

## HEALTHCARE MATTERS

Written by  
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# Gastric banding – is it ever necessary?

In this month's sponsored feature **Idai Makaya** discusses weight loss surgery - a new but rapidly growing area in modern Western Medicine/Surgery.

**MOST** of us are well aware of the spiralling obesity crisis which has swamped modern Britain but it is not totally clear to many of us why this is actually happening or what can be done about it.

In this article I'll look briefly into a few likely reasons for the current weight gain epidemic we are experiencing and its consequences. I'll also explain the ins and outs of weight loss surgery (explaining what sorts of people are actually reasonable candidates for this type of drastic weight loss intervention, mainly intended as a last-ditch effort to gain control of a potentially life-threatening weight control problem).

Of key importance to the discussion will be an outline of the different types of weight loss operations and the right candidates for each surgical approach.

I often hear people pondering over why we are witnessing so many incidences of obesity in Britain and why it seems to be occurring at an increasingly younger age.

This is a big debate in government and healthcare circles as well – largely because of the enormous strain obesity-related illnesses have placed on our healthcare system. The overwhelming reason for so many cases of obesity occurring is that people are simply eating too much. You often hear reasons given for excessive weight, such as genetics and "hormonal or glandular problems" – but the experience of clinicians around the world suggests that these causes are largely obscure and apply to a negligible proportion of overweight people. The majority of overweight people simply eat more than they

need to.

Before casting accusatory glances at each other it's worth remembering that human bodies are designed to thrive under conditions of fluctuating nutritional availability – we are developed for conditions of regular food scarcity. Certain nutrients (such as sugars, fats and salts) – which we can now buy in massive quantities from supermarkets and in fast foods – were so rare in prehistoric times that we did not require the development of mechanisms to suppress our intake of these substances.

Now that we can access them cheaply and on-demand, the majority of us will naturally struggle to regulate our intake of these potentially harmful foods. This is why, as food-marketing becomes more and more advanced, more and more of us will become overweight.

It's purely statistical – it is simply unnatural for us to have 24-hour access to calorific foods and we are not designed to cope with such conditions.

Studies and surveys clearly show that being overweight increases our risks for developing a spectrum of killer diseases such as heart disease, diabetes and cancer. These diseases are the leading causes of death and ill health in this country, unsurprisingly. This was not the case before we entered into the period of relative economic prosperity we now enjoy (as compared to the 1960s and 1970s).

Having said this, with effort, discipline and forward thinking, we all have the opportunity to gain control over our diets and, ultimately, our weight. It's everyone's responsibility

to strive to do this. However, there will always be a group of people who fail to regulate their weight by any voluntary means – for various reasons (largely emotional and/or psychological) – and they will become so overweight that it threatens their physical and mental health. Such people are the main candidates for weight loss surgery.

There are a number of different weight loss surgery techniques available now and not all the techniques are suitable for all overweight patients. Patients must choose surgical options which will address their specific weight problems. This leads to the crux of this article and we must now address two pertinent questions:

- How does one decide that weight loss surgery is, indeed, the correct solution for one's own weight problems?
- Having made this decision, how does one then choose what type of surgery will meet one's specific needs?

To help with specialist input into this discussion I called on the wisdom and experience of Mr Vigyan Jain – one of south-east England's most experienced and diversified bariatric surgeons. Some readers will be aware that Mr Jain also took part in the type two diabetes discussion I held recently with Dr Colin Johnston, an experienced Hertfordshire Endocrinologist and Physician.

The reason that Mr Jain was called upon in that particular discussion was to explain the impact of weight loss surgery on type two diabetes. Mr Jain has witnessed a large number of overweight patients with type two diabetes improve their diabetes management significantly after weight loss surgery – and many of his patients have even been able to discontinue medication for diabetes after undergoing certain types of weight loss surgery. I will expand on that finding later in this article.

Here's what Mr Jain thinks every weight loss surgery candidate needs to be aware of:

**Idai Makaya: Mr Jain, what are the main types of Bariatric (weight loss) surgery and how do you decide what is the best type of surgery for any particular patient?**

Vigyan Jain: The most commonly performed weight loss surgery techniques are gastric banding, gastric sleeve and gastric bypass surgery.

**Q. Please describe each of these procedures, explaining**

**their relative effectiveness and what sorts of people they would apply to.**

A. Gastric banding is a surgical technique which involves the use of keyhole surgery to insert a small gastric band device around the stomach. The band is then inflated – so that it tightens and constricts the stomach – restricting it to about the size of a golf ball. This makes it much easier for the patient to feel full. This helps the patient to restrict food consumption and lose weight. It is best used for people who are overweight with a BMI (body mass index) above 35, but preferably below 45. BMI is a figure relating to weight to height ratio and should ideally be around 25.

Gastric banding surgery will help overweight people who have failed to lose weight by other methods to lose 40-50 per cent of their excess weight by helping them restrict their food intake. The very determined individual can sometimes lose even greater excess weight after undergoing gastric banding – if a disciplined exercise and diet strategy is adhered to additionally.

Gastric sleeve surgery – often called sleeve gastrectomy – involves keyhole surgery to cut away a portion of the stomach lengthwise and stitch it closed again (now at a much smaller size). So the stomach is made permanently smaller surgically (to a fifth of its original capacity) and it resembles a tube after sleeve gastrectomy. However, as the capacity of stomach is permanently reduced, it gives this operation added efficacy as compared to gastric banding which sometimes requires re-adjustment. Patients are usually much more successful at achieving target weight loss after gastric sleeve surgery than after gastric band surgery – without altering their capacity to eat any type/texture of food.

Gastric sleeve surgery will suit the more overweight individual, with a BMI above 35, who has failed to lose weight through all available non-surgical means. It is far more effective at helping patients reach their target weight alongside healthy eating and exercise habits (as compared to a gastric band).

Gastric bypass surgery, however, is one of the most effective types of weight loss surgery. This involves completely bypassing much of the stomach – and part of the small intestine – through a keyhole surgical technique. It suits very overweight patients with a BMI above 40. It is even more effective than gastric sleeve surgery and is regarded as the "gold standard" in weight loss surgery.



Gastric bypass surgery has the most discernible impact on type two diabetes management and most patients with diabetes diagnosed within the last ten years – or less – will experience complete resolution from symptoms/signs of diabetes (or significantly reduced requirement of diabetes medication). Many of my patients have stopped type two diabetic medication completely after bypass surgery – even some of those on insulin.

In my experience, bypass surgery suits the majority of obese individuals who have failed to gain control of their weight after trying all the available non-surgical options. Unfortunately, not many surgeons are trained to carry out this procedure and only a few hospitals are geared to support bypass surgery, which has led to the proliferation of gastric band clinics (offering only gastric banding to all and sundry – regardless of circumstances). This situation is far from ideal. I would urge patients to consider their circumstances before undergoing weight loss surgery and I would recommend that when considering weight loss surgery patients ensure that their prospective hospital team has the following characteristics:

- A dietetic expert to assess your eating practices;
- A psychologist to assess if weight loss surgery is really the best option to solve your weight problems and that you are choosing the surgical option for the right reasons;
- An endocrinologist or physician to ensure that you are not one of the few whose weight problems have a genuine organic or glandular cause;
- A team of surgeons with experience in carrying out a high volume of all the weight loss surgical techniques outlined above, to ensure you have choice.

**Idai Makaya: Thanks Mr Jain, I think readers will now have more than enough information to decide for themselves if (or when) gastric banding is really necessary.**

● The content of this article is provided for general information only and should not be treated as a substitute for the professional medical advice of your doctor, surgeon or other healthcare professional.

Mr Vigyan Jain is a Consultant General and Bariatric Surgeon at the Luton and Dunstable Foundation Hospital and also plays a leading role – alongside Mr Douglas Whitelaw – in the multidisciplinary Weight Loss Surgery Team at Spire Harpenden Private Hospital in Hertfordshire. He can be reached at Spire Harpenden Hospital on 01582 714 420 or [www.spirehealthcare.com/](http://www.spirehealthcare.com/).

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