

SOUTHWESTERN NEWS

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UT SOUTHWESTERN SURGEONS PERFORM FIRST LAPAROSCOPIC GASTRIC-BYPASS PROCEDURE IN TEXAS

DALLAS—May 27, 1999—After spending years trying to lose weight via diet, exercise and pharmacological means, a 33-year-old morbidly obese Texas woman is hopeful that a minimally invasive gastric-bypass procedure that rerouted her digestive system will help her finally reach a healthy weight.

The woman's operation is the first laparoscopic gastric-bypass procedure performed in Texas. UT Southwestern Medical Center at Dallas surgeons performed the operation at Parkland Memorial Hospital.

Gastric bypass offers relief for some morbidly obese people who, after repeated weight-loss attempts, are still left with a dangerously overweight body and a restricted lifestyle.

"After suffering a neck injury six years ago, I began cortisone treatment, and that's when the weight began to increase," the patient said. "When I heard that they were doing laparoscopic gallbladder surgery at UT Southwestern, I inquired about the possibility of the bypass procedure conducted laparoscopically."

Morbid obesity is defined as being more than 100 pounds over ideal body weight or having a body mass index (BMI) of 35 with weight-related complications.

BMI – weight in kilograms divided by height in meters squared – is a measure of obesity. For years, the patient suffered osteoarthritis in her neck, pulmonary problems and gastroesophageal-reflux disease.

"The Roux-Y gastric-bypass procedure is now considered the 'gold standard' operation for morbid obesity," said Dr. Daniel Scott, the Southwestern Center for Minimally Invasive Surgery's research fellow who specializes in the procedure. "Our studies have confirmed that the Roux-Y provides better long-term weight loss and fewer complications and reoperations than the simpler vertical-banded gastroplasty procedure."

(MORE)

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BYPASS-2

The laparoscopic approach can limit postoperative pain, hospital stays and potential complications related to a large incision, such as postoperative hernia formation. According to previous randomized trials, this operation, performed through a conventional open incision, results in approximately a 60 percent loss of excess weight within five years.

"We have utilized the most sophisticated minimally invasive technology available, in tandem with the skills of an exceptional bariatrics surgeon and laparoscopic surgery fellow, to duplicate the traditional gastric-bypass procedure," said Dr. Daniel Jones, an assistant professor of GI/endocrine surgery and director of the Southwestern Center for Minimally Invasive Surgery. "Very few medical centers nationwide offer this alternative to the open bypass. It is more complex and, hence, requires surgical finesse, but the patient benefits."

The procedure, which changes the normal serpentine shape of the intestine to a y-shaped configuration, combines a restricted gastric outlet with a limited amount of absorption. The lead surgeon on the case, Dr. David Provost, an assistant professor of burn/trauma/critical care surgery and a bariatric-surgery specialist, Jones and Scott used laparoscopic instruments to divide the patient's stomach. This "stomach-stapling" operation creates a small pouch that limits the amount of food that she will be able to eat, Provost said. By bypassing the larger stomach area, doctors are limiting how much of a meal the patient can absorb.

"With the newly created, small gastric pouch, the patient can eat very little, only a few ounces of food at a time," Scott said.

An added weight-loss benefit of the procedure is that it tends to deter sweet eating, unlike other gastric-stapling methods. "Intestinal discomfort and other unpleasant effects discourage most patients from eating sweets," Provost said.

The patient was discharged after three days and required only five small bandages at the incision site.

For patient information, please call the Southwestern Center for Minimally Invasive Surgery at (214) 648-9000, or refer to the Web site at www.swmed.edu/cmris

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