Challenges of Weight Loss Surgery for Adolescents with Obesity

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As a medical anthropologist focused on bariatric surgery, I'm thrilled to have this opportunity to share my story with the #obsm community. My passion for understanding the challenges that adolescents with obesity experience is an extension of my compassion for those who face bullying. Adolescents with obesity are especially vulnerable to bullying. Even when able to escape explicit bullying, adolescents with obesity are more likely to be socially marginalized. Rather than the chronic disease we now understand it to be, society still treats obesity as a character defect. These inequities have far reaching consequences: children with obesity lag behind their normal-weight peers in educational attainment.

Bullying and stigmatization are just two of the challenges that teens with severe obesity face. Due to physical limitations and interpersonal consequences, they routinely miss out on activities and milestones their peers take for granted. Despite their young age, they report struggling for years to lose weight. They (or their parents) seek bariatric surgery because nothing else has worked. In their risk calculus, committing to an irreversible alteration of their bodies with unknown long-term outcomes is a justifiable risk to improve their health and the quality of their lives. But their request for life-altering surgery is controversial. There are many misconceptions—such as bariatric surgery being "too extreme," "experimental," and "driven by vanity."

As a social scientist working in medicine and bioethics, I'm committed to bringing the voices and perspectives of adolescents who undergo bariatric surgery to health care providers and researchers. Teens' accounts—of their decision-making, the challenges they encounter after surgery, and their creative approaches to managing these challenges—will help providers understand adolescents' reasons for choosing bariatric surgery, while offering a clearer idea of what information and support they need to succeed. I'm excited to bring the topic of bariatric surgery to the #obsm chat, which connects the surgical community to internists, family medicine physicians, pediatricians, and specialists treating patients with obesity.

Please join us in our next chat on **May 14 at 9 pm EST**. We are excited to have guest moderators Drs. Thomas Inge, Kimberley Steele, and Marc Michalsky join us. Dr. Inge published the first clinical guidelines for adolescent bariatric surgery and has led two long-term outcomes studies (Teen-LABS and FABS-+5) that offer the best picture yet of how adolescents fare after surgery. Dr. Steele is leading a program at Johns Hopkins University to bring pediatric obesity prevention and treatment under one umbrella. Dr. Michalsky is a Teen-LABS co-investigator who led the development of the ASMBS (American Society of Metabolic and Bariatric Surgery) best practice guidelines for adolescent bariatric surgery and the ACS (American College of Surgeons) national adolescent bariatric accreditation standards; MBSAQIP (Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program).

We will be discussing the following topics:

T1: What are the most common motivations for adolescents seeking #bariatric surgery? Do these differ between parents and children? #obsm

T2: Who (if anyone) should have #bariatricsurgery before the age of 18? Who should not?

T3: What evidence exists on adolescent #bariatric #surgery? What research is needed?

T4: What barriers are faced by adolescents seeking #bariatricsurgery? What are the pros and cons of waiting until age 18?

T5: Are adolescents prepared for a permanent intervention with significant lifestyle changes? What information and support do they need?

Janet Childerhose, PhD, is a medical anthropologist and Hecht-Levi Postdoctoral Fellow at the Johns Hopkins Berman Institute of Bioethics. Her research explores adolescents' experiences of bariatric surgery to treat severe obesity, and the ethical questions this intervention raises.