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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	92058136
Party	Plaintiff Century Sciences, LLC
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Date	11/26/2013
Attachments	Amended Gastric Bypass Effect.pdf(1961269 bytes) Amended Gastric Bypass Results.pdf(1683271 bytes)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

In the Matter of Trademark Registration No. 4,360,182

For the Mark: GASTRIC BYPASS EFFECT

Date Registered: July 2, 2013

CENTURY SCIENCES, LLC

Petitioner,

vs.

Cancellation Proceeding No. 92058136

ROCA LABS, INC.

Registrant.

AMENDED PETITION TO CANCEL

Petitioner, Century Sciences, LLC, a California limited liability company (hereinafter “Petitioner”), believes that it will be damaged by the continued registration of the mark GASTRIC BYPASS EFFECT (hereinafter “Mark”) shown in U.S. Registration No. 4,360,182 (hereinafter “Registration”), registered on July 2, 2013, by Roca Labs, Inc. (hereinafter “Registrant”). Petitioner hereby amends its petition to cancel the Registration pursuant to Section 14 of the Lanham Act, 15 U.S.C. § 1064.

The grounds for the cancellation of the Registration are as follows:

I. INTRODUCTION

1. Gastric bypass is a surgical procedure “that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine so as to restrict food intake and reduce caloric absorption in cases of severe obesity.”

See Exhibit A.

2. The gastric bypass procedure was developed in the 1960s; public use of the term “gastric bypass” dates back until at least the early 1970s.

3. According to the Mayo Clinic:

Gastric bypass and other weight-loss surgeries make changes to your digestive system to help you lose weight by limiting how much you can eat or by reducing the absorption of nutrients, or both. Gastric bypass and other weight-loss surgeries are done when diet and exercise haven't worked or when you have serious health problems because of your weight.

See Exhibit B.

4. As obesity has increased in the United States and throughout the world, gastric bypass and other bariatric surgeries have become increasingly common. Gastric bypass is the most popular of the bariatric procedures because it generally leads to better results, including greater weight loss, and resolution of diseases like diabetes, high cholesterol and high blood pressure. See Composite Exhibit C.

5. Since the term “gastric bypass” came into use, the relevant public has come to recognize “gastric bypass” as a common phrase for weight-loss surgery.

6. The word “effect” means “a change that results when something is done or happens.” See Exhibit D.

7. Petitioner manufactures and sells a product called Bystrictin™. Bystrictin™ is a product that assists in weight loss by producing a feeling of fullness so that the person who ingests the product will eat less food, leading to weight loss. Bystrictin™ contains a proprietary complex that is a blend of specialized soluble fibers which absorb water and expand, reducing the amount of available space left in the stomach for food and thereby creating the feeling of being full and causing one to eat less food, much in the way gastric bypass surgery reduces stomach volume.

8. Petitioner uses the phrase “gastric bypass effect” to describe the change that results when the product is ingested; specifically, that there is less space in the stomach and the person feels full, as if the person’s stomach was smaller, causing the person to restrict food intake; ergo, ingesting the product mimics the *effects of gastric bypass surgery*.

9. Petitioner believes that registration of the phrase “gastric bypass effect” in connection with weight loss products jeopardizes its ability to adequately and accurately describe the effect its product has.

II. THE REGISTRATION

10. The application that matured into the Registration was filed by Registrant on July 2, 2012.

11. The goods described in the registration are “food supplements for weight loss.”

12. In the application for the Registration, Registrant claimed to have used “Gastric Bypass Effect” in connection with Registrant’s goods since September 23, 2010. See Exhibit E.

13. In the application for the Registration, Registrant did not claim that the phrase “Gastric Bypass Effect” had acquired distinctiveness for Registrant’s goods.

III. REGISTRANT’S ACTIONS AGAINST PETITIONER

14. On or about July 6, 2012, Petitioner received a letter from Registrant, alerting Petitioner to the ownership of the Registration.

15. Registrant requested that Petitioner cease and desist any further use of material that Registrant considered infringing on its marks and requested that Petitioner respond to the letter and: (i) transfer any and all rights to the domain names www.AllNaturalGastricBypass.com and www.betterthangastricbypass.com; (ii) cease and desist using the domain names; and (iii) cease and desist using the phrases “Natural Gastric Bypass” or “Gastric Bypass Effect.”

16. On October 2, 2012, Registrant filed suit against Petitioner in the Middle District of Florida, alleging counts of trademark infringement, cybersquatting, unfair competition and unfair and deceptive trade practices. That litigation has been stayed pending the resolution of these TTAB proceedings.

17. On October 1, 2013, Petitioner received notice that stated Facebook had removed or disabled access to content because Facebook received notice regarding content that infringed or otherwise violated the rights of “a third party.” The content that was removed stated “Bystrictin™ is clinically proven to have an immediate *gastric bypass effect*, practically forcing you to eat less food and lose weight without surgery.” (emphasis supplied).

18. On October 2, 2013, Petitioner’s customer service received the following e-mail: “I represent Roca Labs, Inc., the owner and exclusive licensee of the well-known Natural Gastric Bypass® (Reg. No. 4,138,639), Gastric Bypass NO Surgery® (Reg. No. 4,138,635), and Gastric Bypass Effect® (Reg. No. 4,360,182) trademarks. Roca Labs, Inc. also owns numerous other related trademarks related to the sale of its weight loss products. Please advise me to whom I would address a Cease and Desist letter to in order to have your company stop using the above trademarks. Sincerely, Sharon K, Paralegal.”

19. On October 2, 2013, Petitioner’s public relations firm received the following e-mail:

Subject: PRWeb Editorial Hold Advisory -10999399

Dear [name redacted],

As a part of our editorial review process, this e-mail is to inform you that your press release has been put on editorial hold and requires your attention.

IMPORTANT: Please review the following information regarding the status of your press release entitled:

BYSTRICTIN™ Introduces Gastric Fill Technology to Promote a Dramatically Different Approach to Weight Loss 10999399

Our editors have determined that some changes will need to be made to your press release in order to effectively distribute it on PRWeb. Your press release has been placed on editorial hold status in order to allow you to make the required reviews and edits.

Our editors have made the following notes regarding your editorial hold:

Roca Labs emailed Editorial showing proof they [sic] have a trademark on the phrase "Gastric bypass effect." Our legal department says since the trademarked phrase does not appear in the PRWeb press release copy, but rather in the iframe, Roca Labs needs to contact you, so you can contact your client informing them that the phrase needs to be removed from the <http://www.bystrictin.com/> website. In the meantime, we are putting this press release on editorial hold until such time as the phrase "Gastric bypass effect" is removed from the website.

To edit your press release and remove your editorial hold, you will need to log in to your account at <http://us.vocuspr.com/>. Once you are logged in, go to "My Releases" and select "Edit" to review and edit your release. After you are satisfied with your changes, re-submit the release back to our editorial team to review.

Sincerely,

PRWeb Editorial Team
24-hour Editorial Desk: 360-312-0892
24-hour Editorial Desk: 866-640-NEWS
24-hour UK Editorial Desk: +44 (0) 20 3426 4000

20. In a letter dated October 4, 2013, the "Roca Labs, Inc. Legal Dept." stated to Dr. Karen Vieira that by virtue of the fact that she had been appearing in advertisements promoting Bystrictin™, that she was infringing on Registrant's marks. This was apparently based on the fact that Dr. Vieira states in the advertising that Bystrictin™ "results are so dramatic that it may be considered a safe alternative to gastric bypass surgery." The letter threatens a lawsuit against Dr. Vieira.

21. The “Roca Labs, Inc. Legal Dept.” sent a letter dated October 9, 2013, to at least two entities, and likely more, regarding Petitioner’s advertising. The letters of which Petitioner is aware were directed to Clear Channel Communications, Inc. and Emmis Operating Company, both of which carry advertising for Petitioner. The letter states that Petitioner’s advertisements infringe on Registrant’s intellectual property rights, again apparently through the use of the phrase “alternative to gastric bypass surgery,” through the use of the phrase “gastric bypass effect,” and apparently through any reference to “gastric bypass.” One of the letters also states that Google has removed all of Petitioner’s advertising. The letters are signed by a paralegal, and threaten a lawsuit against the various entities. Registrant has continued to send such correspondence to entities that carry Petitioner’s advertising after October 9, 2013.

22. It is clear that Registrant is misusing its marks to interfere with Petitioner’s advertising and business, in an anti-competitive effort.

23. Petitioner has the right to continue to use the generic phrase “gastric bypass effect” to identify the results of use of its product.

IV. THE MARK IS GENERIC

24. Registrant’s goods are food supplements for weight loss.

25. Third parties have been using the phrase “gastric bypass effect,” or variations thereof, to describe the effect gastric bypass surgery has on a person for a number of years. See Composite Exhibit F comprised of a few of such examples. Petitioner has identified numerous additional examples that will be submitted to show such third parties’ use of same.

26. Upon information and belief, the relevant public understands “gastric bypass effect” to mean the results of or impact gastric bypass surgery has on a person.

27. Continued registration of the phrase “gastric bypass effect” is, and will be, a source of damage to Petitioner and others who are entitled to use the generic phrase because it confers upon Registrant an incorrect presumption of the validity of the registered mark, of the registration of the mark, of Registrant’s ownership of the mark, and of Registrant’s exclusive right to use the mark in connection with Registrant’s goods.

28. Pursuant to Sections 14 (3) and 45 of the Lanham Act, 15 U.S.C. §§ 1064 (3) and 1127, and 15 U.S.C. § 1052(e), the phrase “gastric bypass effect” is generic and fails to function as a trademark and the Registration should be cancelled.

V. THE MARK IS MERELY DESCRIPTIVE

29. As used in connection with Registrant’s goods, the phrase “gastric bypass effect” immediately conveys to the relevant public the intended consumers for, as well as a feature and purpose of, Registrant’s goods.

30. The phrase “gastric bypass effect,” as used with Registrant’s goods, is merely descriptive.

31. Numerous third parties have used the phrase “gastric bypass effect,” or variations thereof, as a descriptive or generic phrase since before Registrant used or sought registration for the phrase. Petitioner and third parties are entitled to continued use of the phrase “gastric bypass effect” as a descriptive or generic phrase.

32. Registrant has not acquired distinctiveness for the phrase “gastric bypass effect” in connection with Registrant’s goods.

33. Pursuant to Section 2(e) of the Lanham Act, 15 U.S.C. §1052(e), the phrase “gastric bypass effect” is merely descriptive of the goods and therefore the Registration should be cancelled.

VI. REGISTRATION FOR THIS MARK SHOULD NEVER HAVE BEEN GRANTED.

34. The registration was erroneously granted because Registrant failed to submit a specimen showing the mark being used on the product or packaging for the product at the time of filing the application. The only specimens Registrant provided were website screen shots showing advertising for its product. These do not show trademark use. See TMEP §904.03. In addition, the specimens Registrant provided at the time of filing the application did not show the alleged mark being used prominently as a trademark and actually showed the alleged mark being used descriptively, for example “formula creates Gastric Bypass Effect.” See Exhibit G.

35. In addition, pursuant to Section 1(a) of the Lanham Act, 15 U.S.C. § 1051(a), the registration was wrongly granted because there was no bona fide use of Registrant’s mark in commerce prior to the Registrant’s filing of the use-based application for its registration. The website screen shots Registrant provided at the time of filing its application do not show bona fide use of the alleged mark in commerce prior to the filing of its use-based application for its registration.

36. Further, Registrant’s alleged mark was not used as a trademark or service mark prior to the application. Again, Registrant’s website screen shots provided at time of filing do not show trademark or service mark use of the phrase and actually show the alleged mark being used descriptively.

37. The registration for this mark should not have been granted. The specimen Registrant provided shows that the alleged mark is: (1) descriptive; (2) not used prominently to indicate a trademark; and (3) does not function as a trademark. Accordingly, Petitioner’s Cancellation Petition should be granted.

38. Continued registration of the phrase “gastric bypass effect” for Registrant’s goods is a source of injury to Petitioner and to numerous third parties who currently use, and are entitled to continue to use, the phrase “gastric bypass effect,” because it confers on Registrant the incorrect presumption that “gastric bypass effect” is a valid trademark; that Registrant is the owner of the phrase and that Registrant has the exclusive right to use the phrase to the exclusion of others. Petitioner and the public are also being damaged by the registration because Petitioner and others are being prevented from accurately and correctly describing the purpose of and the effect consumers get from using Petitioner’s product.

WHEREFORE, Petitioner respectfully requests that the Registration be cancelled and that this Amended Petition to Cancel be sustained.

Dated this 26th day of November, 2013.

Respectfully submitted,

ANDERSON LAW GROUP

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Attorneys for Petitioner

PROOF OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Amended Petition to Cancel, has been served on this 26th day of November, 2013,

- _____ by hand delivering a copy of the submission to the person being served;
- _____ by leaving a copy of the submission at the usual place of business of the person being served, with someone in the person's employment;
- _____ when the person being served has no usual place of business, by leaving a copy of the submission at the person's address, with a member of the person's family over 14 years of age and of discretion;
- X transmission by the "Express Mail Post Office to Addressee" service of the United States Postal Service or by first-class mail, which may also be certified or registered;
- _____ transmission by overnight courier; or
- _____ electronic transmission when mutually agreed upon by the parties

to:

OWNER:
Roca Labs, Inc.
Post Office Box 20631
Tampa, FL 33622

CORRESPONDENCE ADDRESS:
D. Michael Schloss, Esq.
1844 N. Nob Hill Road, #303
Plantation, FL 33322

/s/ Tracy Martinell Henry
Tracy Martinell Henry
Florida Bar No.: 073865



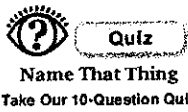
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gastric bypass *noun*

Definition of GASTRIC BYPASS

: a surgical bypass operation that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine so as to restrict food intake and reduce caloric absorption in cases of severe obesity

First Known Use of GASTRIC BYPASS

1972

gastric bypass *noun* (Medical Dictionary)

Medical Definition of GASTRIC BYPASS

: a surgical bypass operation performed to restrict food intake and reduce absorption of calories and nutrients in the treatment of severe obesity that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine; especially : ROUX-EN-Y GASTRIC BYPASS

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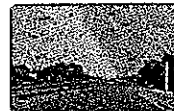
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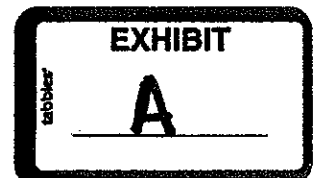
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Gastric bypass surgery

By Mayo Clinic staff

Original Article: <http://www.mayoclinic.com/health/gastric-bypass/MY00825>

Definition

Gastric bypass and other weight-loss surgeries make changes to your digestive system to help you lose weight by limiting how much you can eat or by reducing the absorption of nutrients, or both. Gastric bypass and other weight-loss surgeries are done when diet and exercise haven't worked or when you have serious health problems because of your weight.

There are many types of weight-loss surgery, known collectively as bariatric surgery. Gastric bypass is one of the most common types of bariatric surgery in the United States. Many surgeons prefer gastric bypass surgery because it generally has fewer complications than do other weight-loss surgeries.

Still, all forms of weight-loss surgery, including gastric bypass, are major procedures that can pose serious risks and side effects. Also, you must make permanent healthy changes to your diet and get regular exercise to help ensure the long-term success of bariatric surgery.

Why it's done

Gastric bypass surgery is done to help you lose excess weight and reduce your risk of potentially life-threatening weight-related health problems, including:

- Gastroesophageal reflux disease
- Heart disease



- High blood pressure
- Severe sleep apnea
- Type 2 diabetes
- Stroke

Gastric bypass and other weight-loss surgeries are typically done only after you've tried to lose weight by improving your diet and exercise habits.

Who it's for

In general, gastric bypass and other weight-loss surgeries could be an option for you if:

- Your body mass index (BMI) is 40 or higher (extreme obesity).
- Your BMI is 35 to 39.9 (obesity), and you have a serious weight-related health problem, such as type 2 diabetes, high blood pressure or severe sleep apnea. In some cases, you may qualify for certain types of weight-loss surgery if your BMI is 30 to 34 and you have serious weight-related health problems.

But gastric bypass isn't for everyone who is severely overweight. You may need to meet certain medical guidelines to qualify for weight-loss surgery. You likely will have an extensive screening process to see if you qualify. You must also be willing to make permanent changes to lead a healthier lifestyle. You may be required to participate in long-term follow-up plans that include monitoring your nutrition, your lifestyle and behavior, and your medical conditions.

And keep in mind that bariatric surgery is expensive. Check with your health insurance plan or your regional Medicare or Medicaid office to find out if your policy covers such surgery.

Risks

As with any major surgery, gastric bypass and other weight-loss surgeries pose potential health risks, both in the short term and long term.

Risks associated with the surgical procedure can include:

- Excessive bleeding
- Infection
- Adverse reactions to anesthesia
- Blood clots

- Lung or breathing problems
- Leaks in your gastrointestinal system
- Death (rare)

Longer term risks and complications of weight-loss surgery vary depending on the type of surgery. They can include:

- Bowel obstruction
- Dumping syndrome, causing diarrhea, nausea or vomiting
- Gallstones
- Hernias
- Low blood sugar (hypoglycemia)
- Malnutrition
- Stomach perforation
- Ulcers
- Vomiting
- Death (rare)

How you prepare

If you qualify for gastric bypass or other weight-loss surgeries, your health care team gives you instructions on how to prepare for your specific type of surgery. You may need to have various lab tests and exams before surgery. You may have restrictions on eating and drinking and which medications you can take. You may be required to start a physical activity program and to stop any tobacco use.

You may also need to prepare by planning ahead for your recovery after surgery. For instance, arrange for help at home if you think you'll need it.

What you can expect

Gastric bypass and other types of weight-loss surgery are done in the hospital. General anesthesia is used for weight-loss surgery. This means you're unconscious during the procedure.



Gastric bypass surgery

The specifics of your surgery depend on your individual situation, the type of weight-loss surgery you have, and the hospital's or doctor's practices. Some weight-loss surgeries are done with traditional large, or open, incisions in your abdomen. Today, most types of bariatric surgery are performed laparoscopically. A laparoscope is a small, tubular instrument with a camera attached. The laparoscope is inserted through small incisions in the abdomen. The tiny camera on the tip of the laparoscope allows the surgeon to see and operate inside your abdomen without making the traditional large incisions. Laparoscopic surgery can make your recovery faster and shorter, but it's not suitable for everyone.

Surgery usually takes several hours. After surgery, you awaken in a recovery room, where medical staff monitors you for any complications. Your hospital stay may last from three to five days.

Types of bariatric surgery

Each type of bariatric surgery has pros and cons. Be sure to talk to your doctor about them. Here's a look at common types of bariatric surgery:

- **Roux-en-Y (roo-en-y).** This is a type of gastric bypass surgery, and is the most common method of gastric bypass. This surgery is typically not reversible. It works by decreasing the amount of food you can eat at one sitting and reducing absorption of nutrients. The surgeon cuts across the top of your stomach, sealing it off from the rest of your stomach. The resulting pouch is about the size of a walnut and can hold only about an ounce of food. Normally, your stomach can hold about 3 pints of food. Then, the surgeon cuts the small intestine and sews part of it directly onto the pouch. Food then goes into this small pouch of stomach and then directly into the small intestine sewn to it. Food bypasses most of your stomach and the first section of your small intestine, and instead enters directly into the middle part of your small intestine.
- **Biliopancreatic diversion with duodenal switch.** This is another type of gastric bypass surgery. In this complex, multipart procedure, about 80 percent of the stomach is removed. The valve that releases food to the small intestine (the pyloric valve) remains, along with a limited portion of the small intestine that normally connects to the stomach (duodenum). The surgery bypasses the majority of the intestine by connecting the end portion of the intestine to the duodenum near the stomach (duodenal switch and biliopancreatic diversion). This surgery both limits how much you can eat and reduces the absorption of nutrients. While it's very effective, it has more risks, including malnutrition and vitamin deficiencies. It's generally used for people who have a body mass index greater than 50.

- **Laparoscopic adjustable gastric banding (LAGB).** In this weight-loss surgery, the surgeon positions an inflatable band around the uppermost part of the stomach. When the band is inflated, it compresses the stomach, acting like a belt that tightens. This separates the stomach into two parts, with a very small upper pouch that communicates with the rest of the stomach through a channel created by the band. The small upper pouch limits the amount of food you can eat. The band can be adjusted so that it restricts more or less food. Because of its relative simplicity, LAGB is one of more common weight-loss surgeries. However, it may lead to less weight loss than may other procedures, and you may need to have the band adjusted periodically.
- **Vertical banded gastroplasty.** This procedure, also called stomach stapling, divides the stomach into two parts, restricting how much food you can eat. The upper pouch is small and empties into the lower pouch — the rest of your stomach. Partly because it generally doesn't lead to adequate long-term weight loss, this weight-loss surgery isn't as popular as other types.
- **Sleeve gastrectomy.** A sleeve gastrectomy, also called a vertical sleeve gastrectomy, is a newer type of weight-loss surgery. The sleeve gastrectomy is actually the first part of the surgical process for a biliopancreatic diversion with duodenal switch. However, the sleeve gastrectomy portion of surgery may be all that's needed to lose sufficient weight — in some cases the second part, biliopancreatic diversion, isn't needed. With sleeve gastrectomy, the structure of your stomach is changed to be shaped like a tube, which restricts the amount of calories your body absorbs.

Which type of weight-loss surgery is best for you depends on your specific situation. Your surgeon will take many factors into account, including your body mass index, your eating habits, your health problems, any previous surgery and the risks of each procedure.

After gastric bypass

After gastric bypass and other types of weight-loss surgery, you generally won't be allowed to eat for one to two days so that your stomach and digestive system can heal. Then, you'll follow a specific diet for about 12 weeks. The diet begins with liquids only, then progresses to ground-up or soft foods, and finally to regular foods. You may have many restrictions or limits on how much and what you can eat and drink.

You'll also have frequent medical checkups to monitor your health in the first several months after weight-loss surgery. You may need laboratory testing, blood work and various exams.

You may experience changes as your body reacts to the rapid weight loss in the first three to six months after gastric bypass or other weight-loss surgery, including:

- Body aches
- Feeling tired, as if you have the flu
- Feeling cold
- Dry skin
- Hair thinning and hair loss
- Mood changes

Results

Gastric bypass and other bariatric surgeries can provide long-term weight loss. The amount of weight you lose depends on your type of surgery and your change in lifestyle habits. It may be possible to lose half, or even more, of your excess weight within two years.

In addition to weight loss, gastric bypass surgery may improve or resolve conditions often related to being overweight, including:

- Gastroesophageal reflux disease
- Heart disease
- High blood pressure
- Severe sleep apnea
- Type 2 diabetes
- Stroke

Gastric bypass surgery can also improve your ability to perform routine daily activities, which could help improve your quality of life.

When weight-loss surgery doesn't work

Gastric bypass and other weight-loss surgeries don't always work as well as you might have hoped. For one thing, although rare, something during or after the procedure itself may go wrong. For instance, the adjustable band may fail to work properly. If a weight-loss procedure doesn't work right or stops working, you may not lose weight and you may develop serious health problems. Keep all of your scheduled follow-up appointments after weight-loss surgery. If you notice that you aren't losing weight or you develop complications, see your doctor immediately. Your weight loss can be monitored and factors potentially contributing to your lack of weight loss evaluated.

It's also possible to not lose enough weight or to regain weight after any type of weight-loss surgery, even if the procedure itself works correctly. This weight gain can happen if you don't follow the recommended lifestyle changes. To help avoid regaining weight, you must make permanent healthy changes in your diet and get regular physical activity and exercise. If you frequently snack on high-calorie foods, for instance, you may have inadequate weight loss.

References

Oct. 11, 2011

MY00825

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National rates for bariatric surgery on the rise, especially among youth, U-M study finds

Published on Feb 15, 2007

From 1996-2002, bariatric surgery increased seven-fold, tripling among youth, with private insurers charged with 80 percent of the cost in 2002 alone

ANN ARBOR, MI—As the rate of national obesity has steadily increased across all age groups, so has Americans' willingness to turn to an effective surgical intervention to address severe obesity: bariatric surgery.

Matt DavisFrom 1996 to 2002 the use of bariatric surgery has increased seven-fold nationally, and its use has more than tripled among youth. More than 80 percent of individuals in all age groups who underwent the procedure were female.

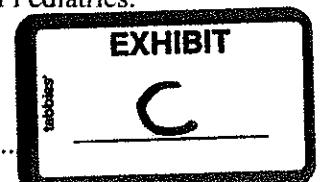
These findings, from researchers at the University of Michigan Health System, also reveal that in 2002 alone, hospitals charged more than \$2 billion for bariatric surgery, with private insurers picking up more than 80 percent of the charges.

Results from this study, which also examine the most common medical conditions among youth who undergo bariatric surgery, are reported in the January issue of *Archives of Surgery*.

Bariatric surgery, which includes procedures such as gastric bypass, gastric banding and biliopancreatic diversion, aims to change the gastrointestinal tract so it restricts the amount of food a person is able to consume.

As the nation's waistline has continued to grow, so has the popularity of this weight loss procedure as more Americans work to combat their obesity after failed attempts at diet and exercise. The procedure is recommended only for individuals with severe obesity, or for those who are obese and suffering from other medical complications of obesity such as diabetes.

"The greatest increase in bariatric surgery rates has occurred among non-elderly adults, and, for the first time, we've seen that bariatric surgery rates have increased among the nation's youth, more than three-fold from 1996 to 2002," notes study lead author Matthew M. Davis, M.D., M.A.P.P., an assistant professor of pediatrics, internal medicine and public policy in the Child Health Evaluation and Research (CHEAR) Unit in U-M C.S. Mott Children's Hospital's Division of General Pediatrics.



However, Davis says key aspects of this national trend the female to male ratio among patients undergoing the procedure in various age groups, additional medical conditions patients may have beyond obesity, and the economic implications of the procedure remained unclear and required closer examination.

Using data from Nationwide Inpatient Sample (NIS), a database of discharge information developed by federal and state governments and health care institutions, Davis and his colleagues analyzed the most recent data available, 1996 through 2002, to examine trends in the use of bariatric surgery.

For the study, individuals who had undergone bariatric surgery were characterized according to gender, age, and other medical conditions, or comorbidities, they may have in addition to obesity. Their hospitalization was examined based on length of stay, average hospital charges, expected primary payer, and in-hospital mortality.

Nationally, the study revealed that rates of bariatric surgery climbed seven-fold from 1996 through 2002, with increases in all age groups studied: youth (younger than 20 years of age), non-elderly (20 to 65 years of age) and elderly (older than age 65).

And this increase is having a noticeable impact on health insurance: in 2002, hospitals charged more than \$2 billion for these procedures, with more than 80 percent billed to private insurers. On average, each hospital stay in 2002 for bariatric surgery led to about \$29,000 in charges.

"Private payers are shouldering an increased share of the costs for bariatric surgery, and this trend is most likely a result of increased coverage among private payers for this procedure, which has a track record of success compared to other therapies for obesity," says Davis. "Bariatric surgery appears to be an increasingly attractive option for private insurance plans and employers that face rapidly growing health care costs associated with obesity and related comorbidities."

While the greatest increase in bariatric surgery rates occurred among non-elderly adults, Davis says this is the first study of its kind to report that bariatric surgery rates also have grown among America's youth, with bariatric procedures in this age group more than tripling during the time period studied.

Unlike previous national studies on bariatric surgery, Davis' research further identified the most common comorbidities among youths undergoing bariatric surgery. In 2002, comorbidities of obese youth were: depression (17 percent), high blood pressure (14 percent), esophageal reflux (14 percent), sleep apnea (11 percent), chronic gallstones (11 percent), and asthma (8 percent).

Gender-related findings among the youth population also mirrored those of the non-elderly group in the study. In both age groups, women were four times more likely to undergo bariatric surgery than men.

"This finding suggests that, in addition to medical factors, there are likely some social factors playing into the decision to undergo bariatric surgery that leads to young women being more likely, and young men less likely, to have the procedure," says Davis, noting that other national data indicate a more balanced gender ratio among youth in relation to severe obesity.

University of Michigan News Service | National rates for bariatric surgery on the rise, esp...

Along with Davis, the study was co-authored by Kathryn Sligh, MA, Department of Pediatrics at the U-M Health System; Celia Chao, M.D., Department of Surgery at the University of Texas Medical Branch; and Michael D. Cabana, M.D., MPH, Department of Pediatrics at the University of California at San Francisco.

The study was funded by the U-M Health System.

Reference: Archives of Surgery, January 2006, Vol.141.

Childhood obesity and behavior problems linked

<http://ns.umich.edu/new/releases/61-national-rates-for-bariatric-surgery-on-the-rise-especially-among-youth-u-m-study-finds>

Number of Laparoscopic Bariatric Procedures Continued to Rise Between 2003-2008, U.S. Study Finds

Aug. 8, 2011 — According to a study published in the August issue of the *Journal of the American College of Surgeons*, there was an increase in the number of laparoscopic bariatric procedures, an increase in the number of bariatric surgeons and a decrease of in-hospital mortality rates between 2003 and 2008. During the past decade, the field of bariatric surgery has changed dramatically and the authors concluded that these trends are due, in part, to an increase in the use of laparoscopic techniques and a greater acceptance of bariatric surgery by patients.

"We've identified a national trend in the use of bariatric surgery that is tied to the rapid expansion of the laparoscopic approach to bariatric surgery and the laparoscopic adjustable gastric banding operation," said Ninh T. Nguyen, MD, FACS, chief surgeon for the Division of Gastrointestinal Surgery with University of California, Irvine Healthcare and the study's lead author. "Many reports we looked at documented the long-term survival and metabolic benefits of bariatric surgery and these benefits are having an impact on patients' willingness to accept bariatric surgery as an option for the treatment of morbid obesity."

Using data from the Nationwide Inpatient Sample (NIS) from 2003 through 2008, the study authors found that the number of bariatric operations peaked in 2004 at 135,985 cases (63.9 procedures per 100,000 adults) and reached a plateau at 124,838 cases (54.2 procedures per 100,000 adults) in 2008. The proportion of laparoscopic bariatric operations increased from just over 20 percent in 2003 to more than 90 percent in 2008 and the in-hospital mortality rate for these procedures decreased from 0.21 percent to 0.10 percent.

The researchers also identified a considerable swell in the number of bariatric surgeons during the six-year study period. Bariatric surgeons with membership in the American Society for Metabolic and Bariatric Surgery (ASMBS) increased from 931 to 1,819 representing a 95 percent increase.

With regard to the procedures hitting a plateau in 2004, Dr. Nguyen concluded it was likely due to a decrease in patient demand or increased difficulty for patients to access bariatric surgery, possibly tied to lack of insurance coverage.

The median age of patients studied who underwent bariatric surgery ranged from 42 to 45 years, with 79.2 percent to 82.6 percent female and the proportion of Caucasians ranged from 71.3 percent to 78.2 percent. The study sample represents approximately 20 percent of U.S. community hospitals and includes public hospitals and academic medical centers.

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Journal Reference:

1. Ninh T. Nguyen, Hossein Masoomi, Cheryl P. Magno, Xuan-Mai T. Nguyen, Kelly Laugenour, John Lane. **Trends in Use of Bariatric Surgery, 2003–2008.** *Journal of the American College of Surgeons*, 2011; 213 (2): 261 DOI: [10.1016/j.jamcollsurg.2011.04.030](https://doi.org/10.1016/j.jamcollsurg.2011.04.030)

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American College of Surgeons (2011, August 8). Number of laparoscopic bariatric procedures continued to rise between 2003-2008, U.S. study finds. *ScienceDaily*. Retrieved October 2, 2013, from <http://www.sciencedaily.com/releases/2011/08/110808152426.htm>

Note: If no author is given, the source is cited instead.

Obesity Epidemic Means Bariatric Surgery Rates Continue to Rise, Reports Plastic and Reconstructive Surgery

Oct. 2, 2012 — With rising rates of morbid obesity, the number of bariatric surgery procedures is likely to increase as well, reports a paper in the October issue of *Plastic and Reconstructive Surgery*®, the official medical journal of the American Society of Plastic Surgeons (ASPS).

Because of their role in dealing with aesthetic problems after massive weight loss, plastic surgeons must understand the principles and expected benefits of bariatric surgery procedures -- as well as the characteristics and potential medical risks of patients undergoing these procedures, according to the new review by Drs. Bruce Wolfe and Erin Gilbert of Oregon Health and Science University, Portland.

Rising Rates of Obesity Lead to Increases in Bariatric Surgery...

The authors reviewed and summarized the latest data on the use and outcomes of bariatric surgery for the management of morbid obesity. The rise of bariatric surgery parallels the rising rates of obesity in the United States. Drs. Wolfe and Gilbert point out, "In 1990, not one state had a prevalence of obesity greater than 15 percent, whereas in 2009, only Colorado and the District of Columbia had prevalence less than 20 percent."

Obesity increases the risk of a wide range of chronic health problems -- highlighted by the recent surge in diabetes among overweight and obese children and adolescents. "Not only is obesity a significant risk factor for many [diseases], but it also is associated with an overall increase in mortality and a reduction in life span of 10 years," the authors write. Currently, bariatric surgery is considered for patients who are unable to achieve a five percent decrease in weight with diet and lifestyle modifications.

Drs. Wolfe and Gilbert review the three main options for bariatric surgery: adjustable gastric banding, sleeve gastrectomy, and "Roux-en-Y" gastric bypass. The expected percentage of excess weight loss is about 48 percent after adjustable gastric banding and 61 percent after sleeve gastrectomy and gastric bypass.

Gastric bypass is the most popular procedure because it results in greater weight loss and less weight regain. It also performs best in terms of resolving obesity-related diseases, such as diabetes, high cholesterol and high blood pressure. However, gastric banding is a reversible procedure that causes fewer long-term metabolic problems.

...And Rising Demand for Body Contouring

It's especially important for plastic surgeons to understand the concepts and outcomes of bariatric surgery procedures, as there is a fast-growing population of patients seeking body contouring surgery.

Body contouring refers to several different types of plastic surgery procedures done to remove excess fat and skin in patients after massive weight loss. ASPS statistics show sharp increases in the demand for body-contouring procedures -- such as lower body lift, upper arm lift, and abdominoplasty ("tummy tuck") over the past decade.

In general, body contouring should be delayed until weight has stabilized for at least three months -- which may take a year or longer after surgery, according to Drs. Wolfe and Gilbert. They emphasize the need to carefully screen patients for ongoing medical issues such as diabetes, heart disease or obstructive sleep apnea. Nutritional deficiencies are also common after bariatric surgery, including protein malnutrition and deficient levels of nutrients such as vitamin B12, vitamin D, iron, calcium and folate. All of these conditions should be identified and corrected before body contouring is performed.

"Given the increasing incidence of morbid obesity and the effectiveness of bariatric surgery in treating this disease, it will likely continue to increase in popularity," Drs. Wolfe and Gilbert conclude. They believe that the growth of bariatric surgery may increase even further as the overall safety profile continues to improve. In addition, the number of adolescent patients undergoing surgical treatment for obesity is likely to increase as future studies verify the safety of bariatric surgery in this age group.

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The above story is based on materials provided by **Wolters Kluwer Health: Lippincott Williams & Wilkins**, via Newswise.

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Journal Reference:

1. Gilbert, Erin W. and Wolfe, Bruce M. **Bariatric Surgery for the Management of Obesity: State of the Field.** *Plastic & Reconstructive Surgery*, October 2012 - Volume 130 - Issue 4 - p 948% u2013954 DOI: [10.1097/PRS.0b013e318262f566](https://doi.org/10.1097/PRS.0b013e318262f566)

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Wolters Kluwer Health: Lippincott Williams & Wilkins (2012, October 2). Obesity epidemic means bariatric surgery rates continue to rise, reports plastic and reconstructive surgery. *ScienceDaily*. Retrieved October 2, 2013, from <http://www.sciencedaily.com/releases/2012/10/121002143453.htm>

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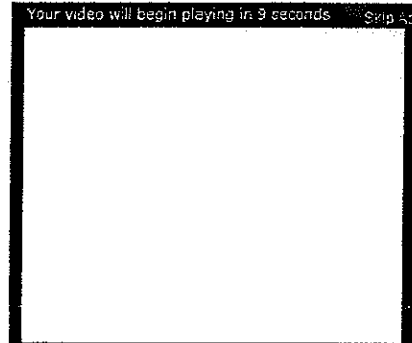
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93 ENTRIES FOUND:

- effect
- adjacency effect
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ef·fect *noun* \i-'fekt, e-, ē-, ə-\

- 1 : a change that results when something is done or happens : an event, condition, or state of affairs that is produced by a cause
- 2 : a particular feeling or mood created by something
- 3 : an image or a sound that is created in television, radio, or movies to imitate something real

Full Definition of EFFECT

Like

- 1 **a** : PURPORT, INTENT
b : basic meaning : ESSENCE
- 2 : something that inevitably follows an antecedent (as a cause or agent)
- 3 : an outward sign : APPEARANCE
- 4 : ACCOMPLISHMENT, FULFILLMENT
- 5 : power to bring about a result : INFLUENCE <the content itself of television ... is therefore less important than its *effect* — *Current Biography*>
- 6 *plural* : movable property : GOODS <personal *effects*>
- 7 **a** : a distinctive impression <the color gives the *effect* of being warm>
b : the creation of a desired impression <her tears were purely for *effect*>
c (1) : something designed to produce a distinctive or desired impression —usually used in plural (2) *plural* : SPECIAL EFFECTS
- 8 : the quality or state of being operative : OPERATION <the law goes into *effect* next week>
 - in effect
 - : in substance : VIRTUALLY <the ... committee agreed to what was *in effect* a reduction in the hourly wage — *Current Biography*>
 - to the effect

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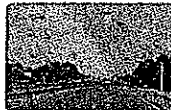


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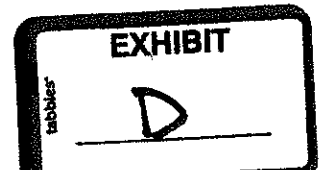


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Effect - Definition and More from the Free Merriam-Webster Dictionary

: with the meaning <issued a statement *to the effect* that he would resign>

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Examples of EFFECT

He now needs more of the drug to achieve the same *effect*.
The experience has had a bad *effect* on him.
Computers have had a profound *effect* on our lives.
The *effects* of the drug soon wore off.
This treatment causes fewer *ill effects*.
The change in policy had little *effect* on most people.
He was able to stop taking the drug without *ill effect*.
The total *effect* of the painting was one of gloom.
The color gives the *effect* of being warm.
He achieves amazing *effects* with wood.
The nation's most solvent individuals—private-equity barons—have not been immune from the *ill effects* of the credit crunch. —Daniel Gross, *Newsweek*, 3 Mar. 2008

[+] more

Origin of EFFECT

Middle English, from Anglo-French & Latin; Anglo-French, from Latin *effectus*, from *efficere* to bring about, from *ex-* + *facere* to make, do — more at DO

First Known Use: 14th century

Related to EFFECT

Synonyms

aftereffect, aftermath, backwash, child, conclusion, consequence, corollary, development, fate, fruit, issue, outcome, outgrowth, precipitate, product, result, resultant, sequel, sequence, upshot, matter of course

Antonyms

antecedent, causation, cause, occasion, reason

Related Words

ramification; denouement (*also* dénouement), echo, implication, repercussion; afterclap, afterglow, aftershock; blowback, by-product, fallout, offshoot, ripple, side effect (*also* side reaction), spin-off

Near Antonyms

consideration, determinant, factor; base, basis, foundation, ground, groundwork; impetus, incentive, inspiration, instigation, stimulus; mother, origin, root, source, spring

more

Rhymes with EFFECT

abject, advection, affect, aspect, bisect, cathect, collect, confect, connect, convect, correct, cow-necked, defect, deflect, deject, detect...

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³ef-fect *transitive verb* \i-'fekt, e-, ē-, a-\

: to cause (something) : to make (something) happen

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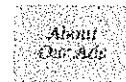
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Effect - Definition and More from the Free Merriam-Webster Dictionary

: to cause (something) to produce the desired result

Full Definition of EFFECT

1 : to cause to come into being

2 a : to bring about often by surmounting obstacles :
ACCOMPLISH <effect a settlement of a dispute>

b : to put into operation <the duty of the legislature to effect the will of the citizens>

Usage Discussion of EFFECT

Effect and *affect* are often confused because of their similar spelling and pronunciation. The verb ²*affect* usually has to do with pretense <she *affected* a cheery disposition despite feeling down>. The more common ³*affect* denotes having an effect or influence <the weather *affected* everyone's mood>. The verb *effect* goes beyond mere influence; it refers to actual achievement of a final result <the new administration hopes to *effect* a peace settlement>. The uncommon noun *affect*, which has a meaning relating to psychology, is also sometimes mistakenly used for the very common *effect*. In ordinary use, the noun you will want is *effect* <waiting for the new law to take *effect*> <the weather had an *effect* on everyone's mood>.

Examples of EFFECT

They are trying to *effect* a settlement of the dispute.

The duty of the legislature is to *effect* the will of the people.

When, at last, rescue is at hand, Jewitt has no hesitation in lying to his old friend and master, Maquinna, in order to *effect* his escape, although he does persuade the captain of the brig Lydia not to kill the chief. —Carolyn Kizer, *New York Times Book Review*, 21 Feb. 1988

[+] more

Origin of EFFECT

(see ¹EFFECT)

First Known Use: 1533

Related to EFFECT

Synonyms

beget, breed, bring, bring about, bring on, catalyze, cause, create, do, draw on, effectuate, engender, generate, induce, invoke, make, occasion, produce, prompt, result (in), spawn, translate (into), work, yield, bring forth, give rise to

Related Words

conduce (to), contribute (to); decide, determine; begin, establish, father, found, inaugurate, initiate, innovate, institute, introduce, launch, pioneer, set, set up, start; advance, cultivate, develop, encourage, forward, foster, further, nourish, nurture, promote; enact, render, turn out

Near Antonyms

impede, limit, restrict; clamp down (on), crack down (on), crush, dampen, put down, quash, quell, repress, smother, squash, squelch, stifle, subdue, suppress; arrest, check, control, curb, inhibit, rein (in), restrain, retard; can [*slang*], kill, snuff (out), still; abolish, demolish, destroy, extinguish, liquidate, quench

Effect - Definition and More from the Free Merriam-Webster Dictionary

more

See Synonym Discussion at [perform](#)

ef·fect *noun* \i-'fekt\ (*Medical Dictionary*)

Medical Definition of EFFECT

: something that is produced by an agent or cause
<obtained the same *effect* with a smaller dose>

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Trademark/Service Mark Application, Principal Register

Serial Number: 85666495

Filing Date: 07/02/2012

The table below presents the data as entered.

Input Field	Entered
SERIAL NUMBER	85666495
MARK INFORMATION	
*MARK	<u>Gastric Bypass Effect</u>
STANDARD CHARACTERS	YES
USPTO-GENERATED IMAGE	YES
LITERAL ELEMENT	Gastric Bypass Effect
MARK STATEMENT	The mark consists of standard characters, without claim to any particular font, style, size, or color.
REGISTER	Principal
APPLICANT INFORMATION	
*OWNER OF MARK	Roca Labs, Inc.
*STREET	P.O. Box 20631
*CITY	Tampa
*STATE (Required for U.S. applicants)	Florida
*COUNTRY	United States
*ZIP/POSTAL CODE (Required for U.S. applicants only)	33622
PHONE	954-554-1751
FAX	954-756-7228
EMAIL ADDRESS	michael@dmichaelschloss.com
LEGAL ENTITY INFORMATION	
TYPE	corporation
STATE/COUNTRY OF INCORPORATION	Florida



GOODS AND/OR SERVICES AND BASIS INFORMATION	
INTERNATIONAL CLASS	005
*IDENTIFICATION	Food supplements for weight loss
FILING BASIS	SECTION 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/23/2010
FIRST USE IN COMMERCE DATE	At least as early as 09/23/2010
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SPECIMEN DESCRIPTION	recurring use of mark on screen shots from Owner's websites and use of mark on YouTube advertisements.
ATTORNEY INFORMATION	
NAME	D. Michael Schloss, Esq.
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AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
CORRESPONDENCE INFORMATION	
NAME	D. Michael Schloss, Esq.
STREET	

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PHONE	9545541751
FAX	954-756-7228
EMAIL ADDRESS	michael@dmichaelschloss.com
AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
FEE INFORMATION	
NUMBER OF CLASSES	1
FEE PER CLASS	325
*TOTAL FEE DUE	325
*TOTAL FEE PAID	325
SIGNATURE INFORMATION	
SIGNATURE	/D. Michael Schloss/
SIGNATORY'S NAME	D. Michael Schloss
SIGNATORY'S POSITION	Attorney of Record, FL Bar Member
DATE SIGNED	07/02/2012

Trademark/Service Mark Application, Principal Register

Serial Number: 85666495

Filing Date: 07/02/2012

To the Commissioner for Trademarks:

MARK: Gastric Bypass Effect (Standard Characters, see mark)

The literal element of the mark consists of Gastric Bypass Effect.

The mark consists of standard characters, without claim to any particular font, style, size, or color.

The applicant, Roca Labs, Inc., a corporation of Florida, having an address of
P.O. Box 20631
Tampa, Florida 33622
United States

requests registration of the trademark/service mark identified above in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946 (15 U.S.C. Section 1051 et seq.), as amended, for the following:

For specific filing basis information for each item, you must view the display within the Input Table.

International Class 005: Food supplements for weight loss

In International Class 005, the mark was first used by the applicant or the applicant's related company or licensee or predecessor in interest at least as early as 09/23/2010, and first used in commerce at least as early as 09/23/2010, and is now in use in such commerce. The applicant is submitting one(or more) specimen(s) showing the mark as used in commerce on or in connection with any item in the class of listed goods and/or services, consisting of a(n) recurring use of mark on screen shots from Owner's websites and use of mark on YouTube advertisements..

[Specimen File1](#)

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[Specimen File4](#)

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The applicant's current Attorney Information:

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The applicant's current Correspondence Information:

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Plantation, Florida 33322
9545541751(phone)
954-756-7228(fax)
michael@dmichaelschloss.com (authorized)

A fee payment in the amount of \$325 has been submitted with the application, representing payment for 1 class(es).

Declaration

The undersigned, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. Section 1001, and that such willful false statements, and the like, may jeopardize the validity of the application or any resulting registration, declares that he/she is properly authorized to execute this application on behalf of the applicant; he/she believes the applicant to be the owner of the trademark/service mark sought to be registered, or, if the application is being filed under 15 U.S.C. Section 1051(b), he/she believes applicant to be entitled to use such mark in commerce; to the best of his/her knowledge and belief no other person, firm, corporation, or association has the right to use the mark in commerce, either in the identical form thereof or in such near resemblance thereto as to be likely, when used on or in connection with the goods/services of such other person, to cause confusion, or to cause mistake, or to deceive; and that all statements made of his/her own knowledge are true; and that all statements made on information and belief are believed to be true.

Declaration Signature

Signature: /D. Michael Schloss/ Date: 07/02/2012
Signatory's Name: D. Michael Schloss
Signatory's Position: Attorney of Record, FL Bar Member
RAM Sale Number: 11000
RAM Accounting Date: 07/02/2012

Serial Number: 85666495
Internet Transmission Date: Mon Jul 02 10:04:13 EDT 2012
TEAS Stamp: USPTO/BAS-69.38.122.130-2012070210041392
7099-85666495-4905f1c814693f53e91cd96615
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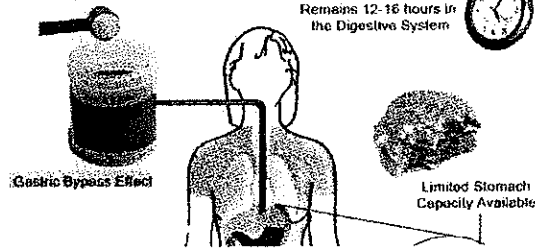
Professional ANSWERS
From The Medical Team

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 - Compare (7)
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The Procedure
A Dose a Day, Easy to Use
Better, Safer, Cheaper

Formula Creates Gastric Bypass Effect

Prepare a morning dose for a daily Gastric Bypass Effect

Remains 12-16 hours in the Digestive System



LIVE ADVICE

- 100+ lbs to lose
- 35-100 lbs to lose
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- fast for wedding
- seniors
- breastfeeding
- pregnancy

With RocaLabs™ Natural Gastric Bypass Formula, you finally have the weapon you need to win the fight against hunger, cravings, and obesity. You'll lose weight, look better, and improve your health easily and naturally. The power to succeed is in your hands.

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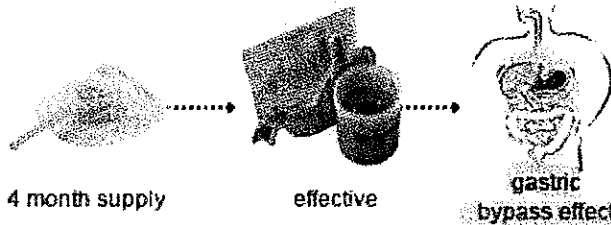
Gastric Bypass Results

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Understanding the fo


A dose in the morning limits available stomach space practically forcing you to eat half as much as before. This is a powerful weapon against obesity. A successful regimen will result in a smaller size stomach (3-6 months), improving eating habits and overcoming cravings.

WHAT IS Roca Labs®




mini Gastric Bypass No Surgery


Natural formula creates Gastric Bypass Effect - only a small limited stomach volume available for food intake

1 **Understanding the formula**  Chat now! 2 **Choosing the right formula**

What is it?



90% Success Rate



A dose of the Formula the morning creates leaving only a small for food intake, practice and lose weight from Bypass surgery.

The patented β -G your blood sugar overcome craving

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What is it? Gastrointestinal surgery such as **gastric bypass** is often the best option for someone that is severely obese and is unable to lose weight with traditional ...

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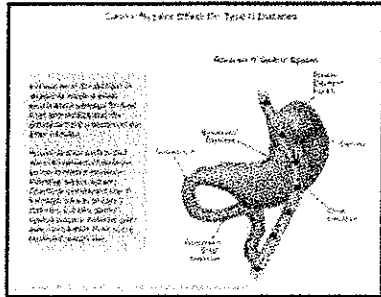
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Gastric Bypass Effect On Type 2 Diabetes

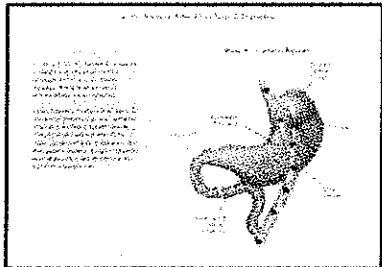


Gastric Bypass Effect On Type 2 Diabetes (Medium)

Medical illustration detailing the effect gastric bypass surgery has on type 2 diabetes.

This image is: 504 pixels wide x 395 pixels high.

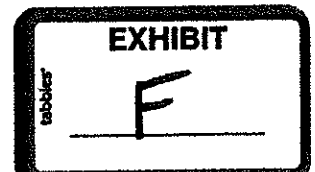
Price: \$75.00



Gastric Bypass Effect On Type 2 Diabetes (Large)

Medical illustration detailing the effect gastric bypass surgery has on type 2 diabetes.

This image is: 610 pixels wide x 430 pixels high.



Price: \$100.00

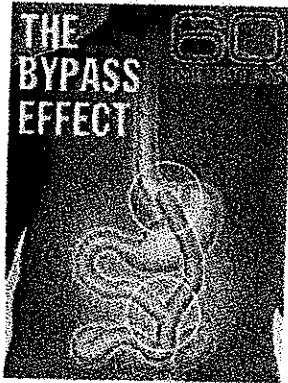
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60 Minutes - The Bypass Effect (April 20, 2008)

Format: DVD

(1 customer review)

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Studio: CBS
DVD Release Date: May 6, 2008
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Average Customer Review: (1 customer review)
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Special Features

None.

Editorial Reviews

Airdate: 04/20/08 Gastric bypass surgery is performed to help morbidly obese people lose weight by essentially reducing the size of their stomach and thus their appetite. Now doctors realize that the same surgery seems to have other health benefits, including long-term remission of Type 2 diabetes, as well as a resolution of other serious disorders including sleep apnea, high blood pressure, and high cholesterol. But should such radical surgery be performed on diabetic people who aren't overweight? Lesley Stahl reports.

This product is manufactured on demand using DVD-R recordable media. Amazon.com's standard return policy will apply.

Customer Reviews

(1)
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Table with 2 columns: Star rating (5 star, 4 star, 3 star, 2 star) and Count (1, 0, 0, 0). Includes text 'Share your thoughts with other customers' and 'Write a customer review'.

Newsmax

Altered Gut Bacteria Key to Gastric Bypass Effect: Study

Thursday, March 28, 2013 07:37 AM

Gastric bypass surgery may help people lose weight by changing the makeup of bacteria living in the intestines, suggests a new study conducted in mice.

Scientists from Harvard University and Massachusetts General Hospital in Boston discovered that performing gastric bypass surgery on mice altered the composition of the bacterial colony living in the animals' guts. Even when they did not perform the surgery, and just transferred the new bacterial colony into the intestines of mice, those mice lost weight.

"Simply by colonizing mice with the altered microbial community, the mice were able to maintain a lower body fat, and lose weight -- about 20 percent as much as they would if they underwent surgery," senior study author Peter Turnbaugh, a Bauer Fellow at Harvard's Faculty of Arts and Sciences Center for Systems Biology, said in a statement. Turnbaugh's research partner said the implications of the finding might one day be far-reaching.

"Our study suggests that the specific effects of gastric bypass on the microbiota contribute to its ability to cause weight loss, and that finding ways to manipulate microbial populations to mimic those effects could become a valuable new tool to address obesity," senior study author Lee Kaplan, director of the Obesity, Metabolism and Nutrition Institute at Massachusetts General, said in a statement.

"The ability to achieve even some of these effects without surgery would give us an entirely new way to treat the critical problem of obesity, one that could help patients unable or unwilling to have surgery," Kaplan added.

Another expert agreed that the gut is intricately tied to weight loss.

"The gut is a key player in metabolism, and this makes it even more than ever an ideal target for interventions for treating metabolic diseases and obesity," said Dr. Francesco Rubino, a researcher and metabolic surgeon with the Catholic University of Rome, in Italy.

It may someday be possible to use medication or changes in diet to help people lose weight by changing the makeup of germs in the intestine, he said. "We might be doing that with other methods once we understand how the bypass does it."

At issue are the millions, if not trillions, of germs that live in your digestive system, Rubino said.

"For many years, we thought they were a contaminant because we get them from the environment as we eat," he said. But, scientists now understand that the bacteria play a role in the way the body processes food. "We eat for us, but we also eat for them [bacteria]," he explained.

Scientists have suspected that gastric bypass procedures, which funnel food away from the stomach, change the makeup of bacteria in the gut, he said.

Why might gastric bypass have this effect? It appears to be more than simply a matter of the intestinal germs changing because a mouse is eating less, Rubino said. The bypass, by shortening the digestive tract, may actually change "the chemistry of the intestinal environment where these bugs live."

Scientists note that research with animals often fails to provide similar results in humans.

Jeffrey Cirillo, a professor with the department of microbial and molecular pathogenesis at Texas A&M Health Science Center, praised the study but pointed out that one part -- the transfer of germs from one mouse to another -- will be a challenge in humans.

"The transfers were done to germ-free animals, but humans are not germ-free, and it will be difficult to take a pill and get germs to the right location [in the digestive system]," Cirillo said.

The study appears in the March 27 issue of *Science Translational Medicine*.

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Evaluation of gastric bypass effect on cardiovascular risk and quality of life in our area

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Evaluation of gastric bypass effect on cardiovascular risk and quality of life in our area

Isabel Mateo-Gavira, Pilar Roldán-Caballero, Francisco Javier Vilchez-López, Laura Larrán-Escandon, Julián Tamayo-Serrato, María Belén Ojeda-Schuldt, Inmaculada Gavián-Villarejo & Manuel Aguilar-Diosdado

Author affiliations

Objectives: i) To determine the prevalence of major comorbidities of morbid obese, ii) to evaluate the gastric bypass effect on this comorbidities, on the 10 years estimated cardiovascular risk and iii) To assess the impact of bariatric surgery on the quality of life in these patients.

Methods: Cohort study with intrasubject measures (before-after) in a sample of patients with morbid obesity who underwent gastric bypass. Demographic characteristics, anthropometric parameters, cardiovascular risk factors and surgical complications were analyzed. The estimation of cardiovascular disease risk at 10 years was determined according to the Framingham Risk Score and the impact on the quality of life using the BAROS test (Bariatric Analysis and Reporting Outcome System).

Results: 162 patients were included (74.3% females), with mean age 38.87 ± 10.11 years and BMI before surgery 51.12 ± 7.22 kg/m². Two years after surgery the percentage of weight lost was 72.85%. Four months after the bypass only 12 of the 41 patients with type 2 diabetes maintained the diagnosis of diabetes. Two years after surgery, the resolution of hypertension, dyslipidemia and diabetes occurred in 71.93, 92.7, and 92.68% cases respectively ($P < 0.001$). According to the Framingham Risk Score, 22.7% presented with a risk greater than 10% before surgery. Mean risk decreased from 5.82% at baseline to 2.21% 2 years after surgery ($P < 0.001$). 14.9% of patients had early complications and 27.2% developed later complications (the most frequent eventration). BAROS scale was excellent in 36.8% of cases, very good in 36.7% and good in 21.1% at 2 years.

Conclusions: Gastric bypass is an effective tool in weight loss, early beneficial effects on metabolic disorders, reduction in cardiovascular risk and improvement quality of life in morbid obese patients in our area.

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This Issue/Conference



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Copenhagen, Denmark
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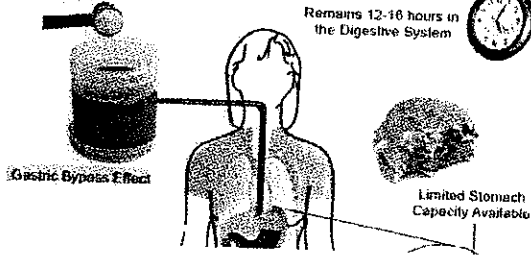
ANSWERS

- Medical (13)
 - Compare (7)
 - FAQ (11)
- What is it?
 The Procedure
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Formula Creates Gastric Bypass Effect

Prepare a morning dose for a daily Gastric Bypass Effect

Remains 12-16 hours in the Digestive System



check & add LIVE ADVICE

MAX

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- 35-100 lbs to lose
- 20-35 lbs to lose
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With Roca Labs™ Natural Gastric Bypass Formula, you finally have the weapon you need to win the fight against hunger, cravings, and obesity. You'll lose weight, look better, and improve your health easily and naturally. The power to succeed is in your hands.

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*based on Terms

Roca Labs is a special Formula designed to create a "gastric bypass effect" or "gastric bypass results" without the need for a gastric bypass surgery. Statements on this site have not been evaluated by the FDA. The Formula does not diagnose, treat, cure, or prevent any disease. This food supplement should be taken with at least 8 ounces of liquid. Consuming the Formula(s) without sufficient liquid may cause choking or other complications. Do not consume or use the Formula if you have difficulty swallowing. Consult your doctor before you ingest the Formula, especially if you have

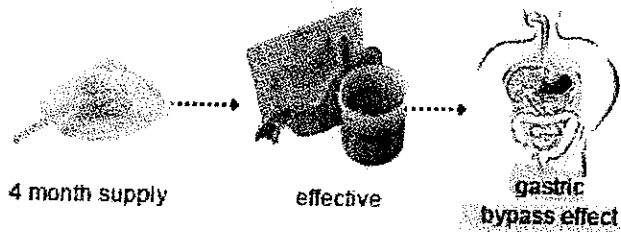
Gastric Bypass Results

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mini Gastric Bypass No Surgery


Natural formula creates Gastric Bypass Effect - only a small limited stomach volume available for food intake

1 Understanding the formula  Chat now! 2 Choosing the right formula

What is it?



90% Success Rate



A dose of the Form...
the morning creates...
leaving only a small...
for food intake, pra...
and lose weight fro...
Bypass surgery.

The patented β -G...
your blood sugar...
overcome craving

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

In the Matter of Trademark Registration No. 4,363,486

For the Mark: GASTRIC BYPASS RESULTS

Date Registered: July 9, 2013

CENTURY SCIENCES, LLC

Petitioner,

vs.

Cancellation Proceeding No. 92058136

ROCA LABS, INC.

Registrant.

_____ /

AMENDED PETITION TO CANCEL

Petitioner, Century Sciences, LLC, a California limited liability company (hereinafter “Petitioner”), believes that it will be damaged by the continued registration of the mark GASTRIC BYPASS RESULTS (hereinafter “Mark”) shown in U.S. Registration No. 4,363,486 (hereinafter “Registration”), registered on July 9, 2013, by Roca Labs, Inc. (hereinafter “Registrant”). Petitioner hereby amends its petition to cancel the Registration pursuant to Section 14 of the Lanham Act, 15 U.S.C. § 1064.

The grounds for the cancellation of the Registration are as follows:

I. INTRODUCTION

1. Gastric bypass is a surgical procedure “that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine so as to restrict food intake and reduce caloric absorption in cases of severe obesity.”

See Exhibit A.

2. The gastric bypass procedure was developed in the 1960s; public use of the term “gastric bypass” dates back until at least the early 1970s.

3. According to the Mayo Clinic:

Gastric bypass and other weight-loss surgeries make changes to your digestive system to help you lose weight by limiting how much you can eat or by reducing the absorption of nutrients, or both. Gastric bypass and other weight-loss surgeries are done when diet and exercise haven't worked or when you have serious health problems because of your weight.

See Exhibit B.

4. As obesity has increased in the United States and throughout the world, gastric bypass and other bariatric surgeries have become increasingly common. Gastric bypass is the most popular of the bariatric procedures because it generally leads to better results, including greater weight loss, and resolution of diseases like diabetes, high cholesterol and high blood pressure. See Composite Exhibit C.

5. Since the term “gastric bypass” came into use, the relevant public has come to recognize “gastric bypass” as a common phrase for weight-loss surgery.

6. The word “result” means “something that is caused by something else that happened or was done before.” See Exhibit D.

7. Petitioner manufactures and sells a product called Bystrictin™. Bystrictin™ is a product that assists in weight loss by producing a feeling of fullness so that the person who ingests the product will eat less food, leading to weight loss. Bystrictin™ contains a proprietary complex that is a blend of specialized soluble fibers which absorb water and expand, reducing the amount of available space left in the stomach for food and thereby creating the feeling of being full and causing one to eat less food, much in the way gastric bypass surgery reduces stomach volume.

8. Petitioner uses variations of the phrase “gastric bypass results” to describe the change that results when the product is ingested; specifically, that there is less space in the stomach and the person feels full, as if the person’s stomach was smaller, causing the person to restrict food intake; ergo, ingesting the product gives one similar *results to gastric bypass surgery*.

9. Petitioner believes that registration of the phrase “gastric bypass results” in connection with weight loss products jeopardizes its ability to adequately and accurately describe the purpose of, as well as the effect its product has.

II. THE REGISTRATION

10. The application that matured into the Registration was filed by Registrant on June 5, 2012.

11. The goods described in the registration are “food supplements for weight loss.”

12. In the application for the Registration, Registrant claimed to have used “Gastric Bypass Results” in connection with Registrant’s goods since January 1, 2011. See Exhibit E.

13. In the application for the Registration, Registrant did not claim that the phrase “Gastric Bypass Results” had acquired distinctiveness for Registrant’s goods.

III. REGISTRANT’S ACTIONS AGAINST PETITIONER

14. On or about July 6, 2012, Petitioner received a letter from Registrant, alerting Petitioner to the ownership of the Registration.

15. Registrant requested that Petitioner cease and desist any further use of material that Registrant considered infringing on its marks and requested that Petitioner respond to the letter and: (i) transfer any and all rights to the domain names www.AllNaturalGastricBypass.com and www.betterthangastricbypass.com; (ii) cease and desist using the domain names; and (iii)

cease and desist using the phrases “Natural Gastric Bypass” or “Gastric Bypass Effect,” or any other phrase that is derivative of Registrant’s marks.

16. On October 2, 2012, Registrant filed suit against Petitioner in the Middle District of Florida, alleging counts of trademark infringement, cybersquatting, unfair competition and unfair and deceptive trade practices. That litigation has been stayed pending the resolution of these TTAB proceedings.

17. On October 1, 2013, Petitioner received notice from Facebook that stated Facebook had removed or disabled access to content because Facebook received notice regarding content that infringed or otherwise violated the rights of “a third party.” The content that was removed stated “Bystrictin™ is clinically proven to have an immediate *gastric bypass effect*, practically forcing you to eat less food and lose weight without surgery.” (emphasis supplied).

18. On October 2, 2013, Petitioner’s customer service received the following e-mail: “I represent Roca Labs, Inc., the owner and exclusive licensee of the well-known Natural Gastric Bypass® (Reg. No. 4,138,639), Gastric Bypass NO Surgery® (Reg. No. 4,138,635), and Gastric Bypass Effect® (Reg. No. 4,360,182) trademarks. Roca Labs, Inc. also owns numerous other related trademarks related to the sale of its weight loss products. Please advise me to whom I would address a Cease and Desist letter to in order to have your company stop using the above trademarks. Sincerely, Sharon K, Paralegal.”

19. On October 2, 2013, Petitioner’s public relations firm received the following e-mail:

Subject: PRWeb Editorial Hold Advisory -10999399

Dear [Name Redacted],

As a part of our editorial review process, this e-mail is to inform you that your press release has been put on editorial hold and

requires your attention.

IMPORTANT: Please review the following information regarding the status of your press release entitled:

BYSTRICTIN™ Introduces Gastric Fill Technology to Promote a Dramatically Different Approach to Weight Loss 10999399

Our editors have determined that some changes will need to be made to your press release in order to effectively distribute it on PRWeb. Your press release has been placed on editorial hold status in order to allow you to make the required reviews and edits.

Our editors have made the following notes regarding your editorial hold:

Roca Labs emailed Editorial showing proof they [sic] have a trademark on the phrase "Gastric bypass effect." Our legal department says since the trademarked phrase does not appear in the PRWeb press release copy, but rather in the iframe, Roca Labs needs to contact you, so you can contact your client informing them that the phrase needs to be removed from the <http://www.bystrictin.com/> website. In the meantime, we are putting this press release on editorial hold until such time as the phrase "Gastric bypass effect" is removed from the website.

To edit your press release and remove your editorial hold, you will need to log in to your account at <http://us.vocuspr.com/>. Once you are logged in, go to "My Releases" and select "Edit" to review and edit your release. After you are satisfied with your changes, re-submit the release back to our editorial team to review.

Sincerely,

PRWeb Editorial Team
24-hour Editorial Desk: 360-312-0892
24-hour Editorial Desk: 866-640-NEWS
24-hour UK Editorial Desk: +44 (0) 20 3426 4000

20. In a letter dated October 4, 2013, the "Roca Labs, Inc. Legal Dept." stated to Dr. Karen Vieira that by virtue of the fact that she had been appearing in advertisements promoting Bystrictin™, that she was infringing on Registrant's marks. This was apparently based on the fact that Dr. Vieira states in the advertising that Bystrictin™ "results are so dramatic that it may

be considered a safe alternative to gastric bypass surgery.” The letter threatens a lawsuit against Dr. Vieira.

21. The “Roca Labs, Inc. Legal Dept.” sent a letter dated October 9, 2013, to at least two entities, and likely more, regarding Petitioner’s advertising. The letters of which Petitioner is aware were directed to Clear Channel Communications, Inc. and Emmis Operating Company, both of which carry advertising for Petitioner. The letter states that Petitioner’s advertisements infringe on Registrant’s intellectual property rights, again apparently through the use of the phrase “alternative to gastric bypass surgery,” through the use of the phrase “gastric bypass effect,” and apparently through any reference to “gastric bypass.” One of the letters also states that Google has removed all of Petitioner’s advertising. The letters are signed by a paralegal, and threaten a lawsuit against the various entities. Registrant has continued to send such correspondence to entities that carry Petitioner’s advertising after October 9, 2013.

22. It is clear that Registrant is misusing its marks to interfere with Petitioner’s advertising and business, in an anti-competitive effort.

23. Petitioner has the right to continue to use the generic phrase “gastric bypass results,” or variations thereof, to identify the purpose of, as well as results of use of its product.

IV. THE MARK IS GENERIC

24. Registrant’s goods are food supplements for weight loss.

25. Third parties use the phrase “gastric bypass results,” or variations thereof, to describe the effect gastric bypass surgery has on a person. See Composite Exhibit F comprised of a few of such examples. Petitioner has identified numerous additional examples that will be submitted to show such third parties’ use of same.

26. Upon information and belief, the relevant public understands “gastric bypass results” to mean the results of or impact gastric bypass surgery has on a person.

27. Continued registration of the phrase “gastric bypass results” is and will be, a source of damage to Petitioner and others who are entitled to use the generic phrase, or variations thereof, as it confers upon Registrant an incorrect presumption of the validity of the registered mark, of the registration of the mark, of the Registrant’s ownership of the mark, and of Registrant’s exclusive right to use the mark in connection with Registrant’s goods.

28. Pursuant to Sections 14 (3) and 45 of the Lanham Act, 15 U.S.C. §§ 1064 (3) and 1127, and 15 U.S.C. 1052(e), the phrase “gastric bypass results” is generic and fails to function as a trademark and the Registration should be cancelled.

V. THE MARK IS MERELY DESCRIPTIVE

29. As used in connection with Registrant’s goods, the phrase “gastric bypass results” immediately conveys to the relevant public the intended consumers for, as well as a feature and purpose of, Registrant’s goods.

30. The phrase “gastric bypass results,” as used with Registrant’s goods, is merely descriptive.

31. Numerous third parties have used the phrase “gastric bypass results,” or variations thereof, as a descriptive or generic phrase since before Registrant used or sought registration for the phrase. Petitioner and third parties are entitled to continued use of the phrase “gastric bypass results” as a descriptive or generic phrase.

32. Registrant has not acquired distinctiveness for the phrase “gastric bypass results” in connection with Registrant’s goods.

33. Pursuant to Section 2(e) of the Lanham Act, 15 U.S.C. §1052(e), the phrase “gastric bypass results” is merely descriptive of the goods and therefore the Registration should be cancelled.

VI. REGISTRATION FOR THIS MARK SHOULD NEVER HAVE BEEN GRANTED.

34. The registration was erroneously granted because Registrant failed to submit a specimen showing the mark being used on the product or packaging for the product at the time of filing the application. The only specimens Registrant provided were website screen shots showing advertising for its product. These do not show trademark use. See TMEP §904.03.

35. In addition, the specimens Registrant provided at the time of filing the application did not show the alleged mark being used prominently as a trademark and actually showed the alleged mark being used descriptively, for example “Roca Labs is a special Formula designed to create ‘gastric bypass results’ without the need for a gastric bypass surgery.” See Exhibit G.

36. In addition, pursuant to Section 1(a) of the Lanham Act, 15 U.S.C. § 1051(a), the registration was wrongly granted because there was no bona fide use of Registrant’s mark in commerce prior to the Registrant’s filing of the use-based application for its registration. The website screen shots Registrant provided at the time of filing its application do not show bona fide use of the alleged mark in commerce prior to the filing of its use-based application for its registration.

37. Further, Registrant’s alleged mark was not used as a trademark or service mark prior to the application. Again, Registrant’s website screen shots provided at time of filing do not show trademark or service mark use of the phrase and actually show the alleged mark being used descriptively.

38. The registration for this mark should never have been granted. The specimen Registrant provided shows that the alleged mark is: (1) descriptive; (2) not used prominently to indicate a trademark; and (3) does not function as a trademark. Accordingly, Petitioner's Cancellation Petition should be granted.

39. Continued registration of the phrase "gastric bypass results" for Registrant's goods is a source of injury to both Petitioner and to numerous third parties who currently use, and are entitled to continue to use, the phrase "gastric bypass results," or variations thereof, because it confers on Registrant the incorrect presumption that "gastric bypass results" is a valid trademark; that Registrant is the owner of the phrase and that Registrant has the exclusive right to use the phrase to the exclusion of others. Petitioner and the public are also being damaged by the registration because Petitioner and others are being prevented from accurately and correctly describing the purpose of, as well as the the effect consumers get from using Petitioner's product.

WHEREFORE, Petitioner respectfully requests that the Registration be cancelled and that this Amended Petition to Cancel be sustained.

Dated this 26th day of November, 2013.

Respectfully submitted,

ANDERSON LAW GROUP

/s/ Tracy Martinell Henry
Tracy Martinell Henry
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Definition of GASTRIC BYPASS

: a surgical bypass operation that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine so as to restrict food intake and reduce caloric absorption in cases of severe obesity

First Known Use of GASTRIC BYPASS

1972

gastric bypass *noun* (Medical Dictionary)

Medical Definition of GASTRIC BYPASS

: a surgical bypass operation performed to restrict food intake and reduce absorption of calories and nutrients in the treatment of severe obesity that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine; especially : ROUX-EN-Y GASTRIC BYPASS

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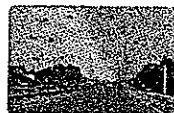
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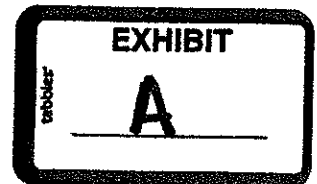
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Gastric bypass surgery

By Mayo Clinic staff

Original Article: <http://www.mayoclinic.com/health/gastric-bypass/MY00825>

Definition

Gastric bypass and other weight-loss surgeries make changes to your digestive system to help you lose weight by limiting how much you can eat or by reducing the absorption of nutrients, or both. Gastric bypass and other weight-loss surgeries are done when diet and exercise haven't worked or when you have serious health problems because of your weight.

There are many types of weight-loss surgery, known collectively as bariatric surgery. Gastric bypass is one of the most common types of bariatric surgery in the United States. Many surgeons prefer gastric bypass surgery because it generally has fewer complications than do other weight-loss surgeries.

Still, all forms of weight-loss surgery, including gastric bypass, are major procedures that can pose serious risks and side effects. Also, you must make permanent healthy changes to your diet and get regular exercise to help ensure the long-term success of bariatric surgery.

Why it's done

Gastric bypass surgery is done to help you lose excess weight and reduce your risk of potentially life-threatening weight-related health problems, including:

- Gastroesophageal reflux disease
- Heart disease



- High blood pressure
- Severe sleep apnea
- Type 2 diabetes
- Stroke

Gastric bypass and other weight-loss surgeries are typically done only after you've tried to lose weight by improving your diet and exercise habits.

Who it's for

In general, gastric bypass and other weight-loss surgeries could be an option for you if:

- Your body mass index (BMI) is 40 or higher (extreme obesity).
- Your BMI is 35 to 39.9 (obesity), and you have a serious weight-related health problem, such as type 2 diabetes, high blood pressure or severe sleep apnea. In some cases, you may qualify for certain types of weight-loss surgery if your BMI is 30 to 34 and you have serious weight-related health problems.

But gastric bypass isn't for everyone who is severely overweight. You may need to meet certain medical guidelines to qualify for weight-loss surgery. You likely will have an extensive screening process to see if you qualify. You must also be willing to make permanent changes to lead a healthier lifestyle. You may be required to participate in long-term follow-up plans that include monitoring your nutrition, your lifestyle and behavior, and your medical conditions.

And keep in mind that bariatric surgery is expensive. Check with your health insurance plan or your regional Medicare or Medicaid office to find out if your policy covers such surgery.

Risks

As with any major surgery, gastric bypass and other weight-loss surgeries pose potential health risks, both in the short term and long term.

Risks associated with the surgical procedure can include:

- Excessive bleeding
- Infection
- Adverse reactions to anesthesia
- Blood clots

- Lung or breathing problems
- Leaks in your gastrointestinal system
- Death (rare)

Longer term risks and complications of weight-loss surgery vary depending on the type of surgery. They can include:

- Bowel obstruction
- Dumping syndrome, causing diarrhea, nausea or vomiting
- Gallstones
- Hernias
- Low blood sugar (hypoglycemia)
- Malnutrition
- Stomach perforation
- Ulcers
- Vomiting
- Death (rare)

How you prepare

If you qualify for gastric bypass or other weight-loss surgeries, your health care team gives you instructions on how to prepare for your specific type of surgery. You may need to have various lab tests and exams before surgery. You may have restrictions on eating and drinking and which medications you can take. You may be required to start a physical activity program and to stop any tobacco use.

You may also need to prepare by planning ahead for your recovery after surgery. For instance, arrange for help at home if you think you'll need it.

What you can expect

Gastric bypass and other types of weight-loss surgery are done in the hospital. General anesthesia is used for weight-loss surgery. This means you're unconscious during the procedure.



Gastric bypass surgery

The specifics of your surgery depend on your individual situation, the type of weight-loss surgery you have, and the hospital's or doctor's practices. Some weight-loss surgeries are done with traditional large, or open, incisions in your abdomen. Today, most types of bariatric surgery are performed laparoscopically. A laparoscope is a small, tubular instrument with a camera attached. The laparoscope is inserted through small incisions in the abdomen. The tiny camera on the tip of the laparoscope allows the surgeon to see and operate inside your abdomen without making the traditional large incisions. Laparoscopic surgery can make your recovery faster and shorter, but it's not suitable for everyone.

Surgery usually takes several hours. After surgery, you awaken in a recovery room, where medical staff monitors you for any complications. Your hospital stay may last from three to five days.

Types of bariatric surgery

Each type of bariatric surgery has pros and cons. Be sure to talk to your doctor about them. Here's a look at common types of bariatric surgery:

- **Roux-en-Y (roo-en-y).** This is a type of gastric bypass surgery, and is the most common method of gastric bypass. This surgery is typically not reversible. It works by decreasing the amount of food you can eat at one sitting and reducing absorption of nutrients. The surgeon cuts across the top of your stomach, sealing it off from the rest of your stomach. The resulting pouch is about the size of a walnut and can hold only about an ounce of food. Normally, your stomach can hold about 3 pints of food. Then, the surgeon cuts the small intestine and sews part of it directly onto the pouch. Food then goes into this small pouch of stomach and then directly into the small intestine sewn to it. Food bypasses most of your stomach and the first section of your small intestine, and instead enters directly into the middle part of your small intestine.
- **Biliopancreatic diversion with duodenal switch.** This is another type of gastric bypass surgery. In this complex, multipart procedure, about 80 percent of the stomach is removed. The valve that releases food to the small intestine (the pyloric valve) remains, along with a limited portion of the small intestine that normally connects to the stomach (duodenum). The surgery bypasses the majority of the intestine by connecting the end portion of the intestine to the duodenum near the stomach (duodenal switch and biliopancreatic diversion). This surgery both limits how much you can eat and reduces the absorption of nutrients. While it's very effective, it has more risks, including malnutrition and vitamin deficiencies. It's generally used for people who have a body mass index greater than 50.

- **Laparoscopic adjustable gastric banding (LAGB).** In this weight-loss surgery, the surgeon positions an inflatable band around the uppermost part of the stomach. When the band is inflated, it compresses the stomach, acting like a belt that tightens. This separates the stomach into two parts, with a very small upper pouch that communicates with the rest of the stomach through a channel created by the band. The small upper pouch limits the amount of food you can eat. The band can be adjusted so that it restricts more or less food. Because of its relative simplicity, LAGB is one of more common weight-loss surgeries. However, it may lead to less weight loss than may other procedures, and you may need to have the band adjusted periodically.
- **Vertical banded gastroplasty.** This procedure, also called stomach stapling, divides the stomach into two parts, restricting how much food you can eat. The upper pouch is small and empties into the lower pouch — the rest of your stomach. Partly because it generally doesn't lead to adequate long-term weight loss, this weight-loss surgery isn't as popular as other types.
- **Sleeve gastrectomy.** A sleeve gastrectomy, also called a vertical sleeve gastrectomy, is a newer type of weight-loss surgery. The sleeve gastrectomy is actually the first part of the surgical process for a biliopancreatic diversion with duodenal switch. However, the sleeve gastrectomy portion of surgery may be all that's needed to lose sufficient weight — in some cases the second part, biliopancreatic diversion, isn't needed. With sleeve gastrectomy, the structure of your stomach is changed to be shaped like a tube, which restricts the amount of calories your body absorbs.

Which type of weight-loss surgery is best for you depends on your specific situation. Your surgeon will take many factors into account, including your body mass index, your eating habits, your health problems, any previous surgery and the risks of each procedure.

After gastric bypass

After gastric bypass and other types of weight-loss surgery, you generally won't be allowed to eat for one to two days so that your stomach and digestive system can heal. Then, you'll follow a specific diet for about 12 weeks. The diet begins with liquids only, then progresses to ground-up or soft foods, and finally to regular foods. You may have many restrictions or limits on how much and what you can eat and drink.

You'll also have frequent medical checkups to monitor your health in the first several months after weight-loss surgery. You may need laboratory testing, blood work and various exams.

You may experience changes as your body reacts to the rapid weight loss in the first three to six months after gastric bypass or other weight-loss surgery, including:

- Body aches
- Feeling tired, as if you have the flu
- Feeling cold
- Dry skin
- Hair thinning and hair loss
- Mood changes

Results

Gastric bypass and other bariatric surgeries can provide long-term weight loss. The amount of weight you lose depends on your type of surgery and your change in lifestyle habits. It may be possible to lose half, or even more, of your excess weight within two years.

In addition to weight loss, gastric bypass surgery may improve or resolve conditions often related to being overweight, including:

- Gastroesophageal reflux disease
- Heart disease
- High blood pressure
- Severe sleep apnea
- Type 2 diabetes
- Stroke

Gastric bypass surgery can also improve your ability to perform routine daily activities, which could help improve your quality of life.

When weight-loss surgery doesn't work

Gastric bypass and other weight-loss surgeries don't always work as well as you might have hoped. For one thing, although rare, something during or after the procedure itself may go wrong. For instance, the adjustable band may fail to work properly. If a weight-loss procedure doesn't work right or stops working, you may not lose weight and you may develop serious health problems. Keep all of your scheduled follow-up appointments after weight-loss surgery. If you notice that you aren't losing weight or you develop complications, see your doctor immediately. Your weight loss can be monitored and factors potentially contributing to your lack of weight loss evaluated.

It's also possible to not lose enough weight or to regain weight after any type of weight-loss surgery, even if the procedure itself works correctly. This weight gain can happen if you don't follow the recommended lifestyle changes. To help avoid regaining weight, you must make permanent healthy changes in your diet and get regular physical activity and exercise. If you frequently snack on high-calorie foods, for instance, you may have inadequate weight loss.

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Oct. 11, 2011

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National rates for bariatric surgery on the rise, especially among youth, U-M study finds

Published on Feb 15, 2007

From 1996-2002, bariatric surgery increased seven-fold, tripling among youth, with private insurers charged with 80 percent of the cost in 2002 alone

ANN ARBOR, MI—As the rate of national obesity has steadily increased across all age groups, so has Americans' willingness to turn to an effective surgical intervention to address severe obesity: bariatric surgery.

Matt DavisFrom 1996 to 2002 the use of bariatric surgery has increased seven-fold nationally, and its use has more than tripled among youth. More than 80 percent of individuals in all age groups who underwent the procedure were female.

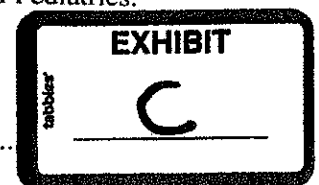
These findings, from researchers at the University of Michigan Health System, also reveal that in 2002 alone, hospitals charged more than \$2 billion for bariatric surgery, with private insurers picking up more than 80 percent of the charges.

Results from this study, which also examine the most common medical conditions among youth who undergo bariatric surgery, are reported in the January issue of Archives of Surgery.

Bariatric surgery, which includes procedures such as gastric bypass, gastric banding and biliopancreatic diversion, aims to change the gastrointestinal tract so it restricts the amount of food a person is able to consume.

As the nation's waistline has continued to grow, so has the popularity of this weight loss procedure as more Americans work to combat their obesity after failed attempts at diet and exercise. The procedure is recommended only for individuals with severe obesity, or for those who are obese and suffering from other medical complications of obesity such as diabetes.

"The greatest increase in bariatric surgery rates has occurred among non-elderly adults, and, for the first time, we've seen that bariatric surgery rates have increased among the nation's youth, more than three-fold from 1996 to 2002," notes study lead author Matthew M. Davis, M.D., M.A.P.P., an assistant professor of pediatrics, internal medicine and public policy in the Child Health Evaluation and Research (CHEAR) Unit in U-M C.S. Mott Children's Hospital's Division of General Pediatrics.



However, Davis says key aspects of this national trend the female to male ratio among patients undergoing the procedure in various age groups, additional medical conditions patients may have beyond obesity, and the economic implications of the procedure remained unclear and required closer examination.

Using data from Nationwide Inpatient Sample (NIS), a database of discharge information developed by federal and state governments and health care institutions, Davis and his colleagues analyzed the most recent data available, 1996 through 2002, to examine trends in the use of bariatric surgery.

For the study, individuals who had undergone bariatric surgery were characterized according to gender, age, and other medical conditions, or comorbidities, they may have in addition to obesity. Their hospitalization was examined based on length of stay, average hospital charges, expected primary payer, and in-hospital mortality.

Nationally, the study revealed that rates of bariatric surgery climbed seven-fold from 1996 through 2002, with increases in all age groups studied: youth (younger than 20 years of age), non-elderly (20 to 65 years of age) and elderly (older than age 65).

And this increase is having a noticeable impact on health insurance: in 2002, hospitals charged more than \$2 billion for these procedures, with more than 80 percent billed to private insurers. On average, each hospital stay in 2002 for bariatric surgery led to about \$29,000 in charges.

"Private payers are shouldering an increased share of the costs for bariatric surgery, and this trend is most likely a result of increased coverage among private payers for this procedure, which has a track record of success compared to other therapies for obesity," says Davis. "Bariatric surgery appears to be an increasingly attractive option for private insurance plans and employers that face rapidly growing health care costs associated with obesity and related comorbidities."

While the greatest increase in bariatric surgery rates occurred among non-elderly adults, Davis says this is the first study of its kind to report that bariatric surgery rates also have grown among America's youth, with bariatric procedures in this age group more than tripling during the time period studied.

Unlike previous national studies on bariatric surgery, Davis' research further identified the most common comorbidities among youths undergoing bariatric surgery. In 2002, comorbidities of obese youth were: depression (17 percent), high blood pressure (14 percent), esophageal reflux (14 percent), sleep apnea (11 percent), chronic gallstones (11 percent), and asthma (8 percent).

Gender-related findings among the youth population also mirrored those of the non-elderly group in the study. In both age groups, women were four times more likely to undergo bariatric surgery than men.

"This finding suggests that, in addition to medical factors, there are likely some social factors playing into the decision to undergo bariatric surgery that leads to young women being more likely, and young men less likely, to have the procedure," says Davis, noting that other national data indicate a more balanced gender ratio among youth in relation to severe obesity.

University of Michigan News Service | National rates for bariatric surgery on the rise, esp...

Along with Davis, the study was co-authored by Kathryn Slish, MA, Department of Pediatrics at the U-M Health System; Celia Chao, M.D., Department of Surgery at the University of Texas Medical Branch; and Michael D. Cabana, M.D., MPH, Department of Pediatrics at the University of California at San Francisco.

The study was funded by the U-M Health System.

Reference: Archives of Surgery, January 2006, Vol.141.

Childhood obesity and behavior problems linked

<http://ns.umich.edu/new/releases/61-national-rates-for-bariatric-surgery-on-the-rise-especially-among-youth-u-m-study-finds>

Number of Laparoscopic Bariatric Procedures Continued to Rise Between 2003-2008, U.S. Study Finds

Aug. 8, 2011 — According to a study published in the August issue of the *Journal of the American College of Surgeons*, there was an increase in the number of laparoscopic bariatric procedures, an increase in the number of bariatric surgeons and a decrease of in-hospital mortality rates between 2003 and 2008. During the past decade, the field of bariatric surgery has changed dramatically and the authors concluded that these trends are due, in part, to an increase in the use of laparoscopic techniques and a greater acceptance of bariatric surgery by patients.

"We've identified a national trend in the use of bariatric surgery that is tied to the rapid expansion of the laparoscopic approach to bariatric surgery and the laparoscopic adjustable gastric banding operation," said Ninh T. Nguyen, MD, FACS, chief surgeon for the Division of Gastrointestinal Surgery with University of California, Irvine Healthcare and the study's lead author. "Many reports we looked at documented the long-term survival and metabolic benefits of bariatric surgery and these benefits are having an impact on patients' willingness to accept bariatric surgery as an option for the treatment of morbid obesity."

Using data from the Nationwide Inpatient Sample (NIS) from 2003 through 2008, the study authors found that the number of bariatric operations peaked in 2004 at 135,985 cases (63.9 procedures per 100,000 adults) and reached a plateau at 124,838 cases (54.2 procedures per 100,000 adults) in 2008. The proportion of laparoscopic bariatric operations increased from just over 20 percent in 2003 to more than 90 percent in 2008 and the in-hospital mortality rate for these procedures decreased from 0.21 percent to 0.10 percent.

The researchers also identified a considerable swell in the number of bariatric surgeons during the six-year study period. Bariatric surgeons with membership in the American Society for Metabolic and Bariatric Surgery (ASMBS) increased from 931 to 1,819 representing a 95 percent increase.

With regard to the procedures hitting a plateau in 2004, Dr. Nguyen concluded it was likely due to a decrease in patient demand or increased difficulty for patients to access bariatric surgery, possibly tied to lack of insurance coverage.

The median age of patients studied who underwent bariatric surgery ranged from 42 to 45 years, with 79.2 percent to 82.6 percent female and the proportion of Caucasians ranged from 71.3 percent to 78.2 percent. The study sample represents approximately 20 percent of U.S. community hospitals and includes public hospitals and academic medical centers.

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Journal Reference:

1. Ninh T. Nguyen, Hossein Masoomi, Cheryl P. Magno, Xuan-Mai T. Nguyen, Kelly Laugenour, John Lane. **Trends in Use of Bariatric Surgery, 2003–2008.** *Journal of the American College of Surgeons*, 2011; 213 (2): 261 DOI: [10.1016/j.jamcollsurg.2011.04.030](https://doi.org/10.1016/j.jamcollsurg.2011.04.030)

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American College of Surgeons (2011, August 8). Number of laparoscopic bariatric procedures continued to rise between 2003-2008, U.S. study finds. *ScienceDaily*. Retrieved October 2, 2013, from <http://www.sciencedaily.com/releases/2011/08/110808152426.htm>

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Obesity Epidemic Means Bariatric Surgery Rates Continue to Rise, Reports Plastic and Reconstructive Surgery

Oct. 2, 2012 — With rising rates of morbid obesity, the number of bariatric surgery procedures is likely to increase as well, reports a paper in the October issue of *Plastic and Reconstructive Surgery*®, the official medical journal of the American Society of Plastic Surgeons (ASPS).

Because of their role in dealing with aesthetic problems after massive weight loss, plastic surgeons must understand the principles and expected benefits of bariatric surgery procedures -- as well as the characteristics and potential medical risks of patients undergoing these procedures, according to the new review by Drs. Bruce Wolfe and Erin Gilbert of Oregon Health and Science University, Portland.

Rising Rates of Obesity Lead to Increases in Bariatric Surgery...

The authors reviewed and summarized the latest data on the use and outcomes of bariatric surgery for the management of morbid obesity. The rise of bariatric surgery parallels the rising rates of obesity in the United States. Drs. Wolfe and Gilbert point out, "In 1990, not one state had a prevalence of obesity greater than 15 percent, whereas in 2009, only Colorado and the District of Columbia had prevalence less than 20 percent."

Obesity increases the risk of a wide range of chronic health problems -- highlighted by the recent surge in diabetes among overweight and obese children and adolescents. "Not only is obesity a significant risk factor for many [diseases], but it also is associated with an overall increase in mortality and a reduction in life span of 10 years," the authors write. Currently, bariatric surgery is considered for patients who are unable to achieve a five percent decrease in weight with diet and lifestyle modifications.

Drs. Wolfe and Gilbert review the three main options for bariatric surgery: adjustable gastric banding, sleeve gastrectomy, and "Roux-en-Y" gastric bypass. The expected percentage of excess weight loss is about 48 percent after adjustable gastric banding and 61 percent after sleeve gastrectomy and gastric bypass.

Gastric bypass is the most popular procedure because it results in greater weight loss and less weight regain. It also performs best in terms of resolving obesity-related diseases, such as diabetes, high cholesterol and high blood pressure. However, gastric banding is a reversible procedure that causes fewer long-term metabolic problems.

...And Rising Demand for Body Contouring

It's especially important for plastic surgeons to understand the concepts and outcomes of bariatric surgery procedures, as there is a fast-growing population of patients seeking body contouring surgery.

Body contouring refers to several different types of plastic surgery procedures done to remove excess fat and skin in patients after massive weight loss. ASPS statistics show sharp increases in the demand for body-contouring procedures -- such as lower body lift, upper arm lift, and abdominoplasty ("tummy tuck") over the past decade.

In general, body contouring should be delayed until weight has stabilized for at least three months -- which may take a year or longer after surgery, according to Drs. Wolfe and Gilbert. They emphasize the need to carefully screen patients for ongoing medical issues such as diabetes, heart disease or obstructive sleep apnea. Nutritional deficiencies are also common after bariatric surgery, including protein malnutrition and deficient levels of nutrients such as vitamin B12, vitamin D, iron, calcium and folate. All of these conditions should be identified and corrected before body contouring is performed.

"Given the increasing incidence of morbid obesity and the effectiveness of bariatric surgery in treating this disease, it will likely continue to increase in popularity," Drs. Wolfe and Gilbert conclude. They believe that the growth of bariatric surgery may increase even further as the overall safety profile continues to improve. In addition, the number of adolescent patients undergoing surgical treatment for obesity is likely to increase as future studies verify the safety of bariatric surgery in this age group.

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Journal Reference:

1. Gilbert, Erin W. and Wolfe, Bruce M. **Bariatric Surgery for the Management of Obesity: State of the Field.** *Plastic & Reconstructive Surgery*, October 2012 - Volume 130 - Issue 4 - p 948% u2013954 DOI: [10.1097/PRS.0b013e318262f566](https://doi.org/10.1097/PRS.0b013e318262f566)

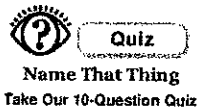
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Wolters Kluwer Health: Lippincott Williams & Wilkins (2012, October 2). Obesity epidemic means bariatric surgery rates continue to rise, reports plastic and reconstructive surgery. *ScienceDaily*. Retrieved October 2, 2013, from <http://www.sciencedaily.com/releases/2012/10/121002143453.htm>

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: to happen because of something else that happened or was done before : to be caused by something else

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- 1 a : to proceed or arise as a consequence, effect, or conclusion <death *resulted* from the disease>
- b : to have an issue or result <the disease *resulted* in death>
- 2 : REVERT 2

Examples of RESULT

If you take this drug, side effects may *result*.

Origin of RESULT

Middle English, from Medieval Latin *resultare*, from Latin, to rebound, from *re-* + *saltare* to leap — more at SALTATION
First Known Use: 15th century

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adult, consult, exult, incult, induct, insult, occult, penult, tumult

²result *noun*

- : something that is caused by something else that happened or was done before
- : the final score or a description of who won and lost in a game, election, etc.
- : a win especially in a soccer match

Full Definition of RESULT

- 1 : something that results as a consequence, issue, or conclusion; *also* : beneficial or tangible effect : FRUIT
 - 2 : something obtained by calculation or investigation
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— *re-sult-less* *adjective*

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The book is the *result* of years of hard work and dedication.
The *end result* of his work was a classic American novel.
The investigation continued without *result*.

First Known Use of RESULT

1610

Related to RESULT

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aftereffect, aftermath, backwash, child, conclusion, consequence, corollary, development, fate, fruit, issue, outcome, outgrowth, precipitate, product, effect, resultant, sequel, sequence, upshot

Antonyms

antecedent, causation, cause, occasion, reason

Related Words

ramification; denouement (*also* dénouement), echo, implication, repercussion; afterclap, afterglow, aftershock; blowback, by-product, fallout, offshoot, ripple, side effect (*also* side reaction), spin-off

Near Antonyms

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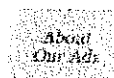
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Trademark/Service Mark Application, Principal Register

Serial Number: 85643517

Filing Date: 06/05/2012

The table below presents the data as entered.

Input Field	Entered
SERIAL NUMBER	85643517
MARK INFORMATION	
*MARK	<u>Gastric Bypass Results</u>
STANDARD CHARACTERS	YES
USPTO-GENERATED IMAGE	YES
LITERAL ELEMENT	Gastric Bypass Results
MARK STATEMENT	The mark consists of standard characters, without claim to any particular font, style, size, or color.
REGISTER	Principal
APPLICANT INFORMATION	
*OWNER OF MARK	Roca Labs, Inc.
*STREET	P.O. Box 20631
*CITY	Tampa
*STATE (Required for U.S. applicants)	Florida
*COUNTRY	United States
*ZIP/POSTAL CODE (Required for U.S. applicants only)	33622
PHONE	773-800-0055
EMAIL ADDRESS	KOut45@gmail.com
LEGAL ENTITY INFORMATION	
TYPE	corporation
STATE/COUNTRY OF INCORPORATION	Florida
GOODS AND/OR SERVICES AND BASIS INFORMATION	



INTERNATIONAL CLASS	005
*IDENTIFICATION	Food supplements for weight loss
FILING BASIS	SECTION 1(a)
FIRST USE ANYWHERE DATE	At least as early as 01/01/2011
FIRST USE IN COMMERCE DATE	At least as early as 01/01/2011
SPECIMEN FILE NAME(S)	<u>\\TICRS\EXPORT16\IMAGEOUT</u> <u>16\856\435\85643517\xml1\ APP0003.JPG</u>
	<u>\\TICRS\EXPORT16\IMAGEOUT</u> <u>16\856\435\85643517\xml1\ APP0004.JPG</u>
SPECIMEN DESCRIPTION	Examples of recurring use of the mark on screen shots from Owner's website.
ATTORNEY INFORMATION	
NAME	Kelly L. Owen
STREET	406 Glen Ridge Ave
CITY	Tampa
STATE	Florida
COUNTRY	United States
ZIP/POSTAL CODE	33617
EMAIL ADDRESS	KOut45@gmail.com
AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
CORRESPONDENCE INFORMATION	
NAME	Kelly L. Owen
STREET	406 Glen Ridge Ave
CITY	Tampa
STATE	Florida
COUNTRY	United States
ZIP/POSTAL CODE	33617
EMAIL ADDRESS	KOut45@gmail.com
AUTHORIZED TO COMMUNICATE VIA EMAIL	Yes
FEE INFORMATION	
NUMBER OF CLASSES	1

FEE PER CLASS	325
*TOTAL FEE DUE	325
*TOTAL FEE PAID	325
SIGNATURE INFORMATION	
SIGNATURE	/klo/
SIGNATORY'S NAME	Kelly L. Owen
SIGNATORY'S POSITION	Attorney of record, FL bar member
DATE SIGNED	06/05/2012

Trademark/Service Mark Application, Principal Register

Serial Number: 85643517

Filing Date: 06/05/2012

To the Commissioner for Trademarks:

MARK: Gastric Bypass Results (Standard Characters, see [mark](#))

The literal element of the mark consists of Gastric Bypass Results.

The mark consists of standard characters, without claim to any particular font, style, size, or color.

The applicant, Roca Labs, Inc., a corporation of Florida, having an address of
P.O. Box 20631
Tampa, Florida 33622
United States

requests registration of the trademark/service mark identified above in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946 (15 U.S.C. Section 1051 et seq.), as amended, for the following:

For specific filing basis information for each item, you must view the display within the Input Table.

International Class 005: Food supplements for weight loss

In International Class 005, the mark was first used by the applicant or the applicant's related company or licensee or predecessor in interest at least as early as 01/01/2011, and first used in commerce at least as early as 01/01/2011, and is now in use in such commerce. The applicant is submitting one(or more) specimen(s) showing the mark as used in commerce on or in connection with any item in the class of listed goods and/or services, consisting of a(n) Examples of recurring use of the mark on screen shots from Owner's website..

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The applicant's current Attorney Information:

Kelly L. Owen
406 Glen Ridge Ave
Tampa, Florida 33617
United States

The applicant's current Correspondence Information:

Kelly L. Owen
406 Glen Ridge Ave
Tampa, Florida 33617

KOut45@gmail.com (authorized)

A fee payment in the amount of \$325 has been submitted with the application, representing payment for 1 class(es).

Declaration

The undersigned, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. Section 1001, and that such willful false statements, and the like, may jeopardize the validity of the application or any resulting registration, declares that he/she is properly authorized to execute this application on behalf of the applicant; he/she believes the applicant to be the owner of the trademark/service mark sought to be registered, or, if the application is being filed under 15 U.S.C. Section 1051(b), he/she believes applicant to be entitled to use such mark in commerce; to the best of his/her knowledge and belief no other person, firm, corporation, or association has the right to use the mark in commerce, either in the identical form thereof or in such near resemblance thereto as to be likely, when used on or in connection with the goods/services of such other person, to cause confusion, or to cause mistake, or to deceive; and that all statements made of his/her own knowledge are true; and that all statements made on information and belief are believed to be true.

Declaration Signature

Signature: /klo/ Date: 06/05/2012

Signatory's Name: Kelly L. Owen

Signatory's Position: Attorney of record, FL bar member

RAM Sale Number: 803

RAM Accounting Date: 06/06/2012

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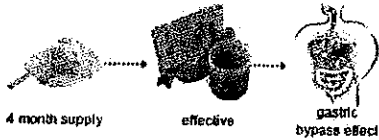
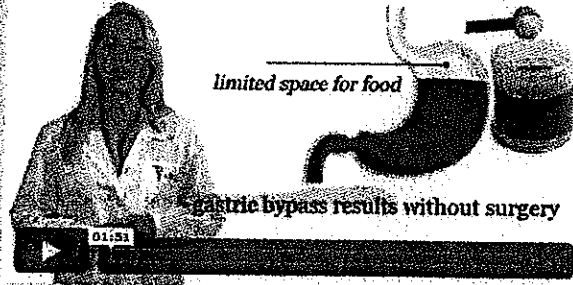
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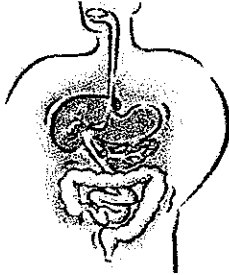
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Score Predicts Gastric Bypass Results in DM

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Score Predicts Gastric Bypass Results in DM

Published: Sep 12, 2013 | Updated: Sep 13, 2013



By Charles Bankhead, Staff Writer, MedPage Today
Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, BSN, RN, Nurse Planner

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A scoring system based on four clinical variables has the potential to pre-operatively identify patients likely to have remission of diabetes after Roux-en-Y gastric bypass (RYGB) surgery, investigators reported.

The 22-point, insulin-weighted system had a strong inverse association with diabetes remission, ranging from 88% of patients who had scores of 0 to 2 to a low of 2% for patients with scores of 18 to 22. The system comprises four variables found to have the most influence on diabetes remission:

insulin use, age, glycated hemoglobin (HbA1c), and combination therapy with an insulin sensitizer (not metformin) and a sulfonylurea among patients not using insulin.

Baseline insulin use was the strongest predictor of remission, as patients who were not using insulin before surgery had a remission rate of 70.6% compared with 10.3% for patients who were on insulin at the time of surgery, George Argyropoulos, PhD, of the Geisinger Health System in Danville, Pa., and co-authors reported online in *The Lancet*.

"The DiaRem score is the first pre-operative way to predict diabetes remission after RYGB surgery and is calculated with four readily obtainable clinical variables," the authors noted in their conclusion. "For example, an individual with a body mass index (BMI) of 39 kg/m² and a DiaRem score of 22 could benefit from RYGB in terms of weight loss, but would have low probability of diabetes remission and could therefore opt to make intensive lifestyle changes or use incretin mimetics before surgery, which appears to improve the odds of remission for individuals taking insulin."

About 60% of obese diabetic patients achieve remission of diabetes after RYGB, a success rate that has led to proposals to apply the surgery specifically as a means to achieve diabetes remission in patients who do not meet accepted criteria for the surgery, such as individuals with BMI 25 to 35.

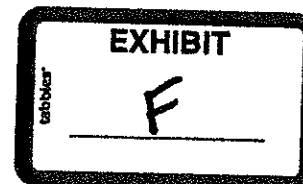
Patients and clinicians would benefit from a means to predict the likelihood of diabetes remission before surgery, the authors noted in their introduction. Multiple factors have been identified as predictors of high and low likelihood of remission. However, efforts to produce a prediction score or index have consisted of a few reports of algorithmic models.

Argyropoulos and colleagues set out to develop an uncomplicated yet effective method to predict diabetes remission after RYGB. They analyzed records for 2,300 patients who underwent RYGB at Geisinger Health System from 2004 to 2011 and identified the patients who met American Diabetes Association (ADA) criteria for type 2 diabetes prior to surgery. ADA criteria also were used to define remission of diabetes.

Action Points

A scoring system based on four clinical variables has the potential to pre-operatively identify patients likely to have remission of diabetes after Roux-en-Y gastric bypass (RYGB) surgery.

Point out that the score is calculated using the following four variables: insulin use, age, HbA1C concentration, and type of antidiabetic drugs.



Score Predicts Gastric Bypass Results in DM

Investigators separated the patients into two groups according to insulin use at the time of surgery. To dissociate the effects of weight loss, investigators further divided the patients according to early and late remission of type 2 diabetes. Early was defined as having an onset within 2 months of surgery and lasting at least 12 months. Late remission was defined as onset more than 2 months after surgery and lasting at least 12 months.

The authors began with an analysis of 259 clinical variables, consisting of 51 comorbidities, 93 drugs, 78 laboratory measurements, 19 survey scores, and 18 miscellaneous factors. By logistic regression analysis, they isolated the independent predictors of early and late remission of diabetes.

By means of several logistic regression analyses, the authors identified a subset of variables consistently associated with remission and used the resulting hazard ratios to guide development of a weighted scoring system (giving the most weight to insulin use at surgery). The authors retrospectively calculated a score for each patient and then divided the patients into groups on the basis of the resulting scores.

Medical records showed that 690 of the 2,300 patients had type 2 diabetes prior to surgery, and 436 (63%) achieved partial (N=96) or complete (N=340) diabetes remission. The authors found that 70.6% of patients not using insulin before surgery achieved remission compared with 10.3% of patients who were using insulin (HR 7.25, 95% CI 5.52-9.52, $P<0.0001$). At 5 years, remission rates were 91% among patients not using insulin before surgery and 31.1% among those who were using insulin.

By means of a series of analyses, the authors found that age and HbA1c were associated with early and late remission in all patients, irrespective of insulin use. Combination therapy with an insulin-sensitizing agent (not metformin) and sulfonylureas also correlated with early and late remission in patients not using insulin before surgery. Insulin use was added as the fourth variable in the final regression model.

The authors assigned weights to the variables, resulting in a scoring system of 0 to 22. The patients were separated into five categories by score: 0 to 2, 3 to 7, 8 to 12, 13 to 17, and 18 to 22. Those cutoffs showed an inverse correlation with early remission:

- 0 to 2 -- 88%
- 3 to 7 -- 64%
- 8 to 12 -- 23%
- 13 to 17 -- 11%
- 18 to 22 -- 2%

The authors applied the scoring system to two replication cohorts, and the results showed almost-identical inverse associations between score and likelihood of achieving early remission.

The study highlights the "profound impact" RYGB has on type 2 diabetes but also underscores the fact that the results are not the same for all patients, Vivek Prachand, MD, of the University of Chicago, told *MedPage Today* in an email response to the study. The lack of universal remission reflects the heterogeneous nature of type 2 diabetes, he continued, noting that obesity likely plays a greater role in some cases than others.




"Providing patients with a realistic expectation regarding the probability of diabetes remission is an important aspect of informed consent during the decision making, and this is a step in the right direction, particularly given the fact that in my experience the concomitant diagnosis of diabetes, as opposed to severe obesity alone, frequently prompts consideration of bariatric surgery," said Prachand.

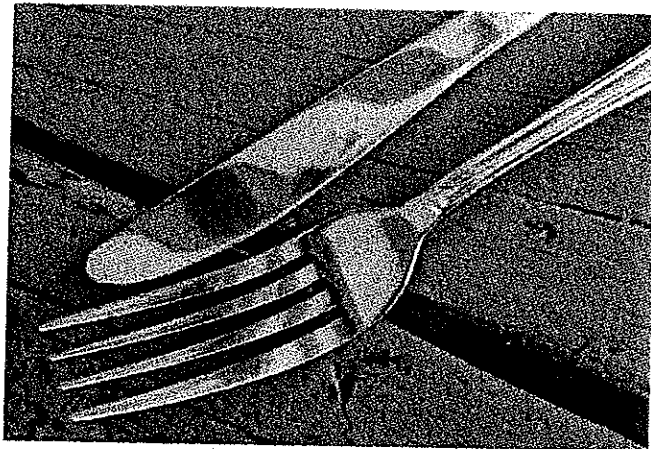
"The question remains, however, whether there are treatments or behaviors that might allow the patient to 'beat' a poor DiaRem score. In other words, I would be concerned that a 'poor' DiaRem score could potentially discourage a patient from considering surgical treatment."

Noting that the scoring system was derived from retrospective data, Prachand said prospective confirmation is required to determine the scoring system's utility.

The study was supported by the Geisinger Health System and the National Institutes of Health.

The authors reported no relevant disclosures.

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Posted by [Matthew Solovey-Penn State \(http://www.futurity.org/author/penn-state-solovey/\)](http://www.futurity.org/author/penn-state-solovey/) on June 18, 2013

PENN STATE (US) — Knowing how gastric bypass surgery works may lead to new treatments that produce the same results without an operation.

The surgery changes properties of nerve cells that help regulate the digestive system, according to researchers who have shown how surgery restores some properties of nerve cells that tell people their stomachs are full.

The results may also better predict which patients will keep the weight off after surgery.

Roux-en-Y gastric bypass surgery, a procedure that reduces the stomach to about the size of an egg, is the most effective way to get severe obesity under control. Doctors make the stomach smaller and bypass a section of the small intestine.

While the procedure restricts the amount of food a person can eat at one time, it also seems to alter the properties of nerve cells.

"Restricting the size of the stomach has some role in the effectiveness of gastric bypass, but it's not the full story," says Kirsteen Browning, assistant professor of neural and behavioral sciences. "It is not fully understood why the surgery works."

Complications from diseases such as diabetes can resolve before weight is lost, and sometimes before the person even leaves the hospital after gastric bypass surgery. "This suggests an altering of the neural signals from the gut to the brain and back," Browning says.

Gastric bypass results without the surgery? | Futurity

These nerve cells send signals to tell the body's digestive system how to respond properly and regulate normal functions of digestion. In obese people, the nerve cells are less excitable, meaning they respond less to normal stimulation. For example, there are neurons that help tell a person that their stomach is full, called satiation.

"These signals tell you to stop eating," says study co-author Andrew Hajnal, professor of neural and behavioral sciences. "Obviously these signals are strong enough to be overcome by all of us and we can eat more even after we are told we are full. However, as obesity develops, it appears these signals are less strong and easier to overcome."

For the study, published in *Journal of Physiology*, (<http://jp.physoc.org/content/591/12/3081.abstract>) researchers used a high-fat diet in rats to replicate long-term exposure to a Western diet. They then observed the effects of gastric bypass on the rats and have shown for the first time that the effects of diet on nerve cells seem to be restored to normal function after the surgery. This would help in restoring satiation signals so that they can be recognized more easily.

"We know gastric bypass improves the health of nerve cells and reverses the effects on the signals," Browning says. "Even if the nerve cells have been affected over a long term, gastric bypass still improves toward normal function."

The goal of this line of research is to find new treatments that will not require gastric bypass surgery, which is still considered an invasive procedure.

"Once we understand what gastric bypass is doing, we hope we can mimic that with other treatments," Browning says. "Restricting the size of the stomach may not be the major player of the surgery; restoring normal neural function is also an important aspect."

Scientists may also be able to determine why the surgery is unsuccessful for some patients and better determine if surgery is the best option.

"Gastric bypass surgery doesn't work in all people," Hajnal says. "Some people regain the weight, but we don't know why. By understanding this happens, we may be able to predict in advance which patients will respond to the surgery."

The National Institutes of Health and National Science Foundation funded this research.

Source: Penn State (<http://news.psu.edu/story/279448/2013/06/17/research/bariatric-surgery-restores-nerve-cell-properties-altered-diet>)


DOI: 10.1113/jphysiol.2013.253732 → [Original Study \(http://jp.physoc.org/content/591/12/3081.abstract\)](http://jp.physoc.org/content/591/12/3081.abstract)

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Gastric Bypass Results Exceed Lap-Band: Study

Published February 22, 2011
Reuters

A study of the two most popular weight-loss surgeries found obese diabetics who had gastric bypass surgery lost 64 percent of their excess weight after a year, compared with 36 percent in those treated with Allergan Inc's Lap-Band device, researchers said on Monday. Complication rates were about the same with both procedures.

"It's a dramatic difference," said Dr. Guilherme Campos of the University of Wisconsin School of Medicine in Madison, and formerly of the University of California, San Francisco, whose study appears in the Archives of Surgery.

Weight loss surgery is becoming increasingly popular as obese people struggle to lose weight and avoid the health complications that accompany the extra pounds, including diabetes, heart disease, joint pain and some cancers.

Prior studies have suggested gastric banding was safer than gastric bypass surgery, in which doctors surgically reduce the size of the stomach to limit the amount a person can eat.

With gastric banding, doctors insert an adjustable silicone band around the upper part of the stomach, giving the patient the illusion of fullness with small meals.

Last week, the Food and Drug Administration approved expanded use of the stomach band, allowing it to be implanted in less obese people.

In this study, researchers compared Allergan's Lap-Band device with a form of gastric bypass surgery known as Roux-en-Y. The surgery was done laparoscopically, through small incisions in the belly.

The study involved 100 morbidly obese people who underwent Lap-Band surgery. These patients were matched by sex, race, age and weight with 100 patients who underwent gastric bypass.

All of the bypass surgeries were performed by expert surgeons in high-volume weight loss centers.

"In the gastric bypass patients, about 86 percent of patients successfully lost more than 40 percent of excess weight. Only about 31 percent of the Lap-Band patients lost that amount of weight," Campos said in a telephone interview.

"That is significant," he said.

Overall, 12 percent of patients in the Lap-Band group and 15 percent of patients in the gastric bypass group experienced complications. Patients who got gastric banding were more likely to have complications right after their surgeries, while Lap-Band patients were more likely to need a second operation. There were no deaths in either group.

The study shows that gastric bypass provides better weight loss, better resolution of diabetes and an improvement in quality of life compared to the Lap-Band, Campos said.

He said obese patients need to be informed of the results of the two procedures, and if they choose gastric bypass they need to make sure their surgeon is highly experienced.

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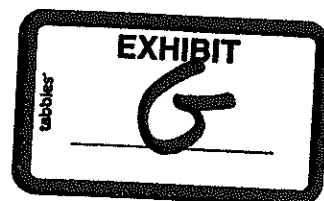
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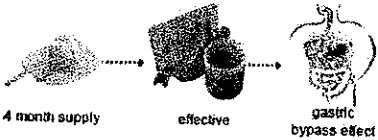
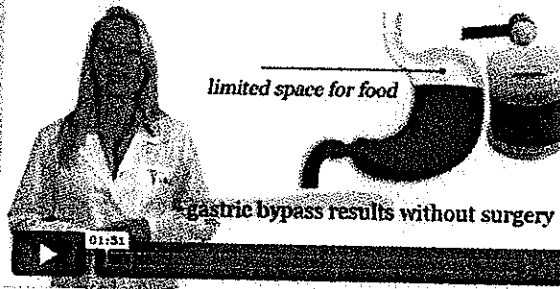
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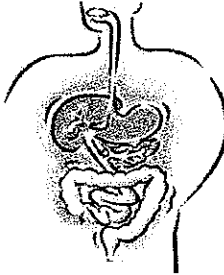
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