The American Society for Bariatric Surgery changes its name to the American Society for Metabolic and Bariatric Surgery. Why?

by Barbara Thompson

It was a beautiful summer evening in San Diego and I was at the 25th annual meeting of the American Society for Bariatric Surgery. This is the Society that your surgeon, bariatric coordinator, nutritionist and psychologist likely belong to. The Welcome Reception was on the patio of the Convention Center which offered a beautiful view of the Pacific Ocean with hibiscus flowers all around.

I noticed a lull at one of the bars, so I walked up to order a light white wine spritzer, and as the bartender was pouring, he glanced around to see who was listening and said, "What is this bariatric thing? What does it mean?" Feeling good that he probably asked me because I looked like the least intimidating person there, for an instant I considered telling him that bariatric is derived from the Greek word baros meaning weight. Nah! So I said, "It's weight loss surgery." His face lit up. "Now I get it!" He understood. What I didn't share with him was that at that same meeting, the Society was likely changing its name to the American Society for Metabolic and Bariatric Surgery. That would have had his head spinning.

I have been attending the annual meeting since 2001 and there always seems to be something exciting going on, whether it is the FDA approving the LAP-BAND® in 2001, the controversy over laparoscopic surgery versus open surgery, or the initiation of the Centers of Excellence. This year the buzz was certainly the change of the name of the Society.

It is very unusual for an organization to change names and the American Society for Bariatric Surgery (ASBS) has lived with this name since 1983. So, why did the name change occur and what are the implications? Those answers came during the President's address at the end of the meeting.

The outgoing President, Dr. Phil Schauer explained that a name change for the Society was necessary to reflect the changing role of bariatric surgery. The surgery does not just reduce weight. What it does, equally importantly, is to cure disease, specifically diabetes. A 2004 study of weight loss surgery patients by Dr. Harvey Buchwald, et al found that of 22,094 patients:

- · Diabetes was eased or eliminated in 86% of patients
- · High blood pressure improved in 78.5% of patients
- Sleep apnea improved in 85.7% of patients
- · High cholesterol was reduced in 70% of patients

Additional studies have shown improvements in heart disease, asthma, and PCOS. These are facts deserving recognition.

The name change helps to move the perception in the eyes of the public, the medical community and the insurance industry that bariatric surgery is for more than just for weight loss.

The membership overwhelming approved the name change. I felt that I had witnessed a significant event in the history of bariatric surgery.

There is a quote from Dr. Henry Buchwald that I love. He said "There are eight to ten million people who are morbidly obese in this country, and we're only operating on one percent to two percent of them. Treating that small of a percentage wouldn't be tolerated if it was any other illness." Hopefully with greater acceptance and recognition of the surgery as a legitimate procedure for the treatment of metabolic diseases such as diabetes, bariatric surgery will be available to more than just one to two percent of those who qualify. And, it is also hoped that along with this acceptance will come a relaxation of a weight standard so that even if someone is under a Body Mass Index of 40 or even 35 that surgery will be available if there is a medical need.



Barbara Thompson is the author of Weight Loss Surgery; Finding the Thin Person Hiding Inside You, and co-author of Weight Loss Surgery for Dummies which can be found at her patient web site www.WLScenter.com. Her free newsletter is available at www.wlscenter.com/E-Newsletter.htm. Check out her blog at WeightLossSurgeryBlog.net.

Reference: Buchwald, Henry, et al, Bariatric Surgery: A systematic Review and Meta-analysis, Journal of the American Medical Association. Vol. 292:14, Oct. 13, 2004, p 1724 - 1737