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New surgery puts squeeze on stomach -- and weight

By [JULIE DAVIDOW](#)
 SEATTLE POST-INTELLIGENCER REPORTER

Nickey Roderick can measure her weight loss in large numbers and awed friends and relatives.

She can tell you she's lost 110 pounds in little over a year, that her family refers to her as "the incredible shrinking lady" and that her knees and back no longer ache when she walks.

But for Roderick, a girly girl whose apartment smells of potpourri and perfume, the moment she felt most liberated from a lifetime of obesity involved a posture so basic to lady-like manners she hardly ever mentions it.

During a meeting at work, she sat down and crossed one leg over the other -- a position she hadn't assumed since hitting puberty. Her girth wouldn't permit it.

On March 17, 2003, Roderick had a new kind of stomach surgery for obesity. The procedure, called laparoscopic gastric banding, was approved for use in the United States in June 2001.

Unlike the more popular gastric bypass surgery, the band cinches off a small top portion of the stomach, restricting food intake without restructuring the intestinal tract. Proponents say it's rapidly catching on among overweight patients who prefer the less radical surgery to gastric bypass.

For now, only a handful of surgeons in Washington offer band surgery. Some doctors and insurance companies are skeptical, preferring to wait until more is known about the band's long-term health risks and weight-loss success.

Even if the band proves to be less successful at helping patients shave off weight, "some might be willing to accept a less radical solution if it's safer," said Dr. David Flum, a bariatric surgeon at the University of Washington Medical Center, where band surgery is not offered.

Last resort

In a nation mired in epidemic levels of obesity, interest in weight-loss surgery has soared. In 1992, 16,200 people had some form of obesity surgery, compared with 103,200 last year, according to the American Society for Bariatric Surgery. The National Institutes of Health says the ideal candidate is at least 100 pounds overweight and has failed at other weight-loss strategies.

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But the rush to surgery, spurred by a combination of celebrity success stories and a growing number of Americans who meet the baseline criteria (an estimated 20 million to 40 million people) is sparking some concern.



"It's not the quick fix many people think it is," said Dawn Jackson, spokeswoman for the American Dietetic Association. "Some people have never tried a formal diet program and think surgery is the first line of defense when in essence it's the last."

All surgeries are risky, especially for the morbidly obese, who are often already suffering from conditions, such as heart disease and diabetes, that make surgery more dangerous. About one in 200 weight-loss surgery patients dies from complications.

"These surgeries are not magic," said Dr. Brad Watkins, a weight-loss surgeon in Kirkland. "They create a powerful tool that helps (patients) be full and satisfied on a small amount of food, and it's up to the patient to take advantage of that."

To keep up with demand, surgeons here are racing to learn new weight-loss procedures, including laparoscopic techniques for gastric bypass, which reduces complications, and the band.

"Two years ago we were one of only a handful of centers in the state that even did bariatric surgery," said Dr. Brant Oelschlager at the UW Medical Center, where the number of surgeons who perform weight-loss procedures has grown to four in five years. "In the last two years you've seen an explosion of surgeons doing it."

Many insurers shy away from covering any weight-loss surgery, citing the high cost and uncertain benefits.

"At this point there isn't the medical evidence that a lot of this surgery is effective," said Chris Jarvis, spokesman for Premera Blue Cross, with 1.2 million members in Washington and Alaska. "A lot of patients end up regaining the weight and in some cases need to repeat (surgeries)."

Group Health Cooperative covers gastric bypass but not the band.

Shirley Wilson tapped the equity in her Whidbey Island house to pay the \$17,500 she needed for band surgery.

"I would actually sell my home today to have it done knowing what I know now," said Wilson, 54.

In one year, she dropped from a size 24 to a size 8, dumping 90 pounds and a host of health problems, including high blood pressure, varicose veins, fallen arches and bad knees.

"Today, I can probably run circles around my daughter-in-law, who's 30 years old," Wilson said "Never mind the fact that I took 20 years off the way I look, I added 20 years to my life."

Portion control

For Roderick, the decision to act came after she hit 30 and weighed in at 337. But gastric bypass scared her.

A co-worker had been hospitalized twice with complications after his bypass, and she'd heard other horror stories of patients suffering malnutrition.

"I didn't want anything done that was going to be permanent, so that if there were complications or problems it couldn't be reversed," said Roderick.

The band had the bonus of being adjustable, she said. The stomach pouch can be changed using a saline solution injected or extracted through a port in the patient's abdomen.

The doctor who removed her gall bladder -- another obesity-related problem -- recommended Watkins, the Kirkland weight-loss surgeon.

Watkins and his partner, Dr. Kevin Montgomery, believe the band will gradually

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replace gastric bypass as the gold standard of obesity surgery in this country. They've performed 15 gastric bypasses and nearly 300 band surgeries since 2002.

Roderick says training her eyes to understand her stomach's downsized volume is a constant challenge. At restaurants, she asks servers to wrap up two-thirds of her meal to go.

"You go out to eat and you look at the amount of food they bring you and you think, no wonder I'm fat," said Roderick, who still must lose about 70 pounds to reach her goal of 160.

Junior-sized meals have replaced lunchtime dashes for fast food and foot-long subs. Earlier this week before work, Roderick stood in her kitchen assembling lunch: a spoonful each of cornbread stuffing, roasted turkey and green bean casserole.

"That's what I'll eat for lunch and I'll be stuffed."

FOR MORE INFORMATION

American Society for Bariatric Surgery:

www.asbs.org or call 352-331-4900

Weight-Control Information Network :

www.niddk.nih.gov/health/nutrit/pubs/gastric/gastricsurgery.htm

or call 877-946-4627

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