

# Banding Offers Less Invasive Option for Obesity Patients

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with the expertise of specialists in internal medicine, gastroenterology, nutrition, psychology and others, the pre- and post-surgical team approach, along with continuing support group interaction, is becoming increasingly popular with overweight Americans. This is enhanced by the media attention to many success stories.

Patient selection is important. Patients with severe untreated mental disorders, such as depression and eating disorders, are not good candidates for surgery. Patients have to be prepared to make drastic changes in their lifestyles. Counseling is an important part of the management plan. Surgical weight reduction is usually recommended to patients with a BMI of 40 or more, or 35 for those with medical complications.

Three types of operative procedures are currently being done. A relative newcomer in the field is called laparoscopic gastric banding. The abdomen is entered with a laparoscope and a restrictive band is applied to the upper stomach, limiting its capacity to one to two ounces. This minimally invasive procedure has the advantage of rapid recovery and easy reversibility. It is gaining rapidly in popularity, although long term results are not yet available. A second procedure also greatly reduces the size of the stomach pouch without changes in the small intestine. Commonly referred to as a gastric bypass, it involves the application of staples across the upper stomach, limiting capacity – an outlet to the pouch is provided by joining a limb of small intestine to the pouch. These gastric pouches are fash-

ioned to two ounces or less, allowing ingestion of very small amounts of solid food.

The third option, commonly called the Roux-en-Y or Roux-Y (named after Cesar Roux, a long-ago Swiss surgeon) is also popular. It reduces the size of the stomach to a volume of about two tablespoons, narrows the passage between the stomach and the small intestine, and bypasses a long, measured section of the small intestine where food is absorbed. The restructuring of the small intestine results in the form of a Y-shaped structure, one arm of which carries the digestive juices, and the other carries food. The combination of restriction and malabsorption has proved more effective in producing long term weight loss. Proper nutrition needs to be maintained because of the malabsorptive component and potential malnutrition. This procedure is usually preferred for patients with super-morbid obesity, with a BMI in excess of 40.

Success is measured as maintenance of weight loss of 50% or more of excess weight, for up to 10 years. The Roux-en-Y operation has a long term success rate up to 90%, when combined with intensive counseling, support and nutritional education, and compliance.

There are problems emerg-

ing from this rapid expansion in demand. The learning curve of the surgeon, and the number of operations of this type done, do relate to the results. Some experts argue that a surgeon needs to do at least 100 cases before mastering the technique. While this seems overly stated, it is important to know that any surgeon can perform weight-loss surgery, if the hospital will allow it, and although there are professional groups that recommend selection criteria, the guidelines are not binding. While the costs for the surgery can be \$25,000 to \$30,000, they can skyrocket if serious complications occur. Within 30 days of surgery, a common period to determine mortality rates, the death rate at one large university medical center was 1.9%. Statistics showed that patients were 4.7 times more likely to die during the surgeon's first 19 procedures than after the surgeon has gained more experience.

Like any major surgery, there are risks. The most common complications include bleeding, blood clots, bowel obstruction, hernias, and infections from leaks into the abdomen from sites where the stomach pouch and intestine has been cut and joined or sealed surgically. According to the National Institutes of Health, 10% to 20% of patients

require additional surgery for such complications, and nearly 30% develop nutritional deficiencies that lead to chronic conditions like anemia and bone loss.

The benefits can be profound. In addition to long term weight control, surgery can result in excellent improvement, and in some cases, reversal of Type 2 diabetes, improved blood cholesterol and lipid levels and heart function, correction of breathing problems like sleep apnea, and reduction of high blood pressure and musculoskeletal ailments. Many patients are able to return to their jobs, exercise regularly, and live active social lives. Sexual interest often returns, and there are important emotional benefits – improved self-image and self-esteem, and correction of depression.

Today, bariatric surgery is definitely an option for certain individuals with morbid obesity. Improvements in the quality of life and lower health care costs, reversal of disabilities, and the risk of premature death are important considerations.

Bariatric surgery is an important, needed, and thriving specialty in the health care field.

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## Natural Traps Help Reduce Fly Population

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One of the cheapest and easiest methods is something I feel is the least harmful to the horses or the humans around them. Take a quart bottle, fill it with part white vinegar and a dash of Ivory soap dishwashing liquid, add water, shake, and spray. Vinegar has been used by Mackinac horsemen for many years as an economical cleanser for horses.

Several years ago, East Bluff cottagers Dr. and Mrs. Louis Putz met a vacationing family from central Indiana who were here on Mackinac and told them about the natural organic fly traps that they had success with. They had gotten this solution from neighboring Amish farmers. Here is the solution they gave me:

The trap consists of a two-quart plastic pop bottle with two banana peels shoved into the base. Add to that one tablespoon of sugar and one tablespoon of vinegar. Fill the bottle to the label (or two-thirds full) with water, and suspend the

bottle by its neck. The flies enter the trap through the opening at the top, and the majority will not escape because flies cannot fly straight up or climb the sloped walls inside the bottle.

Note: Discard when truly foul.

It's worth a try. Let me know what you think.

Have a good week.

*Candice C. Dunnigan is an active member of the American Equestrian Association, the Waterloo Hunt, and the Mackinac Horsemen's Association. Seasonally she resides at Easterly Cottage.*

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