To help combat the obesity epidemic, more doctors are performing weight-loss surgery on adolescents and say it's an effective treatment for morbid obesity in teenagers.

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APA

CHICAGO MANUAL OF STYLE

Transcript
Should Teens Have Weight Loss Surgery?

MATT LAUER, co-host:
This morning on TODAY'S HEALTH, the newest attempt to address the soaring rate of obesity among teenagers. While some doctors preach healthy diets and exercise, a growing number of doctors are recommending weight loss surgery. NBC's Tom Costello has details on that.

Tom, good morning.

TOM COSTELLO reporting:
Matt, good morning. This is a bit controversial because, while a third of the population is overweight or obese, the attitude until now has been kids need to cut the junk food and exercise more. But some doctors now say weight loss surgery is the best way to save obese kids from a life of potentially deadly diseases.

Early morning at Nationwide Children's Hospital in Columbus, Ohio, and 17-year-old Megan Huffman is preparing for surgery.

Dr. MARC MICHALSKY (Nationwide Children's Hospital): It will take about 20 minutes to get to sleep.

COSTELLO: Gastric sleeve surgery. Since she was a little girl, Megan has been overweight or obese. Her weight peaking at 300 pounds. Now prediabetic, a very nervous Megan says the surgery is about reclaiming her life.

Ms. MEGAN HUFFMAN: I was getting teased a lot. So it made me decide to do something about it.

COSTELLO: Teased in school.

Ms. HUFFMAN: Yeah.

COSTELLO: And that could be hard.

Ms. HUFFMAN: Yeah.

COSTELLO: But this is major surgery. On any patient, removing a portion of the stomach is not without risk. So is it appropriate for a teenager?

Dr. MICHALSKY: They're not only not going to lose it on their own, they're not going to keep it off for a
long term.
COSTELLO: Pediatric surgeon Dr. Marc Michalsky says for patients 100 pounds overweight there are no other realistic options. The obesity-related health risks can be just as great in teenagers as they are in adults: diabetes, high cholesterol and blood pressure, even liver, kidney and heart disease. Dr. Michalsky just authored a new research study that concludes "bariatric surgery is a safe and effective treatment option for morbidly obese adolescents."
Dr. MICHALSKY: At the end of the day, that boils down to a shorter life span somewhere in the neighborhood of about a 10 to 15 year shorter life.
COSTELLO: With diabetes in the family, Megan's parents felt surgery was the right choice.
Mr. GREG HUFFMAN (Megan's Father): I love her no matter how she looks or weighs or whatever. But, for the health reasons, I think she's making the right decision.
Dr. MICHALSKY: All of this part of the stomach is going to be removed, and you're going to be left with basically a very long tube.
COSTELLO: Removing 80 percent of the stomach takes two hours. While weight loss surgery has become common for adults, performing it on teenagers is relatively new.
Here in Columbus they weren't doing any bariatric surgeries on teenagers 10 years ago. five years ago they did five. This year they expect to do 25 to 30.
Ms. MEGAN MUNCIE: I would be at school, and I would go to the bathroom and cry just because of kids that were being mean to me.
COSTELLO: Another Megan, Megan Muncie, was just 14 and weighed 345 pounds when she had the surgery two years ago. Now 16, she's lost 150 pounds, and says her life has changed for the better.
Ms. MUNCIE: I have a lot more energy. I'm a lot happier. I have a lot more of a social life than I used to.
COSTELLO: Minutes before Megan Huffman's surgery, her mom said she hoped the surgery would give Megan a better future.
Ms. HUFFMAN: I hope that she goes to college, gets a good job, finds the right guy, has kids.
COSTELLO: But for Megan, there is a much more immediate goal.
Ms. HUFFMAN: To fit in my prom dress my senior year.
COSTELLO: That's important?
Ms. HUFFMAN: Yeah.
COSTELLO: The teenagers who are chosen for the surgery must convince doctors that they are determined to change their eating habits and their lifestyles. And very often, that means big changes at home for the entire family. And they admit it's not easy for anyone, especially teens, who face constant temptations from junk food. Matt, back to you.
LAUER: All right, Tom Costello. Tom, thank you very much.
Dr. Nancy Snyderman is NBC's chief medical editor.
Nancy, good morning to you.
Dr. NANCY SNYDERMAN reporting:
Hey, Matt.
LAUER: How do you respond to someone who says, `Wait a second, though. At 16 or 17 years of age,
isn't it too early for these kids to reach an option of last resort?'
SNYDERMAN: Well, that's just the problem they've run out of all options. They--you know, diet and exercise don't work, their hormonal levels have changed, and so they're in this state of perpetual disease. And obesity, once it's linked to heart disease and liver disease and their cancer rates go up, you're talking about young adults who really only have surgery as an option.
LAUER: Tom mentioned in his piece that the risks are the same for teens and adults who suffer from obesity.
SNYDERMAN: Mm-hmm.
LAUER: What about the risks of surgery? Are they the same as well?
SNYDERMAN: They are the same except that, once you stop absorbing nutrients and vitamins and minerals--that happens with the surgery—and you're still growing, you have to really think about supplements. And we talked to Carnie Wilson yesterday about the fact that she had gone through surgery before.
LAUER: Right.
SNYDERMAN: And it didn't work well for her the first time around. And now she's having a second one. And I think one of the things for teenagers, is that these kids have to approach this with an adult brain. This is the beginning of a new future. So diet, exercise, the whole family being involved, this isn't just a one-off and then you can go back to eating pop and mac and cheese. This is a real life diet change.
LAUER: And as--are doctors becoming better at handling both ends of the equation...
SNYDERMAN: Absolutely.
LAUER: ...saying, `We're not just going to fix you physically, we're going to also make sure you get the counseling you need emotionally'?
SNYDERMAN: And it starts right at being able to say to somebody, `You're not ready for this,' or `We don't think you--there are other options for you.' And then it's psychological training, it's social work, it's getting the family in, it's diet, it's exercise, it's everything. Surgery is a component of the rest of the life being changed. And then these kids have a chance at a real life and, frankly, not dying young. This is the disease that is going to cripple this country if we don't get our arms around it. And this is one tool in the armamentarium.
LAUER: All right, Nancy, thanks.
SNYDERMAN: You bet.
LAUER: Appreciate it very much. Nice to see you.