



The surgical unsupersizing of America

On page 993 in this issue of the *Journal*, Dr. Stacy Brethauer and colleagues present a surgical perspective on bariatric surgery, and on page 969 Dr. William Cefalu offers a brief medical commentary.

For years, “fat surgery” was perceived as primarily cosmetic and viewed with skepticism by many internists. But the tide is turning.

Refined laparoscopic techniques and special equipment to accommodate extremely obese patients now facilitate the operation and postoperative recovery. Although controlled trials are still lacking, and detailed methodology and definitions of outcomes are not always provided by the authors, striking improvements have been reported in patients with sleep apnea, gastroesophageal reflux disease, diabetes mellitus, and hypertension.¹

We should not be surprised. Extra weight doesn’t only impose cardiovascular and metabolic burdens—fat secretes a number of hormones capable of influencing appetite, metabolism, and inflammation.²

But, as with any treatment, there is no free lunch, and internists and primary care providers must remain vigilant in the follow-up of patients who have had bariatric surgery. In an insurance-claims review of more than 2,500 patients covered by employer-sponsored benefit plans,³ approximately 18% had a surgery-related visit to the clinic, hospital, or emergency room in the 6 months following the procedure. By the nature of the study, elderly and Medicaid patients were under-represented, and 6 months is not a long time. Thus, 18% may be a low estimate.

Primary care providers and specialty consultants must be attuned to the metabolic complications that can arise after bariatric surgery. It may be months or years after the surgery before a patient presents with complications such as vitamin B₁₂ neuropathy, osteomalacia (all decreased bone mass is not osteoporosis!), or nutritional iron deficiency. “Prior bariatric surgery” should remain permanently on the patient’s problem list as a reminder that fat lost may mean problems gained.

BRIAN F. MANDELL, MD, PhD
Editor-in-Chief

REFERENCES

1. **Kushner RF, Noble CA.** Long-term outcome of bariatric surgery: an interim analysis. *Mayo Clin Proc* 2006; 81(suppl):S46–S51.
2. **Matsuzawa Y.** Therapy insight: adipocytokines in metabolic syndrome and related cardiovascular disease. *Nature Clin Pract Cardiovasc Med* 2006; 3:35–42.
3. **Encinosa WE, Bernard DM, Chen C, Steiner CA.** Healthcare utilization and outcomes after bariatric surgery. *Med Care* 2006; 44:706–712.