



Bariatric surgery could be the answer for Type 2 diabetes patients

By **Anjalee Khemlani**, May 25, 2016 at 12:19 PM

Bariatric surgery is a cost-effective cure for Type 2 diabetes.

Yes, cure.

The American Diabetes Association has known that for at least 10 years, but only recently backed surgery as a non-weight loss procedure for people with unmanageable diabetes.



Dr. Michael Nusbaum: "Drug manufacturers do not like the fact that we can cure Type 2 diabetes." - (AARON HOUSTON)

On Tuesday, the ADA released a statement on guidelines to offer bariatric surgery as a treatment for Type 2 diabetes patients, even if they do not need it for weight loss.

“Diabetes clinicians and researchers are urging that metabolic surgery be recommended or considered as a treatment option for certain categories of people with diabetes, including people who are mildly obese and fail to respond to conventional treatment,” the ADA said.

The surgery, which has been used for morbidly obese patients, can now be used for mildly obese patients.

The new guidelines include special consideration for Asians, who can develop unmanageable diabetes at a lower BMI.

So why isn't this procedure more widely known as a diabetes treatment?

Well, not enough is known about its success rate as a cure for Type 2 diabetes, according to Dr. Michael Nusbaum in Parsippany.

The number of years after being diagnosed plays a role in the likelihood of being cured after surgery — the more time that has passed means the lower chances for remission, he said.

Do drug companies know this secret?

“Drug manufacturers do not like the fact that we can cure Type 2 diabetes,” he said.

But they play a role in helping diabetics deal with the disease when it is still in a manageable stage, since any type of surgery always carries risks, according to Dr. Melissa Bagloo at The Valley Hospital.

Whether it’s traditional gastric bypass, or the new popular sleeve gastrectomy, both offer diabetes treatment options for patients who wouldn’t otherwise turn to what has traditionally been weight-loss surgery.

Sleeve gastrectomy has taken over as a surgery choice in recent years, especially compared with more traditional options, such as gastric bypass or gastric band, also known as LAP band, Nusbaum said.

The reason is two-fold. It is an outpatient procedure that can have patients up and about within a day, and it can cure Type 2 diabetes in as little as 72 hours.

Bagloo believes gastric bypass is the better option, but both doctors agreed the LAP band surgery is falling out of favor as a weight-loss surgery.

Associations have said any type of surgery should be viewed positively.

“The antidiabetic effect of bariatric surgery is long-lasting,” according to a journal article published on the ADA website. “There is now enough evidence to state that bariatric surgery may reduce mortality in patients with diabetes.”

“Although diabetes is traditionally viewed as a chronic, relentless disease in which delay of end-organ complications is the major treatment goal, bariatric surgery offers a novel end point: major improvement or even complete disease remission,” the study said.

The surgery was initially geared toward weight loss, but had an unintended effect on glucose metabolism, which causes changes in gut hormones that favor improvement in diabetes, according to the American Society of Metabolic and Bariatric Surgeries.

Nusbaum explained that sleeve surgery works by removing a large portion of the stomach, and is a hormonal operation.

Despite having similar weight loss results compared to gastric bypass and LAP band, it has a lower complication risk, Nusbaum said. It doesn’t have the issue of nutrient and vitamin deficiencies, as with bypass, and isn’t an entire redoing of the “plumbing” or intestines, like bypass. And recovery time is much shorter than the other two options.

But even with the associations providing support for the procedure’s effects, Nusbaum said, he still finds endocrinologists who refuse to let their patients have the surgery.

“My job is not to convince other doctors that it works,” Nusbaum said.

Bagloo explained that the difference of medical opinion lies in personalities. As with any new medication or device or treatment, there always will be early adopters and more cautious doctors.

“It is more based on individual personality rather than data,” Bagloo said. “The data very strongly speaks to the fact that surgery is safe and effective.”

But at what point is it not effective? Though the ADA approved it as a treatment for patients who are not morbidly obese, there is a time factor that hasn’t been addressed, Nusbaum said.

So he and internal medicine doctor Michael Rothkopf are teaming up to answer the question, “How long after being diagnosed with Type 2 is surgery not a viable option as a cure?”

The two have begun the enrollment process and are seeking necessary approvals to begin the study, which is now accepting patient applicants at dm2cure.com.

Despite his firm belief in surgery as a treatment, Nusbaum said he is a proponent of encouraging all options before surgery.

“The honest answer is morbidly obese is not their fault, it’s a hormonal problem. Their body is overproducing hormones, which is causing their weight to go up, and no matter how hard they try with diet and exercise, they will lose weight, but as soon as they stop, they are going to gain that weight back, and even more on top of that,” Nusbaum said. “The hormone levels begin increasing (again) and their body is trying to drive the weight back to where it was. So the yo-yoing of weight loss and weight gain is clearly because of a hormonal imbalance and the sleeve helps remove that imbalance.”

“We always try to encourage patients to the non-surgical option first. It’s an option after everything else fails,” he said

In addition, Bagloo said, many diabetes patients who eventually get to the point of using insulin tend to gain weight. So despite diet control and exercise as part of diabetes treatment plans, patients are still faced with weight gain as a side effect.

Bagloo said surgery is a cost-effective option at the end because Type 2 patients who are unable to see any progress in managing the disease will spend more in their lifetime on drugs and other procedures, such as a foot amputation.

And there is good news: The bariatric surgery is covered under most insurance plans, Bagloo said.