



American Society for Metabolic & Bariatric Surgery

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MORTALITY FROM HEART FAILURE CUT IN HALF IN WEIGHT-LOSS SURGERY PATIENTS
New Cleveland Clinic Study Shows Bariatric Surgery May Have Protective Effect After Heart Failure

NASHVILLE, TN – Nov. 13, 2018 – Patients who have previously undergone weight-loss or bariatric surgery, and later suffer unrelated heart failure, cut their risk of dying in half compared to those who did not have surgery, according to a new study from Cleveland Clinic researchers who presented their findings* today at [ObesityWeekSM 2018](#), the largest international scientific conference focused on the prevention and treatment of obesity hosted by the [American Society for Metabolic and Bariatric Surgery \(ASMBS\)](#) and [The Obesity Society \(TOS\)](#).

According to the Centers of Disease Control and Prevention (CDC), 5.7 million adults in the U.S. have heart failure,¹ a chronic and progressive condition in which the heart is unable to pump enough blood to meet the body's needs for blood and oxygen.² About half of those diagnosed with the condition die within five years.³

Researchers reviewed data on 33,720 patients who were admitted to the hospital for heart failure between 2007 and 2014 and compared outcomes between those with and without a history of prior bariatric surgery. The surgery group included 2,810 patients and two control groups of 14,050 patients each, one limited to patients with a body mass index (BMI) of 35 or more and the other consisting of patients of all BMIs. Data was obtained from the National Inpatient Sample (NIS), the largest all-payer inpatient healthcare database. On average, patients were 61-years-old and approximately 60 percent were women.

In-hospital mortality rates after heart failure were 50 percent less in the bariatric surgery group than either of the control groups (0.96% versus 1.86%), and the surgical patients spent about one less day in the hospital.

“A 50 percent reduction in in-hospital all-cause mortality is an unprecedented finding. There appears to be a significant protective and survival benefit after bariatric surgery even if patients later develop heart failure,” said Ali Aminian, MD, lead study author and associate professor of surgery at the Cleveland Clinic, Ohio. “The mechanism by which bariatric surgery affects heart failure is still under investigation, but this study suggests that some cardiac improvements may occur independent of weight loss.”

According to the American Heart Association, obesity increases the risk of heart disease. The group cites research from the Framingham Heart Study that found that people with obesity “had an incredible 104% increase in the risk of developing heart failure compared to non-overweight individuals.”⁴ Heart failure accounts for more than 1 million hospitalizations in the U.S. annually and is the leading cause of hospitalization for adults over the age of 65.⁵

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“While improvement in cardiovascular risk factors after bariatric surgery is well documented, this study shows should a cardiac event like heart failure occur, the chances of survival are much higher for bariatric surgery patients than patients with severe obesity who do not undergo an operation,” said Samer Mattar, MD, president, ASMBS and medical director at Swedish Weight Loss Services in Seattle Washington, who was not involved in the study.

The CDC reports 93.3 million or 39.8 percent of adults in the U.S. had obesity in 2015-2016.⁶ The ASMBS estimates about 24 million have severe obesity, which for adults means a BMI of 35 or more with an obesity-related condition like diabetes or a BMI of 40 or more. In 2017, 228,000 bariatric procedures were performed in the U.S., which is about 1 percent of the population eligible for surgery based on BMI.

Metabolic/bariatric surgery has been shown to be the most effective and long-lasting treatment for severe obesity and many related conditions and results in significant weight loss.⁷ The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic/bariatric surgery due in large part to improved laparoscopic techniques.⁸ The risk of death is about 0.1 percent⁹ and the overall likelihood of major complications is about 4 percent.¹⁰ According to a study from the Cleveland Clinic’s Bariatric and Metabolic Institute, laparoscopic bariatric surgery has complication and mortality rates comparable to some of the safest and most commonly performed surgeries in the U.S., including gallbladder surgery, appendectomy and knee replacement.¹¹

About the ASMBS

The ASMBS is the largest organization for bariatric surgeons in the nation. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of severe obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for patients with severe obesity. For more information, visit www.asmb.org.

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*Bariatric Surgery Decreases Mortality of Congestive Heart Failure: A Nationwide Study (A105)

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¹ https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_failure.htm

² <https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure>

³ https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_failure.htm

⁴ https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_305059.pdf

⁵ Heart disease and stroke statistics—2017 update: a report from the American Heart Association. Circulation. Chapter 21: Cardiomyopathy and Heart Failure. Pages e523-e538 Accessed October 2018 from <https://www.ahajournals.org/doi/pdf/10.1161/CIR.000000000000485>

⁶ <https://www.cdc.gov/obesity/data/adult.html>

⁷ Weiner, R. A., et al. (2010). Indications and principles of metabolic surgery. U.S. National Library of Medicine. 81(4) pp.379-394. Accessed October 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/20361370>

⁸ Encinosa, W. E., et al. (2009). Recent improvements in bariatric surgery outcomes. Medical Care. 47(5) pp. 531-535. Accessed October 2018 from <http://www.ncbi.nlm.nih.gov/pubmed/19318997>

⁹ Agency for Healthcare Research and Quality (AHRQ). (2007). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Accessed October 2018 from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb23.jsp>

¹⁰ Flum, D. R., et al. (2009). Perioperative safety in the longitudinal assessment of bariatric surgery. New England Journal of Medicine. 361 pp.445-454. Accessed October 2018 from <http://content.nejm.org/cgi/content/full/361/5/445>

¹¹ Gastric Bypass is as Safe as Commonly Performed Surgeries. Health Essentials. Cleveland Clinic. Nov. 6, 2014. Accessed October 2018 <https://health.clevelandclinic.org/2014/11/gastric-bypass-is-as-safe-as-commonly-performed-surgeries/>