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**WEIGHT-LOSS SURGERY REDUCES RISK OF CORONARY HEART DISEASE BY 40 PERCENT**

**NASHVILLE, TN – NOV. 14, 2018** – Patients with severe obesity who get weight-loss surgery cut their risk of developing coronary heart disease by about 40 percent, according to a new study from Cleveland Clinic Florida researchers who presented their findings\* today at [ObesityWeek<sup>SM</sup> 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 \(TOS\)](#).

Researchers analyzed the data of 1,330 of their patients with a body mass index (BMI) of 40 or more with no history of coronary heart disease who had either laparoscopic sleeve gastrectomy or gastric bypass between the years 2010 and 2016. Before surgery, all the patients had prehypertension, 60 percent had arterial hypertension, and 40 percent had type 2 diabetes. The Framingham Coronary Heart Disease Risk Score, which estimates the risk of developing the disease in 10 years, was 8-times higher than the general population for the 225 patients in the study for whom the score could be calculated based upon known risk factors. The average age of the patients was 51-years-old and 67 percent were female.

One year after weight-loss or bariatric surgery, the chances of getting coronary heart disease within the next 10 years dropped by 40 percent after patients saw significant improvements in blood pressure and diabetes – more than 40 percent of patients had complete resolution of diabetes and 44 percent no longer had arterial hypertension. Patients also lost more than 25 percent of their total weight and had a nearly 70 percent drop in BMI.

“Our study shows bariatric surgery has a significant and unparalleled effect on the known risk factors for coronary heart disease in patients after one year,” said Emanuele Lo Menzo, MD, PhD, FASMBS, study co-author, associate professor of surgery and chair of research, Cleveland Clinic Florida in Weston. “No other treatment, in such a relatively short period of time, can result in such significant weight loss, improvements in high blood pressure and resolution of type 2 diabetes. The key, however, is for patients to continue to have a healthy diet and exercise well after surgery to maintain their heart benefits.”

[The 2013 American Heart Association, American College of Cardiology and The Obesity Society Guideline for the Management of Overweight and Obesity in Adults](#) advises patients with a BMI of 40 or higher or a BMI of 35 or higher, who have two other cardiovascular risk factors such as diabetes or high blood pressure, that bariatric surgery may provide significant health benefits.<sup>1</sup>

Obesity is associated with increased risk of developing more than 40 other diseases and health conditions<sup>2</sup> including type 2 diabetes and coronary heart disease. [According to the Centers for Disease Control and Prevention](#), heart disease is the leading cause of death in the United States, claiming the lives of about 630,000 Americans each year, and accounting for about 1 in every 4 deaths.

“The risk of coronary heart disease in people with severe obesity is profound and the effect of bariatric surgery on that risk is equally profound,” said Eric J. DeMaria, MD, president-elect of ASMBS and professor and chief, Division of General/Bariatric Surgery, Brody School of Medicine at East Carolina University in Greenville, NC, who was not involved in the study. “This study provides further proof that treating obesity means treating heart disease and a whole host of other diseases.”

The Centers for Disease Control and Prevention (CDC) reports 93.3 million or 39.8 percent of adults the U.S. had obesity in 2015-2016.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> The risk of death is about 0.1 percent<sup>6</sup> and the overall likelihood of major complications is about 4 percent.<sup>7</sup> 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.<sup>8</sup>

## 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](http://www.asmb.org).

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### \*Can Surgical Weight Loss Reduce the Risk of Developing Coronary Heart Disease? (A119)

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<sup>1</sup> <https://newsroom.heart.org/news/Xbariatric-surgery-may-reduce-heart-failure-risk>

<sup>2</sup> Kaplan, L. M. (2003). Body weight regulation and obesity. *Journal of Gastrointestinal Surgery*. 7(4) pp. 443-51. Doi:10.1016/S1091-255X(03)00047-7.

<sup>3</sup> <https://www.cdc.gov/obesity/data/adult.html>

<sup>4</sup> 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>

<sup>5</sup> 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>

<sup>6</sup> 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>

<sup>7</sup> 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>

<sup>8</sup> Gastric Bypass is as Safe as Commonly Performed Surgeries. *Health Essentials*. Cleveland Clinic. Nov. 6, 2014. Accessed October 2018 from <https://health.clevelandclinic.org/2014/11/gastric-bypass-is-as-safe-as-commonly-performed-surgeries/>