

Surgery and Prescriptions Now Advised for Obese Children?

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✓ Fact Checked

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STORY AT-A-GLANCE

- › In its updated guidance on childhood obesity, the American Academy of Pediatrics recommends weight loss drugs and surgery in children as young as 12 and 13
- › The weight loss drug Wegovy causes gastrointestinal side effects, including nausea and vomiting, as well as concerns of pancreatitis, pancreatic cancer and retinopathy complications, including hemorrhage and blindness
- › Subjecting children to surgery for weight loss is egregious, as it can lead to permanent complications and even death; the procedures may also involve removing a part of the body, which cannot be undone
- › The AAP guidelines make no mention of controlling exposure to obesogens, ultraprocessed foods and other drivers of childhood obesity
- › Part of the problem with the conventional model for treating childhood obesity is that children receive flawed nutritional guidance focused on reducing saturated fats and other whole foods, while promoting vegetable oils and low-fat diets
- › By resorting to drugs and surgery, children may be saddled with a lifetime of related side effects, for a condition they could have likely reversed using natural lifestyle strategies

It's been 15 years since the American Academy of Pediatrics (AAP) updated its guidance on childhood obesity. The new recommendations, however, fall short of providing the needed guidance to address the root causes driving obesity and related conditions.

Instead of tackling the drivers of childhood obesity, AAP gave a wholehearted endorsement for weight loss drugs and surgery in children as young as 12 and 13, respectively. “Waiting doesn't work,” coauthor Dr. Ihuoma Eneli told The Associated Press. “What we see is a continuation of weight gain and the likelihood that they'll have (obesity) in adulthood.”¹

Unfortunately, by resorting to drugs and surgery, children may be saddled with a lifetime of related side effects, for a condition they could have likely reversed using natural lifestyle strategies.

AAP Pushes Drugs, Surgery for Obese Children

In the U.S., 1 in 5 children and adolescents is obese.² Among 2- to 19-year-olds, the prevalence of obesity was 19.7% from 2017 to 2020, or 14.7 million individuals affected.³ The AAP guidance recommends “comprehensive treatment,” which includes nutrition support, physical activity, behavioral therapy, medications and metabolic and bariatric surgery.

“There is no evidence to support either watchful waiting or unnecessary delay of appropriate treatment of children with obesity,” the guidance explains, instead setting the tone that early and aggressive drug and surgical treatment is warranted.⁴

Coauthor Dr. Sandra Hassink, medical director for the AAP Institute for Healthy Childhood Weight, told The Associated Press that the guidelines are meant to change the view that obesity is “a personal problem, maybe a failure of the person's diligence. This is not different than you have asthma and now we have an inhaler for you.”⁵ According to the guideline's executive summary:⁶

“Obesity has long been stigmatized as a reversible consequence of personal choices but has, in reality, complex genetic, physiologic, socioeconomic, and environmental contributors.

An increased understanding of the impact of social determinants of health (SDoHs) on the chronic disease of obesity – along with heightened

appreciation of the impact of the chronicity and severity of obesity-related comorbidities – has enabled broader and deeper understanding of the complexity of both obesity risk and treatment.”

Further, the guidelines specifically state:⁷

- Pediatricians and other primary health care providers should offer adolescents 12 years and older with obesity (BMI \geq 95th percentile) weight loss pharmacotherapy ... as an adjunct to health behavior and lifestyle treatment
- Pediatricians and other primary health care providers should offer referral for adolescents 13 years and older with severe obesity (BMI \geq 120% of the 95th percentile for age and sex) for evaluation for metabolic and bariatric surgery

Risky Weight Loss Drugs for Children?

Obesity-related diseases like cancer, Type 2 diabetes, high blood pressure and osteoarthritis are significant. But while maintaining a healthy weight is essential for optimal health, resorting to drugs and surgery to get there can be dangerous, especially for children.

The AAP recommends the weight loss pill orlistat, Novo Nordisk’s semaglutide (Wegovy) – a diabetes drug given by injection – and the diabetes medicine metformin as potential obesity treatments in 12-year-olds and up.⁸ Each comes with its own set of risks. Orlistat can cause kidney and liver injury, along with gastrointestinal adverse effects, such as oily stools, diarrhea and abdominal pain, for instance.⁹

Wegovy, meanwhile, also caused gastrointestinal side effects, including nausea and vomiting, as well as concerns of pancreatitis, pancreatic cancer and retinopathy complications, including hemorrhage and blindness.¹⁰ Metformin’s side effects include a metabolic condition called lactic acidosis, which can be life-threatening.¹¹

Weight Loss Surgery Can Be Deadly

Subjecting children to surgery for weight loss is also egregious, as it can lead to permanent complications and even death. Two primary types of weight loss surgery include:¹²

- **Gastric sleeve** — This surgery involves removing most of your stomach, leaving only a banana-shaped portion that's closed with staples. In addition to physically reducing the amount of food you can eat, the removal of part of your stomach alters your gut hormones and gut bacteria, which play a role in appetite and metabolism.
- **Gastric bypass** — In addition to stapling your stomach so only a small pouch remains in the upper section, gastric bypass involves cutting your small intestine and attaching it to the stomach pouch. By bypassing most of your stomach and upper part of your small intestine, your body absorbs fewer calories when you eat, but the surgery will also alter your gut hormones and bacteria.

In a review of 164 studies, bariatric surgery was found to be effective in helping people lose weight and keep it off as well as reduce rates of obesity-related health problems.¹³ However, “risks of complication, reoperation and death exist,” the researchers noted. The study found a complication rate of 17%, whereas another 7% required a second surgery.

In addition to the risk of infection or leaking from the areas of the stomach that have been stapled, bariatric surgery can make it difficult for you to absorb nutrients from the food you eat, leading to related health problems like anemia and osteoporosis, which could be even more severe when the disruptions to nutrient absorption begin in adolescence.

Gallstones can also develop, and many patients are prescribed gallstone prevention medication after surgery, whereas gastric bands can also erode into your stomach — a complication that requires removal. Strictures are another potential problem, which refer to narrowing of the newly shaped stomach or connection between the small intestine and stomach.

The narrowing can cause nausea, vomiting and trouble swallowing when you try to eat or swallow food, and must be fixed with additional medical procedures. The way your body processes alcohol may also be affected, so patients must be aware that drinking alcohol could be problematic after bariatric surgery.¹⁴

Mary Lou Singleton, midwife and family nurse practitioner, told Children's Health Defense, "While children are less likely to experience serious surgical complications than adults, the mortality rate for children undergoing weight loss-surgery is 1 in 500. Most parents would not consider this an insignificant risk."¹⁵ Further, the procedures involve removing a part of the body, which cannot be undone:¹⁶

"These body parts are not redundant. They serve important purposes in the digestive process. 'Bypassing' them means children will permanently be left without the use of these organs. They can never be reintegrated into the digestive system.

... The AAP is recommending these surgeries for children too young to understand the long-term risks. While removing the majority of the stomach will lead to drastic initial weight loss in nearly all patients, we know that 25% to 50% of adults who undergo weight loss surgery eventually regain all or most of this weight.

Treating obesity in a patient who has already lost the function of most of their stomach may be the next brave new frontier in the profitable field of weight loss medicine."

No Mention of What's Driving Childhood Obesity

Obesity is a complex problem, but there are nearly always environmental contributors. Obesogens in the environment, such as endocrine-disrupting chemicals, are among them, and it's believed that dietary exposure — via contaminated foods and food packaging — is a major contributor. Researchers explained in *Biomolecules*:¹⁷

“These chemicals are probably able to contribute not only to the development of obesity and metabolic disturbances in individuals, but also in their progeny, having the capability to epigenetically reprogram genetically inherited set-up points for body weight and body composition control during critical periods of development, such as fetal, early life, and puberty.”

Yet, the AAP guidelines make no mention of controlling exposure to obesogens. “What has not been addressed are the obesogens in American children’s meals, substances that produce obesity, lurking in their food at home as well as school, caused mostly by pesticides and plastics. The cause of the metabolic disorder of obesity is that it is an environmental disease,” pediatrician Dr. Michelle Perro told Children’s Health Defense.

“Unless we remove the pesticides and other toxicants, the promotion of drugs and surgery are panaceas, Band-Aids and foster the ‘pill for ill’ model, rather than root-cause real solutions,” she said. Singleton added:¹⁸

“I found no mention of the massive changes in the U.S. food supply that correlate with the skyrocketing rates of obesity among children and adults alike ... The document fails to address the school lunch program, which is providing a significant amount of the calories U.S. schoolchildren are eating weekly.

Most schoolchildren in the U.S. are fed plastic-wrapped, chemically-preserved, pesticide-laden food made in factories months or years earlier. In addition to the sugar, the chemicals in these foods have endocrine-disrupting obesogenic properties.”

It’s Not About Calorie Counting and Low-Fat Diets

Part of the problem with the conventional model for treating childhood obesity is that children receive flawed nutritional guidance focused on reducing saturated fats and other whole foods, while promoting vegetable oils and low-fat diets.¹⁹ Further, leading kids to focus on **calorie counting doesn’t work**, as it ignores the complexity of the human body.

When on a starvation-type diet, for instance, your body will tend to shut down various processes in order to survive. For example, by reducing thyroid function, your body will not burn as many calories. In short, it alters the thermodynamics of your body.

Also, the recommendation to reduce fat and eat more carbs is without a doubt a major contributor to the obesity epidemic. This compels people to consume processed junk foods, but when you consume an abundance of ultraprocessed foods, it's not only a matter of taking in "empty calories" or too many calories that cause weight gain. It actually triggers a catastrophic cascade of health declines rooted in mitochondrial dysfunction and insulin resistance.

Meanwhile, conventional nutritionists typically do not advise that increased intake of toxic industrially processed seed oils, often referred to as "vegetable oils," are also driving obesity.

Examples of seed oils high in omega-6 PUFAs include soybean, cottonseed, sunflower, rapeseed (canola), corn and safflower.²⁰ Omega-6 is considered to be proinflammatory because of the most common variety, linoleic acid, which will radically increase oxidative free radicals and cause mitochondrial dysfunction.²¹

As researchers noted in the journal *Nutrients*, "In addition, a few studies suggested that omega-6 PUFA is related to chronic inflammatory diseases such as obesity, nonalcoholic fatty liver disease and cardiovascular disease."²² Reducing your intake of seed oils while increasing your intake of healthy fats is a powerful way to support a healthy weight.

Then there's the timing of your food (i.e., time restricted eating (TRE)) – another important factor in helping to optimize weight. Our ancient ancestors did not have access to food 24/7, so our genetics are optimized to having food at variable intervals, not every few hours. When you eat every few hours for months, years or decades, never missing a meal, your body forgets how to burn fat as a fuel.

In most cases, children will be able to lose weight by eating real food – not ultraprocessed ones – and embracing TRE by limiting food intake to a certain number of

hours per day.²³ Engaging in nonexercise movement throughout the day, and getting regular exercise, will provide further benefits. Exercise will not produce significant weight loss without addressing diet, but when done in combination it can be significantly beneficial.

Ideally, families should work with a holistic practitioner who understands the underlying drivers of obesity and can provide a comprehensive strategy for weight loss – one that doesn't involve drugs and surgery.

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