Father-son team tackles obesity with Lap-Band

Doctors bring new surgical procedure to area hospital

BY EVIE MALM

r. Arthur Glasgow and Dr. Adam Glasgow, surgeons affiliated with Caritas Norwood Hospital, operate as a team. The father and son duo not only share an office together, but if one is operating, the other is assist-

As a team, they offer a wide background in general, breast and colorectal surgery. But it is in the area of laparoscopic surgery, which involves using a scope to perform abdominal procedures through a very small incision, where they have become part of a larger team at the hospital promoting a new weight-loss surgery.

In 2000, at the urging of both patients and the hospital nurses who were well aware of the problems of obesity, the two doctors began looking into a procedure gaining recognition known as the Lap-Band.

"Arthur flew all over the country getting a good background in weight loss surgery, says son Adam. They already were well-familiar with laparoscopy, which is used for such procedures.

Arthur Glasgow, who received his MD from New York University, was, as he puts it, "in front of the curve when it came to doing laparoscopic surgery," And by the time his son Adam had gradu-



TEAMWORK - Dr. Arthur Glasgow, right, and his son, Dr. (Photo by Evie Malm) Adam Glasgow work together.

ated from Boston University School of Medicine, laparoscopy was a standard part of the curriculum.

The Lap-Band procedure they investigated got its start with the invention of a gastric band known as the Swedish Adjustable Gastric band (SAGB), first patented by a company in Sweden in 1985. By 1993 an American company developed and introduced into the European market a lap band system which could be used in keyhole surgery. In addition, the new model had a self-closing mechanism which eliminated the need for any sutures.

As the band became more and more mainstreamed, and certainly fit in with both father and son's laparoscopic expertise, they decided to approach Caritas Norwood to see if the hospital would back such a

procedure. It was not something that could be brought on board overnight.

The hospital agreed to move forward with the idea, which included developing and training a team to include the doctors, nurses, team nutritionists and psychologists. Also vital to a first-class operation would be having equipment such as special chairs, wheelchairs and beds that were designed for the overweight patient.

In 2005, the Glasgow team offered patients the patented Lap-Band technique as a choice for those with chronic or severe weight-loss problems. The minimally-invasive surgery generally takes less than an hour in the operating room and offers a clear alternative to the procedure. known as stomach stapling, which involves major surgery, a longer recuperative period

and a greater chance of complications.

Since that time they have performed the procedure on 106 patients and claim very few complications. Ultimately, their goal is to operate on between 200 and 300 patients

This past June, the American Board of Surgeons (ABS) accredited Caritas Norwood Hospital as a Level 2 Adult Bariatric Center (Bariatrics is the branch of medicine dealing with the control and treatment of obesity). To date, the ACS has accredited only about 50 American hospitals as Bariatric Centers.

While the average person thinks the stomach is what fills the entire abdomen, it is, in fact, only one of the organs in the digestive process.

First, food mixes with saliva as it is chewed. Once swallowed, it moves through the esophagus and enters the stomach, which actually acts somewhat like a holding tank. Gastric juices then break down the food further before it is carried as energy through the blood stream.

For the person who cannot get a handle on his or her weight, the Lap-Band may be an answer.

In simplistic terms, an adjustable hollow ring, which looks like a miniature lifesaving ring you might find in a dollhouse pool, is literally wrapped around the upper part of the stomach and locked the band can be removed at into place, thus creating a smaller food storage area. The four to six ounces of food in the storage area then passes through the ringed hole into the larger stomach.



DIAGRAM COURTESY OF LAP-BAND

The size of the opening which controls the passing of food between the two parts of the stomach can be adjusted by the surgeon. Using a fine needle and adding or removing saline solution in the ring, via an access port placed just beneath the skin, the surgeon can make the ring opening larger or smaller. The smaller the opening, the less food that passes into the stomach. The patient thus feels "full" and will not over-eat.

If the band is too big and the weight loss too small, saline can be added to make the patient feel full sooner. If the band feels too tight, the surgeon removes saline to widen the opening.

Both the band and the tubing are made of inert materials such as silicon which can last indefinitely. Unlike more drastic surgeries, if for any reason the patient is unable to adjust to new eating habits, any time.

Communication is an extremely important part of the Glasgows' style. Arthur credits his wife who has a degree in social work for

instilling in the whole family the importance of listening to each other and in turn listening to other people.

"We made a decision early on that we wanted to give our patients what we'd want to give our parents," says Adam.

When they started the Lap-Band surgery, they changed everything so they could be reachable at all times.

"We promised ourselves we would be available 24/7, 365 days of the year," says Adam. In addition, Adam agreed to facilitate a support group once a month at no cost to the patient. While the group meets technically for one hour, the lights are never turned off until everyone has finished.

Both doctors say they also make sure their patients' emotional adjustments are monitored and nutritional needs are met at all times, both while they are going through the weight loss process and beyond. It's all part of their teamwork.

The Lap-Band procedure is not for everyone, and is usually not recommended unless other weight-loss programs have been tried and failed. The procedure is covered by medical insurance only under specific cases.

For information on the criteria for becoming a candidate for the surgery, or background on the doctors and the schedule of the upcoming informational workshops, go the Glasgow and Glasgow.com, or call 781-769-5550, Both are certified by the American Board of Surgeons, while Adam has additional certification from the American Board of Vascular Surgery.