

‘Patients’ experiences are important in gastric surgery as well as weight loss’

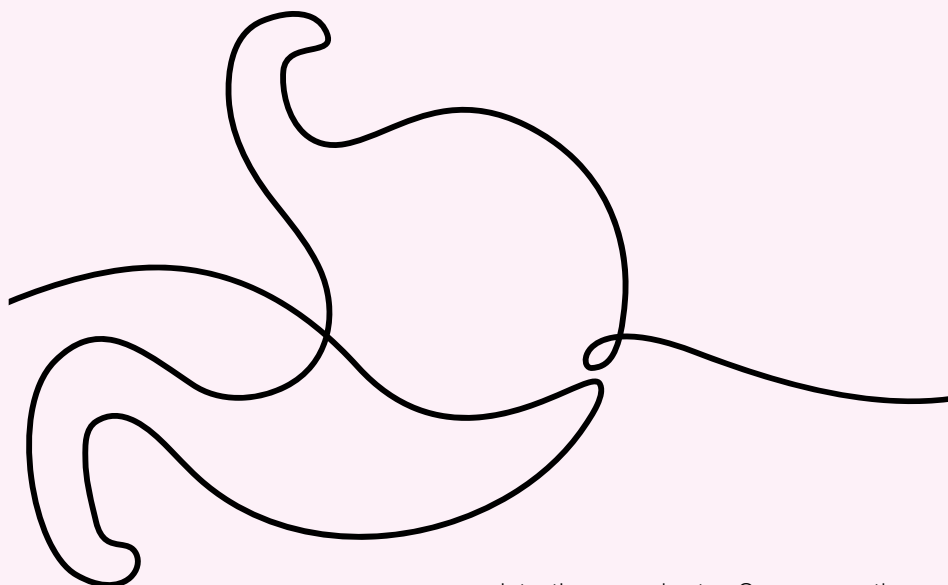
External PhD candidate Mitchell Harker (Human Nutrition & Health) studied the medium-term effects of the SADI-S operation. The operation, performed on severely overweight patients, consists of a gastric bypass combined with stomach size reduction. ‘We don’t yet know much about the treatment outcomes after five years.’ Text Dominique Vrouwenvelder

Harker is a doctor and researcher at the Vitalys obesity clinic. His PhD research at WUR concerns improvements to the surgical treatment of obesity. In his latest publication, he compared secondary and primary SADI-S: either a stomach reduction first followed by a bypass, or both interventions in a single operation. He followed the patients for five years.

The intervention, which is aimed at patients with obesity, consists of two steps. Harker: ‘We reduce the size of the empty stomach by about 80 per cent – from the size of a pear to the size of an elongated grape – and move the point where the stomach connects to the small intestine. That makes patients feel full sooner, so they consume fewer nutrients and less energy.’

One operation or two

The advantage of two separate operations is that patients already lose a lot of weight after the stomach reduction. ‘They lose some of the abdominal and liver fat that was blocking access to the stomach and intestines,’ says Harker. And that makes it easier for the surgeon to perform the bypass. ‘Which prevents complications.’ But these patients lose less weight over the five-year period as a whole. ‘They lose 16 per cent of their original weight on average, compared with 35 per cent in the case of patients who had a single operation.’ However, the latter group were more likely to experience complications,



which sometimes necessitated an extra operation. ‘Is that additional weight loss worth the risk?’ wonders Harker.

Harker also studied the effect of the site of the bypass and the influence of the length of the remaining intestine. ‘The remaining length needs to be short enough to ensure less uptake of nutrients, but not too short or the patient will suffer vitamin deficiencies and malnutrition. In the worst case, they can end up with a lifelong dependency on feeding tubes or infusions.’

Life after the operation

The intervention also affects patients’ bowel movements. ‘Patients don’t digest their food as completely because the

intestines are shorter. On average, they go to the toilet four times a day with runny stool. One in five people find that a problem.’

Harker asked patients about their quality of life three years after the last operation. ‘Not much research has been done on that among patients who have had gastric surgery. We tend to focus on weight loss, but patients’ perceptions matter too.’ Both groups felt they had an acceptable quality of life, but the score was slightly higher in the group who had had a single operation. Harker: ‘That is probably because the other group, with the secondary SADI-S, had started their treatment earlier. So some of their weight loss took place longer ago.’