

Obesity surgery should be a family affair

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6/25/2010 8:39:26 AM ET

NBCNews.com

When obesity surgery becomes a family affair, patients have a better shot at becoming the biggest loser, a new study shows.

A New Jersey researcher has found that when two people from the same family — a husband and wife, a parent and child, or two siblings, for example — both get gastric bypass, they shed more pounds than someone who has to go it alone, according to a report presented Friday at the annual meeting of the American Society for Metabolic & Bariatric



“Families have a built in support system that can turn a good result into a great result, particularly during the first year after

when people are having to dramatically change what they eat and adjust to a new lifestyle,” says Dr. Gus Slotman, a clinical professor of surgery at the University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School.

Slotman compared 91 patients who had gotten weight loss surgery with a family member to a group of bypass surgery patients matched in age, gender and body mass index (BMI), who went through it alone.

During weigh-ins at six months, one year and two years, Slotman determined that patients who had bypass surgery at the same time as another family member shed more of their excess pounds than patients who had surgery by themselves. The biggest losers were siblings who had surgery together. They lost 86 percent of their excess weight, while patients who did it on their own lost 60 percent. That result, Slotman says, may be partly due to sibling rivalry.

Beyond weight loss

The benefits went way beyond the weight loss. A year after surgery, diabetes had resolved in 65 percent of those who had surgery with a family member, as compared to 31 percent of those who had surgery alone. High blood pressure went down to normal in 60 percent of those who had surgery with a family member, as compared to 33 percent of those who had surgery alone.

The difference, Slotman says, is the encouragement people get from a family member who is going through the same thing. The support makes it easier to make dramatic changes in lifestyle and eating habits to keep the weight loss going.

Lisa and Mike Elliot understand that dynamic well. Worried about their weight for years — 47-year-old Lisa had topped the scale at 355 pounds, 52-year-old Michael at 316 pounds— the Cedar Hill, Texas, couple had tried everything from the Slim-Fast to Atkins to no avail. They even failed on the “cookie diet.”

1. Easier for women?

Women have an easier time than men after gastric bypass surgery, a new study shows.

In a study of nearly 38,000 laparoscopic bypass patients University of Nebraska researchers found that women were almost five times less likely to die after the surgery, according to a report presented at the annual meeting of the American Society for Metabolic & Bariatric Surgery. Women also had 25 percent fewer complications and were one third less admissions to intensive care units.

Experts weren't surprised by the results.

“Generally if you're comparing a man and a woman of the same body mass index, the surgery will be easier to

do on the woman,” says Dr. Amir Mehran, director of bariatric surgery at the University of California, Los Angeles. “That’s because women tend to carry their weight on their hips, buttocks and chest, whereas men tend to carry all their weight in their belly, which makes the surgery more difficult.”

Men also tend to have more medical issues than women, when they show up for surgery, Mehran says. They’re more likely to have diabetes and high blood pressure.

The Elliots finally decided that they needed to do something drastic. Mike’s weight-related medical problems were accumulating. He had developed diabetes, sleep apnea and a thyroid problem. On top of all that, he had a strong family history of heart disease. They were scared they would both die young.

Besides, says Lisa, the extra pounds were making them feel sore and achy all the time. “I couldn’t get in and out of the truck anymore,” she remembers. “We wanted to enjoy our lives and not be incapacitated.”

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They decided Lisa would go first. She had her surgery in May of 2009, followed by Mike in July. The Elliots remember visitors bringing pizza and hot wings to the hospital when Lisa was recovering.

“If I had gone first and had to watch her eat normally, I don’t think I could have done it,” Mike says. “I really enjoyed eating. Watching her eat — that would have been really difficult.”

Now, the Elliots share a single meal when they go out to restaurants. And they keep a close watch over one another. “She tells me when I’m eating too fast,” Mike says. “And I tell her, too. We police each other.”

Lisa shed 147 pounds leaving her at 208 pounds, while Mike lost 151 pounds leaving him at a svelt 165 pounds. He’s at his ideal weight and his diabetes is gone. Lisa still has a way to go, but she’s happy she’s come as far as she has.

The new findings make a lot of sense, says Dr. Amir Mehran, director of bariatric surgery at the University of California, Los Angeles. Obesity tends to run in families and when only one family member goes in for surgery, sometimes the others will work to sabotage weight loss.

“Sometimes it’s intentional, sometimes it’s not,” Mehran says. “I’ve seen people bring double cheeseburgers to the hospital after a family member has had surgery.”

Even without sabotage attempts, it can be tough if you’re the only one trying to shed pounds. Food is a very social thing, says Dr. Beth Schrope, an assistant professor of surgery at New York-Presbyterian Hospital/Columbia University Medical Center. “A lot of patients get depressed after surgery because they can’t socialize like they used to,” she says. “It’s not fun to go out to eat anymore. Three ounces of wine will put them to sleep.”

So, it’s not surprising that the family dynamic could change when two or more members have the surgery, Schrope says. Even when only one person has surgery, a weight-loss ripple effect can be seen, if that person is the one who does the shopping.

“If the caretaker is the one who has bypass surgery, that radically changes what’s in the kitchen

,” Schrope says. “ You will see the husband and the kids lose weight, even though they haven’t had surgery.”

