

Consider

Interview with Dr. Győző Várdorfi, Internist-Diabetologist, Head Physician, Csolnoky Ferenc Hospital, Veszprém

17th Transdanubian Diabetes Weekend

14-16th April 2011, Tihany, Club Tihany

Reporter

I wanted to ask you what kind of changes patients experience after bypass surgeries both in a positive [and negative] senses? And it's also interesting to know if there is any deficiency disease because of which vitamin or nutrient supplement should be provided, or these patients need any other special internal care.

Dr. Győző Várdorfi

There are people whose lives are in danger because of their weight, after a while. And if it's coupled with a Type 2 diabetes, complications can be numerous. First of all, we were interested in this intervention because there are patients with whom we cannot reach any result with the help of a classical lifestyle therapy, diet, or exercises. It shouldn't be perceived that we blame the patients but the overweight persons' lives are very difficult. It's partly true of me, though I'm not 160 kilograms. When metabolic situation is that bad that insulin should be taken. In this situation either [the organism] is short of beta cells, it can't produce enough insulin, or, as we could hear it today in an outstanding lecture read by Dr. Mohos, high sugar, high fats, they are all toxic, they poison beta cells. If it is stopped, beta cells can restart functioning. But, sooner or later, these patients would need insulin also then. In case of the first ten patients who were operated on in Veszprém by Dr. Mohos, and we have had the internal-diabetology care in their cases, we can see that if they need insulin, it's very much. Insulin is a building [...], patients can put on even more weight. I feel like we've taken significant step forward though I'm an internist and I'm reluctant to cut anything, and it can happen, as I've said it here, at the conference, that in 50 or 100 years we would say how barbaric we were, but for these patients, and as it turned out from patient demonstrations, and also during my personal visits, this [surgery] was a redemption for them. Firstly, part of the patients, if they still take insulin, it's minimal, there are no big swings in blood sugar fluctuation. Those who took pills earlier, could get off it. I feel as if they were reborn, and besides, they look much better and feel much better. It's very funny, I've brilliant colleagues, nurses, who are all female. When the first patient arrived who was operated on first, and now, after the surgery... They said, 'Well, Laci has become an attractive guy.' The patients' self-esteem has to be also taken into account. I think it changes, with that incredible weight, and their uncontrollable diabetes also frustrated them. What concerns deficiency diseases or surgical complications, well, on the one hand, these are for surgeons, I'm not a specialist. As for its internal aspects, until now there has been one patient who needs treatment; because of heartburn pills should be taken. It means a pill a day and he says it's perfect. There's no problem. Two patients out of ten get B12 supplement but it should be surveyed. We regularly test their B12 level. The others' B12 level wasn't lower so it shouldn't have been supplemented. What

happens later, I've no idea. At the same time, we have information from [medical] literature that in case of these patients, thanks God, perhaps gallstones are a bit more frequent, but no late complications are there to be seen because of which I, as an internist, could be against the launch of this program.

Reporter

So it's not a kind of surgery in case of which serious deficiency diseases are developed of which you sometimes can have news of in the American society that other serious problems appear.

Dr. Győző Várdorfi

No. It is seen in the literature that there are no such kind of internal complications. Based on our experience we have now, our first patient has been tracked for 14 months now, the 30-50 kilogram weight loss he experienced should have brought up deficiency diseases but the absorption of neither vitamins nor mineral substances has showed any lab digression until now. Neither have we any personal complaint that would refer to it.

Reporter

And the data in literature in which, I think, we find the experience of many decades in connection with this surgery? Do they show that this situation is lasting in the sense that deficiency diseases don't appear? What's the situation with concomitant illnesses in the long run?

Dr. Győző Várdorfi

Well, concomitant illnesses. As diabetes produces such parameters, either in the case of blood sugar or hemoglobin A1c, these values are like of a healthy person's. All in all, diabetes cannot be cured but all the problems accompanying it, like insulin resistance the level of which is substantially lowered, are alleviated. And it seems that beta cells can restart functioning. For example, if a patient earlier got 310 units, we could go down to 15 insulin units, and later, hopefully, we can get off it completely. There are [patients] who could already stop taking insulin. It is a great thing. The other [problem] we regularly care about is blood pressure. Almost all of them had high blood pressure. Now perhaps one patient has to take a minimal antihypertensive agent. The rest [of the patients] have been quasi-cured. It's not a miracle, it's the result of weight loss, and the improvement of metabolic parameters play their role there. I remember when I lost 10 kilograms by myself, I could cut down on my hypertension pills to 1/4th just because of this fact. The same is true about lipids. What's interesting here, however, we cannot have statistics based on the data from ten patients, HDL cholesterol, which you'd suppose to rise, hasn't risen in itself. There was a patient whose level dropped. Triglyceride levels dropped. LDL cholesterol levels also dropped. We'll see in the long run. But no patient had to take statin, they could also get it off. I suppose, if we can minimize or erase these heart or vascular risk factors, the patient has taken a big step ahead not just as for his/her quality of life but their perspectives on life.