You see it on a daily basis in your practice: childhood and adolescent obesity has almost tripled in the last 30 years. Now, approximately 17 percent (or 12.5 million) of children and adolescents ages 2 to 19 are considered obese. Here’s how to help your patients and their families address obesity and when you should consider referring them to bariatric specialists who work with teens.

Social, mental and chronic health issues
While obesity leads to diabetes, heart disease and high blood pressure, these chronic health issues seem far away for a teen. In adolescence, overweight teens

Here are the patient selection guidelines for adolescent bariatric surgery:

- Failure to lose weight after at least six months of organized attempts at weight loss.
- Attainment or near attainment of
may experience sleep apnea and irregular menses. They also face social issues such as finding clothes to fit, blending in with their peers and participating in activities. For many, the lack of self-esteem from their obesity leads to other mental health issues, such as depression, alcoholism and drug abuse. Studies also show that the majority of children and adolescents who are obese remain obese as adults.

**Addressing obesity**
There are multiple programs that can provide weight management support for patients and families. For example, Riley Hospital for Children POWER (Pediatric OverWeight Education and Research) at Indiana University Health is a program that offers toolkits for you and your staff to address obesity issues within your practice. It also offers a tertiary care-based weight management program for patients who need sub-specialty care. This comprehensive program, led by physicians, dietitians, behavioral therapists and exercise physiologists, will provide a thorough medical evaluation and an intensive weight management program with individualized access to various medical specialists.

**When to consider surgery**
You may want to refer some patients to a bariatric specialist even before they attempt or fail another program or make up their minds regarding a preferred weight-loss approach. Such a referral is more informational to ensure patients learn about all of their options and fully understand what bariatric surgery entails.

However, the American Pediatric Surgical Association Task Force on Obesity recommends that all patients should make an aggressive attempt at behavioral and medical management first with surgery as a last option for those who have failed such programs.

physiologic maturity (Tanner Stage IV or V).
- BMI $\geq 40$ kg/m$^2$ with co-morbidities of obesity.
- Commitment to medical and psychological evaluation before and after surgery.
- Commitment to avoid pregnancy for one year after surgery.
- Capability and willingness to adhere to postoperative nutritional guidelines.
- Presence of supportive family environment.
- Ability to provide informed consent (patient) and permission (parent/guardian).

**Types of surgery**
The next important consideration is where to have the surgery. When advising families, emphasize that they should look for a bariatric surgeon with experience and expertise in dealing with the special needs of the adolescent population.

The third issue to consider is the type of procedure. It is helpful if you are knowledgeable about the different procedures and help families through the decision-making process.

Roux-en-Y gastric bypass is the most common one for teens and overall is considered the gold standard of weight-loss surgery. It works by restricting the amount of food that can be eaten at one time and slightly decreasing the absorption of the food in the intestine. The adjustable gastric band works only by restricting the amount of food that can be eaten. The vertical sleeve gastrectomy is growing in availability and works by restricting the stomach by stapling and dividing it vertically.

In general, the adjustable gastric band has a lower rate of serious complications but is slightly less effective at total and maintained weight loss. The lower rate of life-threatening complications reported with the adjustable gastric band has to be weighed against the potential risks of leaving a foreign body in place over time, a risk that theoretically should be greater in younger patients.