

Gastric Bypass May Lengthen Lifespan

Recent research has shown that gastric bypass not only helps patients take excess weight off and keep it off, it may also increase life expectancy by three years or more. Researchers at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire -- who conducted a statistical analysis of a wide variety of studies -- found that on average, a 40-year-old woman with a BMI of 45 kilograms per meter squared or greater would gain three years of life expectancy after undergoing a gastric bypass procedure.

Gastric bypass surgery physically limits the amount of food patients are able to take in and, as a result, a significant amount of weight loss is achieved. Staples are applied across the stomach to reduce its capacity by around 90 percent of its original size. A portion of the small intestine is then attached to the stomach so that food passes directly from the surgically-created gastric pouch into the intestine. Since the stomach is reduced in size and the connection between the gastric pouch and intestine is so small, patients cannot consume large amounts of food and they become quite ill if they attempt to eat more than the quantity pouch allows them.

The life expectancy-gastric bypass study results were presented at the 2002 Clinical Congress of the American College of Surgeons. The Dartmouth-Hitchcock researchers reported that obese individuals in other age or gender groups would have similar gains in life expectancy. Twenty-year-old females would gain 3.4 years of life after gastric bypass, while males at age 40 would gain 3.9 years of life, and at age 20, males would gain an additional 3.5 years. Clinical investigation shows individuals with a BMI between 18 and 22 live longer than those with a higher BMI. Individuals with a BMI greater than 25 are considered to be overweight. Morbidly obese individuals, who have BMIs of 40 or greater, are 100 or more pounds overweight. The Dartmouth-Hitchcock study is the first of its kind. No previous gastric bypass research has included statistical analyses to predict life expectancy after the

procedure, however, other studies have compared mortality rates in morbidly obese patients who had gastric bypass and those who did not: "There have not been any long-term prospective weight loss studies showing increased life expectancy," stated Dr. G. Darby Pope, a resident in general surgery at Dartmouth-Hitchcock Medical Center, in a news release. The study evaluated life expectancy for individuals who had gastric bypass and those who had had no treatment for morbid obesity.

This study did not include morbidly obese patients who had tried other forms of weight loss (e.g. dietary manipulation or medications). The ACS press release regarding the study explained that the decision to exclude this segment of morbidly obese individuals from the study was due to the fact that most clinical trials show that patients who choose non-surgical weight loss options lose only five to 10 pounds in the first year and gain all the weight back in the next two to three years. Studies have shown patients who undergo gastric bypass lose around 70 percent of their excess body weight in the first year after surgery. "They maintain 60 percent excess weight loss for up to five years and 50 percent excess weight loss at 10 years," Dr. Pope said.

It is important to note that this study was not a formal, randomized clinical trial. This means that in assessing longevity in groups of obese patients who are treated with gastric bypass or who serve as controls, findings are not entirely predictive. Dr. Pope cautioned: "The data from the study may be something obese patients can look at and realize that their life could be extended by this operation, but I don't think they can definitively bank on the data. This study needs to be confirmed by long-term prospective studies that follow patients for years and prove the benefit in life expectancy in real patients, not just in our statistical simulation," he explained.