

NEW YORK'S DR. ROSLIN SUGGESTS DUODENAL SWITCH MAY BECOME PREFERRED WEIGHT LOSS SURGERY

(New York, NY – February, 2010) Mitchell Roslin, MD, FACS, a New York City weight loss surgeon with Lenox Hill Hospital's Manhattan Minimally Invasive & Bariatric Surgery Program, has been monitoring the mounting evidence that the duodenal switch could become the preferred procedure for patients seeking weight loss surgery. The procedure, which is often referred to as a [biliopancreatic diversion with duodenal switch](#), is in fact a gastric sleeve with an added component. It is debatably the most complicated type of gastric bypass surgery, though proven very successful particularly in patients with a body mass index (BMI) greater than 50.

The duodenal switch is performed in two phases. The initial phase of this procedure is a gastric sleeve in which the stomach is divided vertically and roughly 85 percent is permanently removed. The small sleeve-shaped stomach remaining is designed to restrict the amount of food that can be eaten. The second phase of the procedure is to create the duodenal switch, which is an element of malabsorption surgery that controls the body's ability to absorb calories. This surgical option provides the advantage of weight loss through both restriction and malabsorption.

By comparison, the classical Roux-en-Y, or gastric bypass, makes use of a much shorter bypass and the length of intestine over which food mixes with the digestive juices is approximately five times greater. After this weight loss surgery technique, patients have observed a noticeably enhanced insulin response. A substantial portion of these patients also develop rapid emptying of the surgically created stomach pouch which leads to significant hunger shortly after eating. This development has been proven to lead to grazing and other maladaptive eating habits in patients. Dr. Roslin presented an essay to the American Society for Metabolic and Bariatric Surgery that contended the presence of glucose intolerance after the gastric bypass procedure as yet another issue to be considered. In examining his gastric bypass patients following surgery, he reports 78 percent had abnormal glucose tolerance tests.

Dr. Roslin affirmed, "I see the future of weight loss surgery heading toward the duodenal switch and away from the Roux-en-Y procedure." To further support his hypothesis, very recent studies and clinical trials in Norway and Sweden are reporting that weight loss from laparoscopic duodenal switch (LDS) is greater in the first year than laparoscopic gastric bypass. These studies suggest that LDS could become the superior choice for future patients looking for a weight loss center with a surgical component.

Dr. Roslin has been performing weight loss surgery in New York City since 1994. A New York native, he attended medical school at NYU and completed his surgical training at Maimonides Medical Center where he became Director of Bariatric Surgery. He was appointed Chief of Obesity Surgery at Lenox Hill Hospital in 2000, helping it to grow into one of the most prestigious programs in the United States. Considered one of the [best bariatric surgeons](#) in New York, he has been on Castle Connelly and New York magazine's best doctor lists. He was also part of the clinical trails for the approval of the

LAP-BAND® System. Dr. Roslin performs more duodenal switch procedures than almost any other weight loss surgeon in the Northeast.

Lenox Hill Hospital's weight loss center provides innovative, comprehensive and compassionate care for patients undergoing weight loss surgery. New York weight loss surgeons Drs. Mitchell Roslin, Paresh Shah and Edward Yatco represent a combination of training, expertise and recognition unique and unparalleled in the city and throughout the state. The Manhattan Minimally Invasive & Bariatric Surgery Program is dedicated to providing absolute quality in surgical care.

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