METHODS

Two thousand obese (BMI > 34 for men, >38 for women) subjects underwent bariatric surgery between 1987-2001 in several different centers in Sweden. There were few exclusion criteria; and patients with diabetes mellitus, coronary artery disease, and prior stroke were included. Patients were prospectively matched to similar obese patients who were not pursuing surgical intervention. The surgical group was followed in routine postoperative fashion, whereas the matched controls received “usual” care by their own primary care doctors without any attempt to standardize care. Subjects were followed over the ensuing years for status (alive or dead), cause of death if any, as well as weight loss success.

RESULTS

At baseline, the two groups were quite similar, although the surgical group was slightly younger and more obese and had higher rates of tobacco use. Most of the surgical group (85%) underwent banded gastroplasty, and the rest received gastric bypass procedures (mostly open procedures). The mean follow-up was 11 years. The alive/dead status was known in 99.9% of patients, and most patients participated in follow-up visits out to 15 years. The surgery group lost significantly more weight and had a statistically significant reduction in mortality (hazard ratio, 0.76 [95% CI, 0.59-0.98]). There were significant reductions in deaths from both cardiovascular and oncologic diseases.