

Weight-loss surgery close to home

FILE PHOTO

“Being overweight costs more than 300,000 Americans their lives every year, making obesity the number one cause of preventable deaths in the United States,” informs Wiljon W. Beltre, MD, FACS.

More than 10 million Americans are considered morbidly obese, placing them at increased risk for hypertension, diabetes, coronary heart disease, stroke, respiratory problems, some cancers, and a host of other complaints.

The National Institutes of Health consider the condition a chronic and progressive disease, costing Americans more than \$100 billion every year in health-care expenses and lost wages.

Wiljon W. Beltre, MD, FACS Minimally Invasive Surgery Center of Orlando

Conventional treatments like diet and exercise fail in 95% of cases for those who are severely overweight.

Despite these alarming statistics, Dr. Beltre says morbidly obese patients now have reason to hope for relief. There is a powerful new tool to help them achieve fast, effective, lasting weight control.

That tool is bariatric surgery, and Dr. Beltre offers patients in the Orlando area two minimally invasive, or laparoscopic, procedures for achieving its benefits: *Roux-en-Y gastric bypass* and the *INAMED LAP-BAND gastric banding system*.

“I began performing bariatric surgeries in 1998, during my surgical residency,” informs Dr. Beltre, “and I was impressed with the significant changes the resulting rapid weight loss made in patients’ lives. At that time, such surgeries were performed through large abdominal incisions, and they involved prolonged recovery periods and carried a risk of serious complications.

“As advances in surgical techniques made gastric bypass a safer, minimally invasive procedure, I continued my interest in weight-loss surgery. Determined to bring these benefits to my community, I closed my private practice in July 2004 to pursue a year of fellowship training in minimally invasive surgery and advanced laparoscopy.”

Dr. Beltre returned to the Orlando area in August 2005 and has been quietly transforming the lives of morbidly obese patients ever since, helping them achieve dramatic, sustained weight loss and improve their overall health.

The options

Roux-en-Y gastric bypass involves dividing the stomach, creating a small pouch about the size of a thumb. The size of this pouch limits the amount of food that can be consumed.

A section of the small intestine is attached to this pouch, bypassing the duodenum and restricting caloric absorption. The larger, now unused portion of the stomach remains in place, producing gastric juices that assist in



Successful weight-loss surgery, either with the Roux-en-Y gastric bypass or the LAP-BAND procedure, offers benefits to overall health and appearance.

digesting the smaller amounts of food being consumed.

The laparoscopic technique Dr. Beltre employs achieves excellent results without large incisions and with less discomfort, less scarring, fewer complications, and a shorter hospital stay for his patients.

Following surgery, patients remain on a liquid diet as the body adjusts to its new requirements. Gradually, pureed foods are introduced, and then solids.

“Usually, weight loss occurs very rapidly during the first six months,” says Dr. Beltre, “but weight loss can continue

for another 18 months and even longer if the patient takes the initiative to exercise and stay in shape. On average, patients will lose 70 percent of their excess body weight after one year.”

Like gastric bypass, the INAMED LAP-BAND gastric banding system helps patients reduce food intake by stimulating a feeling of fullness.

“The LAP-BAND does not reduce the size of the stomach,” Dr. Beltre clarifies. “It encircles the top part of the stomach to create a small pouch. On the side of the LAP-BAND that faces the stomach is an inner tube that can hold as much as 4cc of saline solution. A small port into this inner tube is secured to the patient’s inner abdominal wall. Fluid can be added or withdrawn through this port, which is accessible through the skin with a delicate needle. Adjusting the fluid level inside that inner tube adjusts the size of the pouch, and this determines how much food can be eaten before a patient experiences a feeling of satiety.”

Food slowly travels from the pouch formed above the LAP-BAND to the larger stomach cavity below, where traditional digestion and absorption of nutrients takes place.

During the first month following placement of the LAP-BAND, patients are on a diet of clear liquids.

“As patients resume eating solid foods after their first month, they have to remember to cut their food into small pieces and chew it thoroughly — 15 to 20 times — to grind it finely enough to pass through the aperture below the pouch,” Dr. Beltre advises. That aperture is about the diameter of a dime.

Most patients will have six to eight adjustments to the fluid level of the LAP-BAND during the 12 months following surgery to ensure that their food intake does not

increase. After that, patients can expect to return for follow-up and adjustments to the band once or twice a year.

Although the LAP-BAND can be removed laparoscopically once a patient has achieved goal weight,

making the procedure 100% reversible if the patient desires its removal, it is designed to remain in place indefinitely to help patients if they need weight control again in the future. The LAP-BAND’s fluid level is reduced once the patient reaches his or her target weight, but it can be increased as needed without another surgical procedure.

“Any surgery has risks,” reminds Dr. Beltre. “But for morbidly obese patients, the dramatic benefits of weight-loss surgery far surpass those risks, especially when that surgery can be performed laparoscopically.

“To ensure success, we work closely with the patient’s primary care physician to ensure the patient is physically and psychologically ready for this kind of life change.

“Bariatric surgery offers important benefits for a number of health concerns,” continues Dr. Beltre. “Up to 90 percent of patients taking medications for Type 2 diabetes or high blood pressure find themselves cured after their weight loss. Those who are considering orthopedic surgeries like hip or knee replacement may discover they no longer need joint replacement surgery.

“Bariatric surgery is easily one of the most significant advances science has achieved for patients who suffer with morbid obesity,” says Dr. Beltre. “I am pleased to bring these minimally invasive procedures to residents in the Orlando area.” **FHCN**—Billie S. Noakes



Wiljon W. Beltre, MD, FACS, is board certified in general surgery by the American Board of Surgery. He completed his undergraduate studies at Union College, Schenectady, NY, and earned his medical degree at Howard University College of Medicine, Washington, DC. He served his general surgery internship and residency at Monmouth Medical Center, Long Branch, NJ, and completed fellowship training in minimally invasive surgery and advanced laparoscopy at the University of Texas, Houston. Dr. Beltre is a member of the American College of Surgeons, American Society of Bariatric Surgeons, and Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

Is weight-loss surgery right for you?

Attend a complimentary seminar with Dr. Wiljon W. Beltre and find out.

Dr. Beltre holds informational seminars on a regular basis to bring important information about the benefits and risks of weight-loss surgery to the public.

During these seminars, he answers questions and spends time talking about people’s concerns about surgical weight loss.

Dr. Beltre’s open, relaxed forum provides a comfortable and reassuring resource for those who have weight issues. Those with questions about this surgery will find the answers they need to make an educated decision about this life-changing option.

Anyone attending Dr. Beltre’s seminar will take home an informative booklet filled with information about weight-loss surgery and what to expect both before and after the procedure.

For details about Dr. Beltre’s next seminar, and to reserve your seat, please call Dr. Beltre’s office at (407) 830-6868.

Wiljon W. Beltre, MD, FACS

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