

Overweight and nothing works, welcome to SBH Bronx health talk, produced by SBH health system and broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx. I'm Stephen Clark. Obesity is a huge problem in America but it's especially bad in the Bronx where an estimated forty percent of adults are considered obese, with me today is Dr. Nissan Nahmias Director of the weight loss surgery center at SBH health center. Welcome Dr. Nahmias.

Thank you for having me.

So why is obesity such an issue in the Bronx?

Well obesity is a multifactorial problem. It stems from all the way from genetic factors to you know the way we eat, our reality, the foods that we are exposed to and it has taken a lot of roles and changed over generations as well. I would I think it's fair to say that it's a multi-determined problem.

Now in the Bronx we have a lot of Spanish people here, is their diet conducive to becoming overweight or obese?

You know I think we associate, culturally, food with a lot of events that are important and different cultures eat different things but I would like to think that we can shy away from

pointing the finger or blaming a particular group and start looking at the population in the Bronx as an heterogeneous group of people that eat in bodegas, that don't cook much at home, that need a lot of guidance towards the healthier and more conducting ways of life, that we would like to have ourselves.

Well I guess there's a problem, it's a lot of fast food in the Bronx,, a lot of people drink soft drinks and I guess that certainly doesn't help, right?

Well overeating is definitely a big thing and you know we are a very hard-working group of people so we are basically are eating and walking. We get fast food delivered to us via our cell phone. We don't even have to talk to an individual, we just click on an app and then a delivery person drops the food in our lap so our overeating has become prevalent because we have all these things that just a generation ago were not there.

It's too easy, it's too easy to order the wrong food.

It's incredibly easy and it's incredibly everywhere. We don't have to get out of the hospital to walk across to the to the corner store to get a sandwich when the sandwich can come to you at your office.

Right! now you're a bariatric surgeon who is the best candidate for weight loss surgery?

So when we think about the the ideal candidates I would have to to make emphasis to it's not necessarily the biggest patient. It is that patient that has realized that obesity is taking a toll in their life. It's making it harder for for them to tie their shoelaces, to get around to do their daily activities and have realized that they don't want to live this way anymore. If we think about qualifications for surgery, we use something called a body mass index which is a measure of our height and our weigh. You have a smartphone, you click BMI and it will give you a method so you can calculate it. Basically you plot in your height and your weight and it tells you a number. If it's thirty five and you have medical problems like diabetes, high blood pressure or other medical problems like asthma then definitely with 35 or more you qualify. If the number plots over 40 then that's all you need.

I guess a lot of people need to get to a certain point in their life when they say you know what, I've tried all these weight-loss programs, I've tried exercising, nothing seems to work, would you say that's the case?

I would say on average, patients have tried fat diets, they have gone to the gym, they have done their due diligence and they have thought about this surgery intervention for at least two years prior to coming to my office and they see me as a last resort.

I know I spoke to one of your patients, a bus driver from the Bronx and she said that she'd spent again, two years her weight had yo-yoed back and forth nothing seemed to work and she just said you know what time's now.

Steve I've been going to the gym for four months in a row I have lost about five pounds and I'm really working out three times a week, it's not an easy an thing to accomplish, it requires consistency, it requires a lot of time investment and and if you think about it, most people don't have the privilege to just shut everything in their life down and then go, I don't know, to a camp for a month. You know those are things that are not realistic.

Now again, weight-loss surgery is not going to be a mecca for everyone. There are people who it's not right for, right?

That is correct and I'm glad you brought that up. At SBH we are very very focused on a high quality and a good result

program. We don't want to do a very large volume program. We don't want to operate in the entire Bronx. We want to make sure that the people that we help and assist with this interventions are gonna benefit the maximum out of it. They're gonna have preoperative workup that will include somebody being evaluated by a heart doctor, that's gonna make sure that the heart is in good condition. They're gonna be screened for sleep apnea. They're also gonna have a psychological, psychosocial evaluation to make sure this is a tool that will impact them positively and that they are mentally ready to get this intervention. To give you an example of a person that would not be a good candidate from that perspective, it would be somebody who has no family support, somebody that has an addiction to drugs. Being depressed doesn't disqualify you for this, but being depressed and ignoring treatment is a red flag.

Okay so once someone is cleared and you've decided they're a good candidate for the surgery what surgery options are there?

So the process takes about between four and six months and during this time interval the patient has seen the dietitian and sees me at an initial encounter and we kind of put together what are the patient's goals for weight loss and what do they

have in mind as a surgery. I know how to do an extensive number of bariatric operations but I do know that I'm not the one living with the operation and I have to make sure that whatever intervention we do is, A, long-lasting, B, non-experimental and C, performed in a way that's going to help this patient achieve their goals.

So for those patients who are familiar with bariatric surgery what are the surgeries that you do?

The surgeries that we do at SBH are the vertical sleeve gastrectomy, which entails removing approximately 75 to 80% of the stomach, the part that distends the most and we leave a muscular tube of stomach. If you think about, you know colloquial terms, if you think of a bottle of 2-liter bottle that's how much your stomach gets distended. If you make it so that it only can hold about 120 ml, like a half a can of soda. Half a can is about the size that this stomach ends up being with the sleeve gastrectomy. So it is a smaller stomach and because the portion that is removed also produces some hormones that make you hungry, so that helps a lot.

And the gastric bypass is the other surgery?

The other surgery that we we offer is a laparoscopic roux-en-y

gastric bypass. In this operation, we create a small pouch out of the upper part of the stomach about the size of a fist and we then measure the intestine and divided at a point in which one of the two ends goes up to this new new smaller stomach and the other one connects to the intestine itself.

How do you determine which one is right for a certain patient?

So in our initial encounter we discuss the medical problems. I tend to recommend for patients that are diabetic, especially those with difficult control and insulin dependence, the gastric bypass is proven to be a better and longer-lasting intervention. In addition, people with the gastric bypass can lose more weight on average than those with the sleeve gastrectomy. The caveat to that is if you have the gastric bypass you must take vitamins for the rest of your life and we need someone that is fully aware that they need to take care of themselves in this way forever and that is a big commitment.

Now again, I know you have a full-time registered dietitian working within your program. I guess she gets involved during the preoperative stage?

Yes, so we have several consultants and our dietician is not like a skinny mini know-it-all that's gonna tell you, you are

doing everything wrong and shame you in a way that a lot of dietitians do without really focusing on the patient's best interest and all the struggles that the patient's going through. She is a dedicated dietician for bariatric patients. She understands the struggles, goes through them and tries to really get into the position to understand you completely so that then she can figure out a best plan to help you and this plan is deployed over about six months. After the intervention is done, we don't stop there, we follow up with the patients forever but the first year is critical and the dietitian plays a big role. They also can reach us by phone at any point.

I know one thing that you told me when the program first began is that for your patients it's a transformative change. They change their lives and so that just means not just having the surgery but changing who they really are.

Right, who they really are comes out and sometimes their insecurities need to be dealt with and having our patients plugged into our psychological evaluation department helps them a lot to deal with the changes in the way they perceive themselves, the changes and the emotions they feel about people's perceptions of them. How come they never looked at me before and now that I lost the weight they look at me, so I feel angry about it, to give you an example or I feel so good

about myself I feel like I want to run a marathon and do everything I didn't do before but wait everything takes a process we need to pace ourselves and be ready so that every challenge is met with a successful outcome and not a failure because failure defines all the times that they try to lose weight before they couldn't so.

It's really a marathon not a sprint?

That's right. It's a lifelong journey that will have slip and falls and we're gonna be there to help.

If someone wants more information?

So they can reach us at the bariatric center. They can reach us directly at 718-960-3871 and they can also reach out through our clinics at Bronx Park and that would be 718-863-8695 and another number in case they get stuck with those two is 718-960-6127.

Okay great. Thank you Dr. Nahmias for joining us on SBH Bronx health talk.

Thank you very much for having me Steve, I really appreciate it.

Okay you've heard another episode of SBH Bronx health talk.
Thanks for joining us.