

My toughest case

'At 41, he was so obese, he would have died within a year or two'



Guy Slater

I am a bariatric surgeon specialising in obesity surgery. One patient, a 41-year-old chap, came to me two years ago. He weighed 42 stone and he was about 5ft 10in, so his BMI was around 82. A normal BMI is below 25. He was incredibly sick with his weight and had a young family and he was desperate to do something. My concern was that the risks of surgery were great and there was a significant chance of him losing his life.

We talked about his weight and the illnesses associated with it. The more obese you are, the more prone you are to various illnesses. This guy was diabetic, he had high blood pressure and respiratory failure. In fact, when I was looking at him in the clinic he was blue with respiratory failure. When we measured his blood gases, his carbon dioxide was nine when it should have been below six; his oxygen, which should have been 12-16, was six. He could only manage a few steps at a time before he was gasping for breath, so his exercise tolerance was very low. I felt that as much as I wanted to operate on him to get him to lose weight, at that time I couldn't safely do it because the risks were just too high and the chances of him dying were probably 20-30 percent.

So what we did was use a temporary means of losing weight where you endoscopically place an inflatable balloon in the stomach. We put it in, filled it up with saline and then gave him some dietary advice and sent him off. The advantage of this procedure is that you can do it very safely under local anaesthetic. It worked very well and he lost six stone over about six months. That took him down to about 36 stone and that weight loss was enough to really improve him; he was able to walk better and it reduced his anaesthetic risk.

We took the balloon out, waited a month or two and then I operated on him, doing what is called a laparoscopic Roux-en Y gastric bypass. In this operation you use keyhole surgery through six small cuts on the tummy, each between about half a centimetre and 1cm long, and you use a telescope and long instruments to operate internally. I found the top of the stomach and stapled and divided it to make a new pouch, which was about 20ml in volume instead of his old stomach with a volume capacity of about 1500ml. I then measured down the small bowel, divided it and joined it up in a new way to make a bypass. I joined the bypass to this pouch with a hole of about 1cm in diameter.

Because he was a very big man, it was technically very challenging. It was a really hard operation and I certainly sweated a lot. It took about three hours but I completed it and was happy at the end.

He went back to the ward, recovered and was subsequently discharged. Since then he has gone down to 24 stone, has a much lower BMI and his respiratory failure is gone, his diabetes is gone and his blood pressure is getting better. It's really turned his life around. If we hadn't operated on him his life expectancy, despite being only 41, was probably a year or two. He was going to die of a heart attack or something very soon but we managed to turn his life around.

A lot of people think of obesity surgery as a cosmetic procedure, but actually in some situations it's very much life-saving surgery – and certainly life-changing.

Interview by Gillian Orr