

ORIGINAL ARTICLE

Imaginary Gastric Banding; losing weight without surgery

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ABSTRACT

Aim of the study

Gastric banding is an established surgical procedure for the treatment of obesity. Most people who have weight loss surgery experience gastric banding as a temporary solution to a permanent problem. During the recent years, cognition is an area of special interest for obesity experts and the role of our full awareness, during a life time, on the issue of healthy eating seems to be crucial. This is the presentation of an original concept for a dietetic treatment to obesity, which is called “imaginary gastric banding”.

Presentation

Imaginary gastric banding (IMGB) is a simulation of surgical gastric banding that can be performed by obese with normal or higher IQ and cognitive skills, as a low cost alternative to gastric surgery. This cognitive-dietetic treatment protocol is based on the surgical procedure of gastric banding. It focuses on the volume of food that is received per meal and per hour and it also takes into account the post-meal, time dependent changes of appetite and of gastrointestinal hormone changes. With the use of published research results, in this article it is supported that the simulation of bariatric gastric surgery can be equally helpful, if the meal size is restricted per meal and per hour. Imaginary gastric banding is a selective approach for those patients at increased risk of early postoperative complications and increased age, with constant guidance inside hospital if the patient's will power and cognitive skills are not sufficient to perform the treatment alone. Despite its simplicity, imaginary gastric banding costs the same as gastric surgery due to the constant guidance needed for persons with addiction to overeating. There is no cost savings associated with bariatric surgery for patients who are addicted to eating, however the treatment will have long-term value and psychic benefits.

Keywords:

obesity, gastric banding, bariatric surgery, cognitive therapies, neuropsychology

INTRODUCTION

A recent study by Livingston EH¹ reports that laparoscopic gastric banding is performed in 37% of all bariatric surgery cases (the 2006 National US Hospital Discharge Survey, National Inpatient Sample, and National Survey of Ambulatory Surgery were assessed for bariatric surgery procedures and data were compared with inpatient data from 1993 to 2007). Laparoscopic adjustable gastric banding (LAGB) has become an accepted procedure for weight loss surgery, particularly due to fewer early complications and decreased mortality in comparison to other bariatric procedures.

Obesity is a rapidly increasing worldwide epidemic and surgery seems to be the only treatment effective in achieving weight loss without relapse. Treating obesity effectively means to design and perform a number of health strategies that cover the metabolic complications, mental disorders and disabilities that are connected with obesity.

Daily calorie restriction is the driver of all intervention and non intervention strategies developed for the treatment of obesity. However, other variables, as the meal size have been proved to be important for weight loss, as it has been succeeded by gastric bariatric surgery. The laparoscopic adjustable gastric band is a useful tool in the treatment of severe obesity. It is a safe and durably effective procedure; however, optimal results depend upon the patient participating in a process of lifelong care. This means that if the patient does not participate with his/her will power to maintain a healthy eating behavior for a lifetime, the surgical operation will not be enough.

PRESENTATION OF THE IMAGINARY GASTRIC BANDING

Imaginary gastric banding (IMGB) is not an operation. It is a dietetic concept which simulates the eating behavior of a patient operated with the technique of gastric banding. It is based on the reduction of the meal size to the half of the volume received in the past. In IMGB the meal size is not very limited as it happens with surgical gastric banding. But the

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