

What Should I Do if I Don't Lose Weight Following Bariatric Surgery?

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Bariatric surgery is the most effective long-term solution for obesity. The 1991 NIH (National Institute of Health) criteria established bariatric or weight loss surgery as the only long-term and effective solution for morbidly obese patients (BMI>40) and severely obese patients (BMI 35-40) with at least one associated co-morbid condition. We do also know that obese patients with BMI less than 35 and associated co-morbid conditions like hypertension, sleep apnea and diabetes do also benefit from weight loss surgery and do much better compared to their counterparts who receive medical treatment exclusively.

Many experts are now demanding an amendment to the old NIH criteria to include obese patients with lower BMI.

Weight-loss surgery is very successful. The success following weight loss surgery can be defined based on resolution of co-morbid conditions or based on the amount of EWL (Excess Weight Loss) which is calculated based on your ideal weight and the amount of weight that is lost.

The widely-accepted definition of success is anything higher than 50 percent EWL. (For example, if a patient is 100 lbs overweight, he or she needs to lose at least 50 pounds to be considered successful.) However, keep in mind that we don't only operate on patients because they are obese. We do operate on a lot of patients because of their medical illnesses and people who are cured of those illnesses following weight loss surgery, in my opinion are very successful irrespective of the amount of weight they lost.

With that said, there are around 10 percent of patients who fail weight loss surgery. The issue of failure and lack of weight loss following bariatric surgery is a very complicated one. We don't truly understand the mechanism or the reasons behind failure following weight loss surgery.

Many factors can lead to lack of weight loss following bariatric surgery. Those factors can be divided into patient-specific factors, anatomical factors and procedure-specific factors. In addition, there are many physiologic changes that happen following bariatric surgery like changes in hormonal levels that can lead to weight regain following an initial phase of successful weight loss. Again, fortunately for our patients, the percentage of patients who fail to lose weight following



bariatric surgery in a center of excellence like ours with a proven track record of successful operative outcome and close follow-up is very low.

Patient-specific factors include age, race, gender, initial BMI (Body Mass Index) and patient compliance. For example, elderly patients do lose on average less weight compared to younger patients. Patients with higher initial BMI do lose more pounds, but less in terms of the percent of EWL (Excess Weight Loss) compared to patients with lower BMI. Compliance also plays a major role in the success rate of patients. We looked at compliance based on the number of missed visits before and after surgery and we found that patients who are not compliant and miss their appointments lose less weight compared to their compliant counterparts.

Anatomical factors that can lead to weight regain or lack of weight loss include a large gastric pouch, a large hiatal hernia, a large gastrojejunostomy or "stoma" and also a gastro-gastric fistula which is an abnormal connection between the newly created gastric pouch and the remnant or the old stomach. All those defects can lead to weight gain and also can result in abnormal symptoms like pain, heartburn, regurgitation and dysphagia or pain upon eating.

Procedure-specific factors depend on the weight loss procedure that was chosen initially. Failure rates vary depending on the nature of the procedure that was performed initially. For example, adjustable gastric band placement has a higher failure rate compared to gastric bypass or sleeve gastrectomy. In addition, malabsorptive procedures like a gastric bypass or a biliopancreatic diversion usually result in higher weight loss compared to purely restrictive procedures like gastric banding or sleeve gastrectomy.

So what should you do if you stop losing weight or you start regaining weight?

Talk to your doctor.

Bariatric surgeons are aware of the reasons behind weight loss failure and will order a battery of tests to make sure you don't have any of the above mentioned problems that can explain the lack of weight loss or weight regain. Those tests usually include blood work, radiographic studies or even endoscopy.

In addition, bariatric centers of excellence, like our center here at St Luke's University Health Network, have a comprehensive program in place that includes dietitians and social workers who can address some of the social and dietary issues behind weight gain when your doctor cannot find an anatomical reason for your problem.



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