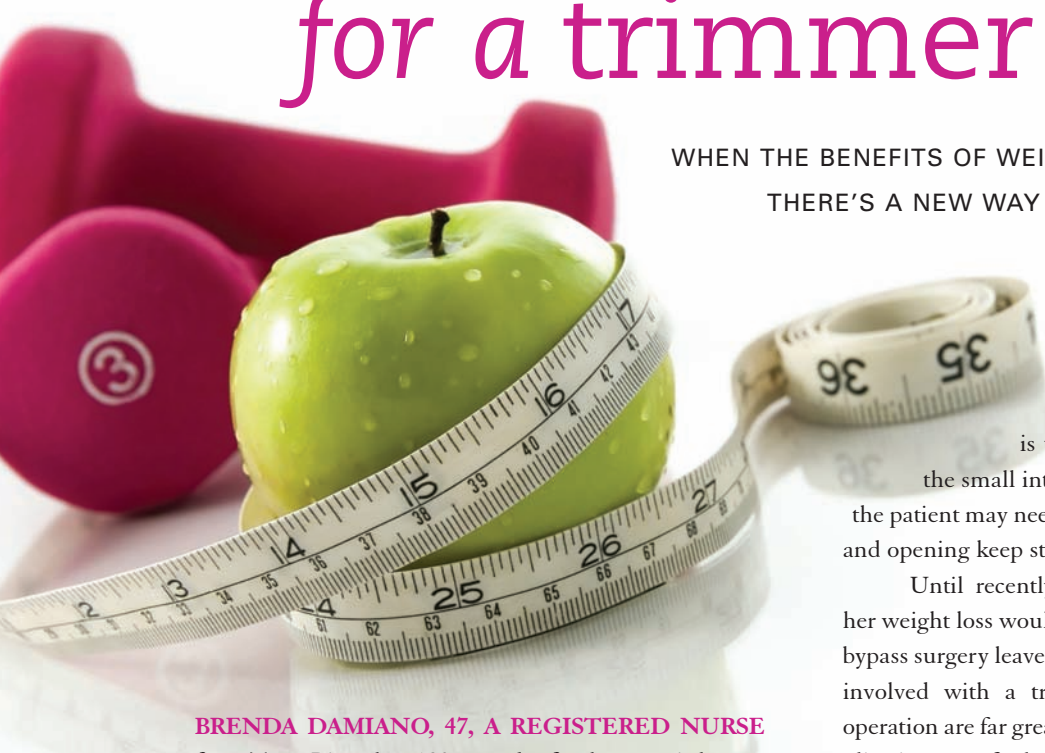


A second chance for a trimmer you

WHEN THE BENEFITS OF WEIGHT-LOSS SURGERY FADE,
THERE'S A NEW WAY TO RESTORE THEM



BRENDA DAMIANO, 47, A REGISTERED NURSE from Toms River, lost 120 pounds after her gastric bypass weight-loss surgery in 2002. Then, during the past year, some 25 pounds crept back on. She wanted a second chance. Fortunately, thanks to a new procedure Monmouth Medical Center is helping to pioneer, she got it.

Gastric bypass, one of the key bariatric (weight-loss) operations, has helped many obese individuals lose dramatic amounts of weight. It involves making a smaller stomach “pouch” and then bypassing the large intestine to reduce both the amount of food the patient can eat and the amount of calories absorbed.

Keeping all that weight off, however, can be a challenge. “Most patients do well for one to four years,” says Frank Borao, M.D., director of minimally invasive surgery and bariatric surgery at Monmouth Medical Center. “But after that, many hit a plateau and begin to regain lost weight.” Sometimes they backslide when they fail to maintain proper nutrition and exercise habits after their surgery. “If patients continue to

eat well and exercise, they do fine,” says the doctor. “But maintenance is up to them—they have to make an effort.”

What complicates that effort is that the stomach and its opening to the small intestine tend to stretch. “After a while, the patient may need more food to feel full, as the pouch and opening keep stretching,” says Dr. Borao.

Until recently, Damiano’s options for renewing her weight loss would have been limited. Because gastric bypass surgery leaves a lot of internal scar tissue, the risks involved with a traditional second—or “revision”—operation are far greater, says Dr. Borao. “First-time complication rates for leaks at the attachment sites, for example, are about 1 percent, but rise to 10 percent with the second surgery,” he says. “In fact, all complications increase with revision surgery.”

But Damiano got lucky. Monmouth Medical Center is the only hospital in New Jersey and one of just six nationwide to offer a new procedure, dubbed ROSE, for restorative obesity surgery, endolumenal. This operation avoids cutting through scar tissue, and instead allows the surgeon to get his tools to the stomach through the mouth and esophagus. (Endolumenal means “inside the tube,” indicating that the approach is from within the stomach rather than by cutting in from the outside.) Once there, the doctor can reduce the size of the stomach pouch and the opening to the intestine from the inside, without having to cut through previously damaged tissues.

“It will help so many people who are gaining weight after bypasses,” says Steven Gorcey, M.D., chief of Monmouth’s division of gastroenterology.

5%
of Americans
are more than 100
pounds over their
ideal weight.

ROSE represents a new surgical trend: performing operations through existing orifices so that no open incisions are needed. In other recent examples, doctors have removed women's gallbladders transvaginally and patients' appendices by going down their throat and through the stomach.

"This is the third phase in the history of surgery," Dr. Borao explains. "The first was open surgery. Then laparoscopy arrived in the late 1980s. Now we are moving toward natural orifice surgery. I think it will be a big turning point."

"It's the next frontier," agrees Dr. Gorcey. He was looking for a way to help struggling bariatric surgery patients when he came across the new procedure at a medical trade show about a year ago. He thought Damiano would make an excellent candidate, and she became the first to undergo ROSE at Monmouth.

To be sure she qualified, Dr. Gorcey sent an endo-

scope down into her stomach to measure her pouch and opening. For ROSE, the pouch needs to be at least 4 centimeters—about double its size following the original bypass surgery; the opening should be at least 2 centimeters, also double the post-bypass size. These requirements are important because "the surgical equipment is pretty large," Dr. Gorcey explains. "It's like trying to park a bus in a Manhattan parking garage—it's very tight getting the tubes down there."

Drs. Gorcey and Borao perform the procedures together. "It takes two people, a laparoscopic surgeon and a gastroenterologist," Dr. Gorcey says. Done under general anesthesia, the surgery takes about an hour. The patient goes home that day, and according to Dr. Gorcey, "every patient so far has had absolutely no pain. Some had a little soreness in the throat that resolved in 24 hours. Most of them could go back to work the next day."

The only concession patients need to make is to consume only liquids for a day or two after the surgery, then slowly add soft, pureed foods for about two weeks before resuming a regular diet.

The results are immediate. Damiano had her ROSE procedure February 28, and says she felt her stomach pouch, reduced back down to 2 centimeters, full again the next day. She lost about 15 pounds in the first six weeks. "Now, if I eat too much, I feel it," she says. "It's a sharp pain in my back that stays until I digest."

How long will the restorative surgery hold? That's being studied at Monmouth and the other centers gathering data for a national study. Monmouth will treat about 20 of 150 patients across the country and follow their progress for 18 months. Damiano knows that long-term success is about more than just surgery. She exercises regularly and pays closer attention to her eating—all habits she let slide after her first operation.

"The surgery is just a tool," she says. "You also need a lifestyle change." Because she comes from an obese family—her father and his siblings died young of obesity-related diseases and her three siblings all needed gastric bypass surgery as well—she knows what's at stake.

"I've been given a second chance," she says. "If I mess up, shame on me." ■



Brenda Damiano was the first patient to undergo restorative obesity surgery at Monmouth Medical Center to combat post-gastric bypass weight gain.

To find out more about restorative obesity surgery at Monmouth Medical Center, please call 1-888-724-7123.