

# 34 QUESTION

*I AM OFTEN ASKED ABOUT BARIATRIC SURGERY. WHAT ARE THE DIFFERENT WEIGHT LOSS SURGERIES FOR PEDIATRIC PATIENTS? WHAT ARE THE IMPORTANT CONSIDERATIONS, ASSOCIATED COMPLICATIONS, AND EFFECTIVENESS OF EACH TYPE OF SURGERY?*

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When discussing weight loss surgery (WLS) options with your severely obese adolescent patient, it is important to understand and review the appropriate indications, the types of surgery available, and the associated risks and benefits. Adolescent patients should also be given realistic expectations about the degree of weight loss that can be anticipated with each type of surgery and an overview of the lifestyle changes they need to make to achieve long-term success. It is also helpful to identify WLS programs in your region that treat adolescent patients (including the age range they accept and the types of surgeries they offer to adolescents) and to ensure the program is adequately equipped to deal with the unique developmental needs of the adolescent patient. Such considerations include having staff adequately trained to work with adolescents and their family members, including adolescents who may have unique physical or mild developmental disabilities, as well as adolescent-appropriate support group offerings.<sup>1</sup> For example, we have treated severely obese adolescent patients in our program who have had mild developmental disability following resection of brain tumors (craniopharyngiomas) in early childhood and others who are wheelchair bound because of spina bifida.

Adolescent WLS is currently recommended for severely obese adolescents aged 13 to 19 years who have serious comorbid conditions and have failed to achieve significant and sustained weight loss through behavioral lifestyle changes alone (Table 34-1). These recommendations are based on available evidence of weight loss outcomes and comorbidity resolution and expert consensus opinion.<sup>1</sup> In addition, the adolescent should have reached skeletal and pubertal maturity (Tanner stage IV or V, and at least 95% of estimated linear growth) and have adequate family/social support. Adolescent patients may require more time than adult patients to become fully prepared for weight loss surgery and to completely understand its risks and benefits. The family or primary caretakers must be available to be actively involved in the preparation for surgery because most