Some patients cheat to get surgery

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Daley fit the medical community's criteria for gastric bypass surgery.

The National Institutes of Health, or NIH, recommends that candidates for the operation score at least 40 on a measurement called body-mass index, or BMI. The formula takes into account a person's weight and height to gauge total body fat.

Daley had a body-mass index of 56, and he was more than 100 pounds overweight -- both well above NIH guidelines to receive the surgery.

In 1991, NIH endorsed gastric bypass as one option for treating severely overweight patients. People may qualify with BMIs between 35 and 40 if they have high-risk health conditions such as diabetes, severe sleep apnea or "obesity-related physical problems interfering with lifestyle."

Others cheat.

A young Fresno-area woman originally turned down for the surgery gained 30 pounds in six weeks so she could qualify. She asked that her name not be used because she fears her insurance company might seek to recover the surgery's cost.

Her doctor told her she was 25 to 30 pounds under the guidelines for the operation. "I can't tell you to gain weight ...," the doctor said, leaving her to interpret the rest.

"I ate McDonald's, Subway ... anything, you name it," she said.

She returned to the doctor with more bulk but was worried it wouldn't be enough. So she strapped a 5-pound weight onto her leg; it was hidden by her sweatpants. Patients usually aren't required to disrobe for the weigh-in.

Her doctor never questioned her sudden weight gain.

She had the surgery in January. The only post-operation problems she had were weakness and difficulty swallowing water. She lost about 60 pounds by her June wedding and showed off her new figure in a tight-fitting gown.

Dr. Edward H. Livingston, director of the University of California at Los Angeles' bariatric surgery program, said doctors are performing far too many surgeries on patients who often don't meet the NIH guidelines. He said the health conditions qualifying some patients for the surgery are exaggerated.

Livingston performs about 400 gastric bypasses a year. He also serves as an expert witness in litigation on behalf of gastric bypass patients or their families.

Livingston does corrective surgery on gastric bypass patients who develop severe complications. "What I see is horrifying," Livingston said. "It's a high-risk, dangerous operation. It shouldn't be done for cosmetic reasons."

Livingston believes the chance of death may be higher than the bariatric industry's claim of less than 1%. He cites his own department's

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study of 1,067 patients from 1993 to June 2000. The death rate was 1.3%.

The surgery is serious and risky, he said, and patients need to know this.

About 20% of gastric bypass patients suffer complications requiring additional operations. Complications include abdominal hernias and staple or suture ruptures resulting in leaks. More than one- third of patients will develop gallstones -- clumps of cholesterol and other matter that form in the gallbladder.

Nearly 30% will suffer nutritional deficiencies such as anemia, osteoporosis and metabolic bone disease. Some patients will lose their hair.

Most patients become lactose intolerant and give up dairy products. Tough meats are difficult to digest. Breads, rice and pasta can cause problems because they expand in the stomach.

Within a year, the stomach stretches and patients settle into about 1,100 calories a day -- less than half those consumed by the average American adult. Doctors say patients must show self-restraint and be responsible about what they consume.

Daley and the Fresno-area woman underwent the Roux-en-Y gastric bypass surgery, named after Swiss surgeon Cesar Roux. It accounts for 80% of bariatric surgery and is considered the "gold standard."

The procedure reduces the stomach to the size of a thumb. The small intestine is cut and connected to a newly formed stomach pouch in a "Y" shape, bypassing the remaining portion of the stomach and small intestine and limiting the amount of calories the body can absorb.

Following the surgery, the patient must adjust to a dramatic overhaul in eating habits. Nutritional intake is limited to a few tablespoons of food at a time.

Dr. Jenn Berman, a Los Angeles psychotherapist and an expert on eating disorders, has counseled more than 70 gastric bypass patients in the past six years.

"This is a very traumatic surgery. It not only changes a person's body, but their life," Berman said.

The patients who come to her are unable to keep down food and suffer from chronic diarrhea and/or vomiting. Berman said some patients have developed eating disorders and are afraid that if they eat too much, they will be sick.

"I have seen people become terrified of food. They feel like their body is out of their control because they lose the weight so fast. I have seen people develop terrible phobias of gaining weight or losing weight."

Berman said doctors are giving these patients only half a solution by treating them surgically but failing to address the psychological problems that caused them to turn to food in the first place. Those problems don't disappear after surgery and can create a new set of problems.

The surgery only should be a last resort for those who would die without it, Berman said.

Former nurse Cathy Ardemagni seemed like an unlikely candidate for the operation. At 5 feet and 192 pounds, she could hardly be considered severely overweight. Her body-mass index was 37.5, below the recommended 40. But she suffered from back pain, and doctors told her the surgery could help.

She had the surgery three years ago at Fresno Community Hospital. Gladen was her surgeon.

After the operation, things went terribly wrong.

According to a lawsuit filed by Ardemagni, she developed an intestinal leak that carried toxins throughout her body, threatening to kill her. She endured four operations within a week. A fifth operation followed months later.

She survived, but for months Ardemagni had to use a wheelchair. She was unable to eat solid food for six months. Today, at age 50, she walks with a limp and can't stand for more than 15 minutes without back pain. She never returned to her job at Sierra Kings District Hospital in Reedley.

Her back pain is worse.

"This is not a surgery to be taken lightly," she said. "It backfired on me."

The doctors, when they explain the surgery, don't impress upon you that you can die, she said. They don't dwell on the terrible side-effects.

"They don't tell you that you heave up your toe-nails ... or the horrible pain that comes from not chewing your food thoroughly," Ardemagni said.

She sued Gladen and recently reached an out-of-court settlement. Ardemagni signed a confidentiality agreement and won't disclose specifics of the case.

Livingston, the UCLA surgeon, said gastric leaks are common and manageable. If surgeons are doing their job correctly, they should be able to detect them, he said.

"The real difference between a real good surgery and not real good surgeries," he said, "is how you deal with the complications."

Deaths reviewed in The Bee's investigation show a majority of the patients died from gastric leaks following their surgery.

Livingston said surgeons should provide adequate post-surgery care, but some are taking on too many patients and can't monitor them all properly in the critical days and weeks following the operation, when complications are most likely to set in.

Cathy Ardemagni never returned to her job as a nurse at Sierra Kings District Hospital in Reedley because of complications after surgery.

"Do the math," he said. "How are you are going to see 1,000 new patients a year and monitor them all?"

Tova Winrow, 28, of Fresno, suffered serious complications from a gastric leak before her death last year.

Winrow was a strikingly beautiful woman. At 5-foot-4 and 250 pounds, she had been unhappy with her weight for years. A single mother, she had four children and put on weight with each pregnancy.

Gladen performed Winrow's gastric bypass surgery at UMC on March 15, 2000. She went home two days later but returned to UMC on March 20 after complications set in, including a gastric leak at one of the stapled intestinal connections.

Winrow's parents are suing Gladen on behalf of her children, who all are younger than 12. The parents declined to be interviewed on the advice of their attorney. Gladen declined comment about the lawsuit.

According to court documents, doctors operated on Winrow three times as her problems escalated. Blood clots developed in her right leg. Doctors decided to amputate the leg just below the knee on March 27, 2000. Winrow died the next day.

Winrow's death certificate lists "failed gastric stapling" leading to "complications of sutural leak" following gastric bypass surgery.

Herman Praszkier, whose St. Louis law firm is handling five wrongful death lawsuits related to gastric bypass surgeries, none of them in the Valley, says many hospitals and surgeons are ill-equipped or too busy to deal adequately with patients suffering complications.

In many cases, hospitals don't have a large enough CAT scan machine to accommodate these overweight patients. CAT scans are the only sure-fire way to detect a potentially deadly leak, he said.

A leak affects all other areas in the body, including the circulatory system, then the organs. Said Praszkier: "It's a leak of gastric content with the pH of battery acid."

He believes the number of fatalities caused by these operations is higher than most people realize: "Nobody knows how many people have died from this. Nobody wants to."