

Bears & Health

BEARiatrics: Bears, Obesity and Surgery Revisited

In previous columns, I've touched on the pros and cons of bariatric (weight reduction) surgery. On the one hand, there's no question that the heavier you are, the greater are the health risks. And if you're seriously obese, those risks are often life-threatening. On the other hand, the surgery itself has health risks. And the more pounds you shed, the more chasers you stand to lose. So what's a chub to do?

(A word about terms. We may all agree that not all bears are chubs and not all chubs are bears, but we would also agree that there's a lot of overlap.)

So what are the latest trends? In the last few years, the demand for bariatric surgery has skyrocketed, and most bariatric centers and surgeons have long waiting lists. There are several reasons for this. Perhaps the biggest is the before-and-after impact of seeing television personalities like Al Roker and Sharon Osbourne and Congressman Jerold Nadler who have undergone these procedures. Another reason is the alarm that continues to be sounded by the medical profession about the epidemic of obesity in this country. Studies continue to pour in about the health consequences and health care costs of obesity, which rival those of smoking.

The problem for bears and chubs is that we're members of a subculture where being overweight is valued and rewarded, something like the opposite of what's out there in the mainstream. The other big argument against jumping on the surgery bandwagon was made in a previous column about encouragers and gainers – that some chubs who undergo this surgery have very serious complications, and that there have been some deaths. Clearly, the latter folks would be better off – at least they'd be alive – if they hadn't had the surgery at all.

I don't know of any studies among us bears and chubs, but I am acquainted with three people who have had bariatric procedures. The first, who I interviewed for that earlier column on beariatrics, had a serious post-op complication, blood clots. Even so, he continues to have no regrets and is much happier with his new appearance and better health. He may not attract the same chasers now, but he attracts others who weren't attracted to him when he was heavier. Another friend, who does not so far as I know identify as a bear or chub but who was massively obese to the extent of having to use a cart to get around, is likewise pleased with the changes and has no regrets. The third, an acquaintance, is a chub in an ltr with a chaser, a much younger and very handsome bear. The post-op period has been rough for both of them, but he (the ex-chub), too, feels that he did the right thing.

I've not yet met anyone who underwent the surgery who regrets it but am most interested in hearing from or about those who do, or who would like to tell me of their experience pro or con. Meanwhile, if you decide to pursue bariatric surgery you should not do so casually. Despite the long waiting lists in the leading centers, be very wary of advertisements offering quick and easy solutions. Don't forget that medicine is now corporate and for-profit and surgeons and clinics can be expected to find slick ways to capitalize on this new and very lucrative market. Promotions and qualities of services can be like those used by used-car salesmen.

If you want to investigate further, the first recommendation is that you do some research – check out websites, make calls, get literature, and attend lectures. Most reputable centers of bariatric medicine and surgery require you to undergo screening, pre- and

post-op counseling and education, which seems to me a very good thing.

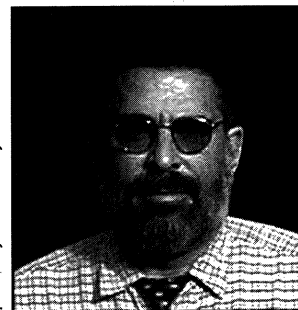
Another factor to consider is the insurance coverage. The average cost of an operation is \$25,000. Many insurance companies will pay but not without a fight. In the case of one of the friends mentioned above, the insurance company even attempted to back out of their written agreement to cover his costs. Most insurance will not pay for the long-term post-op counseling that is always recommended.

There are now a number of different procedures being offered. There is no one operation that is right for everyone, which is one reason why patient education is so important. The used-car analogy applies here. Some models may be cheaper and seem to involve less hazard and maintenance, but they may not last as long. As when buying a new or used car, you have to ask a lot of questions, and read the small print and between the lines.

Here are some resources: The American Society of Bariatric Surgery, (352) 331-4900, asbs.org; The American Society of Bariatric Physicians (303) 770-2526, asbp.org; the American Obesity Association, obesity.org; or here in New York City, The Center for Obesity Surgery at Columbia, 212-305-4000, obesitymd.org.

Hopefully for chasers, there will be alternatives that make everybody well and happy, and the trend to get the surgery won't be such that when a man says he's cut or uncut, he won't have to explain further.

photo by Joel Bradley



Lawrence D. Mass, M.D., is a co-founder of Gay Men's Health Crisis in New York City and the author/editor of four books, including, most recently, *We Must Love One Another Or Die: The Life and Legacies of Larry Kramer* (St. Martin's Press). You may address questions or comments to Dr. Mass via our mailing address or Email address.