Have you ever wondered why we ask for and document so much information? Why do we need to do research anyway? In the words of Dr. Elias Zehouni (NIH, 2008), past director the National Institutes of Health, “research is like a detective story, always searching for new leads to follow.” Information collected 10 and 20 years ago has given surgeons the leads they need to offer you successful procedures today.

Once a year, you may get a form asking for your weight, medical conditions and medicines. When you come in for your office visits we are gathering the same information. It is important that we understand how your weight loss has progressed and what medicines you no longer need. Your success or your struggles help determine what procedures work best. Information you provide can help direct future patients to a procedure that is better for their particular medical conditions and BMI. Please know that any information we use in research or to direct future care is kept anonymous. Your personal information is never used or identified.

This year at the American Society of Metabolic and Bariatric Surgery (ASMBS) Annual Conference, St. Luke’s Bariatric Program presented two posters of which one was named a “Poster of Distinction.” Our poster, “Safety of Laparoscopic Bariatric Surgery in Superobese Patients: Single Center Experience (2012)” displayed our conclusion that bariatric surgery in superobese patients (BMIs greater than 50 kg/m$^2$) resulted in a non-significant increase in complication, reoperation and readmission rates. We also concluded that performing bariatric surgery on superobese patients in a Center of Excellence seems to have an acceptable safety profile. Through the data we collect with the help of your visits and forms, we were able make this conclusion. With this information it may be possible that someone who was too scared to have their surgery because of their greater BMI might now consider it.
Our second poster presented was, “Laparoscopic Vertical Sleeve Gastrectomy vs. Laparoscopic Roux-En-Y Gastric Bypass: Single Center Experience with One Year Follow up (2012).” We were able to look at complication lists, length of stay, excess weight loss and other results and concluded that Laparoscopic Sleeve Gastrectomy (LSG) seems to have a better safety profile in the short term when compared to the Laparoscopic Roux En Y gastric bypass (LRYGB). However, at one year, LRYGB patients achieved a significantly higher excess weight loss when compared to LSG patients. Patients (and physicians) can use this information to help determine which procedure may be best for them based on what is more important to them, a little greater risk vs. greater weight loss.

We are currently collecting data for two very interesting studies. Most of you have already given us information on whether your obesity onset was in childhood or adulthood. We will be able to compare weight loss between these two groups and separated further by procedure type. We are waiting on the interpretation of some preliminary data but are hoping we can determine if a certain procedure will work better for a certain obesity onset population. In much the same way we are also doing a study on whether the use of social media, like facebook or Twitter, increases a patient’s chance of weight loss success.

We thank you for your contribution to the future of weight loss surgery. If you have not been asked to participate in these studies and had your surgery by a St. Luke’s bariatric surgeon, please contact me to learn how you can help.


“Your Contribution to the Future of Bariatric Surgery”
By Maureen Miletics, RN, BSN, MS, CBN