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LAP-BANDS keep a belly full

By Mike Foley
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Parasailing.

That's at the top of Susan Bowyer's to-do list, the list of things she wants to do when she finally reaches her goal of losing 100 pounds.

"Before, I never wanted to do anything that involved someone having to lift me," the 30-year-old Spartanburg resident said.

Now, she sees the day when weight won't matter. When she can wear a two-piece bathing suit and not be self-conscious.

"I want to be able to go hiking in the mountains," she said. "I want to play baseball with my son."

In the not-too-distant future, Bowyer -- who underwent a LAP-BAND Adjustable Gastric Banding System surgery Aug. 21 and has lost 16 pounds since -- expects to reach her target goal of 131 pounds. That's a weight she hasn't been at since her

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freshman year of high school.



ALAN DEVORSEY/Staff
Dr. Eric Bour, Katie Myers, surgical nurse for Dr. Bour; and LAP-BAND patient Susan Bowyer walk down a hall at Bon Secours St. Francis Women's Hospital.

Bowyer is among the pioneers in this type of weight-loss surgery. LAP-BANDS are the newest wrinkle in bariatric surgery, which also includes gastric bypass and vertical banded gastroplasty.

Dr. Eric Bour, of Bariatric Solutions in Greenville, is the first surgeon in South Carolina to offer the new method. He performed his first LAP-BAND surgery July 19 and now has 11 patients losing weight successfully.

Getting to that point, however, was a long process.

First, Bon Secours St. Francis Health System had to invest \$250,000 to buy surgical equipment and operating room tables and invest in training for nurses. That made it possible to work on morbidly obese patients weighing up to 750 pounds.

"One retractor for this cost \$37,000," Bour said. "The hospital has really supported this."

LAP-BAND surgery involves inserting an adjustable silicon band around the upper portion of the stomach, thus limiting the amount of food that can be ingested at any one time. As the patient loses weight, the band, which is filled with saline, can be tightened. To tighten it, a syringe is used to insert more saline into the band's reservoir, which lies beneath the skin.

After seven weeks of weight loss, Bowyer is ready for her first adjustment on Oct. 21.

"I can tell that I don't feel as full now," she said. "I can't wait. I want to feel like I did in the beginning."

The LAP-BAND -- the name comes from a combination of the surgical technique used, laparoscopy, and the name of the product, gastric band -- was approved by the FDA in June 2001 and has been used in Europe and Australia for more than 10 years.

Worldwide, more than 90,000 LAP-BAND Systems are in use, according to Doug Trigg, a spokesman for INAMED Corp., in Santa Barbara, Calif. Of those, there is a death rate of 0.005 percent, both Trigg and the FDA said.

Of the isolated deaths, Trigg said, none has been attributed to failed devices.

In September, a Detroit city councilwoman died three days after having LAP-BAND surgery in Port Huron, Mich. The coroner there ruled the cause of death was peritonitis, which is a sometimes fatal infection of the abdominal lining, often caused by surgical mishap, The Associated Press reported.

"Anytime you have surgery, there are risks," Bour said. "There are always standard surgical risks."

The other risk is that your insurance company won't pay for the surgery.

"We have definitely seen an improvement in insurance company approval," said Bour's surgical assistant, Katie Myers. "For people who can't get that, they have the option of paying for it themselves."

The cost of the surgery and follow-up care is about \$30,000.

Bowyer, who has health insurance with First Health, found her surgery was covered at 80 percent. And with that problem solved, she determined that the surgical risks were less than the risks of being obese.

Even at the young age of 30, she was already seeing health problems occur.

"I wasn't sleeping well," she said; "any kind of exertion was stressful."

According to the National Institutes of Health's Web site, severe obesity substantially hikes the risk of incidences of, and death from, coronary artery disease, diabetes, strokes, hypertension, sleep apnea, cancer, respiratory problems and osteoarthritis.

Bowyer had dieted constantly over the years.

"You name, I tried it," she said. "I didn't have trouble losing weight, I could always lose weight. But I gained it back. It was always an issue."

Besides health concerns, Bowyer, who works in insurance sales, said she felt being heavy prevented her from "accomplishing things."

Bowyer had been considering having gastric bypass surgery, but thought it might be too drastic. When she learned more about LAP-BAND surgery, she decided to find out whether she was a candidate.

Bour and Myers stress that not everyone who wants LAP-BAND surgery will get it. Candidates must be morbidly obese, that is, have a body mass index of 35 or more and have health problems associated with the excess weight, or have a BMI of 40 or more with no health problems. Those BMI numbers are roughly equivalent to being 100 pounds or more overweight.

Bariatric Solutions then makes sure the patient is physically and mentally suitable to undergo the surgery and comply with follow-up care. The surgery is just one part of losing weight.

"We didn't want to just do the surgery and kick them out the door," Bour said. "We wanted to have this comprehensive approach to taking care of them."

The four parts of the approach are:

Surgery.

Proper nutrition.

Exercise.

Therapy, including a support group.

"We don't send you out with a LAP-BAND and tell you, you can do anything you want," Bour said.

The LAP-BAND works best with people who eat three meals a day. Those meals will naturally be smaller because patients will feel full quickly, because of their reduced stomach size.

If someone is a grazer -- typically eating small amounts of food constantly throughout the day -- he or she is not a good candidate for the surgery. And those who eat high-calorie foods such as candy and cookies, even if they're reduced to eating small amounts of those foods, won't find success either.

"If they're going to cheat with it, that's not good. It's not going to work," Bour said. "There's a specific diet plan. When they lose enough weight, they're going to have to exercise. We only take patients who are going to be compliant."

"All of our patients have lost weight. We expect they'll lose 40 percent of their excess weight in the first year and 70 (to) 80 percent in five years."

So far, Bowyer is ecstatic about her progress.

"There is a lot of difference already," she said. "It's only 16 pounds, but already, I can exercise. I feel better. And I know the 16 pounds is not coming back."

Myers, who has known Bowyer since the two were in eighth grade, says the transformation is dramatic.

"Psychologically, her attitude has changed. She is glowing," Myers said. "I've seen her do more in the last few months than in the last five years."

Bour has performed 11 LAP-BAND surgeries and more than 50 gastric bypasses. Of those, 85 percent of his patients who were Type II diabetics have been able to discontinue their medications. Many others have reduced or eliminated the need

for medication for high-blood pressure and ailments.

"This is not the magic cure," Bour said. "There are people who wake up the day after surgery and think they're going to be thin. This is a complete health plan, and it takes a while. For Susan, it might only be 16 pounds now, but that's 20 percent of her excess weight, and she's going to continue to lose weight."



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