



Dr. Joshua Alley, who specializes in bariatric surgery, in front of Guthrie's new weight loss clinic in Sayre.

Help is on the Weigh

Trim Pounds and Taste the Good Life with Guthrie's Dr. Alley

Story and Photography By Anne Calvin

Dr. Joshua B. Alley, Fellow of the American College of Surgeons, specializing in bariatric surgery (also known as obesity surgery), is out to change the way people think about what they eat and how much they eat, one case at a time. With help from his staff at the Guthrie Clinic, he hopes to make a dent in the roughly 83,000 people in the ten-county area centered in Sayre, Pennsylvania, who are considered obese or overweight. Alley, originally from Virginia and most recently hailing from military service in Texas, will begin treating patients in a new \$1.6 million bariatric/endocrinology building in January. This will be the first time in nearly ten years such a surgeon has been located at Guthrie.

"In our society we have a tremendous problem with obesity," Alley notes. "About a third of our population is obese, a third is overweight, and a third is normal weight." Obesity is based on a calculation of Body Mass Index, which uses a ratio of height to weight. "A BMI of greater than 30 is the beginning of obesity," Alley says, adding that about 25 percent of the U.S. population has metabolic syndrome, associated with pre-diabetes. Since it began being used about forty years ago, around 200,000 Americans undergo bariatric surgery every year, Alley says. The average patient seeking bariatric surgery is a forty-four-year-old female with a BMI of about forty, he says, but younger patients often want to have the

surgery as well. "In our program eighteen years is the youngest and in the eighteen-to-twenty-five-year-old age group, we are more careful about who we will consider candidates, because they are still in the process of becoming adults." There are three types of surgery being routinely performed today, Alley says.

They are laparoscopic gastric banding, which uses an implanted device to basically serve as a "speed bump" for food, enforcing smaller and slower meals; laparoscopic sleeve gastrectomy, which basically removes 80 percent of the stomach, leaving behind a "tube" of stomach tissue similar in size to the intestine; and laparoscopic gastric bypass, also known as Roux-en-Y, which

makes the stomach into a golf-ball-sized “pouch” and rearranges part of the small intestine to limit calorie absorption. “That one affects diabetes rapidly, and is the most effective, so it is used most often,” Alley explains, referring to the latter procedure.

The stories Alley hears—about how patients put on the weight—are as individual as the patients themselves. “Some suffered an injury, some it was pregnancy weight, some life changes.” The surgery isn’t for everyone. After being evaluated, some people do not meet the criteria to be eligible for surgery. Others don’t even want to undergo surgery, but for those who do consider surgery, they need to understand what is involved beforehand. The program at Guthrie is not just about surgery, Alley explains. “It’s very comprehensive and includes nutrition counseling, counseling with a bariatric dietician, an exercise specialist who will design a specialized plan for each patient, and sometimes mental health counseling if needed.” Alley says he wanted to dispel the popular notion that bariatric surgery is

a cure-all or magic bullet that will end all a candidate’s weight problems. “In reality you may be trading one set of hassles for another,” he says. Instead of the hassles involved with uncontrolled high blood pressure, diabetes and high cholesterol or triglyceride levels, and sleep apnea which can cause heart arrhythmia and sudden death, there are the hassles of watching what you eat, eating less, and making exercise a regular part of your life, he adds. Making people healthier is more important to Alley than major weight loss, so if the patient goes from three high blood pressure medications to one, but takes longer to lose weight, he considers it a success. “Even if there were no effect on weight, it would still be worth it to make them healthier,” Alley says. Another misconception Alley hopes to dispel is the idea that bariatric surgery is not covered by medical insurance, when actually, in most cases, it is. “Insurance companies recognize the change that comes about is well worth the investment,” he says. “Our goal is adding quality life years.”

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