

<p>Center</p> <p>Shots of Dr. Brethauer in surgery</p>	<p>DOCTOR STACY BRETHAUER (BRETT-how-er) AT THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER SAYS THE CRITERIA FOR BARIATRIC SURGERY ARE OUTDATED AND ARBITRARY.</p> <p>WHILE SOMEONE WITH A B-M-I OF THIRTY-FIVE IS APPROVED, THE NEXT PERSON WITH UNCONTROLLED DIABETES AND A B-M-I OF THIRTY-FOUR MAY BE DENIED. :14</p>
<p>Dr. Brethauer (CG'd earlier)</p>	<p><i>"The patient who doesn't get the operation, we know very well that their disease will progress, their lifespan will be shortened if they don't get effective treatment."</i> :13</p>
<p>Shots of Dr. Brethauer consulting with patient</p>	<p>THAT DISEASE PROGRESSION CAN INCLUDE DIABETES, HEART DISEASE AND CANCER. AND JUST LIKE ANY OTHER CHRONIC DISEASE, THE BEST METHOD FOR PREVENTION IS TO INTERVENE EARLY. :07</p>
<p>Dr. Brethauer (CG'd earlier)</p>	<p><i>"Continuing to increase their insulin requirements and provide the medical therapy is not going to change the trajectory of the disease. It just doesn't. Surgery does."</i> :10</p>
<p>Shots of Shaun eating healthy snack</p>	<p>UNFORTUNATELY, MANY STILL BELIEVE THAT OBESITY IS ONLY A PROBLEM OF WILLPOWER, AND THAT PATIENTS CAN TAKE IT UPON THEMSELVES TO FIX IT. :13</p>
<p>Dr. Brethauer (CG'd earlier)</p>	<p><i>"No one asks somebody with cancer or heart disease to just do it themselves. They have to participate in their care and do the right things, but there's also effective therapy being offered to those patients at the same time."</i> :12</p>
<p>Shots of Shaun taking blood sugar with scanning device</p>	<p>SINCE HIS SURGERY, SHAUN HAS LOST A HUNDRED AND TWENTY POUNDS, IS OFF ALL ORAL MEDICATIONS AND HAS GONE FROM NEARLY FIVE HUNDRED UNITS INSULIN A DAY TO ABOUT TEN. :07</p>
<p>Shaun Rogers (CG'd earlier)</p>	<p><i>"It's changed my life so much, I would, you know, have anyone do it."</i> :03</p>
<p>Shot of Shaun walking outside</p>	<p>AT THE OHIO STATE WEXNER MEDICAL CENTER, THIS IS BARB CONSIGLIO REPORTING. :03</p>
<p>(PACKAGE END) -----</p> <p>ANCHOR TAG</p>	<hr/> <p>EXPERTS SAY ALLOWING MORE PEOPLE WHO SUFFER FROM OBESITY TO UNDERGO BARIATRIC SURGERY ALSO SAVES HEALTHCARE RESOURCES AND DOLLARS, AS PATIENTS HAVE FEWER HEALTH</p>

	<p>CONCERNS IN THE FUTURE.</p> <p>THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY HAS UPDATED THE GUIDELINES FOR SURGERY BASED ON A PATIENT'S WHOLE HEALTH RATHER THAN JUST B-M-I.</p> <p>THEY SAY IT IS NOW UP TO REFERRING PHYSICIANS AND INSURANCE COMPANIES TO ADOPT THESE NEW CRITERIA AND ALLOW MORE PATIENTS TO REAP THE BENEFITS.</p>
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SOCIAL MEDIA

<p> Share it! Suggested tweet:</p> <p> Suggested post:</p>	<p>Experts at @OSUWexMed say the criteria for bariatric surgery should be about more than weight. How offering surgery to more patients can ease the obesity epidemic and prevent life-threatening diseases.</p> <p>http://bit.ly/2x3cGgG</p> <hr/> <p>Bariatric surgery is often viewed as an extreme treatment for severe obesity. But experts at The Ohio State University Wexner Medical Center say offering bariatric surgery as an option to patients with lower BMIs or borderline diabetes can help prevent obesity from progressing and add years to their lives.</p> <p>http://bit.ly/2x3cGgG</p>
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EXTRA BITES

<p>CG: Dr. Stacy Brethauer Ohio State Wexner Medical Center</p>	<p>Brethauer says it's time to start treating obesity effectively: <i>"Let's stop denying the fact that we have a third of the population as having severe obesity, and let's start providing treatment earlier, particularly for those who already have diabetes, blood pressure, sleep apnea, the things that are going to shorten their lifespan."</i> :17</p> <p>Brethauer says obesity is not a problem of willpower: <i>"I think one of the big challenges we have, particularly in the United States, is to try to get people away from thinking of obesity as a problem of willpower. It's just not. It's not a problem of willpower; it's a chronic disease state."</i> :15</p> <p>Brethauer says people who need surgery often don't qualify: <i>"You can have a patient with a body mass index of 34, severe poorly-controlled diabetes, who may benefit from the metabolic effects of the operation, but not qualify for the surgery through their insurance."</i> :15</p>
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