Bariatric Surgery:
Who qualifies? Who should I refer?

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Disclosures

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Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥30, or ~30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Obesity Trends* Among U.S. Adults
BRFSS, 2010
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
**BMI = Weight kg/Height m²**

<table>
<thead>
<tr>
<th>Category</th>
<th>BMI Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>≤ 19</td>
</tr>
<tr>
<td>Normal</td>
<td>19 - 25</td>
</tr>
<tr>
<td>Overweight</td>
<td>26 - 29</td>
</tr>
<tr>
<td>Obese Class I</td>
<td>30 - 35</td>
</tr>
<tr>
<td>Obese Class II</td>
<td>35 - 39.9</td>
</tr>
<tr>
<td>Morbid Obesity</td>
<td>&gt; 40</td>
</tr>
<tr>
<td>Super Obesity</td>
<td>&gt; 50</td>
</tr>
</tbody>
</table>

66% as of 2004!!
A Global Perspective:

Prevalence of Overweight Adults by country:

- United States 66%
- Australia 59%
- Russia 54%
- United Kingdom 51%
- Brazil 36%
- China 15%

World Health Organization
What’s the Big Deal!?!
I HAVE THE BODY OF A GOD
Obesity Exposed
Obesity Exposed

[Image: Medical specimen with measurements and a patient in a wheelchair]
Obesity-Related Diseases

- Pulmonary disease
  - abnormal function
  - obstructive sleep apnea
  - hypoventilation syndrome

- Nonalcoholic fatty liver disease
  - steatosis
  - steatohepatitis
  - cirrhosis

- Gall bladder disease

- Gynecologic abnormalities
  - abnormal menses
  - infertility
  - polycystic ovarian syndrome

- Osteoarthritis

- Severe pancreatitis

- Heart disease

- Diabetes

- Dyslipidemia

- Hypertension

- Idiopathic intracranial hypertension

- Depression

- Stroke

- Cataracts

- Cancer
  - breast, uterus, cervix
  - colon, esophagus, pancreas
  - kidney, prostate

- Phlebitis
  - venous stasis

- Gout
OBESITY IS THE NEW CANCER
Bariatric Surgery can really
"Medical interventions have failed... for some, surgical intervention is the only method proven to have significant long-term impact on the disease."

Criteria for Bariatric Surgery:
- BMI >40 or >35 with comorbidity
- 16-65 years of age
- Acceptable surgical risk
- Documented failure of nonsurgical weight loss
- Psychologically stable
- Committed to life-long, lifestyle changes
1.7 Surgery should be an accepted option in people who have type 2 diabetes and a BMI of 35 or more.

1.8 Surgery should be considered as an alternative treatment option in patients with a BMI between 30 and 35 when diabetes cannot be adequately controlled by optimal medical regimen, especially in the presence of other major cardiovascular disease risk factors.
Obesity & Diabetes

**Lifestyle factors**
- Excess nutrition
- Physical inactivity

**β-cell failure**
- Glucotoxicity
- Lipotoxicity

**Obese**
- Insulin resistant
- Hyperinsulinemia
- NGT/IGT

**Type 2 diabetes**
- Hyperglycemia
- Insulin resistance

- **Lean**

- **β-cell recovery**
  - Diet/RYGB
  - Exercise
  - + Weight loss
  - +++ Incretins
  - +++ Insulin sensitivity

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Duke Center for Metabolic & Weight Loss Surgery
"The wear pattern on your running shoes suggests that you watch too much TV."
Hernias...
Other Surgical Problems...

- Reflux, Hiatal Hernia
- Gallstones / cholecystitis
- GI Mass (colon, small bowel, gastric)
- Appendicitis
Current Guidelines: Indications for Surgery

• BMI >40 (>100 lbs over IBW)

• BMI 35-40 w/major comorbid illness

• Failed weight loss attempts (3-5 year time period)

• Absence of medical cause (endocrine, hepatic etc.)

• Psychologically/emotionally cleared

• Able to comprehend and comply with lifestyle changes
approval expands the use of the LAP-BAND to include obese individuals with a BMI of 30-34 who also have an existing condition...
Obesity Class I (BMI 30-35) causes multiple diseases, reduces longevity, & quality of life.

Current non-surgical treatments are not effective

Bariatric surgery should be an available option
   – The existing BMI cutoff guidelines are arbitrary and 20 years old...

All modalities (AGB, SG, RYGB) have been shown to be safe and effective
Making the referral

**Document:**
- Weight history
- Medical interventions
- Ongoing weight loss efforts

**Refer patient to:**
- Website: dukewls.org
- Information Seminars: weekly on-site & online
- Physician Liaison: 919-907-9077

**Insurance Requirements:**
- Most insurance carriers are accepted, including Medicare
Insurance

• Medicare
  – 6 months of **documented** weight loss

• Federal BC/BS
  – 4 months of **documented** weight loss

• BC/BS
  – 2 year weight history
  – **2 comorbidities**
Thank you!