



**Dr Abhay Agrawal
MS, DLS (France)
Laparoscopic and
Obesity Surgeon**

Bariatric Surgery (Obesity Surgery)

Obesity has been proclaimed by World Health Organisation (WHO) as 'The Epidemic of the 21st Century'. The prevalence of obesity, and especially of morbid obesity, is increasing worldwide and is today becoming a significant health hazard. Morbid obesity is a disease which is chronic and

affects the patient for life. Patient puts on excess fat which in males is around the trunk and in females around the buttocks and thighs. They are all responsible for a reduced life expectancy and an impaired quality of life. Obesity is estimated to be the number two killer disease of the 21st century. Interaction between biological, behavioral and environmental factors leads to Obesity. Weight management for an obese individual is a complex issue that requires various levels of education, behavioral modification, medical/surgical intervention.

Morbidly obese patients can suffer from following co-morbidities like Diabetes, Hypertension, Heart diseases, Hyperlipidemia, Gallstones, Cancer of breast, prostate or colon, Knee or back pain, Public ridicule due to their size and Depression, -Infertility, Discrimination at work

Management of Obesity

Conservative therapy invariably fails to achieve weight loss or sustain the weight loss in morbidly obese patients. The patient gains back the weight in a short time which is referred to as a yoyo effect. Enough evidence exists to prove that surgery is the most permanent answer to morbid obesity. It is safe and effective and reverses the myriads of obesity related co-morbidities and improves quality of life.

Surgeries are tailor made according to the eating habits and BMI of the patients. They are either restrictive procedure or malabsorptive procedure.

Restrictive Surgery in form of Adjustable Gastric Banding (AGB), Sleeve gastrectomy (SG) or malabsorptive procedure like Roux en Y gastric bypass (RYGBP) or Biliopancreatic diversion (BPD) are done. Surgery for morbidly obese patient where in other methods of

treatment have failed has evolved for long time but with the advent of being done Laparoscopically had added a new thrust in this field. Indications for surgery are BMI = 35 or = 32 with co-morbidities.

Gastric banding is the safest option available with very low mortality and morbidity. At the end of three years most patients loose 40 to 60 % of excess weight (E.W.L.) and in majority of the patient 90 % of the co-morbidity conditions get resolved. Banding is effective in volume eaters or binge eaters, provided the patient is willing to undergo a change in diet, lifestyle and exercise regularly. Overall perioperative complication rate is 1% in terms of slippage or erosion of the band if it is too tight.

For patients with higher BMI >45 and non compliance, Gastric Bypass is recommended. The intestines are manipulated in such a fashion as to create two separate channels for food and digestive juices and they would mix much later in the course of their passage to form a common channel. Gastric Bypass has very rapid initial weight loss for 2-3 yrs and then it stabilizes. Most of the patients are able to loose 80-90% of their excess weight and maintain it for ever. Moderate exercise regime is recommended after surgery to tone up the muscles and avoid sagging of skin after weight loss. Psychological analysis of all patients is done to determine any eating disorder. Patient determination, body image and existing depression which is very common are managed by the psychologist. Sometimes a two stage procedure is offered (Intragastric balloon/sleeve gastrectomy) in super obese patients to reduce the risk and complications. Complication rate of 2-3% has been reported in Bypass in form of anastomotic leak etc.

Complete medical examination and investigations are done prior to the surgery to evaluate the fitness of the candidate for anaesthesia and to asses any co-morbid conditions if present. Pre and post operatively a dietician plays an important role in management of these patients.

Bariatric surgery is a fast evolving super specialty in Surgery and transforms the lives of many suffering from obesity and associated co-morbidities. There are good numbers of foreigners getting operated in India due to 1/3 the cost incurred as compared to western countries. So far these operations are done by few centers of excellence in metropolitan cities only. India is going to mimic the west as this epidemic spreads.