

UNDERWRITING: Bariatric Surgery

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Surgical Treatment for the Morbidly Obese

Morbid Obesity, defined as being at least 100 lbs overweight is a real killer in every sense of the word. While genetics do play a role, obesity is caused by taking in vastly more fuel than the body requires to sustain itself.

First introduced in the 1950's, Bariatric Surgery has progressed from the earliest, dangerous experimental procedures to today's mainstream Gastric Bypass for the morbidly obese who cannot or will not lose weight without surgical intervention.

The earliest bariatric procedure (jejunum-ileal bypass - JIB) involved joining the upper small intestine to the lower part of the small intestine, bypassing a large portion of the bowel, thereby drastically reducing nutrient absorption.

Some of the complications of the JIB procedure include:

Diarrhea, Arthritis, Osteoporosis, Liver disease, Protein deficiency, Cirrhosis, Hair loss, Hepatitis, Anemia, Renal disease

A more recent improvement in use since the 1980's is the (Biliopancreatic Diversion - BPD) consisting of a limited gastrectomy (surgical stomach reduction) together with a more limited bypass of the alimentary channel.

Today the most common and successful bariatric surgical procedure for the morbidly obese is malabsorptive surgery commonly referred to as a Gastric Bypass. This procedure was developed by Dr. Edward E Mason of the University of Iowa in 1967.

With the availability of surgical staples, Dr. Mason was able to create a partition across the upper stomach using staples without having to remove part of the stomach. In addition to reducing the size of the stomach, Dr. Mason also bypassed much of the small intestine to reduce nutrient absorption.

Some of the problems inherent in Gastric Bypass Surgery include:

staple line failure of the pouch created in the stomach, ulcers, narrowing or blockage of the passage from the stomach into the small intestine, vomiting if food is not properly chewed, eaten too fast, or if too much food is eaten, nutritional deficiency, as well as complications from the surgery itself.

Another way to limit food intake is to place a constricting ring completely around the top end of the stomach, creating an hourglass effect. In general this technique has not been as successful in promoting weight loss among the morbidly obese as Gastric Bypass Surgery, however some surgeons are now beginning to combine the two procedures with excellent results.

Morbidly Obesity is a disease of excess energy stored as fat.

In a recent 12-year study of 336,442 men and

419,060 women who were morbidly obese the following findings emerged:

MALE MORTALITY RATES

Overall Mortality Increase	100%
Diabetic Mortality Increase	500%
Digestive Tract Mortality	400%

FEMALE MORTALITY RATES

Overall Mortality Increase	100%
Diabetic Mortality Increase	800%
Digestive Tract Mortality	300%

It is for just these reasons that your morbidly obese client is probably either severely sub-standard, if not uninsurable.

For most morbidly obese persons, non-surgical means of producing permanent weight reduction have been an abject failure, thus the interest in bariatric surgery as a procedure of last resort in spite of its dangers, side effects, complications, and expense.

In order to evaluate the insurability of someone with a History of Bariatric Surgery you need to ask the following important questions:

Does the client currently smoke?

Obesity is considered to be a major risk factor for hypertension, diabetes and heart disease. Smoking tends to increase these risks and adds to their complications. Obese clients who smoke tend to have poor mortality, and therefore poor underwriting outcomes. The good news is that obese clients who actually quit smoking have much-improved life expectancy, and are more likely to be able to obtain more reasonably priced life insurance.

What is the client's exact height and weight today and what was it prior to surgery?

The degree of obesity is a function of the client's height and weight. Guessing at the client's weight may be polite but it can only lead to frustration for everyone. Be polite, be sensitive but be accurate.

What prescription medications is the client currently taking?

It is not surprising to find overweight clients taking medications to control hypertension, diabetes, or elevated cholesterol levels. This information is critical to evaluating the risk.

Does the client have a history of elevated blood pressure?

Not all clients with high blood pressure are on blood pressure medications, but do not assume that because they are not on medication that they do not have high blood pressure. Some clients can successfully manage their high blood pressure with exercise, weight loss and diet alone. Many others however have stopped taking their blood pressure medication and are unaware of the seriousness of their medical condition.

Does the client have a history of elevated blood sugar?

Not all clients with elevated blood sugars are on diabetic medications. The initial treatment of clients with elevated blood sugar

includes exercise, weight loss and diet. If these measures fail to reduce the blood sugar level, oral medication may help.

These include Diabeta, Glucophage, Clucotrol, and Micronase. When none of these successfully control the diabetes then Insulin injections are necessary.

Does the client have a history of taking Fen/Phen to lose weight?

Fen/Phen was used extensively to treat obese patients before being taken off the market by the FDA. Unfortunately, it had serious side effects. Including damage to heart valves as well as lung tissue. It is important to document how long these medications were taken, and what kind of follow up care the client has received to rule out potential side effects.

CONCLUSIONS:

American Coach Potatoes are largely allergic to exercise but not to salty, fatty snacks. On the average we are larger than our parents in more ways than one.

The whale thrives in the ocean where he is supported by his briny environment. Unfortunately, on land the whale is at a severe disadvantage. His very bulk and weight presents a severe strain to his heart and circulatory system resulting in a significantly reduced life expectancy. Underwriters are aware of this and respond accordingly.

UNDERWRITING CONSIDERATIONS

Following successful Bariatric Surgery your client should be insurable on a mildly sub-standard, if not standard basis after a reasonable recovery period (Generally two years or more) providing that he or she can keep the weight off and that the years of obesity have not done irreparable damage to the heart and other organs.

UNDERWRITER:

Defined as someone sitting in an ivory tower 900 miles from here, trained to say, "NO."

YOUR JOB:

To convince that underwriter, with truthful information, presented in as favorable a light as possible that it is desirable, even possible to say "YES."

