Preoperative Weight Loss in Bariatric Surgery

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To the Editor:

We read with interest the editorial by Drs. Tarnoff, Kaplan, and Shikora [1] summarizing the current literature on the topic of preoperative weight loss in bariatric surgery. As noted in the piece, there is only one published prospective randomized trial on this topic [2]. Results suggest that patients guided to lose 10% of their initial body weight prior to surgery had a shorter operative time and greater weight loss 3 months after gastric bypass as compared to a group who underwent surgery at their presenting weight. Findings appear promising, but the sample size is relatively small and longer-term outcomes are not known. In his editorial comment accompanying the publication of this study, Dr. Shikora noted, “Hopefully, this report will stimulate others to study this concept on a larger scale and ultimately put the controversy to rest as to whether preoperative weight loss is worth the effort.” [3]

Although the potential benefits of preoperative weight loss are compelling, we agree that more research is needed. Indeed, we are currently conducting a randomized controlled trial (R01DK077102) to evaluate the benefits of an empirically supported 6-month behavioral weight management program relative to usual preoperative care. We anticipate that

preoperative weight loss will lead to fewer surgical complications and may enhance postoperative weight loss as found by Alami and colleagues [2]. Moreover, we hypothesize that a comprehensive program including education about surgery and training in behavioral self-management will confer additional benefits, such as better compliance and lower overall health care utilization after operation.

Dr. Shikora concludes, “...is it now time to suggest that preoperative weight loss be a component of the preoperative preparation process?” [1] Perhaps, but many questions remain: Should patients be encouraged or required to lose weight? How much weight? With what dietary intervention? Over what period of time? Do the potential benefits of preparative weight loss vary depending on initial BMI, patient demographics, surgical technique, or other factors? We are hopeful that our study will directly inform the development of best practices for preoperative care and promote research designed to optimize the outcomes of bariatric surgery.

References

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