

Bariatric Surgery advantages and disadvantages

Dr. Venu Madhav Desagani

MBBS,MS,FMAS,FBMS

Consultant Laparoscopic and Bariatric surgeon at Century hospital

What is obesity?

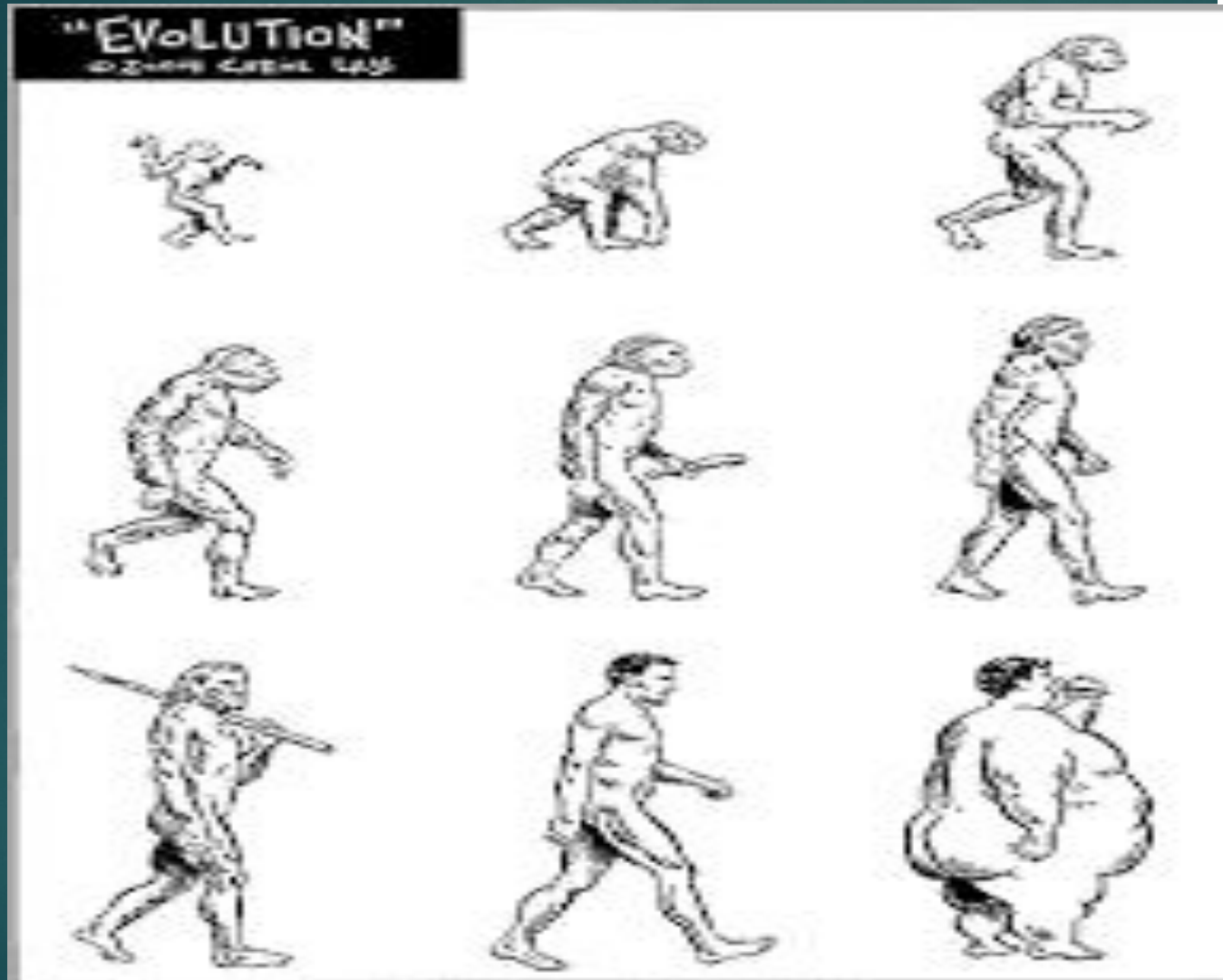


- Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health.

- It is a major health threat.

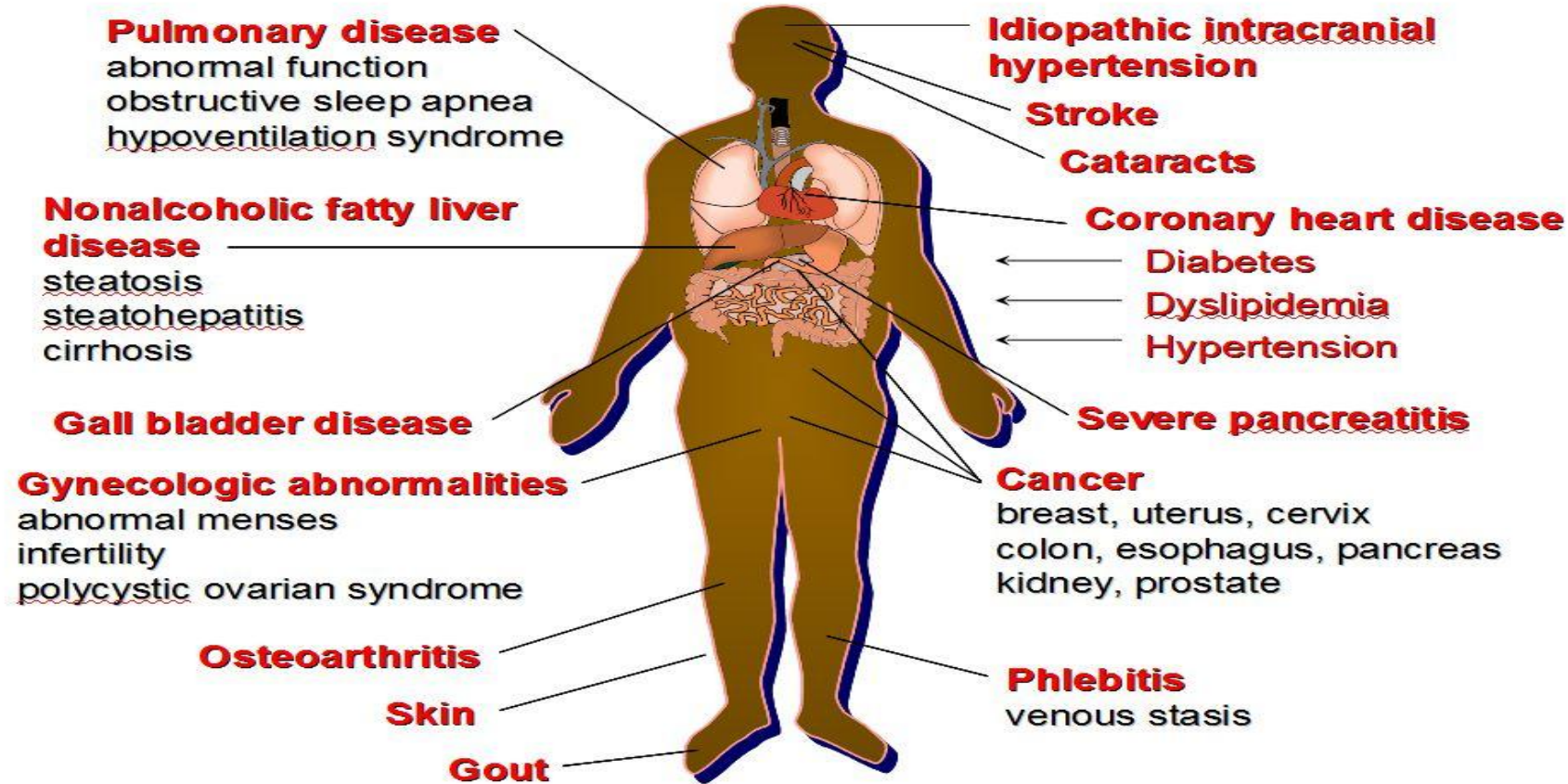


Evolution till date





Medical Complications of Obesity



$$\text{BMI} = \frac{\text{Weight (in Kilograms)}}{\text{Height (in m.)} \times \text{Height (in m.)}}$$



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BMI
18.5 - 24.9
Normal
Weight



BMI
25.0 - 29.9
Over
Weight



BMI
30.0 - 34.9
Obesity
Class I



BMI
35.0 - 39.9
Obesity
Class II



BMI
40.0 - 49.9
Obesity
Class III

What is Bariatric surgery?

Bariatric surgery is a treatment option for patients with morbid obesity.

- Bariatric surgery for obesity helps you lose weight by altering your body's food digestion and absorption
- There are several surgical options in Bariatric surgery



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Different types of Bariatric Surgery is for Obesity Procedures

- Gastric Banding
- Roux-en-Y-Gastric Bypass
- Mini Gastric Bypass
- Sleeve Gastrectomy
- Gastric Balloon
- Gastric Imbrication



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Pre op instructions

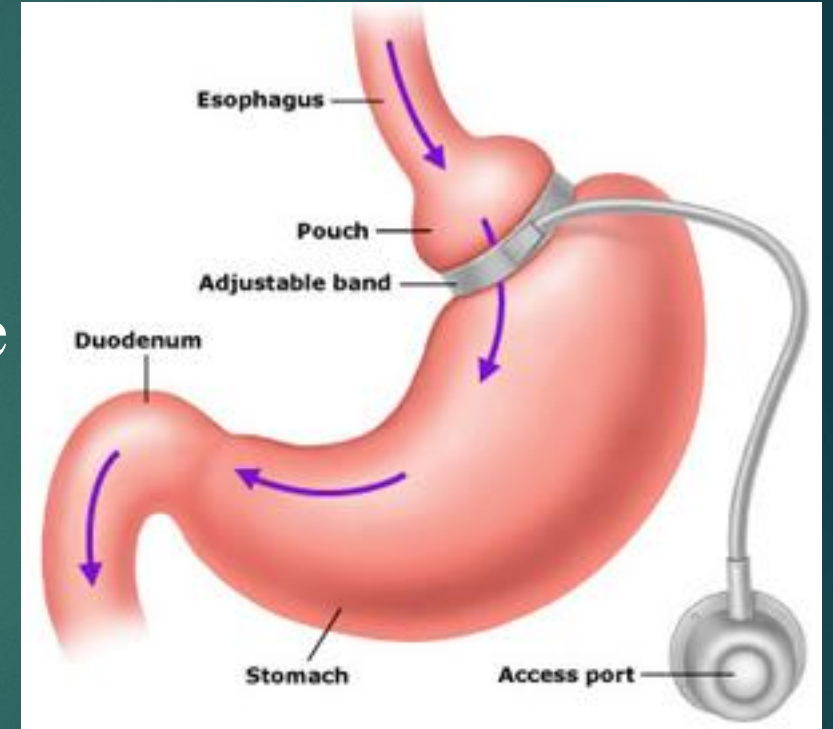


- ✓ 3 - 4 days liquid diet
 - ✓ Serum creatinine
 - ✓ Homocysteine
 - ✓ Lipid Profile
 - ✓ 2 D echo
 - ✓ PFT
 - ✓ Cardiologist evaluation
 - ✓ Upper GI endoscopy
- Thyroid profile
Cortisol
CBP
- blood sugar(FBS & PLBS)
HbSAg, HIV, HCV
LFT
- blood group & typing
Chest X – Ray
ECG
Pulmonologist Evaluation
C – peptide
- CUE
Ultrasound abdomen
Color Doppler both limbs

Gastric Banding

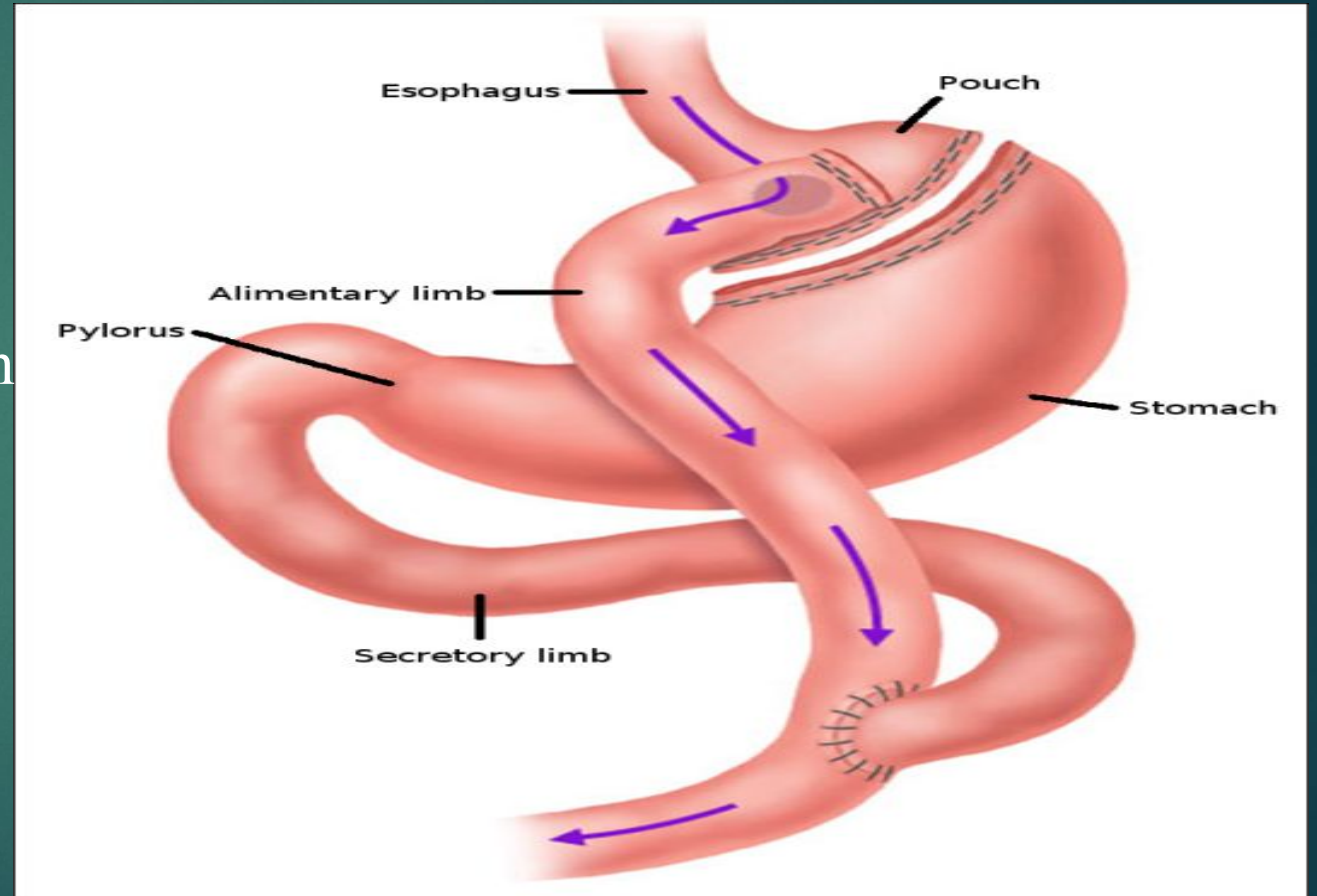


- Not done almost because of failure rates
- And complications like erosions ,slippage



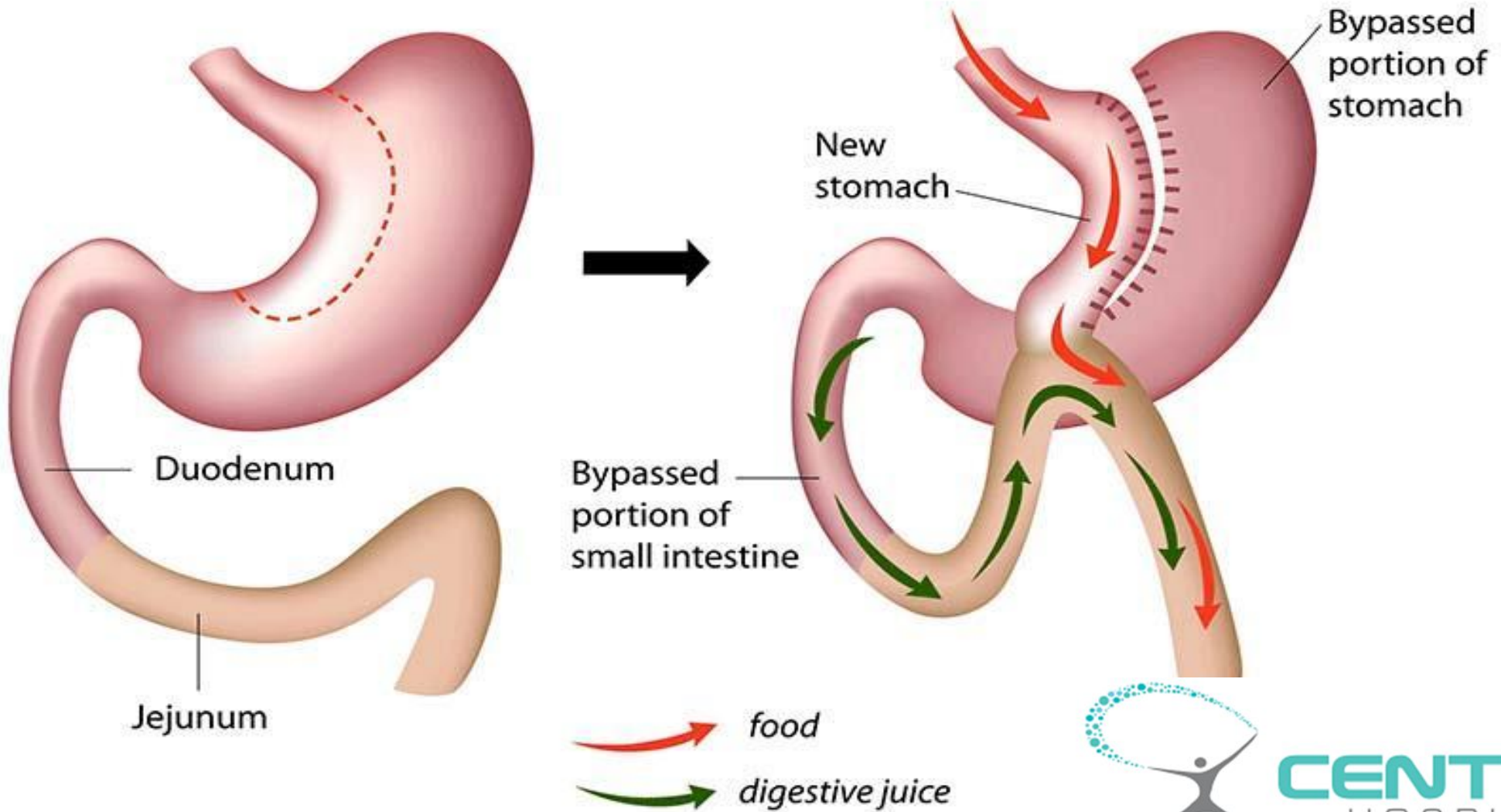
Gastric Bypass Surgery (Roux-en-Y Gastric Bypass)

- Two anastomoses
- Biliopancreatic limb-apppr 80cm
- Alimentary limb –100 -150 cm from
- IC junction
- Pouch size -30cc



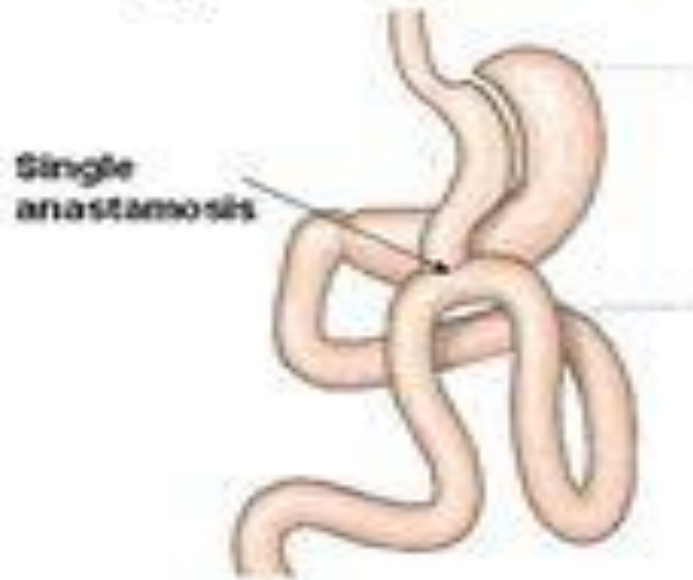
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Mini-Gastric Bypass



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Mini gastric bypass



Roux-en-Y gastric bypass

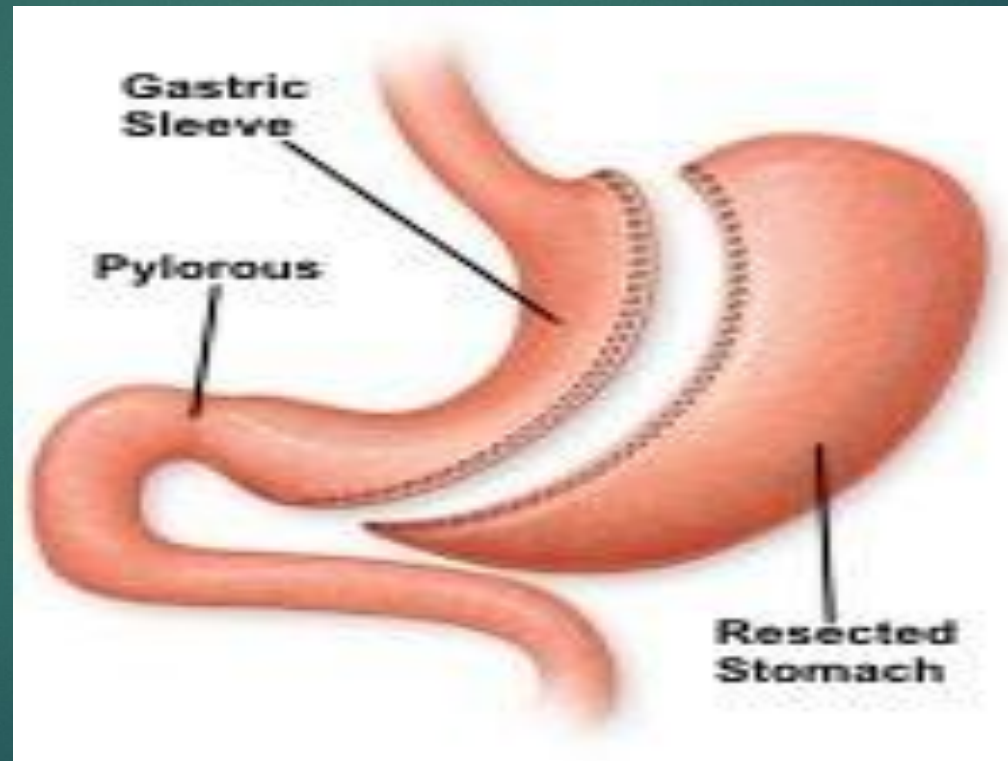


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Sleeve gastrectomy



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Gastric Balloon

Useful in patients
with BMI less than
27

Can retrieve the
balloon after 6
months to one
year

Complications

Vomittings ,abd
pain

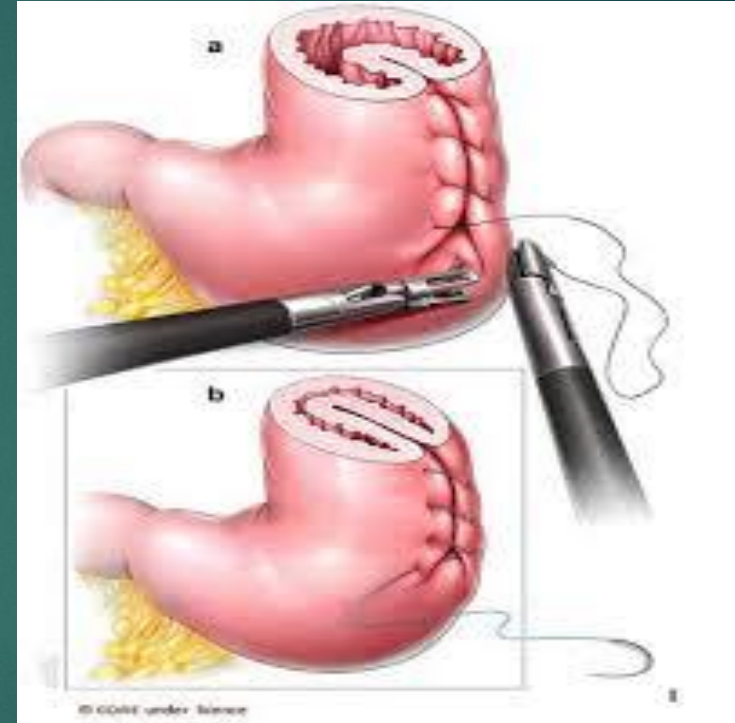
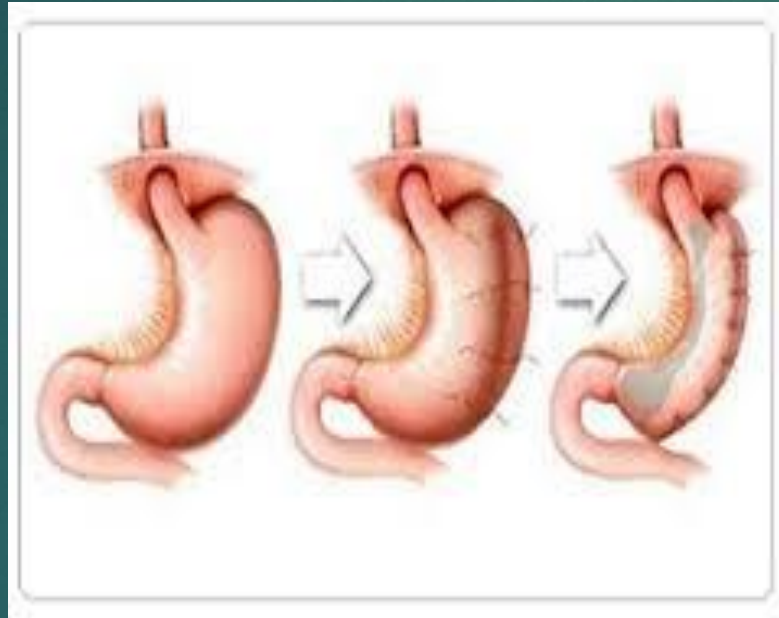
Ulcerations



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Gastric Imbrication



After surgery.....



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- Usually patient will be discharged next one or two days after the surgery
- Can attend the job from first week after the surgery
- Post operative instructions along with the diet chart for one month will be given
- Improvements occur in obesity related medical conditions, with almost 60% patients not requiring medication
- There is enhanced quality of life with improved stamina, mood, self-esteem and body image

Complications



- Anastomosis leaks or staple line bleeding
- PE or DVT
- Cholelithiasis
- Stomal ulceration
- Dumping syndrome
- Constipation
- Depression

Nutritional consequences



Iron deficiency anemia

B12 deficiency

Folate deficiency

Calcium and Vitamin D deficiency

Micronutrients and mineral deficiency

Not seen with purely restrictive surgeries

Improvement of co-morbidities

- Type 2 diabetes mellitus
 - Hypertension
 - Hyperlipidemia
 - Degenerative joint disease
 - Sleep apnea
 - GERD
-
- 5% to 10% weight reduction is associated with significant decrease in risk
 - Weight loss from surgery reduces or eliminates medications
 - Improves severity or resolves co-morbid disease



Psychological and Psychosocial Improvements

- Depression
- Low self-esteem and self-appraisal
- Poor interpersonal relationships
- Feelings of failure and dissatisfaction with life

Subject to prejudice and discrimination



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Is it just a
cosmetic
surgery? ?

It is a general conception that it's a cosmetic surgery but it's mainly a curative surgery of obesity and reduces the intensity of associated diseases along with the advantage of being slim and healthy



Is it very costly??

Are we realising how much we are spending on the diseases we are encountering or yet to encounter some day

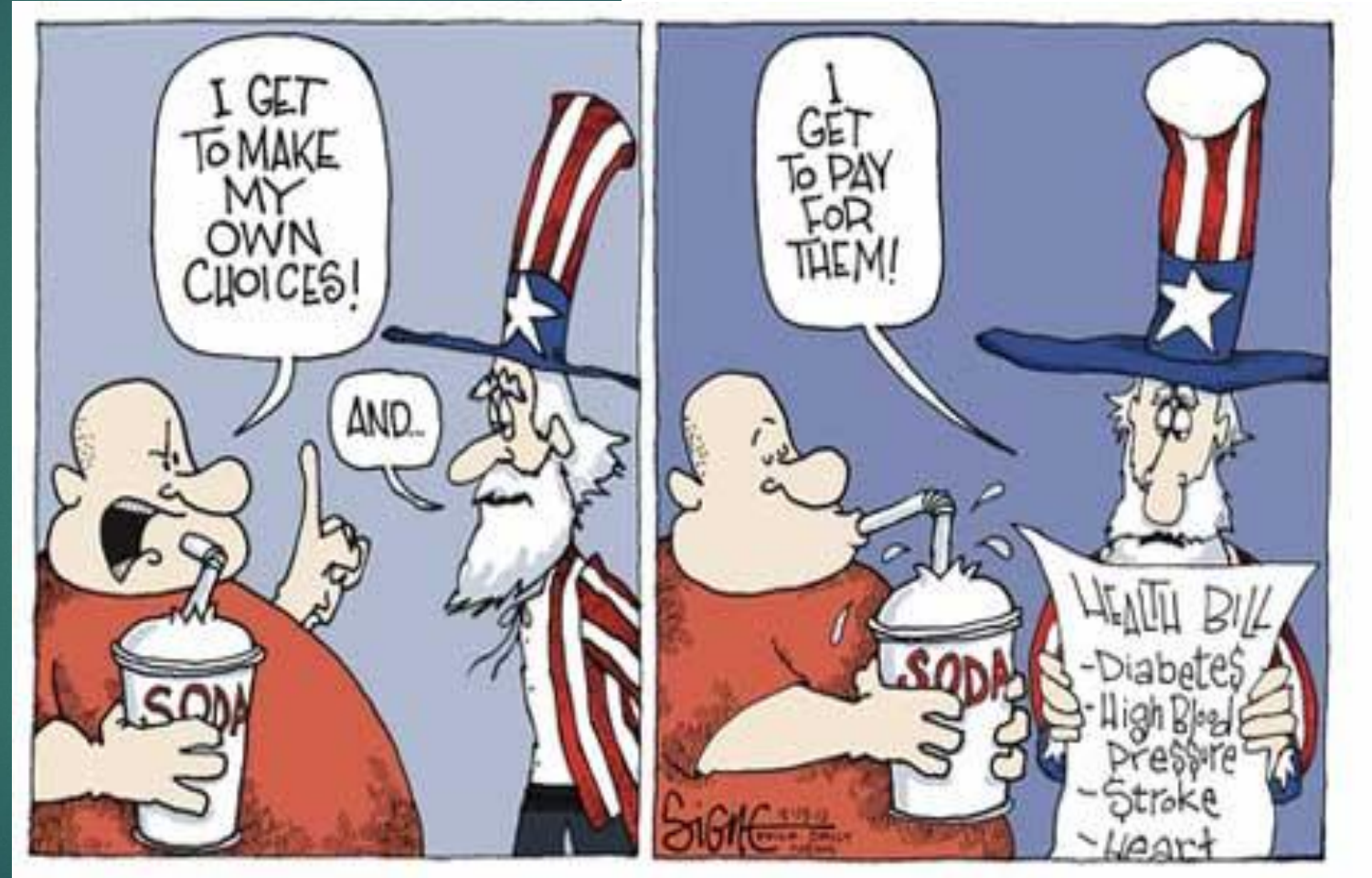
CABG

JOINT REPLACEMENT

DIABETIC AND HTN
MEDICATION FOR LIFE

STROKE

GYM AND SLIMMING
COMPANIES AND
PRODUCTS



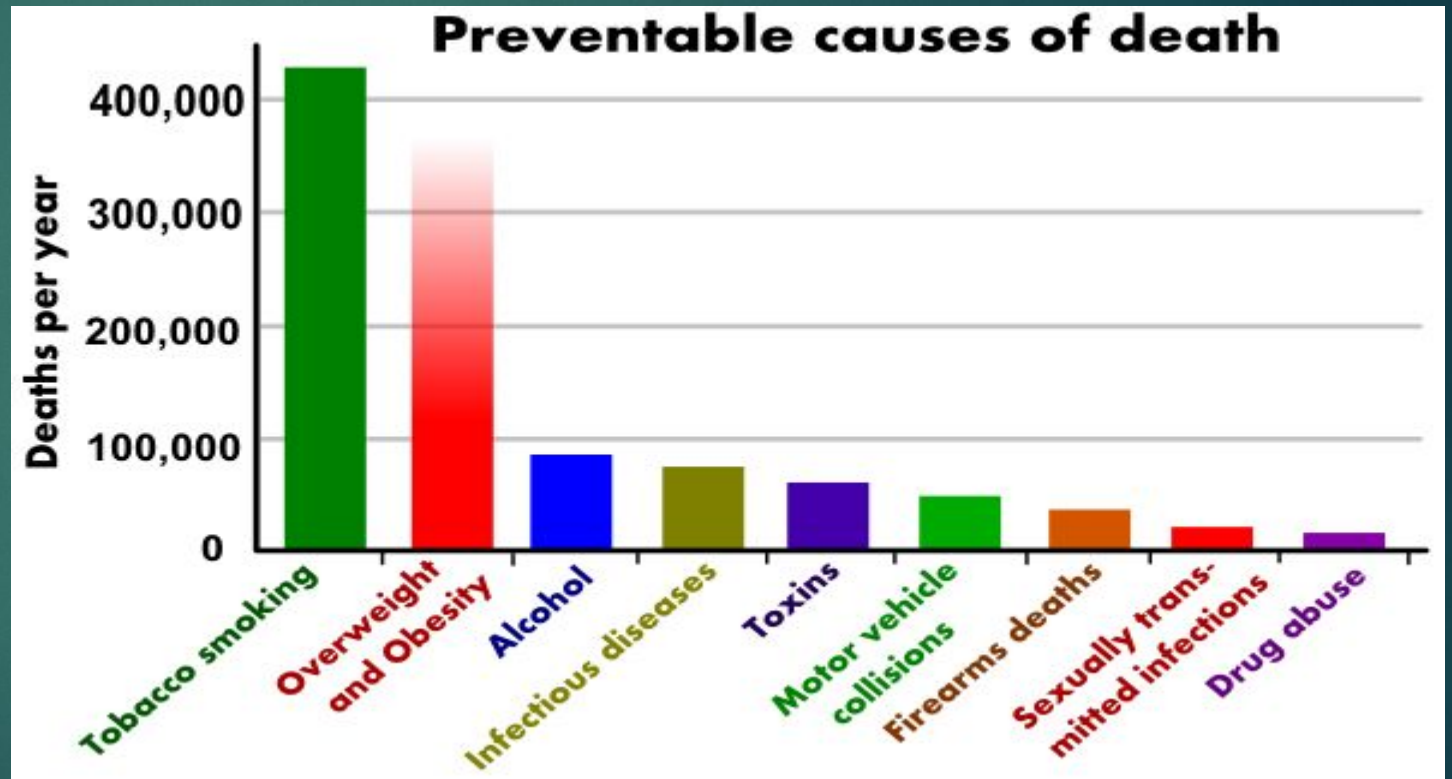
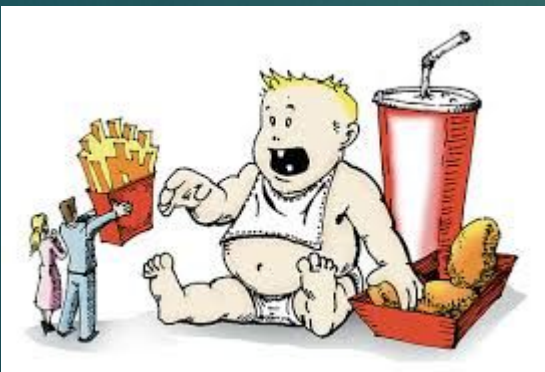
**IS IT REALLY
NEEDED NOW?
CAN T WE WAIT
FOR SOME
MORE TIME???**

Its just a timebomb
about to explode one
day

**ARE YOU SURE
YOU WANT TO
WAIT!!!!**



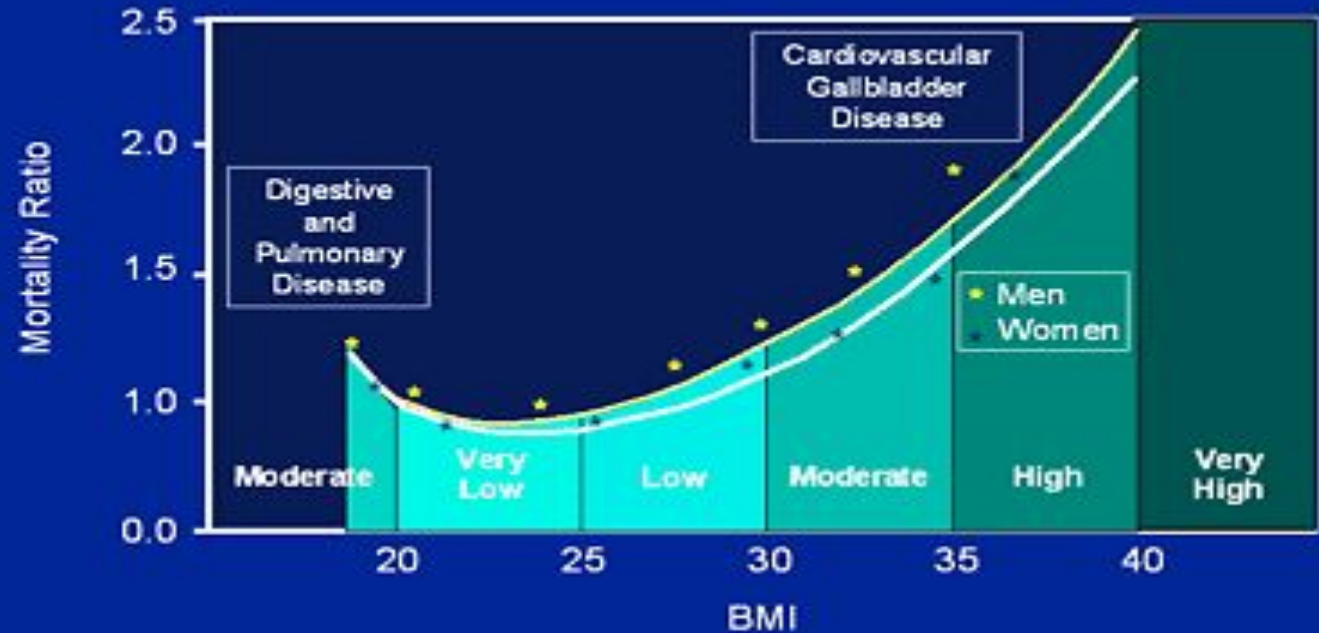
OBESITY IS THE SECOND MOST PREVENTABLE CAUSE OF DEATH



MORTALITY DIRECTLY PROPORTIONAL TO THE BMI



...and Obesity Increases Mortality



Gray DS. *Med Clin North Am.* 1989;73:1-13.

Scared of complications



- BARIATRIC SURGERY HAS THE SAME PERCENTAGE OF COMPLICATIONS INVOLVED IN ANY OTHER SURGERIES LIKE CHOLECYSTECTOMY OR HIP REPLACEMENT .INFACT IT STAYS BELOW THESE SURGERIES IN THE LIST OF MORTALITY COMPLICATIONS.
- MORTALITY IN BARIATRIC SURGERY IS MAINLY DUE TO COMORBIDITIES ASSOCIATED WITH IT
- WHEN YOU COMPARE THE MORTALITY IN OBESE PATIENTS WITHOUT SURGERY AND AFTER SURGERY ,MORTALITY RATE IS EXTRAMLY HIGH IN PATIENTS WHO HAVE NOT UNDERGONE SURGERY DUE TO THEIR ASSOCIATED CO MORBIDITIES.
- WITH INCREASED TECHNOLOGY AND UNDERSTANDING ABOUT THE OBESITY SURGERY MORTALITY IS VERY MINIMAL WHICH IS 0.13% i.e ONE IN 1000 SURGERIES

Still
confused

Listen to your
inner person
who is possibly
screaming for
help



**“Take care of your body,
it’s the only place you
have to live.”**





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