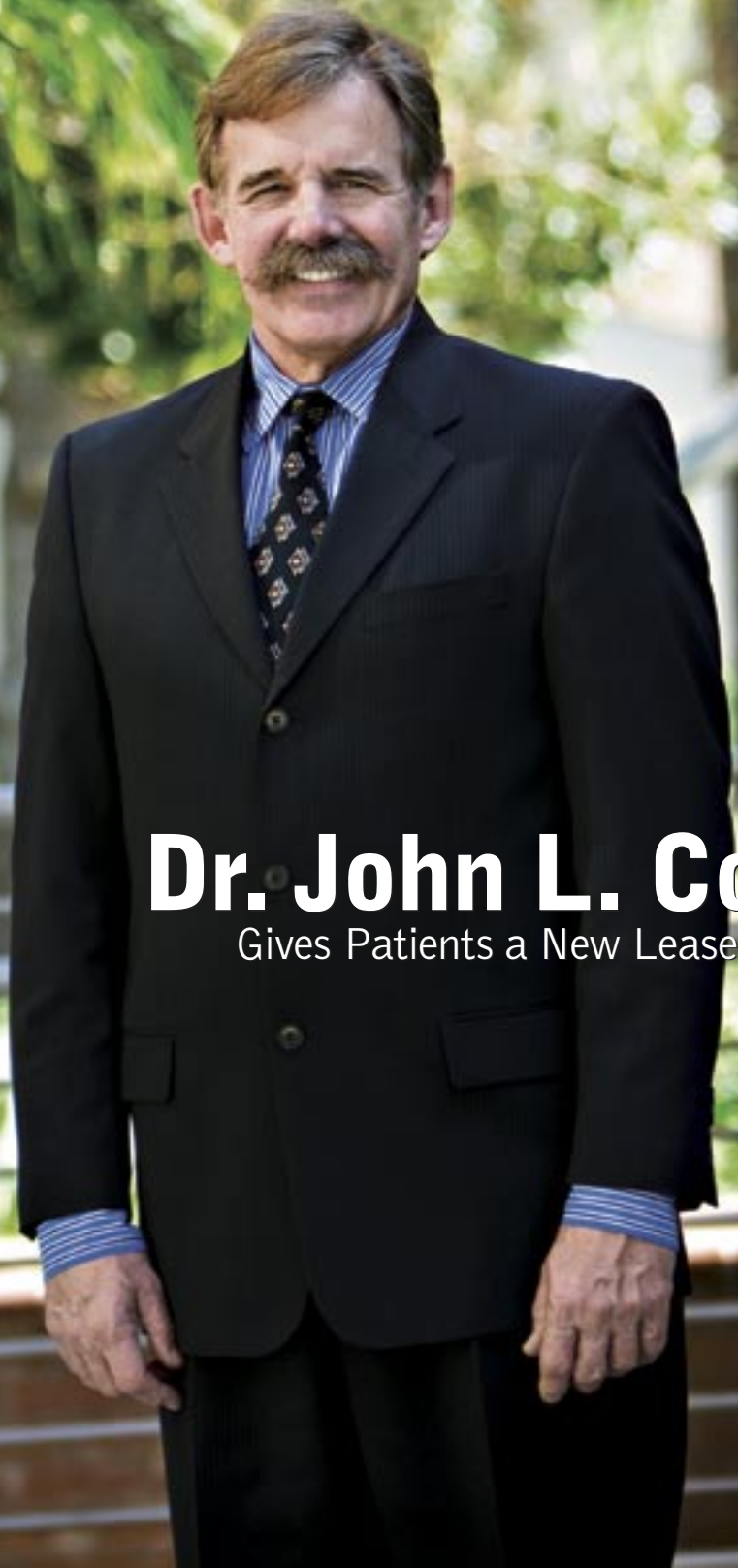


# M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS



**Dr. John L. Coon**

Gives Patients a New Lease on Life

# Dr. John L. Coon Gives Patients a New Lease on Life

By Colleen Fliedner

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“Every week, patients tell me how much better their lives have become since their weight loss surgery. It’s very emotional for them,” Dr. John L. Coon explained from his office at New Image Bariatric Surgical Associates in Riverside. “They can do so many things they couldn’t do before. Parents tell me about being able to go to their kid’s soccer game without having to ride in their scooter, or accompanying their son on a Boy Scout hike. Grandparents tell me about having young grandchildren and their worries about not living to see their grandchildren graduate from grade school, much less high school, unless they

**Dr. John L. Coon is board certified by the American Board of Surgery, is a Fellow in the American College of Surgeons and is a regular member of the American Society for Metabolic and Bariatric Surgery.**



PHOTO BY TRAVIS HOEHNE

change. And young adults tell me about how weight loss surgery opens up a whole new life previously out of reach to them. This is about more than just performing weight loss surgery. This is about truly making a difference in their lives.”

Dr. Coon graduated from the University of Illinois School of Medicine. After his internship, he was commissioned as a captain in the U.S. Army. Subsequent to serving two years as a medical officer, he began a surgical residency at the University of New Mexico. Following his residency, he accepted the position as a Fellow in burn surgery and assistant director of the University of Southern California Burn Unit at Los Angeles County Hospital. After completion of the fellowship, he returned to Albuquerque, NM, and opened a private practice in surgery, simultaneously working as a clinical professor of surgery at the University of New Mexico. Dr. Coon is board certified by the American Board of Surgery, is a Fellow in the American College of Surgeons and is a regular member of the American Society for Metabolic and Bariatric Surgery.

It was during the time in New Mexico that two different areas of surgery impacted Dr. Coon. One was obesity surgery, which was in its infancy. The other was laparoscopic surgery, which was also in its infancy for general surgeons. While not doing obesity surgery at that time, as chief of surgery at St. Joseph Hospital, Dr. Coon was involved with monitoring its performance. Ultimately, the approach used at that time caused more complications than were acceptable. Therefore, Dr. Coon requested that the obesity surgery program be stopped. It was from that experience that Dr. Coon first directly observed obesity surgery. While he thought that it needed improvement, he also suspected that there were great benefits in weight loss surgery and determined he would continue to observe its progress.

The second surgical event was the advent of laparoscopic surgery. Dr. Coon became involved with laparoscopic surgery very early in its evolution. Following additional medical education in this area, Dr. Coon, with another surgeon, introduced laparoscopic surgery to Albuquerque. At that

time, he discovered a great interest in and ability for what is now called “minimally invasive surgery.”

Because of his interest and experience in minimally invasive surgery, a consortium of two hospitals in northwestern Montana recruited Dr. Coon to open a program in minimally invasive surgery. Accepting the challenge, he developed perhaps the most advanced program in minimally invasive surgery in northwestern Montana.

Always interested in progress, Dr. Coon attended a continuing medical education program in obesity surgery at the University of Texas in Dallas. This program combined the improvements in obesity surgery that had been developed over the years and the ability to do these operations using minimally invasive surgery techniques. This course was truly a turning point in his career. It showed him that the operations for obesity could now be done safely with good results and with a reduced surgical impact on the patient by using minimally

invasive surgery techniques.

Explaining why he made the decision to specialize in bariatric operations, Dr. Coon said, “In my previous practice in general



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**Since joining forces, New Image Bariatric and Parkview Community Hospital Medical Center have achieved the high level of expertise needed to be awarded the Center of Excellence designation by the American Society for Metabolic and Bariatric Surgery.**

surgery, I had seen extremely obese people in their scooters or with their walkers, and the 50-year-olds who couldn't climb a flight of stairs. And I thought, I can help those people, and their lives will be significantly better." With his expertise in performing laparoscopic surgical procedures and his knowledge that these operations could be done safely, he decided to practice bariatric surgery full time. To make that possible, he knew he would have to relocate, developing New Image Bariatric Surgical Associates in Riverside. Because extremely obese patients have so many special needs, he knew that it would be better to do obesity surgery on a full-time basis and not simply as a part of his general surgery practice. Also, he knew that the hospital where the bariatric surgery is performed must be equipped to care for a severely obese person. Thus, he chose Parkview Community Hospital Medical Center in Riverside, opening New Image Bariatric Surgical Associates in January 2004.

Since joining forces, New Image Bariatric and Parkview Community Hospital Medical Center have achieved the high level of expertise needed to be awarded the Center of Excellence designation by the American Society for Metabolic and Bariatric Surgery. This prestigious designation involves a 10-point evaluation of both surgeon and hospital in parameters like patient safety, operating room equipment, operating room staff knowledge, hospital patient care, complication rate of the surgeon, weight-loss profile of patients postoperative, adequacy of outpatient follow-up care after surgery and patient satisfaction. Absolutely everything involved in the bariatric surgical process — the

hospital, surgeon, support services, equipment — is evaluated and scrutinized. Receiving an American Society for Metabolic and Bariatric Surgery certification signifies that the combination of the surgeon and the hospital can safely and effectively provide bariatric surgical care for severely overweight patients.

## **WHICH OPERATION BEST SUITS WHICH PATIENT**

Dr. Coon believes determining the type of surgery a patient receives needs to be evaluated on an individual basis. "That's all part of the initial interview process. Much depends on the patient's health evaluation." Of the various operations that have been performed in the past, only a few are widely done as the patient's first bariatric operation. They are the roux-en-Y gastric bypass and the Lap-Band.

The roux-en-Y gastric bypass has evolved over the last 20-some years and is today considered by many bariatric surgeons to be the first choice for a bariatric operation. It involves stapling the stomach to make a small pouch into which food goes after it is eaten, while the rest of the stomach is "bypassed." A piece of intestine is then brought up from lower down in the abdomen and connected to this pouch, bypassing some of the intestine. This small pouch keeps the patient from eating too much. Thus, intake of calories is controlled in two ways: The amount of food that can be eaten is reduced and the amount of ingested food that is absorbed by the intestine is also reduced. This operation has the advantage of

a better weight-loss profile, but has the disadvantage of a slightly higher complication rate. Also, some patients don't like the idea of a foreign body, such as a Lap-Band, in their abdomen and choose the roux-en-Y gastric bypass.

Dr. Coon incorporated the Lap-Band procedure into his practice when literature emerged showing that patients who had Lap-Band surgery lost a reasonable amount of weight and sustained their weight loss over a long period of time. He was particularly impressed when people with a Lap-Band reported they weren't hungry. The Lap-Band puts pressure on an area of the stomach that transmits a

message to the brain, telling it that the patient isn't hungry. Because the Lap-Band is less invasive than the other bariatric surgeries, it's a good choice for certain patients. It has a very low complication rate and a low mortality rate, and, therefore, might be a better choice in patients who are in poor health. Another advantage is that Lap-Band patients can generally return to work sooner.

Occasionally, the initial operation fails and a revision is needed. Revision operations are tailor-made based on the particular reasons that the original operation failed. Not all bariatric surgeons do "revisions" because they take longer, are more difficult and have more complications. Since Dr. Coon is very accomplished in laparoscopic surgery, he does not refuse these challenging and complex procedures. He knows that a failed initial bariatric operation can often be salvaged. He has done additional medical education in this area and has had a steady caseload of these difficult cases. Most of these patients have had their initial operations elsewhere and prior to current surgical techniques.

## THE DIABETES CONNECTION

A recent article in the *Journal of American Medicine Association* reported dramatic positive changes in patients with type 2 diabetes who had weight loss following Lap-Band surgery. This article has been repeated in multiple newspapers, magazines, and radio and TV shows. A few years earlier, an article also appeared in the *Annals of Surgery* showing the improvement in diabetes following the roux-en-Y gastric bypass.

Dr. Coon has seen the same outcome in his own patients. "After losing a great deal of weight, patients with type 2 diabetes are often cured, or at least substantially improved. In insulin-dependent patients with type 1 diabetes, obesity surgery usually results in a significant decrease in the amount of insulin a patient requires. Some don't need it at all," he stated. Dr. Coon, like most bariatric surgeons, believes that bariatric surgery in general will significantly improve patients experiencing either type 1 or type 2 diabetes.

The above journal articles are likely only the tip of the iceberg. Dr. Coon believes that bariatric surgery will be used to treat both types of diabetes and looks forward to the day when insurance companies will allow diabetic patients in even lower-risk groups to benefit from a bariatric procedure.

## WOMEN'S HEALTH

Weight loss surgery is still an emerging field of medicine, and sufficient time hasn't passed for long-term studies about the benefits of weight loss and women's health to be completed. But because many health problems in women, including breast cancer and heart disease, are often linked to obesity, it's not much of a stretch to say that having a bariatric procedure would improve the overall health of extremely obese women.

One interesting result that doctors have noted is that drastic weight loss often increases a woman's fertility. Bariatric surgeons suspect that because fat by itself produces hormones that interfere with normal ovarian function, loss of this excess fat restores normal ovulation, thus increasing a woman's chance of becoming pregnant.



Dr. Coon performing bariatric surgery





PHOTO BY TRAVIS HOEHNE

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Besides feeling physically better, patients with dramatic weight loss have a heightened sense of self-esteem. “Every week one of my female patients tells me that instead of going to the plus-size store, she just bought something ‘off the rack at a normal store.’ For them, it’s a real milestone,” Dr. Coon said. The positive psychological effect on a formerly obese person when he or she is able to do something that most people take for granted is very impressive.

**P**rospective patients are also encouraged to attend the monthly support group, where they can talk to other people who have undergone one of the weight loss procedures. Numerous studies have demonstrated that bariatric surgery patients who attend a support group regularly lose more weight permanently than those who do not attend regularly.

## PRE- AND POST-OP PERKS

Dr. Coon has set the standards for hands-on care quite high. For example, he invites people to bring their friends, neighbors or relatives to a monthly introductory meeting. Prospective patients are also encouraged to attend the monthly support group, where they can talk to other people who have undergone one of the weight loss procedures. Numerous studies have demonstrated that bariatric surgery patients who attend a support group regularly lose more weight permanently than those who do not attend regularly.

For the post-op patients, the support group provides a place where they can ask questions, gather information, share experiences and discuss very personal issues. “They seem to form a bond and even socialize together beyond the support group.”

Another unique service is the *New Image News*, a monthly newsletter filled with articles, recipes, cooking tips, patients’ success stories, “Success Habits,” tips and much more. The newsletter is available at [www.newimagebariatric.com](http://www.newimagebariatric.com), along with detailed instructions, guidelines, diet plans and answers to questions regarding the procedures.

Dr. Coon requires that his patients continue to have regular

check-ups with him for two years after their surgical procedure. A bariatric operation is a permanent change in the patient's physiology. Long-term results and outcomes are important to follow. As an example, some patients will develop protein malnutrition, renal stones, ulcers, anemia, vitamin deficiencies and inadequate or excess weight loss. These follow-up appointments allow him to check for such problems. His staff keeps the patient's primary physician in the loop by faxing information to the physician after each office visit.

**A** formerly obese person experiences a very positive psychological effect when he or she is finally able to do something that most people take for granted.

## THE FUTURE

Just what the future holds for weight loss surgery remains to be seen. Dr. Coon believes the surgical procedures will continue to evolve and be fine-tuned. The gastric sleeve resection is one of the newest innovations on the horizon and is being performed by some bariatric surgeons. For at least 20 years the sleeve has been done as part of another bariatric operation called the "duodenal switch." Only recently have bariatric surgeons been doing a gastric sleeve resection by itself as a primary bariatric operation. Whether the "sleeve" will provide significant permanent weight loss as a standalone operation has yet to be determined. Currently, it does have some utility as part of a staged operation for extremely obese patients, such as those weighing over 500 pounds or those with a BMI over 70. Dr. Coon is watching until more is understood about the sleeve — and until studies of its weight-loss profile and potential side effects have been released — before deciding if it is appropriate to add it to his recommended bariatric procedures.

The number of weight loss surgeries Dr. Coon performs continues to increase. The unfortunate reality is that most Americans live a sedentary lifestyle. We're always at our computers, watching television, driving even short distances, do not have physically demanding jobs and have access to fast food in an unprecedented way. It's no wonder that obesity has become epidemic in this country. "When I was growing up, there weren't fast food restaurants on every corner. Eating took more time and the plates were not filled with so much food. Now, if you get hungry, rather than waiting to get home



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and cook, you can go to a drive-through and have a complete meal containing an extraordinary number of calories in less than five minutes."

Until people can practice portion control, and eliminate sugar and high-fat foods from their diet, obesity will continue to cause serious health complications in millions of Americans. There's nothing Dr. Coon would like better than to see the number of overweight people decrease through exercise and diet. In the meantime, he will continue doing what he does so well: helping obese people have better health and longer lives. ■

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