

The BIG issue



An estimated two-thirds of UK adults are either overweight or obese. **DAN CYPRUS** talks to a Norfolk weight-loss surgeon, and asks why?

In the UK, there are now more than twice as many people who are dangerously obese than there were in the 1960s.

Of course, lifestyles have changed in the past 40 years – we use cars much more to get around and there are fewer manual jobs. Mines and steelworks have closed down and manufacturing is commonly outsourced to the Far East. Farming has become ever more mechanised, and modern careers often involve sitting at a desk and working on a computer for prolonged periods.

Add to this the continued growth of fast food outlets offering relatively inexpensive high calorie food, and it's no great surprise that many people are eating more calories than they burn. The end result is weight gain.

Britain is now the fattest nation in Europe, and second in the world only to the USA.

One way to lose weight is to reduce the amount one eats (dieting) and to take more exercise (burn more calories).

There are startling successes from dieting, they appear every week in both women's and men's magazines. However, we rarely hear what happens to these dieters in the long run.

The British Medical Journal has revealed that almost all dieters put the weight back on, and many end up "yo-yo" dieting. The problem is that if a person feels permanently hungry and there is food around, it's extremely difficult to resist temptation.

When on a mission to lose weight, for a family wedding or a holiday, perhaps, people can stick to the task and fight the hunger. But, once the target has been reached, most people start putting weight back on.

Don't feel too guilty, though. The drive to eat until our hunger is satisfied is a strong innate force – hundreds of years ago it was crucial for survival. Sadly, in our modern world



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where there is an abundance of high calorie food, it causes a problem for an ever-increasing number of people.

Living in Norfolk might be considered a rural and healthy lifestyle choice, so one might be forgiven for thinking that we may be contributing far less to these worrying national statistics.

Unfortunately, that's not the case. In 2007-08, Norwich surgeon Michael Rhodes operated on twice as many patients for weight loss surgery than in 2005-06.

This may be partly due to greater awareness of obesity surgery after some successful high profile celebrity cases; however, with strict criteria to determine suitability for surgery, this wouldn't account for a 100pc increase.

Many common conditions are directly related to obesity. These include high blood pressure, diabetes, arthritis, heartburn and reflux, gallstones, cancer, stress incontinence and depression, with many more being directly linked as long-term study evidence is collated. This is why there is so much

focus on helping patients to lose weight and live a healthier and happier life – it has nothing to do with fashion – it truly is a life and death matter.

Is surgery the answer? The introduction of keyhole surgery in 1989, offered a new range of possibilities for obesity surgery, significantly lowering the risk to patients from alternative "open" methods and greatly reduced the length of hospital stay.

Laparoscopic adjustable gastric banding (lap-band) is very safe and the first operation of this type in the UK was performed by Mr Rhodes in Norwich. Once in place, the band can be simply adjusted to increase or reduce food intake to achieve weight loss.

Like most things in life, you can cheat a lap-band. But, if you embark on surgery for the right reasons, with a long-term view to help stabilise your weight and promote a healthy future – why would you want to?

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