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News Release

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Bariatric Surgery Study Looks at Survival Impact in Older Veterans

WASHINGTON – In the first study to compare survival associated with bariatric surgery in mostly male patients, bariatric surgery was not significantly associated with decreased mortality, according to a research study published in the June 15 issue of the *Journal of the American Medical Association*.

“At VA, we are committed to delivering the best care possible to Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki. “VA’s research program plays an invaluable role by continually evaluating available approaches to determine their benefits and risks in different populations.”

In recent years, there has been a substantial increase in the prevalence of obesity, which is a challenge to treat. Bariatric surgery is the most effective way for severely obese patients to achieve weight loss.

The bariatric surgery study compared mortality rates for 850 obese Veterans who had received the procedure at one of 12 VA bariatric surgery centers between 2000 and 2006. These Veterans were considered to be “high-risk” due to older age and greater weight in comparison to more than 41,000 obese Veterans who had not received bariatric surgery, but had used VA outpatient services. The study also compared mortality rates for 847 obese Veterans who had received bariatric surgery and 847 matched obese Veterans who had not received bariatric surgery. Patients were followed for nearly 7 years.

“By evaluating one important treatment option for obesity, this study represents another significant advance in defining best care approaches for those who entrust their health to VA,” said Dr. Robert A. Petzel, VA’s Under Secretary for Health.

The study was designed to shed light on the benefits of bariatric surgery in a defined group of patients over a limited timeframe. Despite this study’s findings, study investigators are not suggesting VA stop doing bariatric surgery for certain patients.

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“Significant weight loss results in improved disease control and quality of life for patients, so there are many reasons why patients like those in our study may still want to undergo bariatric surgery,” said Dr. Matthew Maciejewski, the study’s lead investigator and part of the Health Services Research and Development Center for Health Services Research in Durham, N.C. “ Also, other studies, conducted on different patient populations, have found bariatric surgery to be associated with reduced mortality and have also suggested that survival benefits from surgery-induced weight loss may take longer than six years to become evident.”

An analysis of the 1,694 propensity-matched patients found that bariatric surgery was not significantly associated with reduced mortality. Maciejewski recommends that Veterans who are considering bariatric surgery in VA, and who are similar to Veterans examined in this study, “should be counseled by their VA surgeon that bariatric surgery may not impact their survival in the medium term (6-7 years), but that the long-term association with mortality remains unknown.” Moreover, because a high proportion of Veterans with diabetes or high cholesterol are able to discontinue their medications after bariatric surgery, he suggests that longer-term survival benefits be examined for Veterans who had bariatric surgery after 2006, before VA changes its policy and/or guidelines.

Dr. Joel Kupersmith, VA’s Chief Research and Development Officer, notes that VA considers all associated evidence in any policy decision, but notes this is just one study. “It is by conducting leading-edge research studies such as this one on bariatric surgery, and evaluating the meaning in the context of all rigorous scientific evidence, that VA Research provides the foundation for optimal Veterans’ health care,” he said.

Dr. Maciejewski also does not recommend that insurers stop covering bariatric surgery for high-risk patients based on these study results because, “survival is just one aspect of the cost-effectiveness of bariatric surgery, which has been shown to be cost-effective for eligible patients.”

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