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Intra gastric balloon success or satisfaction

Muthanna AL-Sharbaty, Yasser Zidan, Nabaz Barazinji and **Israa Mohammed**
National Center of Obesity, Iraq

Introduction: The WHO recorded that nearly two third of people in Iraq were overweight and obese; the placement of intra-gastric balloon (IGB) constitutes a short term, effective, nonsurgical intervention to lose weight.

Objective: This study was performed to assess the safety and effectiveness (success or satisfaction) of 566 patients with IGB to treat obesity.

Methods: This was a prospective clinical case series study which includes 566 patients for whom IGB (520 Medsil, 35S patz3, 8 Endalis and 3 Heliosphere) introduced, the safety assessed for all while the effectiveness assessed for 320 patients.

Results: 320 patients (245 females and 75 males), their age 14-64 (mean 35 years) underwent the procedure and their balloon removed after 4-13 months average 7 months (for the recommended 6 months balloon) and 3-16 months (spatz3). The average weight obtained was 132 (76-209 kg). The patient lost 3-76 (average 22 kg which was equal to 4.3-114.2 (average31) percent of excess weight. Their BMI reduced was 0.6-21 (average 8.5 kg/m2). Their associated comorbidity improved after weight loss and the quality of life improved in 76% of patients depending on bariatric analysis and reporting outcome system (BAROS). We recorded 2 cases of mortality from 566 (0.35%) in extreme obesity, these mortality were not related to balloon itself but to the associated morbidities.

Conclusions: Obese and morbidly obese patients can reduce their weight effectively by the simple procedure of IGB and although this procedure cannot be regarded as successful (31% EWL), but many patient are satisfied with it and their quality of life improved (satisfied) with decrease in their morbidity.

muthanna_asaad@yahoo.com

Ambulatory colorectal disease: A vision for the future or already here?

Pawan Mathur
Royal Free London NHS Foundation Trust, UK

The author will start by defining ambulatory care particularly in the sphere of colorectal disease. We will present what is available now worldwide but focus on current UK practice and the evidence for it. An economic model is presented for typical ambulatory colorectal services (ACS) in the NHS. The current and proposed structure of ACS will be summarized including integration with gastroenterological, endoscopic, radiology and day surgery services for minor coloproctogical procedures. In addition, a model of care for re-sectional surgery is presented encompassing patient selection, the tenets of enhanced recovery in surgery (ERAS), laparoscopic surgery, pre, peri and anesthetic care, 24 hour surgery wards, 2-5 day surgical facilities and integration with community or 'hotel' based services. The role of multi-disciplinary teams (MDTs) in the management of ACS is discussed: core and extended members of the MDT defined and the overall focus on patient directed care. Current and future directions in provision of ACS will be summarized with focus on use of virtual technology to establish clinics and MDTS; social media; the increasing role of e and mHeatlh will be presented. A future patient focused clinical and economical model of ACS will be proposed with relevance for it in different health care systems

pawan.mathur@nhs.net