

This Week's Citation Classic

Payne J H & DeWind L T. Surgical treatment of obesity. *Amer. J. Surg.* **118:141-7**, 1969.
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Sch. Medicine, Los Angeles, CA]

The jejunocolic bypass (Payne procedure) is a technique to induce significant weight reduction in the malnourished, morbidly obese patient. Our clinical study began in 1956. To this date, some type of surgical procedure has proven to be the only successful therapy for uncontrolled obesity. [The **SCI** indicates that this paper has been cited over 265 times since 1969.]

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"Loren DeWind and I are honored to have our manuscript included in this publication.

"Why do we think our paper has been so highly cited? It is our opinion that the surgeons, internists, and research workers in the problems of human hyperobesity were ready for this report. There had been no report from our departments since the report on jejunocolic intestinal bypass in 1963.¹ Our conclusions were that jejunocolic bypass resulted in metabolic disaster and this operation should be abandoned.

"The 1969 report was a new approach and was the first article written since 1963 about a significant number of carefully selected, controlled, and diligently followed group of malnourished, morbidly obese subjects.

"We received no awards or honors except the respect and gratitude of our patients; a synopsis of the article was published and reviewed in the 1970 *Year Book of General Surgery*.² In 1978, R.B. Phillips referred to our work³ providing widespread attention and coverage.

"As for problems —we had our share. Many obstacles were thrown in our path during our early efforts to continue the work and have it accepted for presentation or publication at a major surgical meeting, the Pacific Coast Surgical Association, and eventually the American Surgical Association.

"There were long discussions with the Hospital of the Good Samaritan research committee, but very little difficulty with the University of Southern California School of Medicine, department of surgery. At times some of our friends and foes thought we 'didn't have all our oars in the water.' Eventually we were granted full permission by the appropriate committees to continue the work.

"A major difficulty was dealing with the patients' medical insurance companies. It was their contention that this was a cosmetic operation. After considerable discussion and exchange of correspondence, we were able to convince the carriers that we were operating on malnourished, morbidly obese subjects. Thus the diagnosis, 'malnutrition morbid obesity,' was defined, coined, and accepted.

"All too often the important personnel around you are not given credit for their contribution. The surgical personnel were always understanding, flexible, and many were excellent. They had special instruments made when necessary. The residents, physicians, and ICU and floor personnel learned to understand these huge patients and to treat them as desperately ill patients and not as 'fat slob.' They provided a friendly atmosphere in which to recover in dignity.

"Most of our obese patients were anesthetized by the same doctor. Without his skill, tenacity, and intelligence, I do not think we could have safely done this type of surgery on these giant patients. There was only one death attributable to anesthesia. Most patients left the operating room extubated and awake. Ironically, I enticed the anesthesiologist to submit a manuscript for publication relating his very successful methods of how to safely anesthetize the hyperobese patient; it was rejected with a letter indicating what he was doing wrong!

"All surgeries were done by the same surgeon.

"If our work has proven nothing else, there is evidence that the hyperobese patient can be safely anesthetized to undergo major intraabdominal surgery!"

1. **Payne J H, DeWind L T & Commons R R.** Metabolic observations in patients with jejunocolic shunts. *Amer. J. Surg.* 106:273-89, 1963.
2. **Payne J H & DeWind L T.** Surgical treatment of obesity. (DeBakey M E, ed.) *Year book of general surgery*. Chicago, IL: Year Book Medical Publishers, Inc., 1970. p. 20-1.
3. **Phillips R B.** Small intestinal bypass for the treatment of morbid obesity. *Surg. Gynecol. Obstet.* 146:455-68. 1978.