

# Pediatric issues (health brief) #1



**ASSIGN  
BUSTER**

Bariatric Surgery among Adolescents Recent media reports indicate that an increasing number of teens are seeking surgical solutions to morbid obesity. Rates of adolescents obtaining bariatric surgeries tripled from 2000-2003. There is a growing concern over potential long term health consequences for those participating in the dramatic surgery while still growing and developing. A local weight loss treatment center, which occasionally makes referrals for bariatric surgery contacted you asking you to prepare a brief review of the literature and provide recommendations regarding the risks, benefits, and guidelines for determining if an adolescent is a candidate for a bariatric procedure

The Issue- The number of adolescents aged 10-19 years who underwent bariatric surgery tripled from 2000-2003 (Tsai, 218). The number of obese adolescents is increasing due unhealthy eating habits. The high consumption of junk food among adolescents increases cholesterol deposits in the body. According to Pollan, most American meals contain meat and products made from high fructose corn syrup (8). The number of adolescents involved in physical activities has also reduced drastically. Lack of exercise and unhealthy eating habits increase the chances of becoming obese. Between 1999 and 2003, adolescents consumed an average of two 12-ounce cans of carbonated drinks. The consumption of soda and other carbonated drinks increases the amount of calories in the body. Bariatric surgery provides a medical procedure of losing excess body fat. The surgery involves gastric bypass that helps the patient lose several pounds in a healthy way (Encinosa, 710). The number of deaths reported during this period was 0.2 percent, which indicates that the surgery is a safe method of losing body fat.

Programmatic Bottom Line/Policy Implications- The following recommendations can reduce obesity cases among adolescents. School systems and other organizations catering for adolescents should stop the sale of soft drinks in hallways, shops, and cafeterias (Centers for Disease Control and Prevention, 770). Adolescents should replace sodas and fruit juices with club sodas, tap water, or mineral water. Including adequate levels of fiber in the diet reduces cases of obesity. Spending less time in sedentary pursuits and engaging in physical activities helps burn excess calories in the body. Organic food products contain less cholesterol compared to junk food and industrial food products. The consumption of organic foodstuff lessens the level of cholesterol deposits in the body (Maziak, 38). Eliminating food deserts in urban and rural areas and lowering the prices of healthy foods can reduce the number of obesity cases. Parents can give children a healthy start on life through adequate breastfeeding and limit the consumption of snacks (O'Brien, 630).

How we know- A study conducted by Tsai et al revealed that an estimate of 2744 procedures was performed from 1996 to 2003. The rate of procedures performed in adolescents was steady from 1996 to 2000 but tripled from 2000 to 2003 (Tsai, 218). Data from the National Hospital Discharge Survey indicates that the prevalence of gastric bypass surgery increased 14, 000 procedures in 1998 to about 83, 000 in 2002. The number of procedures performed on adolescents increased between 2000 and 2002 compared to those performed between 1998 and 2000 (Smoot, 1188).

Findings from Research- Bariatric surgery results in long-term maintained weight loss compared to standard weight loss treatment (Lars, 400). Patients who undergo the procedure can lose up to 80 pounds within six months.

There has been a significant decrease in mortality rates during and after surgery. The mortality rate is about 0.1 percent among patients. Bariatric surgery reduces the risk of other diseases related to obesity such as obesity and cardiovascular heart disease (Lena, 375). Adolescents with a BMI greater than 40 kg/M<sup>2</sup> or greater than 35 and having at least 1 of 11 comorbid conditions are eligible for Bariatric surgery (Nadler, 1870).

Conclusion-Unhealthy eating habits and lack of physical exercise among adolescents increase cases of obesity. Several adolescents consume large volumes of junk food and carbonated drinks, which increase the amount of calories in the body. Bariatric surgery is an effective and safe weight loss treatment compared to other treatment. The increased obesity cases and the effectiveness of the procedure make it a preference among adolescents.

#### Works Cited

Centers for Disease Control and Prevention. Obesity prevalence among low-income, preschool-aged children in United States, 1998-2008. *Morbidity and Mortality Weekly Reports* 58. 28(2009): 769-773. Print.

Encinosa, William et al. Healthcare utilization and outcomes after bariatric surgery. *Med Care*, 44 (2006): 706-12. Print.

Lars, Sjöström et al. Effects of bariatric surgery on mortality in Swedish obese subjects. *New England Journal of Medicine* (2007): 357-741. Print.

Lena, Carlsson et al. Bariatric surgery and prevention of type 2 diabetes in Swedish obese subjects. *New England Journal of Medicine* (2012): 367-695. Print.

Maziak, Stockton., and Ward, Kenneth. Childhood obesity: Are we missing the big picture? *Obesity Reviews* 9. 1(2008): 35-42. Print.

Nadler, Evan. et al. Morbidity in obese adolescents who meet the adult

National Institutes of Health criteria for bariatric surgery. *Journal of Pediatric Surgery* 44 (2009): 1869. Print.

O'Brien, PE et al. Treatment of mild to moderate obesity with laparoscopic adjustable gastric banding or an intensive medical program: A randomized trial. *Annals of Internal Medicine* 144 (2006): 625-33. Print.

Pollan, Michael. *The Omnivores Dilemma: The search for a perfect meal in a fast food world*. London: Bloomsbury, 2007. Print.

Smoot TM et al. Gastric bypass surgery in the United States, 1998-2002. *American Journal of Public Health* 96 (2006): 1187-9. Print.

Tsai, William et al. Bariatric surgery in adolescents: Recent national trends in use and in-hospital Outcome. *Archives of Pediatrics and Adolescent Medicine* 161 (2007): 217-221. Print.