Principles of Weight Loss and Weight Maintenance ©

The body has a set point whereby it will attempt to maintain its weight at a specific weight. With any drop or increase in weight, the body will attempt to move the weight back to the set point.

Hence any technique or intervention used to lose weight will eventually fail if it is not maintained or replaced with another intervention; whatever one does to lose weight, weight will increase once it is stopped or decreased.

Weight loss and weight management is a poorly understood and incredibly complex subject. It is anything but straightforward.

All diets, tools, drugs and surgery suffer from the certainty of at least some weight regain.

Weight loss alone is a poor measure of success or progress: there are other indicators with health improvement perhaps the most difficult to measure and compare, but the most important endpoint to seek. Perhaps instead of talking about weight and weight loss, it would be better to talk about the "calorie balance" for an individual.

Exercise should be a cornerstone of any calorie modification strategy as it has too many benefits to bypass in terms of metabolism and well being. There is always an activity to suit an individual's capabilities.

There are many reasons for excessive calorie intake and these can be divided into hunger eating and non-hunger eating.

Hunger Eating
This is the eating required for survival. It is driven by subconscious processes that we have no control over. In some people it is supposed that this mechanism is broken and this leads to the consumption of excess calories, of which one of the symptoms is increased weight gain. There is anecdotal evidence for the existence of this broken mechanism such as when the fluid is removed from a patient's stomach band and the patient immediately suffers increased appetite and thoughts of food.

Non-Hunger Eating: This is the ingestion of excess calories for reasons that are not physiological
Emotional eating: turning to food as an outlet
Boredom eating: nothing to do so eat
Cultural Eating: eating out of expectations related to cultural standards
Taste: it tastes great!
Ignorance: relating to the frequency of eating, the amount eaten, the endpoint for eating and the food choices. Also misidentifying or having no insight into a persons hunger.
Conditioned Eating: time of day triggers thoughts of foods, seeing, smelling or thinking about food suggests inappropriately that one is hungry. Comfort zones and parts of the house or situations wrongly cue eating behaviours.
Psychiatric disorder: Needs to be assessed by psychologist

Principles of Weight Loss Surgery ©

Weight loss is not guaranteed with any weight loss operation. It is possible that the operation fails in its own right despite the surgical technique being correct and the patient doing the correct maintenance. This is rare however and is called primary operation failure.

Weight loss surgery, however has been demonstrated to provide the biggest and most enduring weight loss over all other interventions including diets and medications.

Weight loss surgery does not lose weight. It is only a tool, instrument or intervention that facilitates weight loss through the patient making good food choices and eating appropriately. This should involve exercise also.

Weight loss surgery does not address non-hunger or dysfunctional eating behaviors. It is designed to address "hunger eating", not "non-hunger" eating. If a person does have weight loss surgery and loses weight, non-hunger behaviors will limit the ultimate weight loss and tend to take the patient back to their original weight.

Weight loss surgery is not "set and forget": it requires chronic follow up for a chronic condition. Patients not having regular follow up will always tend to increase their weight.

The gastric band is the safest commonly performed surgical intervention for weight loss and is five to ten times safer that the gastric sleeve and the gastric bypass. It is Adjustable Reversible and Tailored to the individual.

The gastric sleeve is not reversible and only now is data becoming available for up to five years. Long term data for the gastric band and gastric bypass extend well beyond a decade.

The gastric bypass (Roux en y) is an operation that has had over seven mechanisms of action identified and has no more acute risk than the gastric sleeve. The gastric bypass however is reversible whereas the sleeve is not.

There may be a permanent change to the taste of food with the gastric sleeve and the gastric bypass. It is unknown whether taste will return to normal if the gastric bypass is reversed. Reversal of the gastric sleeve is not possible as a large portion of the stomach has been discarded.

The above statements have been made in relation to the gastric band, gastric bypass and the gastric sleeve. There are other operations performed around the world for

weight loss, however these operations are not common in Australia and carry considerable more risks and disadvantages.