

'I Have No Regrets'

Three months after undergoing Lap-Band surgery, Stuart Logan has lost nearly 42 pounds--and gained self-confidence.

WEB EXCLUSIVE

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July 19 - For the first time in years, Stuart Logan's clothes feel loose. The Seattle teenager doesn't have to stop and catch his breath after walking up or down the stairs in his family's home. And when he got a haircut a couple of weeks ago, he discovered that squeezing into the barber chair was no longer an exercise in frustration.

When Logan was weighed last week, he learned why. His doctor noted proudly that the 17-year-old had lost 41½ pounds since January. "It is a lot of weight, and it shows," says Dr. Kevin Montgomery, the bariatric surgeon who treated Logan. "Though he still has a long way to go." The 6-foot-2 Logan, who has struggled with obesity since grade school, still weighs about 542 pounds. But he's steadily losing almost two pounds a week, and keeping it off, for the first time in his life. And he's optimistic that he'll be able to keep up the pace.

"I'm not eating that differently than I used to," says Logan. "But I am eating half as much as I did before." Before the surgery, he means. In mid-April, Logan joined a small but growing number of obese teens across America who are going under the knife to lose weight.

The most commonly performed weight-loss procedure in the U.S. is gastric-bypass surgery, in which surgeons create a small stomach pouch and then attach a section of the small intestine to the pouch to allow food to bypass the lower stomach. But Logan opted for Lap-Band surgery, a newer and less invasive procedure that involves wrapping a silicone band around the upper part of the stomach to create a pouch, narrowing the passage to the rest of the digestive system. The aim of both operations is to make patients feel fuller faster. But unlike bypass surgery, gastric banding does not permanently alter the stomach. The surgery itself can be done on an outpatient basis, and the band can be adjusted nonsurgically by injecting saline solution into a tube that is placed just under the skin--or removed.

That has made it an increasingly popular choice among teenagers, who are often put off by the permanence of gastric-bypass procedures. Still, the surgery has only been done on a handful of teenagers so far. That's because the Food and Drug Administration has only approved the Lap-Band, manufactured by Inamed Corp., for use in adults. The bands are available "off-label" for younger patients, though, meaning surgeons may choose to use the device in some teenagers and adolescents based on the severity of the patient's condition and their own clinical experience. But the procedure is not cheap. Bariatric surgery can cost between \$15,000 and \$25,000. While insurance companies have started to cover at least part of the costs of both types of weight-loss surgeries in adults, teenage patients usually have to pay out of pocket.

Nonetheless, while there are no official statistics on teens and adolescents who've undergone either weight-loss surgery, estimates range in the hundreds--and doctors say they will only become more popular. The rate of seriously overweight kids has quadrupled in the past three decades. About one in six kids today is obese, according to U.S. government statistics. For many of them, traditional dieting is ineffective, says Dr. Marc Bessler, surgical director at the Center for Obesity Management at New York-Presbyterian Hospital. He cites statistics showing 87 percent of adolescents with a body-mass index (BMI) of more than 40 are ultimately unable to achieve--or maintain--adequate weight loss. "I have a number of kids who could benefit from this surgery," says Dr. William Cochran, a Pennsylvania pediatric gastroenterologist who is chairman of the American Academy of Pediatrics's gastroenterology and nutrition section.

While gastric bypass remains, by far, the more popular procedure in the United States overall, some doctors like Cochran say that they prefer the Lap-Band procedure for young patients. While studies have shown that weight loss--at least in the first two years--is less dramatic with the Lap-Band than with gastric bypass, there is less risk of death or complications with the gastric-banding procedure. And there is little evidence of malabsorption (which can result in vitamin and mineral deficiencies), a problem associated with gastric-bypass procedures. "This is a perfect operation for teens," says Dr. Santiago Horgan, director of minimally invasive surgery at the University of Illinois Medical Center at Chicago, who has performed more than 700 Lap-Band surgeries, 10 of them on teenagers.

Dr. Christine Ren, director of the Surgical Weight-Loss Program at New York University Medical Center, says there has "absolutely been a shift to Lap-Band" in the United States in the past few years. Ren says she has performed about 850 of the procedures--on both adults and adolescents--with no deaths. (She has also performed about 300 gastric-bypass operations with one death). "When people start to learn there is a less invasive and less extreme surgery, they realize there are very few disadvantages to it," she adds.

Still, many members of the medical community have raised concerns about performing any type of bariatric surgery on younger patients. "I'd like to find another answer besides surgery," says Dr. Melvin B. Heyman, chief of pediatric gastroenterology, hepatology and nutrition at University of California, San Francisco Children's Hospital. "We don't know the long term effect in kids--you're talking about years of effects potentially."

There are long-term studies underway that may help quell some of those concerns. In February, the University of Illinois Medical Center at Chicago began enrolling the first of 50 teenage patients in a five-year, FDA-approved study of the Lap-Band procedure. So far about 30 patients between 14 and 17 have been approved to participate, and five of the teens have been operated on successfully. "We already went to the FDA and showed that the operation can be done on teens and it is safe," says Horgan, who was also one of 20 surgeons to participate in the original FDA trials for the Lap-Band. "There is really a need to stop obesity in kids, and this is the best approach for these kids. It is becoming much more accepted."

To qualify for this trial and others, teens typically must be morbidly obese, meaning they're at least 100 pounds over their ideal weight or have a BMI of 40 or more. In some cases, though, doctors will perform the surgery on those with a BMI as low as 35 if the patient has weight-related health problems such as diabetes, high blood pressure or heart disease. "You don't want to wait until they are adults and having heart attacks," says Dr. Bessler from New York-Presbyterian Hospital, which submitted an application to the FDA last month to enroll 50 obese teens between 14 and 17 years old into a separate Lap-Band trial.

In almost all cases, surgeons prefer patients to be at least 14 to ensure that they have reached their full height, so the procedure doesn't impair their development. Almost all the patients have tried, and failed, to lose weight by conventional dieting or medication. "For these kids, it's not as simple as it looks [to lose weight]; it's not that they are sitting in front of the TV all day with a bag of chips and a soda," says Dr. Jeffrey Zitsman, director of minimal-access surgery at the Morgan Stanley Children's Hospital of New York-Presbyterian Hospital. "Once someone gets into a situation in which he or she is overweight or obese, conventional mechanisms in many cases just aren't successful ..."

Emily Sperry found that to be true. She passed the 200-pound mark at age 12 and continued to gain. By the time she was 17, despite several dieting attempts, the 5-foot-5 teenager was nearly 100 pounds heavier and wearing size 25 clothes. "At that point, I said, 'That's it'," says Sperry, who also lives in Seattle. "After awhile, you just get sick and tired of the weight. I decided I would do everything I can to get it off."

She consulted with Dr. Montgomery who, along with partner Dr. Brad Watkins, has performed Logan's surgery and more than 800 Lap-Band procedures on adults. After completing required consultations with a child psychologist and a nutritionist, Sperry became the second teenage patient to undergo Lap-Band surgery on May 2 at Northwest Weight Loss Surgery. In the two months since, Sperry has dropped 22 pounds and now weighs 265. "I am still way overweight," acknowledges Sperry. "But I am more aware of the fact that this is now a temporary thing. I went from being hopeless to thinking that this will only last for so long."

Sperry says her weight problem played a large part in her decision to drop out of high school her senior year. But last week, she took her GED and says she now hopes to pursue a college degree in nursing this fall. "The surgery has made a huge difference."

Few would argue that. "Bariatric surgery absolutely, positively, undeniably has its place in the treatment of morbid obesity in teens," says Dr. Cochran. "But it is the final treatment option for these kids."

And surgeons caution that it is no panacea. "This is a tool to help them lose weight," stresses Dr. Montgomery. "The most successful candidates are those who use this to help them make lifestyle changes."

Logan says it took him a little while to slow down his eating and make changes to his diet. Since the Lap-Band squeezes the stomach, if a patient eats too much too fast, there's a risk of vomiting--which Logan did a few times, before he adjusted. He's still being monitored regularly by Dr. Montgomery, who has adjusted his band twice, and he's checking in with a nutritionist. Though he still eats pizza and some fast food, he eats less of it; and he's set aside sweets in favor of fruit and switched to diet soda. For now he is just walking; but as he slims down, he'll add other forms of exercise. As he drops more pounds, Logan is also planning to engage in other activities he's put off in part because of his weight. After taking a year off from school, he wants to re-enroll in the fall or in January. And, next month, he'll be taking his first airline trip in more than a year and a half, to visit a friend in Michigan. He's also agreed to go to Hawaii with his sister and parents in January. "I hope by then, he'll have lost enough to want to go into the water," says his mother. (During the last trip, she had to sew extra material onto his swim trunks when they proved to be too tight).

Whether that will happen is unclear, but it's quite probable that Logan will be below 500 pounds--a significant milestone--by the time he takes that trip. Without the surgery, he says, that wouldn't have been possible. "I'm losing weight now, and I wasn't before," says Logan. "I have no regrets."

Editors Note: This is the second in a two-part series ([click here](#) to read the first) that followed Seattle teenager

Stuart Logan as he prepared for LapBand surgery and tracked his progress after the procedure. The weight-loss procedure, which was approved by the Food and Drug Administration in June 2001, is still less popular than gastric-bypass surgery in the United States. But some studies have shown it poses fewer risks. And it is becoming an increasingly attractive option for morbidly obese teenagers like Stuart, even though at this point the surgery has only been approved for adults.

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Margaret Logan

Stuart Logan has been losing weight steadily since his weight-loss surgery in April.