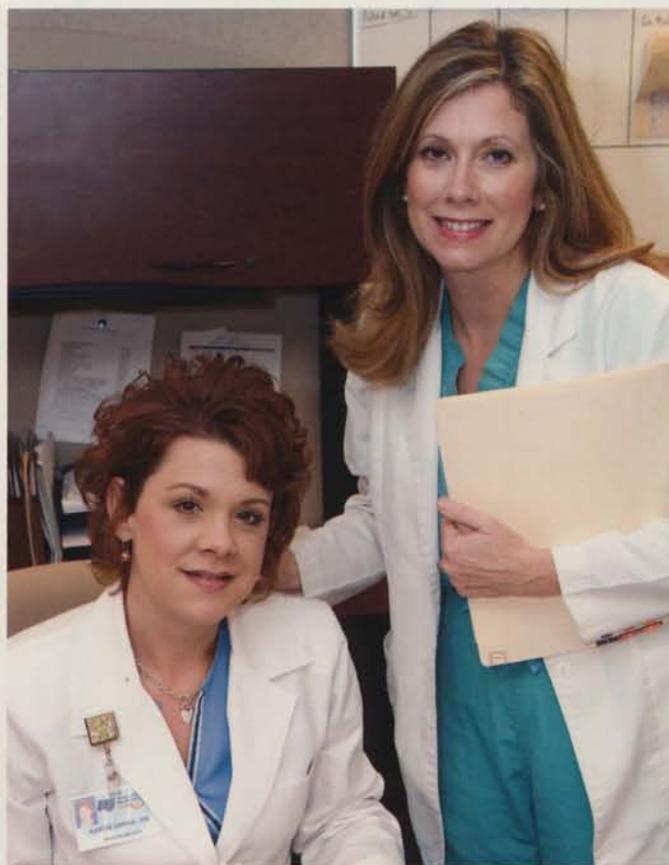
In any event, many internists and general practitioners tend to look askance at bariatric surgery because they associate it with the early efforts in the field including intestinal and gastric bypass surgeries. Dr. Belott believes that “a lot of them have yet to realize that the Lap-Band is not like those older surgeries. It’s something very different — much safer — and the patients do well.” Dr. Belott emphasizes, “Lap-Band is the safest form of bariatric surgery out there with a major complication rate of less than 10% and a very, very low mortality rate, which is 10 times less than the rate for a gastric bypass. On the downside, Lap-Band surgery can result in less weight loss than a gastric bypass, but even nationally, we’re

Left: Todd P. Belott, M.D.

Below: Bariatric nurse coordinators Karen Danna and Michelle Treen conduct extensive preoperative education classes along with a complete support system and follow-up program.

Because it can have such a dramatic impact on patient health, “We spend a lot of our time educating primary care physicians about this type of surgery,” explains Dr. Treen. “Unfortunately, many doctors are reluctant to discuss obesity with their patients and, what’s more, they often don’t even list morbid obesity as one of their diagnoses. So it flies under radar when it really shouldn’t. It’s a sensitive problem. You know, someone would not mind at all if their doctor tells them, ‘You have hypertension and I need to treat you for this because it can kill you.’ But a patient who walks in the doctor’s office for an infection or aches and pains, should also be able to hear, ‘By the way, you know you are morbidly obese and your BMI is 46. You should know that you risk shortening your life and it creates all of these different kinds of problems for you, and I need to treat you for this.’”

Dr. Treen points out that the ideal candidate for the surgery is an individual who is committed and who meets the eligibility criteria established by the National Institutes of Health for bariatric surgery, that is, a person with a BMI or body mass index (a patient’s weight in kilograms divided by body surface area in meters squared) of 40 or higher or an individual with a BMI of at least 35 with comorbidities such as diabetes type 2, hypertension, coronary artery disease, sleep apnea or other related illnesses. An individual with a BMI of less than 35 (which is still considered obese) who has struggled to



talking 10% or less — so it is a good operation on account of its safety factor and the fact that it is efficacious.”

The key differences between Lap-Band surgery and gastric bypass surgery are that Lap-Band surgery requires no stapling of the stomach or intestine and no rerouting of the intestinal tract, so there’s no risk of leakage or bowel obstruction. Because the patient’s anatomy is not altered, they do not require the extensive vitamin supplements that gastric bypass patients require. Lap-Band surgery can be performed on an outpatient basis as compared with an average of three to five days in the hospital with a gastric bypass and, as pointed out above, the complication rate is 1/10th the complication rate for gastric bypass.

The device itself is a small plastic inflatable circular band that functions like the inner tube of a tire. The band is inserted laparoscopically and placed so that it gently cinches the top of the patient’s stomach, creating a small pouch at the entry point, the size of which functions to limit the patient’s food intake and to create a feeling of satiety in the patient that discourages excessive eating. By means of a tiny button placed beneath the patient’s skin and connected to the circular band through narrow tubing, the surgeon has the ability to adjust the pressure exerted by the band by adding or withdrawing fluid in the “inner tube,” and so achieves an ideal pressure depending on the patient’s needs. When adjusted properly, the patient can

Right: Dr. Todd Belott

Below: Dr. David Treen Jr.



PHOTOS BY JAMES "E.L." ELORRIAGA



only eat the amount of food that would fit in a plastic Easter egg but would nevertheless feel completely full and satisfied. Once patients reach their target weight, the band is simply expanded so that the patient can eat a larger meal and plateau their weight so they don’t continue to lose weight.

The doctors at Surgical Clinic of Louisiana, however, believe they have developed a system to counter the fact that, nationally, Lap-Band patients don’t tend to lose as much weight as they would with gastric bypass surgery. They have tracked their own patients and are seeing weight loss patterns that are significantly better than national data for Lap-Band surgery and parallel the published data for gastric bypass. They attribute this to the extensive support system and follow-up program they have developed for their patients. Through the program, they work to ensure each patient’s commitment to the process



Left to right: Todd P. Belott, M.D.; Karen Danna, R.N.; Lori Bordreaux, Velma DiSalvo; Michelle Teen, R.N.; and David C. Treen Jr., M.D.

and they schedule frequent follow-up visits with nurse coordinators who see the patients on average every two weeks after the surgery for a year. Patients are weighed each visit, counseled on nutrition, encouraged to participate in support groups and fitness activities at West Jefferson Hospital where they also receive fitness counseling.

One of Dr. Treen's favorite success stories is a 19-year-old man who came into the clinic in a wheelchair, pushed by his parents. He arrived with significant cardiac issues and his cardiologist's opinion was that he would probably not live to be 30 at that weight. He had the surgery and he ultimately has lost over 200 pounds. According to Dr. Treen, this young man was on 27 medications when he came in the door, now all he takes are his vitamins. He has a job and he has a chance to enjoy life now. Says Dr. Treen, "It's not just about cosmetics, it's not just making them look good, it's making patients healthy and it works and it's really remarkable." He adds that a young woman working as a nurse at West Jefferson Hospital watched the 19-year-old's progress and was inspired to tackle her own weight issues. She had the Lap-Band surgery and within six to seven months, she lost 110 pounds. The great thing about it is that she became such an advocate for Lap-Band surgery she now works as one of the clinic's patient coordinators, helping others to turn their health and their lives around.

Dr. Belott offers his own favorite patient story, involving "Rochelle," a woman in her mid 20s who had developed a difficult case of diabetes. "Rochelle had suffered from morbid obesity

since she was a teenager and, as a result of her diabetes, she was on very large amounts of insulin every day — up to 100 units of insulin in the morning, at least 50 units at night and then she was using the sliding scale every time she ate. Unfortunately, she was having a difficult time controlling her glucose levels. Rochelle personally battled her insurance company for six months and the insurer finally decided to pay for the surgery when she actually had an insulin reaction in front of the caseworker. Her surgery was so successful that she was essentially cured of her diabetes within four months of her surgery. At that time, she was completely free of her insulin and her hemoglobin A1C levels were back to normal and she had only lost, at that time, 40 pounds; she subsequently lost over 100 pounds and is now free of her hypertension, her sleep apnea and her diabetes.

The doctors get excited when they talk about these patients. They have become proponents of Lap-Band surgery after watching the dramatic improvement in the health and the lives of patient after patient as a result of this type of surgery. Dr. Treen says, "I'm very enthusiastic about it because I see that this operation more than almost any other, including cancer surgery, changes people's lives more than anything else I do. I do hernia repairs, gall bladder surgery, breast surgery, lots of different things, but the way this changes people's lives is unbelievable."

Dr. Belott agrees, "With this new surgery, we're able to help a fairly difficult patient population actually get better and that's why I find it so personally satisfying." ■