



UVA OFFERS GASTRIC BYPASS SURGERY FOR MORBIDLY OBESE ADOLESCENTS

A veteran in adult gastric bypass surgery, UVA is first hospital in state to offer this surgery for children.

The current crisis in childhood obesity has resulted in a drastic increase in co-morbidities including heart disease, hypertension, kidney problems and sleep apnea. The incidence of type 2 diabetes – known as “adult onset” diabetes – among U.S. children has increased an estimated 600 percent to 1,000 percent in the last decade.

For some children, as with some adults, all efforts at behavioral change can not result in significant weight loss. When obesity sufficiently threatens health in adolescents, UVA physicians offer a new option: pediatric bariatric (gastric bypass) surgery.

PATIENT CONSIDERATIONS

When does surgery become considered? “Because standards for adolescents do not yet exist, surgery is considered on a case-by-case basis,” says Marc Michalsky, M.D., UVA assistant professor of surgery and pediatrics, and surgical director of UVA’s new Children’s Fitness Clinic (see story, pg. A2)

To be considered as a candidate for

bariatric surgery, a patient must fail to lose weight after participating in an organized weight loss program. A child who has not been in such a weight loss program will be directed to UVA’s Children’s Fitness Clinic.

Consideration for surgery is based on physiologic and psychologic factors. “All potential candidates will be screened by a child psychologist to determine whether or not they have the



Dr. Michalsky

cognitive capability to undergo this operation and deal with the lifestyle changes required,” says Michalsky. “In addition, potential candidates will only be considered after sexual maturation has been completed.”

SURGICAL RESULTS

Michalsky and his team offer the Roux-en-Y bypass, the most performed procedure for adults (see illustration). “This surgery has excellent results in adults,” he says. “It’s been tested and observed for better than 30 years.”

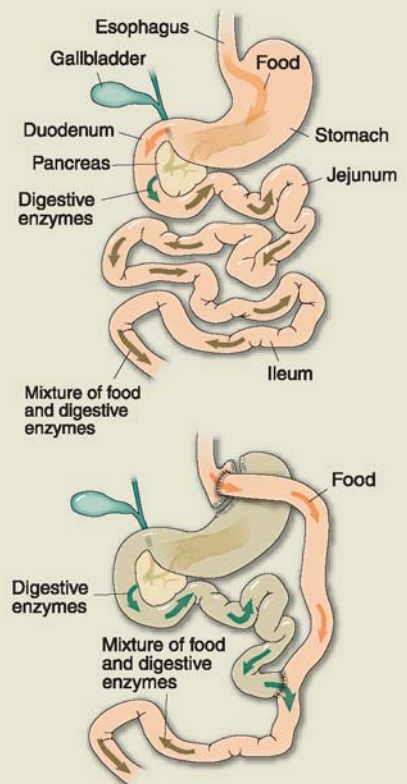
In adults this operation results in the loss of 50 to 70 percent of excess body weight. About 30 percent of adults who undergo this operation are type 2 diabetics. One year after bariatric surgery, 80 to 85 percent of those patients are off all anti-diabetic medication.

SHARED EXPERTISE

UVA surgeon Bruce Schirmer, M.D., rated by peers as one of America’s Top Doctors, is assisting Michalsky in the development and oversight of pediatric bariatric surgery at UVA. Schirmer has vast experience in adult bariatric surgery and is immediate past president of the Society of American Gastrointestinal Endoscopic Surgeons.

For more information, contact Dr. Michalsky, 434-924-2476, or UVA’s Children’s Fitness Clinic, 434-982-1607.

THE ROUX-EN-Y TECHNIQUE



GASTRIC BYPASS FOR ADOLESCENTS at UVA employs the Roux-en-Y technique – the most widely used. In this procedure, the upper stomach is stapled and divided to create a small pouch that holds only about 25 cc of fluid. The small intestine is then divided and a limb is connected to the gastric pouch; allowing food to pass through the remaining alimentary tract. The lower portion of the stomach and the first portion of the small intestine are bypassed. However, secretions from the stomach, liver and pancreas still drain through the defunctionalized small bowel. The end of the bypassed section of intestine is reattached to the lower small intestine, forming a “T.” From here digestive juices mix with food to instigate digestion.

BEFORE A CHILD WILL BE CONSIDERED FOR GASTRIC BYPASS SURGERY, HE/SHE MUST HAVE:

Participated in an organized weight loss program without reaching a BMI lower than 85th percentile, completed sexual development and been determined by a child psychologist to have the cognitive capability to undergo the operation and deal with required lifestyle changes.