Dr. Nicolas Christou is passionate about helping morbidly obese people lose weight and gain health.

"Obesity surgery saves people's lives and saves the healthcare system money," says Dr. Nicolas Christou, Canada's leading bariatric surgeon and head of the country's top obesity surgery clinic. "The data are irrefutable."

technology overview

Bariatric surgery typically involves either a gastric bypass or gastric banding procedure.

Gastric Banding uses an adjustable band that can be surgically implanted around a patient's stomach, much like "putting a belt" around the uppermost part of the stomach. The band narrows and divides the stomach into two sections, like the shape of an hourglass. This limits the amount of food that can be digested and makes the patient feel "full" very quickly when eating. Patients eat less, feel less hunger and gradually lose their excess weight.

The banding device can be implanted laparoscopically by a surgeon using minimally invasive techniques that reduce the risk of post-operative infections and minimize patient recovery times. The surgery typically requires about one hour with an overnight hospital stay.

Gastric Bypass surgery involves connecting a small gastric pouch to the small intestine, bypassing the stomach which significantly restricts the amount of food that can be consumed and digested. The procedure typically requires just over one hour with a two day hospital stay.

Dr. Christou is passionate about what he calls a healthcare "epidemic" that is killing Canadians.[1] He has dedicated most of his professional life to helping people desperately seeking medical assistance to treat morbid obesity, a condition that is debilitating and often fatal.

Based in Montreal, Dr. Christou has been performing surgeries on morbidly obese patients that allow them to lose weight in a dramatic fashion since 1977. As a result, most patients lose from 50 to 80 per cent of their extra weight within three to five years of surgery.

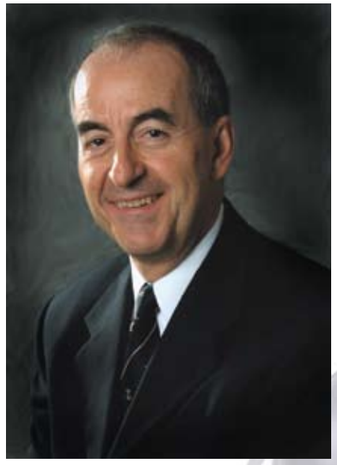
Obesity in Canada has increased notably in the past 25 years. In 1998, 15 per cent of adults were obese, up from just 6 per cent in 1985.[1] Obesity among adults aged 25 to 34 is now 21 per cent.[2]

The direct health costs of obesity were estimated at $1.8 billion in 1997[1, 3], and nine per cent of deaths among adults can be attributed to overweight and obesity.[1] Obesity is a risk factor for heart disease, stroke, Type 2 diabetes, fatty liver and gallbladder disease and has been associated with high blood pressure, reproductive problems and sleep disorders.[1]

The National Institutes of Health have identified surgery as an option for morbidly obese patients – those with a Body Mass Index (BMI) greater than 40 kg/m^2 (where "normal" weight is identified by a BMI from 18.5 to 24.9 kg/m^2) – or for patients with BMI of 35 kg/m^2 who also have other severe "co-morbidities" such as diabetes or sleep apnea.[4]

The health impacts of surgery on patients are compelling. Studies have shown significant improvement or resolution of up to 96 per cent associated Type 2 diabetes, high blood pressure, cancers, sleep apnea, depression and back pain.[5] In fact, health benefits studies have found that gastric bypass resolved Type 2 diabetes in 83.8 per cent of patients (often within days of surgery), resolved high blood pressure in 75.4 per cent of patients, and reduced high cholesterol in 95 per cent of patients.[6]

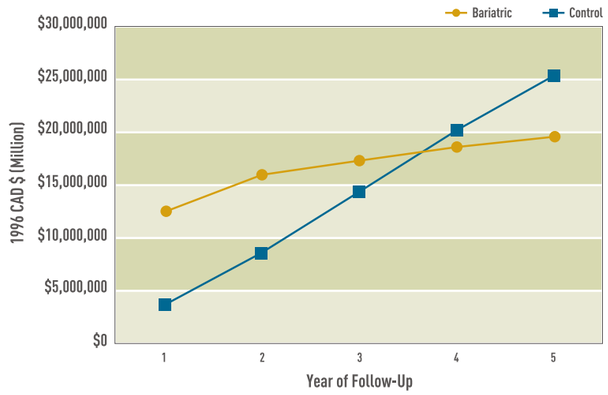
Equally compelling are the economic benefits of treating morbid obesity with surgery. A recently published study indicated that the "pay-back" period for laparoscopic bariatric surgery is about 42 months.[7] After that time, the healthcare system pays increasingly more for patients who have not had surgery than it does for patients who have.



fast facts

A controlled study showed that bariatric surgery reduces healthcare costs within 3.5 years after surgery. From that point, the costs of the surgery and follow-up healthcare costs are lower for bariatric surgery patients than for similarly obese patients who do not have surgery.[7]

Average cumulative costs per 1,000 patients for hospitalization by group and year of follow-up.



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