

Years of obesity had brought on Type 2 Diabetes, progressive knee pain, bad asthma, acid reflux, high blood pressure, high cholesterol, arthritis, severe back problems, depression and more. And, like so many others in her condition, if something didn't change soon, the alternative was unthinkable.

Annie's family physician, Jeffery Levine, MD, MPH, recognized the severity of her situation and recommended her for gastric bypass surgery—an operation in which about 85 percent of the stomach is removed, limiting how much the patient can eat. It is prescribed to treat morbid obesity (defined as a Body Mass Index (BMI) greater than 40) and is done laparoscopically, meaning that the surgeon makes small incisions as opposed to one large one. The incisions are used to insert a small camera and other tiny instruments to remove part of the stomach. Once finished, the remaining parts are sealed with staples.

"It's important to help patients find a surgeon who's highly competent, not only at doing the procedure but also at providing the appropriate follow up care," Dr. Levine said.

His first choice was Ragui Sadek, MD, Associate Director of Bariatric Surgery at Robert Wood Johnson University Hospital.

Dr. Sadek met with Annie and agreed that gastric bypass surgery was the best option for her. "The patient needs to be right for the procedure," Dr. Sadek said. "They have to understand that they still need to eat healthy.

They also must be physically and psychologically prepared for the changes it brings."

While gastric bypass surgery has existed in the medical world for nearly 30 years, it wasn't always considered the best option. According to Dr. Sadek, the procedure used to be performed with big incisions and posed many risks for the patient. But with the advent of laparoscopic surgery, gastric bypass surgery has become a much safer, quicker and far less risky operation. In fact, patients can return to their regular routine within five days. And, medical studies have proven that it's not only incredibly efficient in reducing morbidity and mortality but can also improve a patient's quality of life and prevent other diseases. The operation yields an 85 percent success rate for not just treating, but curing diabetes and other conditions.

Nothing could be truer for Ms. Moody. Just months after her surgery in May 2012, her diabetes isn't just under control...it's gone. Her blood pressure and cholesterol are now at healthy levels, she no longer needs to walk with a cane or suffers from arthritis and her asthma has disappeared.

"She's on no medications," Dr. Sadek said. "She used to be on four or five, including anti-diabetic drugs. Everything you can think of has improved, even her outlook on life."

"If it wasn't for my family physician, Dr. Levine, I would have never had this done," Annie said. "Dr. Sadek was great too. I can play with my seven-year-old daughter now. They gave me my life back."

While Ms. Moody believes gastric bypass surgery saved her life, she warns anyone considering it that it's not an easy way out. "Just because you have the surgery doesn't mean that your cravings will stop," she said. "You have to train yourself. It's something that's important for people to know."

Ms. Moody is 50 pounds away from her goal weight of 140 lbs. She is certain she'll get there. "I have a great support system with my husband and my children," she smiled.

Dr. Levine couldn't be more pleased with the outcome either. "This is an example of a wonderful collaborative relationship between Dr. Sadek, myself and the patient," he said. "When you have that kind of cooperative relationship you're going to have success stories like Annie Moody."

Visit www.rwjuh.edu/bariatrics or call I-888-MD-RWIUH.



Shown above: Jeffery Levine, MD, MPH, Annie Moody's family physician, left, and Ragui Sadek, MD, Associate Director of Bariatric Surgery at RWJ, worked in partnership to transform Ms. Moody's life through gastric bypass surgery.