



Andy Schlesinger is seen in a progression of photos as he loses weight following stomach-reduction surgery two years ago.

AP photo

Stomach surgery gains as obesity option

By THERESA AGOVINO
AP Business Writer

A lifetime of attempted diets didn't stop Andy Schlesinger from ballooning to 705 pounds.

At 13, he was a chronic overeater who weighed 200 pounds. His desperate parents tried everything from padlocking the refrigerator to electric shock treatments to keep him from adding more weight. At 32, the 5-foot-11-inch exporter reached his maximum weight and was practically homebound.

"I'd take five steps and be out of breath," he recalled.

Sheer size kept him out of many places. He didn't fit in movie theater seats or public toilets. He broke bar stools.

Two years ago, he submitted to surgery that drastically reduced his body's capacity to hold and digest food. He now weighs 203 pounds, and is making up for years of lost time, traveling and trying activities such as jet-skiing.

"The surgery was a tool that gave me back my life," said Schlesinger, now 34 who lives in North Miami Beach, Fla. "I can't even begin to explain what it meant to me."

Schlesinger's operation, called bariatric surgery, limits how much the stomach can hold, often to the size of only an egg, and sometimes involves rerouting the lower intestine. It is an increasingly popular procedure, reflecting an increasingly overweight population and a growing number of doctors and hospitals moving into treatment of obesity.

This year, some 75,000 people will have the operation, up from about 45,000 in 2001 and 25,000 three or four

years ago, according to Dr. Kenneth Jones, president of the American Society for Bariatric Surgery.

The society's membership has doubled in the past three or four years to 500. From 1991 to 2000, the number of obese adults in America increased 61 percent to 38.8 million, or about 20 percent of the adult population. The common measure of obesity is the body mass index, calculated by dividing a person's weight in kilograms by the square of his or her height in meters. Anyone with an index of 30 or above is considered obese.

To be eligible for surgery, a person must be what is called morbidly obese, or have an index of 40 or above. According to the industry publication Health Care Strategic Management, some 13 million to 16 million people in the United States are in that category.

"The market for this type of surgery is tremendous," Jones said. "You are seeing many doctors and hospitals set up to handle these patients. Potential profit is certainly a motive."

Jones and others worry that potential might draw doctors to the field who aren't properly trained, having been lured by accounts from some doctors who say they have doubled their incomes. Yet profits are not guaranteed.

While operations cost from about \$14,000 to \$35,000, some hospitals say they are losing money because of insurance reimbursement and costly start-up expenses. Training nurses, psychologists and nutritionists to treat the obese takes time and money. Wheelchairs that can carry the obese can cost \$40,000. Operating tables can run \$90,000. Ongoing counseling is recommended. **See SURGERY, AA8**

Downsizing though surgery

Nearly 40 million American adults are obese and health officials are concerned the recent decade-long rise has led to a nationwide epidemic. In an effort to lose weight, more people are seeking bariatric surgery — a procedure in which the stomach's size is greatly reduced.



The stomach is separated into two parts. The upper part forms a small egg-sized pouch. The lower stomach and first portion of the small intestine (duodenum) are bypassed ...



... by cutting the small intestine and reconnecting the lower section (jejunum) ...



... to the upper stomach. Food passes directly into the jejunum.



In order for digestive juices from the lower stomach to assist in digestion, the duodenum is reconnected to the lower section of the small intestine.

NOTE: The surgery shown, a Roux-en-Y gastric bypass, is one of four bariatric surgeries.

SOURCES: U.S. Bariatric Inc.; Forest Health Services Corp.; The Surgical Weight Loss Center

N. Rapp, D. Deslauriers/AP

SURGERY

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quired for patients.

Most insurance companies offer some type of coverage for obesity treatment, but just how much varies widely. Some insurers have yet to acknowledge advances in bariatric surgery since the operations first were performed in the 1960s, when failure rates were high and included some deaths.

Today, doctors say the success rate is about 90 percent — although about 1 percent of patients will die.

Doctors say the risk is acceptable because the morbidly obese already have a very high likelihood of early death from health problems such as diabetes, high blood pressure, high cholesterol and sleep apnea.

The doctors also argue that, while expensive, the operations lower health costs by reducing those other problems. They point to a recent study by Rand, the Santa Monica, Calif.-based research center, which found obesity creates more health costs than either smoking or drinking.

Recognition of obesity as a genuine health problem also has been slow.

"Society views obesity as an issue of will power and morality rather than health care," said Walter Lindstrom, senior director of the Obesity Law and Advocacy Center, a private law firm.

One doctor, Thomas Lavin of New Orleans, said his income has doubled since he began performing only bariatric surgery about 18 months ago, when he opened his own practice, Surgical Specialists of Louisiana. Now the practice has five doctors, three of whom focus only on bariatric surgery. He maintains he has been able to negotiate better coverage from insurers because he offers a specialty that others don't.

Dr. Robert Marema in Fort Lauderdale, Fla., has been performing the surgery since 1993. He has formed a company, U.S. Bariatric Inc., to expand into Orlando and Miami — and perhaps beyond.

"This can be very lucrative if the center is run well," said Marema, who operated on Schlesinger and also had a procedure done on himself.

In contrast, New York University Medical Center said its bariatric center has been losing money since it opened about 18 months ago, although it won't say how much. Still, it has been surprised by how many patients have been attracted to the center.

Its two doctors have performed 300 procedures in the first year and a half, and expect a total of 400 patients this year. There is a backlog of patients that would keep three additional doctors busy, but they won't be hired until the center determines how to improve insurance reimbursement.

American Society for Bariatric Surgery: www.asbs.org
Obesity Law and Advocacy Center: www.obesitylaw.com