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# MIDDLE EAST OBESITY, BARIATRIC SURGERY AND ENDOCRINOLOGY CONGRESS

Dubai, UAE

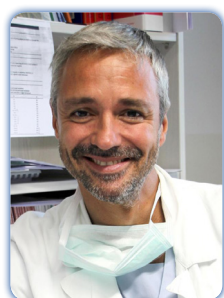
June 25-27, 2018

OBESITY MIDDLE EAST 2018



# MIDDLE EAST OBESITY, BARIATRIC SURGERY AND ENDOCRINOLOGY CONGRESS

June 25-26, 2018 Dubai, UAE



## Andrea Casaril

Pederzoli Hospital, Italy

### Tailored thyroid surgery

Surgical indications for thyroid diseases are various, due to increased gland volume, hyperthyroidism, benign nodules or cancer. Patients have many differences among them, ranging from child to older, with or without comorbidity, from thin to obese patients. Thyroidectomy has been performed by the same traditional open technique for more than a century, for every kind of person and any disease. Guidelines for malignancy have been recently modified and technological advances has developed new opportunities. Energy based devices, innovative hemostatic patches, radiofrequency ablation, HD-3D technology, 4K resolution, near infra-red (NIR) fluorescence, minimal invasive techniques, robotic procedure or trans-oral approach are now available.

**3D HD-Esocope assisted thyroidectomy** is the newest way to perform the open procedure: the intervention is video-assisted using a HD 3D escope which allows a great magnification of laryngeal nerves and parathyroid glands: combining it with NIR fluorescence all four parathyroid can be identified in almost all of cases.

**Minimal invasive videoassisted thyroidectomy (MIVAT)** is performed by a HD camera through a 15mm incision in the neck: safety, accuracy and oncological radicality have been widely demonstrated.

**Robotic thyroidectomy** is performed through a 5cm axillary incision; in expert hands allows safety, accuracy and oncological radicality.

**TransOral Endoscopic Thyroidectomy Vestibular Approach (TOETVA)** is a completely scarless new technique, a NOTES procedure. It is carried out by three port insertion in the oral vestibule, creating a working space in the neck by CO2 insufflation and ending the suture-less intervention entirely by energy based devices. Few centres in the world are using this technique nowadays, but it seems to be very promising. The lecture will emphasize that Endocrine Surgeon must have different choices for different patients, tailored to the thyroid indication, age, gender, weight, other diseases, therapies, voice-depending jobs, surgeon skills and experience, hospital volume and budget.

### Biography

Andrea Casaril is a Chief of Endocrine Unit of Pederzoli Hospital, Peschiera del Garda, Verona. He is an expert in minimal invasive surgery (laparoscopic surgery, minimal invasive thyroid surgery, trans-oral thyroidectomy), thyroid surgery, gallbladder VL surgery, open and VL abdominal reconstruction surgery, laparoscopic colorectal surgery and liver surgery. He has done more than 3000 surgical interventions as first operator.

[andrea.casaril@yahoo.it](mailto:andrea.casaril@yahoo.it)

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## *Fiji Antony*

NMC Specialty Hospital, UAE

### Weight reduction and weight regain prevention

Weight gain happens over the time during different stages of life of human beings. Once it gains over the standard requirement as per age, sex and anthropometry of a human being, it is known as overweight. Once the subject realizes the same, tries to reduce the weight with different ways. Weight maintenance over a period of time is not easy. Regular exercise plays a major role for maintenance of once weight. The most important factor is adaptation of change in cuisine, cooking, life style changes which should not be difficult to adjust. Over the many years in this part of the world with different types of people, it is learned that the more the flexible and regional the diet as per their cuisine, the better is the outcome. The weight reduction at the rate of 1 kg per 7 to 10 days last longer than higher rate. The weight reduction rate may be slow but the weight maintenance is better and thus prevent weight regain.

### Biography

Fiji Antony has been with NMC Specialty Hospital Dubai as the Chief Clinical Dietician for more than 14 years. Earlier she has worked with Ministry of Health Muscat, Sultanate of Oman and also in India. She is practicing as a Clinical Dietitian for more than 19 years. European ESPEN Diploma in Clinical Nutrition and Metabolism from European Society for Clinical Nutrition and Metabolism (ESPEN) is her latest achievement in the year 2016. She has earned her Doctor of Medicine in the year 2005 in Food and Nutrition, Post-graduation in the year 1999 with First Rank in Food & Nutrition and is an ICAR Fellow. She is an active professional in the United Arab Emirates in public media giving radio shows and TV shows, giving guidance to the listeners and viewers. She also conducts workshops and seminars for people in various sectors of the life stream on nutrition and dietetics. She is a Member of ESPEN, AOADA, ASN and Life Member of IDA and IAPEN.

[fiji.antony@nmc.ae](mailto:fiji.antony@nmc.ae)

### Notes:

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## Mohamad Miqdady

Sheikh Khalifa Medical City, UAE

### Chubby child is a cute child or not!

Obesity epidemic is a very serious concern for the medical professionals as well as the community. It is estimated that 30-35 % of children in US are overweight or obese, and probably higher percentages apply in our community. Local data will be presented. Overweight is defined as a BMI of >85% and obesity if BMI >95%. BMI correlates very well with comorbidities. Obesity occurs when there is imbalance between energy intake and energy output. There is a universal trend towards decreasing physical activity and increasing dietary intake among adults and children. Unlike the animal model, most obese humans are leptin resistant rather than deficient. Childhood obesity is clearly associated with adulthood obesity with the strongest association if obesity occurs at later childhood. Obese children are usually taller with advanced bone age and enter puberty earlier. Comorbidities are many and involve almost all body systems: (1) CVS: Hypertension, coronary artery disease, pulmonary hypertension cor pulmonale, cardiomyopathy and atherosclerosis. (2) Pulmonary: Obstructive sleep apnea and Pickwickian syndrome. (3) Gastrointestinal: Gallbladder diseases, nonalcoholic steatohepatitis and reflux. (4) CNS: Stroke and increased intracranial pressure. (5) Orthopedic: Osteoarthritis, slipped capital femoral epiphyses, low back pain and Legg-Calvé-Perthes disease. (6) Psychological: Social stigmatization, depression and lack of self-esteem. (7) Endocrine: Early puberty, hyperandrogenism, anovulation, infertility, polycystic ovaries and hypogonadotropic hypogonadism. (8) Malignancy: Increased risk of malignancy: Endometrial cancer, prostate cancer, gall bladder cancer, breast cancer and colon cancer. (9) Metabolic: Insulin resistance, type-2 DM, dyslipidemia (↑cholesterol, ↑TG, ↑LDL, ↓HDL). Although genetic and hormonal causes are rare causes of obesity; they should always be kept in mind. Managing obese individuals is challenging and with limited success. Management should include exercise, diet and behavioral modification. Exercise should be 30-60 minutes 5-7 days a week. Normal or low calorie diets with the appropriate use of the food pyramid are to be used in most individuals. Medications and surgery can be included in certain indications in conjunction with diet and exercise.

### Biography

Mohamad Miqdady is American board certified in Pediatric Gastroenterology, Hepatology and Nutrition. He is the Division Chief, Pediatric Gastroenterology, Hepatology and Nutrition Division at Sheikh Khalifa Medical City in UAE. He is also an Adjunct Staff at Cleveland Clinic, Ohio, USA, Member of the FISPUGHAN Council (Federation of International Societies of Pediatric Gastroenterology Hepatology and Nutrition) and Expert Member of FISPUGHAN Malnutrition/Obesity Expert team. He has completed his Fellowship in Pediatric Gastroenterology at Baylor College of Medicine and Texas Children's Hospital in Houston, USA. He held the position of Assistant Professor at Jordan University of Science and Technology in Jordan for six years prior to joining SKMC. His main research interests include feeding difficulties, picky eating, obesity, procedural sedation, allergic GI disorders and celiac disease. He has several publications and authored few book chapters. He is on the Editorial Board of few journals including *Gastroenterology & Hepatology*.

[msmiqdady@yahoo.com](mailto:msmiqdady@yahoo.com)