



## The last resort

By JENNIFER BALDWIN, Californian staff writer

Posted: Saturday May 29th, 2004, 3:15 PM

Last Updated: Thursday September 16th, 2004, 9:44 AM



Henry Barrios / The Californian

Dr. Ara Keshishian performs bariatric surgery on Patti Bergeron at Delano Regional Medical Center on May 25, 2004. After researching the options for weight loss surgery, Bergeron, who is from Northern California, decided to have the surgery in Delano.

*Editor's note: This story was revised Sept. 16, 2004, to correct the number of people who have died in Kern County from complications related to bariatric surgeries.*

Patti Bergeron lay on the bed wearing a white gown with tiny blue diamonds. Through her headphones, a CD told her the hospital staff was competent and treating her with honor and dignity. Her eyes slowly closed and opened as she half-dozed under the sedatives the nurse had given her.

"I love you," she whispered to her husband inches away.

"I love you, too," Charlie Bergeron said, squeezing her hand with his.

The nurse approached with a stack of folded, white blankets.

"Oh, here's the good part, the warm blankets," Charlie said.

"Yeah," Patti said as the nurse peeled off the top one and draped it over her.

"Oh Patti, I'll crawl in with you," Charlie said with a chuckle.

"Are you nervous?" the nurse asked.

"No," Patti answered slowly, "not really."

As the nurse left the room, Charlie leaned over and kissed his wife of 25 years on the forehead for the last time before she would undergo surgery to cure her morbid obesity once and for all.

Soon, Patti's body would be covered in blue paper with nothing exposed but a six-inch slit in her upper abdomen. Two doctors would pull out her small intestines, cut them into two segments and re-route them to limit the distance food would travel, thus limiting the amount of calories her body would absorb. They would also remove three-quarters of her stomach to also limit how much food she could eat.

Since starting Kern County's first bariatric weight-loss surgery program in November 1999, Drs. Ara Keshishian and Karim Zahriya have performed close to 700 surgeries on patients like Patti Bergeron at Delano Regional Medical Center. The Delano program is one of four offered in Kern County.

As the United States faces an epidemic of obesity -- 64 percent of adults in this country are overweight or obese -- bariatric surgery is increasingly becoming an option for those who are morbidly obese. Morbid obesity is defined by the National Institutes of Health as being more than 100 pounds overweight or having a body mass index of 40 or more.

People who are morbidly obese are at risk for cancer, heart disease and stroke and often suffer from diabetes, high blood pressure, joint pain, sleep apnea, gastroesophageal reflux disease and respiratory problems.

Obesity was a factor in 400,000 deaths in the United States in 2000, according to the Centers for Disease Control and Prevention. Poor diet and physical inactivity is now the No. 2 cause of preventable death in this country, second to smoking.

Healthy eating and exercise is the first route doctors recommend for losing weight. For those who can't succeed, doctors turn to other methods: prescription drugs or special supervised diets. If all else seems to fail, there is the surgery.

"For some people I think it is the last resort," says Amy Richardson, a licensed marriage and family therapist in Bakersfield whose clients include weight-loss surgery patients.

"Obviously, it's an internal surgery, but it imposes an external control on a person," she says. "So it works for people who feel they cannot control themselves. They recognize that the surgery is going to help them limit cravings and limit the amount of food that they can take in."

A 'wake-up call'

"The munchies," as Patti Bergeron calls them, were just one of the reasons she opted for the surgery. The 62-year-old traveling nurse from Northern California also had gastroesophageal reflux for so long that the acid from her stomach had caused pre-cancerous lesions to form on her esophagus. If she didn't lose weight, she was also at risk for fatty liver disease and diabetes.

"My doctor said, 'What you need is gastric bypass. This is what you need to have,'" Bergeron said the day before her surgery.

She says that was her "wake-up call." She had tried many times to lose weight -- and succeeded -- only to watch the weight return. However, she knew many co-workers who had undergone gastric bypass surgery. Their stories of vomiting, diarrhea and other complications did not entice her.

"I talked to one nurse who had never gone off liquids for months after her surgery," Bergeron said. "And I couldn't be throwing up because that would just make my esophagus worse."

So Bergeron researched all of the available forms of bariatric surgery, and found one that seemed to be right for her. In November 2002, she took her first trip to Delano and met Keshishian. She weighed 272 pounds and at 5 feet 7 inches had a body-mass index of 42.6.

Keshishian is tall, wears a bow tie and has big eyebrows that peer above his glasses. He loves to draw pictures of the human digestive system, and uses an array of colored pens to show where the different juices mix with the food to break it down and enable the body to absorb the calories.

In 10 seconds, he can whip out a rendition of the stomach, liver, pancreas, gall bladder, small intestine (small bowel) and large intestine (colon).

"Are you getting excited?" he says as he demonstrates on paper what he will do to Patti Bergeron's digestive system.

Types of surgery

The bariatric weight-loss procedure that Keshishian performs is called a gastric reduction with a duodenal switch. Delano Regional is one of four places in California and the only place in Kern County that performs this type of surgery. But the majority of weight-loss surgeries in the country are the traditional Roux-en-Y gastric bypass -- called "the gold standard" by the hundreds of surgeons who perform it. Insurance companies are far more likely to pay for the \$25,000 gastric bypass than shell out the same amount for the gastric reduction because, doctors and patients both say, insurers believe the bypass is more effective.

There are two differences between the procedures, one being what happens to the stomach and the other being how the intestines are re-routed. Both involve shrinking the stomach to limit the patient's intake of food and shortening the length food travels in the small intestine, resulting in less calorie absorption.

In a conventional gastric bypass, a 1- to 2-ounce pouch is formed from the stomach and disconnected to serve as the new stomach. The small intestine stays connected to the original stomach so that digestive juices from it and the liver and pancreas can still have a route to get to the food.

Further down the small intestine, surgeons cut and attach it to the new pouch. They then connect the intestine coming from the original stomach, liver and pancreas to the intestine coming from the new pouch to form a Y. Where the two meet, food and digestive juices mix in a short tract before arriving at the large intestine.

The shape of the Y is what gives the procedure its name, Roux-en-Y (pronounced roo-en-why). It's also named for a 19th century French surgeon, Dr. Phillipart Roux. The term "gastric bypass" means the food now bypasses the stomach.

Keshishian's procedure, the gastric reduction with duodenal (pronounced do-AWD-e-nal) switch, is a bit different. Rather than make a new stomach, he reduces the size of the original stomach by cutting away 75 percent, leaving behind six to eight ounces. An average empty stomach is about 24 to 32 ounces and can hold up to about 60 ounces when full.

To reduce the length food travels from the stomach, Keshishian disconnects the small intestine from the stomach but leaves it attached to the liver and pancreas. He measures the small intestine and cuts it about 60 percent of the way down. Then he connects the lower segment to the stomach, and, similar to the Roux-en-Y, joins the two near the large intestine so all the food and juices can mix before exiting.

Since the average person's small intestine is about 23 feet long, this means food only travels about nine feet to the colon.

The procedure gets its name because the stomach size is reduced and the upper part of the small intestine, called the duodenal, is switched.

Bergeron says she chose to have this procedure because her stomach will still act semi-normally, just with a lot less space for food -- hence, alleviating the vomiting that can occur when gastric bypass patients eat too much, don't chew their food well enough, or eat foods high in sugar or fats.

And, she says, diarrhea or "dumping syndrome" should not be a problem for her because her stomach will retain a mechanism called the pyloric valve, which releases food to the small intestine when the stomach juices have broken down the food. Gastric bypass patients, on the other hand, don't have that valve anymore, so if they eat too much or the wrong kinds of foods, the pouch can quickly dump them and cause diarrhea accompanied by sweating and cramps.

#### Complications

Chris Crissman's husband and three children witnessed her complications after she traveled from Bakersfield to San Diego for a gastric bypass five years ago.

"At first they were kind of scared because I would throw up. Even if I drank one sip too much of water, I would throw up because my stomach was too full," says Crissman, 39, who works at Champs BBQ & Catering and is a member of Get Fit Bakersfield's Porky's Combo team.

And then there were the periods of dumping, when she would sit on the toilet sweating and feeling so sick she would lay her head down and drool.

"I still can't eat and drink at the same time. I have to make a choice or else I'll get sick," she says.

But despite the sickness, she happily watched her weight drop from 300 to 180 pounds within the first two years. Finally, she could stand for more than half an hour without needing to rest. She could even get a job, which she did, first as a part-time school custodian and then supervising the counter at Champs.

"(The surgery) was the best thing I've ever done," she says. "The pros outweigh the cons by a long ways. I'm a much happier person now."

The statistics for complications differ from program to program and change every year as weight-loss surgeries multiply exponentially.

At a recent seminar at Kern Medical Center, bariatric surgeon Dr. Maureen Martin explained the potential outcomes to about 50 obese people.

Among the life-threatening complications patients face:

\* 1 percent to 2 percent can experience leaking of the stomach or intestines.

\* 1 percent to 2 percent can experience internal bleeding.

\* Up to 10 percent can have pulmonary problems such as respiratory failure.

\* Up to 5 percent can experience infection.

\* Up to 10 percent can experience a hernia.

\* 0.1 percent to 1 percent will die.

Two people have died from complications related to bariatric surgeries performed in Kern County, and a few patients have experienced leaking, bleeding and other complications.

In addition to the vomiting and dumping, Dr. Martin says gastric bypass patients are also at risk for anemia, protein malnutrition, hair loss, and even paralysis from vitamin and mineral deficiencies. Patients are required to take vitamin supplements for the rest of their lives.

'I didn't want to go on'

Bakersfield resident Kenna Jones says she was prepared for all the complications associated with the gastric bypass when she traveled to San Diego four years ago for the surgery. Seeing "morbid obesity" listed as one of the culprits on her brother's death certificate made her decide it was time to do something about her weight, which had climbed to 352 pounds. At 5 feet 6 inches, her BMI was 56.8.

"I had no second thoughts," said Jones, 45. "I had a couple of people try and talk me out of it. But when I looked at my life, it was nothing. I never dated, I never married, I had no children and I had depression from (my brother's) death. I didn't want to go on like this. If I didn't wake up (from the surgery), it was no big deal."

Since the surgery, Jones says her life has completely changed -- and all for the better. She followed all of the doctor's nutritional instructions, started working out at the gym, and now weighs about 155 pounds with a BMI of 25 -- the threshold for normal weight. She says her doctor estimates 20 to 25 pounds of her weight is excess skin, which she plans to have surgically removed someday.

Jones says she never experienced the vomiting or dumping that other patients describe. But she does experience two other effects: One is not being able to eat a hot meal because she takes breaks between every few bites. The other is emotional.

"I still do have that skewed image of myself. When I look in a mirror, I still see a fat person," she says. She also becomes angry when she sees someone discriminate against a fat person in public because she used to be "the big fat invisible woman."

Motivation still the key

Experts say the majority of people who have weight-loss surgery quickly see diseases melt away with the pounds, and often quit needing medications for such maladies as diabetes and high blood pressure.

"I get to see patients that come in to us wheelchair-bound or on a ton of medications now out during the summer doing things with their families. It's very rewarding," says Stephanie Hartness, supervisor of San Joaquin Community Hospital's Bariatric Solutions program.

Kern County's weight-loss surgeons all say education and motivation are the keys to success with bariatric surgery. They give patients packets detailing risks, the surgery itself, and nutritional and exercise needs after the surgery. They also require the patients to complete an exam showing they understand all of the information.

"If they are not motivated to change their lives, I tell them 'Don't do it,'" says Dr. Martin of Kern Medical Center. "They have to understand what they're getting into. If they don't, these patients end up with all the long-term complications and none of the benefits. We are very fussy and picky about who we bring in."

At the recent seminar she gave to prospective patients, Martin was frank with her obese audience.

"The surgery is not the answer. You are the answer," she told them. "If you are here tonight thinking the surgery is going to do it for you, then don't even stay to the end of the night."

Everyone stayed to the end.

All of the Kern County programs require surgical candidates to be at least 100 pounds overweight or have a BMI of 40 or more. They must have tried and failed to lose weight in the past. They also must pass a battery of medical tests, as well as evaluations by a psychiatrist and dietitian.

"This needs to be a last resort because it is such a major surgery and such a major lifestyle change," says Kira Wiggins, a dietitian at San Joaquin Community Hospital who previously worked with bariatric patients in Colorado. "In the evaluation I had to make sure they realize what the changes will be, that the person will have to eat such small portions for the rest of his or her life."

Therapist Richardson also used to evaluate potential bariatric surgery patients in Bakersfield.

"My job was to look if they had unrealistic expectations, if they had an understanding of what was going to happen, if they had an understanding of what would be expected of them, that they understood this was a lifelong change and not magic," she says. "I looked for whatever successes they had in doing things that are difficult. Did they understand they could have no alcohol, no carbonation, no sugar for a lifetime?"

Gaining it back

After losing 120 pounds within the first two years of her gastric bypass, Crissman watched her weight climb again. She didn't worry too much, however. Her tailbone was constantly sore because she had no cushion left and her excess skin sagged everywhere.

"I think it was something natural happening to my body," she says. "Then I stabilized and I have been this size almost three years now. To me, that's fine."

All together, Crissman gained back about 50 pounds -- a little more than one-third of the weight she lost. At 5 feet 6 inches, this puts her BMI at 37, which is in the obese range, but still lower than the morbidly obese threshold of 40.

Although she doesn't exercise, she says she also doesn't understand why she gained so much weight when she hardly eats anything anymore.

"People ask, 'How can you be as big as you are if you don't eat that much? I don't know. It's just one of those things,'" she said, adding that exercising wipes out whatever little energy she does have.

Martin says that less than 25 percent of patients fail to lose significantly or regain to previous levels. The main reason for failure is gradual enlargement of the stomach pouch, a result of eating too much food at once, drinking a lot of high-calorie liquids or constant nibbling.

Dr. Gene Rumsey of Pacific Bariatric Surgical Medical Group in San Diego, where Crissman and Jones both had their surgeries, says he defines "failure" as when a patient regains or does not lose more than 50 percent of his or her excess weight.

"Once they lose 50 percent of their excess weight, they may not be skinny, but they've lost their co-morbidities (such as diabetes and high blood pressure)," he says.

Rumsey says that on average his patients lose 75 percent to 80 percent of their excess weight and regain about 10 percent as their bodies stabilize themselves.

All the surgeons interviewed for this story say that patients cannot be forced to follow the nutritional guidelines or participate in follow-up programs such as support groups.

Crissman says it's been a long time since she's attended one of Pacific Bariatric's support groups, held twice a month in Bakersfield. She also said she's been drinking diet soda regularly over the past year.

Carbonated drinks are a big no-no for weight-loss surgery patients.

"It's a gas. It puts pressure against the new pouch and it can make it a little bit easier to eat a little bit more," says Hartness of San Joaquin Community Hospital.

'My life is going to change'

Richardson has seen many clients succeed at keeping the weight off after surgery.

"The patients who see this surgery as an opportunity to make a whole lifestyle change are the ones that are successful at it," she says. "They're willing to change their relationships with food and deal with their emotional issues in another way. They begin to be more active and feel better about themselves and get out there and burn more calories."

Two days after her complication-free surgery at Delano Regional Medical Center, Patti Bergeron lays in her recovery room bed for a few minutes after waking from a nap to take another walk around the ward. She has been walking every two to four hours since the surgery to minimize the risk of blood clots.

She says she looks forward to the changes she will have to make in her life.

"I'm glad I made this decision," she says. "My life is going to change significantly. A lot of my life revolved around eating. Not that I can't eat at all, but I think it's going to revolve less around eating and more around exercise and other things."