Research Publications:

103. **Continuous subcutaneous insulin infusion (CSII) versus multiple insulin injections for type 1 diabetes mellitus.**

Misso ML, Egberts KJ, Page M, O'Connor D, Shaw J.
The Cochrane Database of Systematic Reviews 2010 Jan 20; (1)

102. **Laparoscopic Adjustable Gastric Banding in Severely Obese Adolescents.**

O'Brien PE, Sawyer SM, Laurie C, Brown WA, Skinner S, Veit F, Paul E, Burton PR, McGrice M, Anderson M, Dixon JB.
JAMA 2010, 303(6):519-526.

101. **Laparoscopic adjustable gastric banding.**

Brown, W, Korin, A, Burton, P, O'Brien, PE.
Australian Family Physician 2009; 38(12): 972-976.

100. **Effects of Gastric Band Adjustments on Intraluminal Pressure.**

Burton PR, Brown WA, Laurie C, Richards M, Hebbard G, O'Brien PE.
Obesity Surgery 2009; 19(11):1508-1514.

99. **The effect of laparoscopic adjustable gastric bands on esophageal motility and the gastroesophageal junction: analysis using high-resolution video manometry.**

Burton PR, Brown WA, Laurie C, Richards M, Afkari S, Yap K, Korin A, Hebbard G, O'Brien PE.
Obesity Surgery. 2009 Jul;19(7):905-14.

98. **Laparoscopic adjustable gastric band versus sleeve gastrectomy: A Debate.**

O'Brien PE
Bariatric News, Issue 1, May 2009.

97. **Cost-efficacy of surgically induced weight loss for the management of type 2 diabetes: randomised controlled trial.**

Keating CL, Dixon JB, Moodie ML, Peeters A, Playfair J, O'Brien PE.
Diabetes Care. 2009; 32(4):580-584.

96. **Cost-effectiveness of surgically induced weight loss for the management of type 2 diabetes: modelled lifetime analysis.**

Burton PR, Brown WA, Laurie C, Richards M, Afkari S, Yap K, Korin A, Hebbard G, O'Brien PE.
Obes Surg. 2009 Jul; 19(7):905-914.

95. **Motivation, Readiness to Change, and Weight Loss Following Adjustable Gastric Band Surgery.**

Dixon JB, Laurie CP, Anderson ML, Hayden MJ, Dixon ME, O'Brien PE.
Obesity (Silver Spring). 2009 Apr;17(4):698-705.

94. **A Rodent Model of Adjustable Gastric Band Surgery-Implications for the Understanding of Underlying Mechanisms.**

Kampe J, Brown WA, Stefanidis A, Dixon JB, Oldfield BJ.
Obes Surg. 2008 Oct 30.

93. **Small Bowel Obstruction creates a Closed Loop in patients with a Laparoscopic Adjustable Gastric Band**

Campbell N, Brown WA, Smith A, Skinner S, Nottle P
Obesity Surgery 2008 Oct;18(10):1346-9.

92. **Physician Attitudes, Beliefs and Barriers towards the Management and Treatment of Adult Obesity: A Literature Review**

Hayden, M.J., Dixon, J.B., Piterman, O'Brien PE.
Australian Journal Primary Health. 2008; 14(3): 9-18.

91. **Raised CPR levels in Obese Patients: Symptoms of Depression Have an Independent Positive Association**

Dixon JB, Hayden MJ, Lambert GW, Dawood T, Anderson ML, Dixon ME, O'Brien PE.
Obesity (Silver Spring). 2008 Sep;16(9):2010-5.

90. **Symmetrical Pouch Dilatation After Laparoscopic Adjustable Gastric Banding: Incidence and Management**

Brown WA, Burton PR, Anderson M, Korin A, Dixon JB, Hebbard G, O'Brien PE
Obes Surg. 2008 Apr 23

This study looks at the results of a series of 425 LAGB all performed by the pars flaccida approach.

89. **Assessing the Acute Abdomen in the Bariatric Patient: Need for Improvement.**

O'Brien P, Brown W
Obesity Surgery 2008 Oct;18(10):1215-6.

88. **Laparoscopic Gastric Banding,**

O'Brien PE
Cardiology In General Practice 2008 May; 4: 36

87. **Factors associated with percent change in visceral versus subcutaneous abdominal fat during weight loss: findings from a systematic review**

Chaston TB, Dixon JB
Int J Obes (Lond). 2008 Apr;32(4):619-28.

A study that compares all-cause mortality in a surgical weight loss cohort with a similarly aged, obese population-based cohort.

86. **Hunger Control and Regular Physical Activity Facilitate Weight Loss After Laparoscopic Adjustable Gastric Banding**

Colles SL, Dixon JB, O'Brien PE
Obes Surg. 2008 Apr 12

This study aimed to assess the extent and nature of change in energy intake and physical activity in patients after adjustable gastric banding.

85. **Grazing and loss of control related to eating: two high-risk factors following bariatric surgery.**

Colles SL, Dixon JB, O'Brien PE.
Obesity (Silver Spring). 2008 Mar;16(3):615-22

84. **Loss of control is central to psychological disturbance associated with binge eating disorder**

Colles SL, Dixon JB, O'Brien PE
Obesity (Silver Spring). 2008 Mar;16(3):608-14.

The primary aim of this study was to investigate which core behavioural features of binge eating are most strongly related to psychological disturbance.

83. **Adjustable gastric banding and conventional therapy for type 2 diabetes: a randomized controlled trial**

Dixon JB, O'Brien PE, Playfair J, Chapman L, Schachter LM, Skinner S, Proietto J, Bailey M, Anderson M
JAMA. 2008 Jan 23;299(3):316-23

This study compared surgically induced weight loss and conventional approaches to weight loss and diabetes control.

82. **Substantial intentional weight loss and mortality in the severely obese**

Peeters A, O'Brien PE, Dixon JB, Laurie CP, English D and Flum D
Ann Surg. 2007 Dec;246(6):1028-33.

The first publication of outcomes with the AP band.

81. **Daytime sleepiness in the obese: Not as simple as obstructive sleep apnea**

Dixon JB, Dixon ME, Anderson ML, Schachter L, and O'Brien PE
Obesity, Oct 2007; 15 (10): 2504-2511.

This study looked at clinical, anthropometric, biochemical, and polysomnographic predictors of excessive daytime sleepiness

80. **Night eating syndrome and nocturnal snacking: association with obesity, binge eating and psychological distress**

Colles SL, Dixon JB, O'Brien P E
International Journal of Obesity (2007) 31, 1722–1730

This study aimed to investigate the clinical significance of night eating syndrome and nocturnal snacking.

79. **Eating behavior as a prognostic factor for weight loss after gastric bypass**

Sallet JA, Dixon JB, Collis E, Pisani CE, Levy A, Bonaldi FL, Cordas
Obesity Surgery, 2007;17:445-51

This study investigates binge eating before Roux-en-Y gastric bypass.

78. **Progressive fibrosis in nonalcoholic steatohepatitis: association with altered regeneration and a ductular reaction.**

Richardson MM, Jonsson JR, Powell EE, Brunt EM, Neuschwander-Tetri BA, Bhathal PS, Dixon JB, Weltman MD, Tilg H, Moschen AR, Purdie DM, Demetris AJ, Clouston AD
Gastroenterology 2007;133(1):80-90.

A study looking at portal fibrosis and non-alcoholic steatohepatitis (NASH).

77. **Bleeding complications in skin cancer surgery are associated with warfarin but not aspirin therapy**

Dixon AJ, Dixon MP, Dixon JB
British Journal of Surgery 2007; 94: 1356–1360

The aim looked at postoperative bleeding following skin cancer surgery.

76. **Prospective study of long-term patient perceptions of their skin cancer surgery**

Dixon AJ, Dixon MP, Dixon JB
J Am Acad Dermatol 2007;57:445-53.

This study looked at patient perceptions of their skin cancer surgery.

75. **The Lap-Band AP™ system: The platform advances**

Paul E O'Brien
Bariatric Times, June 2007, Volume 4(5): 8-11.

The first publication of outcomes with the AP band.

74. **Smaller hip circumference is associated with Dyslipidemia and the Metabolic Syndrome in obese women**

John B Dixon, Boyd J G Strauss, Cheryl Laurie, and Paul E O'Brien
Obesity Surgery, 2007, 17: 770-777

An analysis coming from the BMI 30-35 RCT, this paper focuses on anthropometric measures and DEXA results and their relationship with the metabolic syndrome. The results suggest that adjusting BMI with anthropometric measures may add value.

73. **Surgical treatment for obesity and its impact on non-alcoholic steatohepatitis**

John B Dixon
Clinics in Liver Disease, 2007, 11: 141-154

An excellent overview of the effects of surgical weight loss on NASH.

72. **Family history of coronary heart disease is associated with a higher incidence of Nonalcoholic Fatty Liver Disease: Central obesity the likely link**

Zhang L, Pu K, Chai Z and Dixon JB
Obesity Research and Clinical Practice, 2007, 1: 125-131

This was a collaboration with a Chinese Medical College and a researcher at the Baker Institute looking at data from a cohort of Chinese health workers.

71. **Changes in body composition with weight loss : Obese subjects randomised to surgical and medical programs**

Dixon JB, Strauss BJG, Laurie C and O'Brien PE
Obesity; 2007, 15(5): 1187-1198.

A further study using the BMI 30-35 RCT cohort, at 24 months after randomization there was significantly greater weight loss in the surgical arm but neither group produced fat loss with significant deleterious effects on the components of fat-free mass.

70. **Changes in fat-free mass during significant weight loss: a systematic review.**

Timothy Chaston, John Dixon and Paul O'Brien
International Journal of Obesity, 2007, 31: 743-750

Comparing fat free mass loss in both surgical and non-surgical weight loss interventions significant differences were found. LAGB preserves fat free mass more than either RYGB, BPD.

69. **Single frequency bioelectrical impedance is a poor method for determining fat mass in moderately obese women**

Veronica Alvarez, John Dixon, Boyd Strauss, Cheryl Laurie, Timothy Chaston, Paul O'Brien
Obesity Surgery, 2007, 17(2):211-221

This study compares predictions of fat mass taken with bioelectrical impedance, skin fold thickness and BMI with actual measurements using DEXA. Bioelectrical impedance showed no added predictive value over BMI alone.

68. **Differential regulation of adiponectin receptor gene expression by adiponectin and leptin in myotubes derived from obese and diabetic individuals**

Andrew.J.McAinch, Gregory.R.Steinberg, Janelle Mollica, Paul.E.O'Brien, John.B.Dixon, S.Lance McCaulay, Bruce.E.Kemp and David Cameron-Smith
Obesity, 2006, 14(11): 1898-1904

Another paper coming from muscle tissue, this one demonstrates that the poor capacity of skeletal muscle of obese and diabetic individuals to respond to exogenous adiponectin and leptin may be further suppressed as a result of impaired regulation of the AdipoR1 gene.

67. **Leptin stimulation of COXIV is impaired in obese skeletal muscle myotubes**

A.J.McAinch, G.R. Steingberg, J.Mollica, P.E.O'Brien, J.B.Dixon, B.E.Kemp and D.Cameron-Smith
Obesity Research and Clinical Practice, 2007, 1: 53-60

Using muscle tissue from lean and obese subjects, a defect in leptin signaling in human myotubes cultured from obese individuals was demonstrated.

66. **Preoperative weight loss with a very-low-energy diet: quantitation of changes in liver and abdominal fat by serial imaging.**

Susan L Colles, John B Dixon, Paul Marks, Boyd J Strauss and Paul E O'Brien.
American Journal of Clinical Nutrition 2006; 84(2):304-311

A detailed imaging study of the liver during weight loss by very low energy diet, providing guidance to its optimal use as a preoperative measure in the severely obese.

65. **The Suppressor of Cytokine Signaling 3 Inhibits Leptin Activation of AMP-Kinase in Cultured Skeletal Muscle of Obese Humans.**

Steinberg GR, McAinch AJ, Chen MB, O'Brien PE, Dixon JB, Cameron-Smith D, Kemp BE.
J Clin Endocrinol Metab, 2006; 91(9): 3592-7.

A study of human skeletal muscle which demonstrates that the suppressor of cytokine signalling 3 (SOCS3) inhibits leptin activation of AMP kinase. These findings may explain the leptin resistance of obese humans and suggests a potential therapeutic path.

64. **Combined Strategies In the Management of Obesity**

John Dixon and Maureen Dixon
Asian-Pacific Journal of Clinical Nutrition, 2006; 15: 63-69.

A review of the management of obesity emphasizing the need for a multifaceted approach that should include lifestyle change, drug therapy, behavioural therapy, intragastric balloons and surgery.

63. **Management of Obesity – the role of surgery.**

Wendy Brown, John Dixon and Paul O'Brien.
Australian Family Physician, 2006; 35(8): 584-586.

An overview of the benefits and the risks of surgical treatment of obesity with a focus on Lap Band placement.

62. **Weight Loss Medications: Where do they fit in?**

John Dixon.
Australian Family Physician, 2006; 35(8): 576-579.

A brief review of the role of pharmacotherapy, both current and prospective, in the management of obesity.

61. **Current Teaching about Obesity in Australian Universities, Specialist Medical Colleges and Through Continuing Medical Education.**

Melissa J Hayden, Leon Piterman, John B Dixon and Paul E. O'Brien.
Medical Journal of Australia (MJA), 2006; 185(5).

A letter to the Editor detailing the results of a survey of undergraduate and postgraduate teaching in Australia about the disease of obesity in comparison with teaching on diabetes and depression.

60. **Weight Loss and Non-alcoholic Fatty Liver Disease: falls in Gamma-Glutamyl Transferase Concentrations are Associated with Histologic Improvement.**

John B. Dixon, Prithi S Bhathal and Paul E. O'Brien.
Obesity Surgery, 2006; 16: 1278-1286.

An analysis of the relationship between liver enzymes and histological evidence of non-alcoholic steatohepatitis in 30 patients before and after Lap Band placement.

59. **Systematic Review of Medium-Term Weight Loss after Bariatric Operations.**

Paul E. O'Brien, Tracey McPhail, Timothy B Chaston and John B Dixon
Obesity Surgery, 2006; 16: 1032-1040.

A rigorous objective review of the bariatric surgery literature to measure the weight loss outcomes at up to 10 years for a range of bariatric surgical procedures.

58. **Night Eating Syndrome: Impact on Bariatric Surgery.**

Susan L Colles and John B Dixon.
Obesity Surgery, 2006; 16: 811-820.

A literature review of this poorly understood and insufficiently defined eating disorder.

57. **Treatment of mild to moderate obesity with Laparoscopic Adjustable Gastric Banding or an intensive medical program: A randomized trial.**

Paul E. O'Brien; John B. Dixon; Cheryl Laurie; Stewart Skinner; Joe Proietto; John McNeil; Boyd Strauss; Sharon Marks; Linda Schachter; Leon Chapman and Margaret Anderson.
Annals of Internal Medicine, 2006; 144: 625-633.

A most important paper. The first randomised controlled trial demonstrating that surgery is more effective than medical treatment measuring weight loss, health and quality of life. The study subjects were all in the BMI range of 30-35.

56. **Obesity and the White Blood Cell Count: Changes with Sustained Weight Loss.**

John B Dixon and Paul E. O'Brien.
Obesity Surgery, 2006; 16: 251-257.

The study demonstrates a direct correlation between the total white cell count and BMI, supporting the presence of an inflammatory component to the disease of obesity.

55. **A "gentle" surgical weight loss technique**

O'Brien, PE
Diabetes Management 2005, 13: 8-9

An overview of the Lap Band procedure and its place in the care of the obese patient with type 2 diabetes.

54. **Birth Outcomes in Obese Women After Laparoscopic Adjustable Gastric Banding.**

John B. Dixon; Maureen E. Dixon and Paul E. O'Brien.
Obstetrics & Gynecology, 2005; 106 (5) November: 965-972.

Pregnancy outcomes following Lap Band are consistent with general community outcomes rather than outcomes from severely obese women. The adjustability of the band assists in achieving these outcomes. Adjustability is appealing because it allows adaptation to the altered requirements of pregnancy.

53. **Impaired Activation of AMP-Kinase and Fatty Acid Oxidation by Globular Adiponectin in Cultured Human Skeletal Muscle of Obese Type 2 Diabetics.**

Michael Chen, Andrew McAinch, S. Lance Macaulay, Laura A. Castelli, Paul E. O'Brien, John B. Dixon, David Cameron-Smith, Bruce E. Kemp and Gregory R. Steinberg.
Journal of Clinical Endocrinology & Metabolism, 2005; 90 (6): 3665-3672.

Tissue obtained at laparoscopic surgery can provide unique insights into the abnormal metabolism of obese patients. Here we show the anti-diabetic hormone adiponectin is less effective in stimulation fat utilization in the muscle of obese patients with type-2 diabetes.

52. **Obesity, Weight Loss and Bariatric Surgery.**

Paul E O'Brien, Wendy A Brown and John B Dixon.
Medical Journal of Australia, 2005; 183(6): 310-314.

An overview of the problem of obesity and the options for effective and safe treatment.

51. **Minimal Reporting Requirements for Weight Loss: Current Methods Not Ideal.**

John B Dixon; Tracey McPhail and Paul E O'Brien.
Obesity Surgery, 2005; 15: 1034-1039.

The use of %EWL is challenged, particularly if the Metropolitan Life Insurance tables are used for ideal weight. A plea for providing weight in kg and BMI is made.

50. **A Prospective Randomized Trial of Placement of the Laparoscopic Adjustable Gastric Band: Comparison of the Perigastric and Pars Flaccida Pathways.**

Paul E O'Brien; John B Dixon; Cheryl Laurie and Margaret Anderson.
Obesity Surgery, 2005; 15: 820-826.

Using the RCT format we have shown that the pars flaccida approach avoids posterior prolapse.

49. **Shoulder pain is a common problem following Laparoscopic Adjustable Gastric Banding surgery.**

John B Dixon; Yigal Reuben; Christine Halket and Paul E O'Brien.
Obesity Surgery, 2005; 15: 1111-1117.

Shoulder tip pain is one of the common causes of postoperative discomfort after upper abdominal laparoscopic surgery. The observational study seeks to identify the factors which predict the presence and duration of this troublesome symptom.

48. **Sustained Weight Loss in Obese Subjects has Benefits that are Independent of Attained Weight.**

John B Dixon, Margaret Anderson, David Cameron-Smith and Paul E O'Brien.
Obesity Research 2005; 12(11):1895-1902

This study shows improved health benefits of reducing weight to BMI 30-35 range compared to being at BMI 30-35 all along.

47. **Permeability of the silicone membrane in Laparoscopic Adjustable Gastric Bands has important clinical implications.**

John B Dixon and Paul E O'Brien.
Obesity Surgery, 2005; 15:624-629

The balloon of all LAGBs is not totally impermeable to saline. Over a period of months there will be a predictable loss of volume from the system and additional fluid is needed to retain the satiety-inducing effects.

46. **Preoxygenation is more effective in the 25° head-up position than in the supine position in severely obese patients: A randomized controlled study.**

Benjamin J Dixon, John B Dixon, Jennifer R Carden, Anthony J Burn, Linda M Schachter, Julie M Playfair, Cheryl P Laurie and Paul E O'Brien.
Anesthesiology 2005; 102:1110-1115

This randomized controlled trial shows that patients in the head-u[position desaturate more slowly after pre-oxygenation than in the supine position. This provides additional time for intubation in at-risk patients.

45. **Evidence-based surgical hypotheses: Flaws in methods of evidence-based medicine may adversely affect public health directives.**

J.G Kral, J.B Dixon, F.F Horber, S Rossner, S Stiles, J.S Torgerson, and H.G Sugerman.
Surgery 2005; 137:279-284

The paper discusses the flaws in applying EBM methods to many areas of surgical practice and recommends alternative approaches to assessing the effects of Bariatric surgery on health.

44. **Polysomnography before and after weight loss in obese patients with severe sleep apnea.**

JB Dixon, LM Schachter and PE O'Brien.
International Journal of Obesity 2005; 29:1048-1054

Weight loss provides major improvement or resolution of OSA and CPAP requirements. It also reduces daytime sleepiness. Lap Band placement should be considered a broadly effective therapy for sleep apnea in the severely obese patient.

43. **Laparoscopic Adjustable Gastric Banding induces prolonged satiety: A randomised blind crossover study.**

Andrew FR Dixon, John B Dixon and Paul E O'Brien.
The Journal of Clinical Endocrinology & Metabolism 2005; 90(2):813-819

Satiety is shown in this blinded trial to be a key effect of the Lap Band. This appears to be at least as important as the restrictive effect characterized as fullness noted soon after eating a small amount.

42. **Research update and opportunities III – ASBS Consensus Conference 2004.**

Dixon JB.
Surgery for Obesity and Related Diseases 2005; 1:348-352

Obesity surgery is rapidly expanding and has a very bright future. This paper presented to the 2004 ASBS consensus conference outlines a framework for future research directions in Bariatric surgery. A framework that CORE has developed, and is actively pursuing.

41. **Laparoscopic Adjustable Gastric Banding – ASBS Consensus Conference 2004.**

Ponce J and Dixon JB.
Surgery for Obesity and Related Diseases 2005; 1:310-316

A review paper of the outcomes of Laparoscopic Adjustable Gastric Banding, provided to enable the ASBS to consider new guidelines in Bariatric surgery.

40. **Nonalcoholic Fatty Liver Disease: Improvement in Liver Histological Analysis with Weight Loss.**

Dixon JB, Bhathal P, Hughes NR and O'Brien PE.
Hepatology, 2004; 39:1647-1654

Liver biopsy before and after weight loss demonstrates marked improvement in the features of NASH in association with weight loss.

39. **Obesity is a surgical disease: overview of obesity and bariatric surgery.**

Paul E. O'Brien , John B. Dixon and Wendy Brown.
ANZ J. Surg. 2004; 74: 200–204

This is an overview of the current status of bariatric surgery in Australia with emphasis on its rapid growth as an important treatment for obesity and its co-morbidities.

38. **Patient motivation for bariatric surgery: Characteristics and impact on outcomes.**

Marije Libeton, John B. Dixon, Cheryl Laurie and Paul E. O'Brien.
Obesity Surgery, 2004; 14:392-398

A study of why people seek bariatric surgery and the relationship of between the main reason and the outcomes.

37. **Laparoscopic adjustable gastric banding in the treatment of obesity: A systematic literature review.**

Andrew E. Chapman, George Kiroff, Philip Game, Bruce Foster, Paul O'Brien, John Ham and Guy J. Maddern.
Surgery 2004; Volume 135(3): 326-351

An important and comprehensive systematic review of all obesity surgery outcomes from the LAGB in comparison with RYGB and VBG, looking at safety and efficacy.

36. **Body composition changes following laparoscopic gastric banding for morbid obesity**

B.J.G.Strauss, S.J.Marks, J.P.Growcott, D.B.Stroud, C.S.Lo, J.B.Dixon, P.E. O'Brien
Acta Diabetologica, 2003, 40:S266-S269

In this observational study 17 adult patients had careful measurement of body composition before and after significant LAGB weight loss. LAGB was found to induce fat loss without significant other deleterious effects on body composition.

35. **Pro-fibrotic polymorphisms predictive of advanced liver fibrosis in the severely obese.**

John B Dixon, Prithi S Bhathal, Julie R Jonsson, Andrew F Dixon, Elizabeth E Powell and Paul E O'Brien.
Journal of Hepatology, 2003; 39: 967-971.

The study identifies two genotypes associated with increased risk of fibrosis in non-alcoholic fatty liver disease

34. **Severe Gastroesophageal Reflux is associated with reduced carbon monoxide diffusing capacity.**

Linda M Schachter , John Dixon, Robert J Pierce and Paul E O'Brien.
CHEST 2003; 123(6): 1932 – 1938

Gas exchange was significantly reduced in 147 severely obese with gastroesophageal reflux.

33. **Depression in association with severe obesity: Changes with weight loss.**

Dixon JB, Dixon ME and O'Brien PE.
Archives of Internal Medicine 2003; 163:2058-65.

What comes first – the depression which makes you eat too much or the obesity which makes you depressed? The Beck Depression Inventory is a validated marker for clinical depression. In 487 obese patients, the initial BDI was in the mild/moderate depression range. The worst of these were the younger female with poor body image. Lap-Band placement and subsequent weight loss lead to marked improvement in BDI which has remained for 4 yr of follow-up. It would appear that the obesity is often the primary problem.

32. **Laparoscopic Adjustable Gastric Banding for severe obesity: An important role for the bariatric physician.**

Dixon JB and O'Brien PE.
American Journal of Bariatric Medicine 2002; 18:15-20

There are so many severely obese people that we cannot expect surgeons to be able to care for all of them. The effectiveness of surgery is so clearly head and shoulders above current medical therapy that there is a great need to broaden the workload. The Bariatric physician is ideally placed to play a key role in selection, evaluation and ongoing care of surgically treated patients.

31. **Predicting sleep apnea and excessive day sleepiness in the severely obese: Indicators for polysomnography.**

Dixon JB, Schachter LM and O'Brien PE.
Chest 2003; 123:1134-41.

Who should you test for obstructive sleep apnea? It is expensive and time-consuming. Can we narrow down the group at risk? What are the best predictors? How specific? How sensitive? This is the challenge taken on in this paper, in which 100 severely obese who show clinical grounds for OSA, are analyzed.

30. **Lap-Band®: Outcomes and results.**

O'Brien PE and Dixon JB.
Journal of Laparoendoscopic & Advanced Surgical Techniques 2003; 13:265-270

This is a review paper as a part of a symposium on Bariatric Surgery and includes discussion of the weight loss and health outcomes of Lap-Band placement.

29. **Laparoscopic Adjustable Gastric Banding in the treatment of morbid obesity.**

O'Brien PE and Dixon JB.
Archives of Surgery 2003;138:376-382

A report of the overall world experience to date with Lap-Band placement, including details of the experience from our own series.

28. **Improvements in insulin sensitivity and beta cell function (HOMA) with weight loss in the severely obese.**

Dixon JB, Dixon AF and O'Brien PE.
Diabetic Medicine 2003; 20:127-34.

The obese, particularly the centrally obese, have high risk of type 2 diabetes because they are insulin resistant and the pancreatic beta cells fail to generate sufficient insulin to compensate. Weight loss reduces the insulin resistance. Does it help the beta cells? We studied this in 254 patients before and at one year after Lap-Band placement. The results indicate, not only that we should treat the obesity of types 2 diabetes, but that we should treat it early.

27. **Cardiovascular benefit of light to moderate alcohol consumption.**

Dixon AFR, Dixon JB and Paul E O'Brien.
The Australian Family Physician 2003; 32:649-52.

Our research into comorbidity in severely obese patients has revealed substantial benefits of light to moderate alcohol consumption. This review for the general practitioner presents, more broadly, the now considerable evidence base for benefit and provides recommendations.

26. **A rational approach to Cholelithiasis in Bariatric Surgery: Its application to the laparoscopically placed adjustable gastric band**

O'Brien PE and Dixon JB.
Archives of Surgery 2003; 138:908-12.

Gallstones are more common in the obese population and may be formed during rapid weight loss. We demonstrate that the gentle weight loss following Lap-Band® surgery does not increase the risk of symptomatic cholelithiasis. We recommend noninterventionist approach to the gallbladder in those presenting for surgery. Results contrast with those of RYGB.

25. **Changes in comorbidities and improvements in quality of life after LAP-BAND placement.**

Dixon JB and O'Brien PE.
The American Journal of Surgery 2002;184:S51-4.

Continuing the Lap-Band symposium, this paper is focused particularly on the changes in health and quality of life that have been reported internationally after Lap-Band placement.

24. **Weight Loss and early and late complications – the international experience.**

O'Brien PE and Dixon JB.
The American Journal of Surgery 2002; 184:S42-5.

As part of a symposium on the Lap-Band in the management of obesity, this paper reviews the outcomes which have been reported from centers outside the USA. The review covers mortality, early postoperative morbidity, late morbidity and weight loss.

23. **Patient management after LAP-BAND placement.**

Favretti F, Paul E. O'Brien and John B. Dixon.
The American Journal of Surgery. 2002; 184:S38-41.

Good follow-up is an important element in the management of any chronic disease – obesity is no exception. This paper details the important elements in management of severe obesity after Lap-Band® surgery. Band adjustment is a key to success and two methods of adjustment are described.

22. **Selecting the optimal patient for Lap-Band placement.**

Dixon JB and O'Brien PE.
The American Journal of Surgery 2002; 184:S17-20.

With the Lap-Band, we now have a safe, effective and acceptable approach to managing weight loss. How do we select those who will benefit the most? How do we identify those who are expected not to be helped? This paper reviews the data that enables us to predict who will do well and who will not.

21. **The extent of the problem of obesity.**

O'Brien PE and Dixon JB.
The American Journal of Surgery 2002; 184:S4-8.

Obesity is now our worst pathogen. This is a review paper covering the prevalence of obesity, its impact on survival and its effects on health.

20. **Sweet eating is not a predictor of outcome after Lap-Band placement. Can we finally bury the myth?**

Hudson SM, Dixon JB and O'Brien PE.
Obesity Surgery 2002; 12:789-94.

The sweet eaters certainly get bad press. Based on a single small study, they have been maligned for years, banished to the land of malabsorption because they were not considered good enough for the restrictive option. We reexamine this thesis and conclude that they have been punished enough.

19. **Neck circumference a good predictor of raised insulin and free androgen index in obese premenopausal women: Changes with weight loss.**

Dixon JB and O'Brien PE.
Clinical Endocrinology 2002; 57:769-78.

Neck circumference is so easy to measure and so valuable that it must be a part of each initial clinical evaluation of an obese patient. We have already shown how it is the best predictor of sleep apnea. In this study we now show that it correlates well with the components of the polycystic ovary syndrome – androgen excess, insulin resistance in premenopausal women.

18. **Lipid profile in the severely obese: Changes with Weight Loss after Lap-Band Surgery.**

Dixon JB and O'Brien PE.
Obesity Research 2002; 10:903-910

515 patients were followed with conventional lipid profiles for up to 4 years after Lap-Band placement. Triglycerides, HDL-cholesterol and the ratio of total cholesterol to HDL-C improved markedly and remained so for the 4 yr follow-up. The extent of improvement could be predicted from the fall in blood glucose, the improvement in insulin sensitivity and the extent of weight loss.

17. **The Laparoscopic Adjustable Gastric Band (Lap-Band®): A prospective study of medium-term effects on weight, health and quality of life.**

Paul E. O'Brien, John B. Dixon, Wendy Brown, Linda M. Schachter, Leon Chapman, Anthony J. Burn, Maureen E. Dixon, Carlos Scheinkestel, Christine Halket, Lisa J. Sutherland, Anna Korin and Peter Baquie.
Obesity Surgery, 2002; 12:652-660

This paper provides a global view of our experience with the Lap-Band. It is a prospective study of 700 consecutive Lap-Band patients followed for up to 6 years. The outcome measures include perioperative and late complications, extent and pattern of weight loss, the changes in a range of common comorbidities and the effects on quality of life.

16. **Reduced plasma homocysteine in obese red wine consumers: A potential contributor to reduced cardiovascular risk status.**

Dixon JB, Dixon ME and O'Brien PE.
Eur. J. Clin. Nutri. 2002; 56:608-614

Good news! Modest alcohol intake (< 100 g / week), in particular red wine, is associated with the most optimal levels of homocysteine and therefore reduced cardiovascular risk when compared with non drinkers. Please note that only Australian red wine was tested in this study!

15. **Health Outcomes of Severely Obese Type 2 Diabetic Subjects 1 Year after Laparascopic Adjustable Gastric Banding.**

Dixon JB and O'Brien PE.
Diabetes Care. 2002. 25:2 356-363

Type 2 diabetes is an epidemic paralleling the rise in obesity and is arguably the most important single health problem that arises from obesity. Weight loss after Lap-Band placement has a profound effect on this disease.

14. **Body Image: Appearance Orientation and Evaluation in the Severely Obese. Changes with Weight Loss.**

    Dixon JB, Dixon ME and O'Brien PE.
    Obesity Surgery 2002; 12:65-71

    The obese appear to have just as much focus on the importance of appearance as the general population but their evaluation of their own appearance is severe. They are their own worst critics. After weight loss, they show a marked improvement in their evaluation of their own appearance, with positive correlations with the extent of weight loss and with the improvements in quality of life.

13. **Light to moderate alcohol consumption: Obesity and the metabolic syndrome.**

    Dixon J, Dixon A and O'Brien P.
    American Journal of Bariatric Medicine, 2002; 17:11-14

    A review paper summarizing the benefits across a broad area of health for light to moderate alcohol intake.

12. **Alcohol consumption in the severely obese: Relationship with the metabolic syndrome.**

    Dixon JB, Dixon ME and O'Brien PE.
    Obesity Research 2002; 10:245-252

    Moderate alcohol consumption is associated with a range of health benefits including reduced cardiovascular mortality. The "French Paradox" describes a reduction in heart attacks in wine drinking areas in spite of diets high in saturated fats. This study looks at the relationship between alcohol intake and type 2 diabetes, insulin resistance and known cardiovascular risk factors in the severely obese.

11. **Sleep disturbance and obesity: changes following surgically induced weight loss.**

    Dixon JB, Schachter LM and O'Brien PE.
    Archives of Internal Medicine. 2001; 161: 102-106.

    At least one of the major disturbances with sleep, particularly habitual snoring, sleep apnea, daytime somnolence and poor sleep quality, are almost universal in the morbidly obese. Weight loss in 317 post Lap-Band patients had a profound effect on all these problems with a reduction of observed sleep apnea fro 33% to 2%.

10. **Quality of Life after Lap Band placement: Influence of Time, Weight Loss, and Comorbidities.**

    Dixon JB, Dixon ME and O'Brien PE.
    Obesity Surgery, 2001; 9(11): 713-721

    Quality of life is one of the key outcomes which should show improvement to justify a treatment for obesity. We have used the SF-36 to document major improvement associated with weight loss after Lap-Band placement . The dramatic improvement is sustained for the four years of the study.

9. **Pregnancy after Lap Band surgery: Management of the band to achieve healthy weight outcomes.**

Dixon JB, Dixon ME and O'Brien PE.
Obesity Surgery, 2001; 11(1): 59-66

Homocysteine is an important amino acid being an independent marker for risk of cardiac disease along with obesity, smoking and elevated cholesterol. It tends to rise with weight loss. This editorial emphasizes the importance of monitoring homocysteine and of ensuring your patient takes adequate replacement of folic acid and Vitamin B12 which will minimize the rise.

8. **Non-alcoholic fatty liver disease: Predictors of non-alcoholic steatohepatitis and liver fibrosis in the severely obese.**

Dixon JB, Bhathal PS and O'Brien PE.
Gastroenterology. 2001; 121: 91-100

NASH is a major concern to the hepatologist. It appears to be increasing in prevalence, it can lead to cirrhosis and the impact of weight loss needs to be established. When should the obese patient with abnormal LFTs have a liver biopsy? We studied 100 patients with liver biopsy and a broad clinical and biochemical screening and have established predictors that indicate if NASH is likely to be present.

7. **Pre-Operative Predictors of Weight Loss at 1-year after Lap Band Surgery.**

Dixon JB, Dixon ME and O'Brien PE.
Obesity Surgery, 2001; 11(2): 200-207

Who will do well and who will not do so well? These are important questions. We looked for the answers in our extensive database and identified one group who will do better than the rest, and several groups who do not do so well. However, none did so badly that they should not have the procedure.

6. **A disparity between conventional lipid and insulin resistance markers at body mass index levels greater than 34kg/m².**

Dixon JB and O'Brien PE.
Int. J. of Obesity. 2001; 25: 793-797

Dyslipidemia is one of the independent markers of cardiovascular risk, along with obesity, hypertension, impaired glucose tolerance and elevated homocysteine. How different are the lipid profiles of the severely obese in comparison with the community norms? This study compares the profiles for an Australian population.

5. **Elevated homocysteine levels with weight loss after Lap Band surgery: higher folate and vitamin B_{12} levels required to maintain homocysteine levels.**

Dixon JB, Dixon ME and O'Brien PE.
Int. J. of Obesity. 2001; 25: 219-227.

Homocysteine should be maintained in the normal range to minimize cardiovascular risk. Weight loss tends to push up the homocysteine levels. Folate and Vitamin B12 reduce the level. These vitamins should be prescribed even if serum levels are normal. We can detect who is taking their vitamin supplement by looking at the homocysteine levels.

4. **Revisional surgery for morbid obesity – Conversion to the Lap-Band system.**

   O'Brien PE, Brown WA and Dixon JB.
   Obesity Surgery, 2000; 10: 557-563

   Previously, failed gastric stapling procedures were known generally to do poorly when repair of the defect – stenosis, dilatation, dehiscence – was attempted. We have converted a group of these patients to Lap-Band and we found that there subsequent progress was equal to that of our primary Lap-Band patients.

3. **Marked improvement in Asthma after Lap-Band surgery for morbid obesity.**

   Dixon J, Chapman L and O'Brien P.
   Obesity Surgery, 1999; 9: 385-389

   Asthma is not generally seen as a comorbidity of obesity. We found the prevalence in our patients to be twice the matched community norm and the placement of the Lap-Band as associated with marked improvement in the severity of the disease.

2. **Gastroesophageal reflux in obesity: The effect of Lap-Band placement.**

   O'Brien P and Dixon J.
   Obesity Surgery, 1999; 9: 527-531

   A study of the prevalence of gastroesophageal reflux in an obese population and of the effects of Lap-Band. The Lap Band provides effective and early control of this disease.

1. **Prospective study of a laparoscopically placed, adjustable gastric band in the treatment of morbid obesity.**

   O'Brien P, Brown W, Smith A, McMurrick P and Stephens M.
   British Journal of Surgery, 1999 85:113-118

   This is the initial report of our experience. It covers perioperative and late complications and changes in health in the first 300 patients treated.

Book Chapters

9. **Operationstechnik von Wendy A. Brown und Andrew I. Smith (Australien).**
   Brown, WA, Smith, AI.
   In: Korenkov M, editor, Adipositas-chirurgie: Verfahren, Varianten und Komplikationen. Bern: Verlag Hans Huber; 2010. p. 59-64

8. **Laparoscopic Adjustable Gastric Banding**

   O'Brien P.E.
   In: Handbook of Obesity: Clinical Applications, 3rd Edition. Edited by George Bray and Claude Bouchard, Informa Healthcare, 2008, Chapter 33, p517-535.

7. **Obesity surgery and the polycystic ovary syndrome**

   Dixon, JB and O'Brien, PE
   In: Kovacs D and Norman R, Eds., Polycystic Ovary Syndrome, Cambridge. University: Cambridge University Press, 2007.

6. **The Lap Band Technique of Placement**

   O'Brien, PE
   In: Fischer J and Bland KI, Eds., 2007, Mastery of Surgery (5th edition); Chapter 88. Philadelphia, USA: Lippincott Willams and Wilkins, 990-994.

5. **Orthopedic conditions and obesity: Changes with weight loss.**

   Dixon, JB and O'Brien, PE
   In: Buchwald H, Cowan Jr G and Poires W, Eds., Surgical Management of Obesity, 2007, Chapter 41, Philadelphia, USA: Saunders Elsevier, 357-364

4. **Nutritional Outcomes of Bariatric Surgery**

   Dixon, JB and O'Brien, PE
   Surgical Management of Obesity, Eds Henry Buchwald, George Cowan Jr, Walter Poires, 2007, Chapter 41, Published by Saunders Elsevier, Philadelphia, USA: 357-364.

3. **The management of obesity: surgery**

   O'Brien, PE and Dixon, JB
   In: Kopelman PG, Caterson ID and Dietz WH, Eds., Clinical Obesity In Adults and Children. 2005, Massachusetts: Blackwell Publishing Inc.

2. **The effects of obesity on asthma.**

   Dixon JB.
   In: Progress in obesity Research: 9 Editors Medeiros-Neto G, Halpern A, Bouchard C. 2003 Published by John Libbley Eurotext.

1. **Laparoscopic Adjustable Gastric Banding**

   O'Brien, PE and Dixon, JB
   In: Inabnet W.B., DeMaria E.J. and Ikramuddin, S, Eds., Laparoscopic Bariatric Surgery Philadelphia: Lippincott Williams and Wilkins, June 2003

Commentaries and Letters to the Editor

12. **Is weight loss more successful after gastric bypass than gastric banding for obese patients?**

    O'Brien, PE
    Nat Clin Pract Gastroenterol Hepatol, 2009 Mar; 6(3): 136-137. Epub Feb 10 2009.

11. **Bariatric Surgery Provides Unparalleled Metabolic Benefits**

    Dixon, JB and O'Brien, PE
    Obesity Surgery, 2007, 17(2): 193-194

10. **Mechanisms of Benefit of Head-Up Preoxygenation in Obese Patients**

    Dixon BJ, Dixon JB, Schacter LM, Carden JR.
    Anesthesiology, 2006, 104(2): 381

9. **Inequalities in the provision of bariatric surgery for morbid obesity in Australia**

    Anna Peeters, Reannan.L.Cashen and Paul. E. O'Brien
    Medical Journal of Australia, 2005, 182(11): 598-599

8. **Non-Alcoholic Fatty Liver Disease: Scoring Systems Need Standardization, but are we ready?**

    John Dixon
    Obesity Surgery, 2005, 15(9): 1314 - 1315

7. **Port and Tubing Complications**

    O'Brien, PE
    Obesity Surgery 2005; 15:366

6. **Surgery as an effective early intervention for Diabesity**

    John B Dixon, Phillip R Schauer, Walter J Pories, Paul Zimmet and Paul E O'Brien
    Diabetes Care, Volume 28, Number 2, February 2005:472-474

5. **The Journal: The need to be and the way to grow**

    O'Brien, PE
    Obesity Surgery 2004; 14:1287 - 1288

4. **Sweet eating is not a predictor of outcome after Lap-Band® placement?**

    O'Brien PE, Dixon JB and Hudson S.
    Obesity Surgery 2003; 13:468-71.

3. **Laparoscopic Adjustable Gastric Banding: A real option for a real problem**

    O'Brien, PE
    ANZ Journal of Surgery, 2003, 73: 562

2. **Algorithm for Bariatric Operations**

   O'Brien, PE
   Obesity Surgery, 2002; 12(6): 747-748

1. **Elevated homocysteine with weight loss**

   Dixon JB.
   Obesity Surgery, 2001; 11: 537-538