

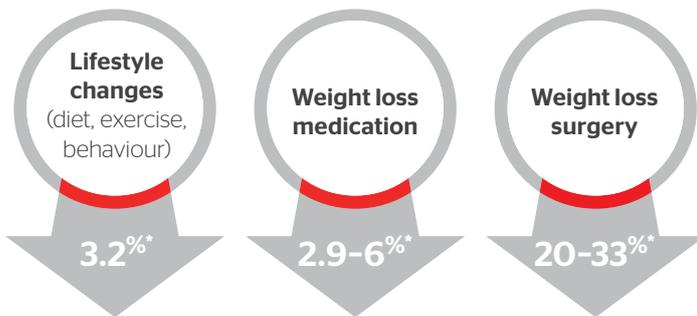
# Weight loss surgery as an effective treatment for obesity

Research shows that weight loss surgery may be an effective long-term treatment of obesity<sup>1</sup>



For a person living with obesity to lose a substantial amount of weight, and keep it off, their body's metabolic set point must be reset to stop their body wanting to regain weight and store extra fat. When medication, diet, exercise, and other lifestyle interventions aren't effective enough on their own, you may wish to consult your healthcare provider to discuss weight loss surgery.<sup>2</sup>

## Weight loss achieved with different treatment options in controlled clinical studies



\*Weight loss achieved in 1 year as a percentage of overall body weight reported in controlled clinical studies.<sup>2,6</sup> Individual circumstances and personal experiences may differ. Please speak with your doctor about the most appropriate treatment options for you.

*When medication, diet, exercise, and other lifestyle interventions aren't effective enough on their own, you can consider the next step of weight loss surgery (in consultation with your healthcare provider).<sup>2</sup>*

### DID YOU KNOW?

- Over 80,000 people in Australia have had weight loss surgery<sup>14</sup>
- Around 80% of people having bariatric surgery in Australia are 25-54 years old<sup>14</sup>
- Nearly a third of adults in Australia are living with obesity<sup>15</sup>

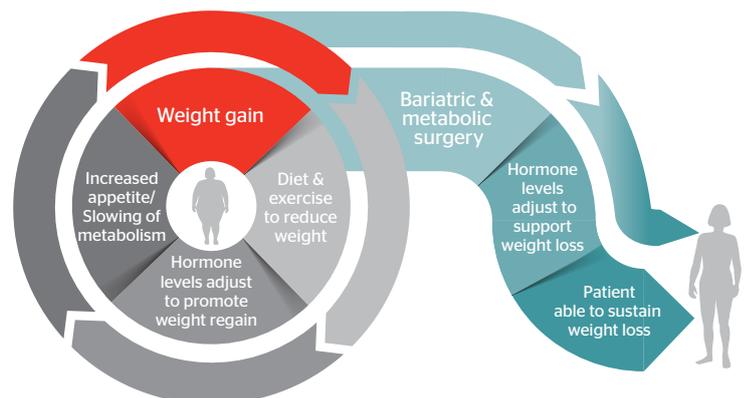
Large international clinical studies have shown that weight loss surgery can:

- Lead to effective and long-term weight loss<sup>7-9</sup>
- Improve health conditions related to obesity and improve quality of life, including better outcomes for obesity-related conditions such as type 2 diabetes and sleep apnoea<sup>17-12</sup>
- Improve life expectancy.<sup>13</sup>

## How does weight loss surgery help treat obesity?

During bariatric surgery, the surgeon changes the structure of the stomach, and sometimes parts of the intestines. This results in mechanical changes that limit how much you can eat and how many calories you absorb, but more importantly – it leads to physiological changes in the way your body regulates your hunger, fullness after a meal and the amount of energy your body burns during the day.<sup>16-19</sup>

So bariatric surgery changes your brain and hormone signals, gut bacteria, and bile acids – all things outside your control – to help reset your body's metabolic set point. This means that you may want to eat less, but without feeling hungry, and feel full sooner. These factors will all contribute to your weight loss, as well as improving your metabolic health.<sup>1,16-18,20</sup>



## Weight loss surgery is not a quick fix

While weight loss surgery is often a last option for many people living with obesity, it is not the whole solution. To achieve and maintain a healthy weight, you should use the procedure as an opportunity to develop new habits that promote a healthier way of life. Attending your follow-up appointments and engaging with your support programs can help you commit to and achieve the lifestyle changes needed for the most successful outcomes after your procedure.<sup>3</sup>

**Important Safety Information.** Since 2012, the Bariatric Surgery Registry has collected safety data from almost 90,000 people who have undergone bariatric (weight loss) surgery in Australia and New Zealand. In 2018-2019, the incidence of adverse events requiring unplanned return to surgery, intensive care unit admission, or hospital readmission in the first 90 days after primary (first-time) bariatric surgery was 2.1%. This indicates that around 1 in 50 people who undergo bariatric surgery will experience a complication such as leaking or narrowing (stricture) of the surgical connection, dehydration or electrolyte imbalance, abdominal pain, bleeding, or vomiting.<sup>21</sup>

Bariatric surgery is generally recommended for people with morbid obesity (BMI  $\geq 40$  kg/m<sup>2</sup>) or severe obesity (BMI  $\geq 35$  kg/m<sup>2</sup>) with  $\geq 1$  obesity-related conditions, but may be considered for those with a BMI 30-35 kg/m<sup>2</sup> who have poorly controlled type 2 diabetes.<sup>22,23</sup> It may not be suitable for individuals with certain digestive tract conditions. You should consult your physicians to determine your need for a healthy energy controlled diet and physical activity, and whether bariatric surgery is appropriate for you.<sup>22</sup> There are risks with any surgery, such as adverse reactions to medications, problems with anaesthesia, problems breathing, bleeding, blood clots, accidental injury to nearby organs and blood vessels, even death. Your weight, age, and medical history will determine your specific risks.<sup>24</sup> Bariatric surgery has its own risks, including failure to lose weight, nutritional or vitamin deficiencies, and weight regain.<sup>25</sup>

**References.** 1. Pucci A, Batterham RL. *J Endocrinol Invest.* 2019;42(2):117-128. 2. Sumithran P, Proietto J. *Clin Sci (Lond).* 2013;124(4):231-241. 3. National Health and Medical Research Council. *Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia.* 2013. Melbourne: National Health and Medical Research Council. 4. Pilitsi E, et al. *Metabolism.* 2019;92:170-192. 5. Lee PC, Dixon J. *Aust Fam Physician.* 2017;46(7):472-477. 6. Lee PC, Dixon J. *Aust Fam Physician.* 2017;46(7):465-471. 7. Pareek M, et al. *J Am Coll Cardiol.* 2018;71(6):670-687. 8. Schauer PR, et al. *N Engl J Med.* 2017; 376(7):641-651. 9. Sjöström L. *J Intern Med.* 2013;273(3):219-234. 10. Cohen RV, et al. *JAMA Surg.* 2020;155(8):e200420. 11. De Luca M, et al. *Obes Surg.* 2016; 26(8):1659-1696. 12. Ghiassi S, et al. *Surg Obes Relat Dis.* 2020;16(6):713-724. 13. Carlsson LMS, et al. *N Engl J Med.* 2020;383(16):1535-1543. 14. Backman B, et al. *The Bariatric Surgery Registry Annual Report, 2020.* Monash University, Department of Epidemiology and Preventive Medicine. August 2020, Report No. 8. 15. Australian Bureau of Statistics. *National Health Survey: First results, 2017-2018 Financial year.* Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release> (accessed July 2021). 16. Batterham RL, Cummings DE. *Diabetes Care.* 2016;39(6):893-901. 17. Al-Najim W, et al. *Physiol Rev.* 2018;98(3):1113-1141. 18. Papamargaritis D, le Roux CW. *Nutrients.* 2021;13(3):762. 19. Dimitriadis GK, et al. *Curr Obes Rep.* 2017;6(3):253-265. 20. Das B, Khan OA. *Int J Surg.* 2019;68:114-116. 21. Monash University Bariatric Surgery Registry. *Bariatric Surgery Registry 2018/19 Report.* June 2019. Available: <https://www.monash.edu/medicine/sphpm/registries/bariatric/reports-publications> (accessed May 2021). 22. Australian & New Zealand Obesity Society. *The Australian Obesity Management Algorithm.* 2020. Available: <https://www.anzogs.com/publications> (accessed May 2021). 23. Mechanick JI, et al. *Endocr Pract.* 2019;25(12):1346-1359. 24. Mohabir PK, Coombs AV. *Surgery.* December 2020. MSD Manual Consumer Version. Available: <https://www.msmanuals.com/en-au/home/special-subjects/surgery/surgery#> (accessed May 2021). 25. Bray GA, et al. *Endocr Rev.* 2018;39(2):79-132.

To be completed in discussion with your healthcare team.

## Surgeon details

Name:

Email:

Telephone:

Practice address:

## General practitioner (GP) details

Name:

Email:

Telephone:

Practice address: