

# A Highly Suggested Surgical Method for a Most Unwanted Problem -Bariatric Vs Obesity

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## Introduction

Obesity is the number one nutritional disorder in the developed world. According to the most recent National Health and Nutrition Examination Survey one-third and one-half of US men and women 20 years and older are overweight, and nearly one-fourth are clinically obese. Many overweight and obese patients report that they have not been counseled to lose weight by their primary care provider. Obesity is a chronic health problem with multiple etiologies and serious complications associated with it although the diagnosis at times is clear just by looking at the patient, there are useful tools available to clinicians to assess body weight in terms of risk of co-morbid conditions associated with obesity, such as heart disease, hypertension, hyperlipidemia, diabetes, cancer, depression, reproductive disorders, joint and bone pain among many others [1]. Obesity has also been shown to lead to premature death [2].

Treatment of this major health concern has baffled physicians and patients alike with a failure rate of up to 95%. Many diets and treatment options are available from prescription medication to the new low carbohydrate diets. However, over the years, psychology has offered some of the most successful treatments of obesity and methods of weight reduction. There are many treatment options for those who are overweight or obese. Among all methods Bariatric surgery is one of the best methods for weight loss in a short duration time [3].

## Benefits of Bariatric Surgery

The purpose of bariatric surgery is to improve health, quality of life and long-term survival by inducing substantial sustained weight loss that is sufficient to reduce obesity-related medical co morbidities [4]. In the morbidly obese population, surgery may reduce the relative risk of death by 89 percent. The loss of fat, particularly visceral fat, is associated with improved insulin sensitivity and glucose disposal. Loss of visceral fat also reduces intra abdominal pressure, resulting in improvements in urinary incontinence, gastro esophageal reflux, hypertension, venous stasis disease and obstructive sleep apnea [5]. Gastric bypass leads to improvement in the physiologic responses of gut hormones involved in glucose regulation and appetite control [6]. Mechanical improvements include less weight bearing on the joints, enhanced lung compliance, and decreased fat around the neck which relieves obstruction to breathing and sleep apnea. Fluid and hemodynamic changes that lower blood pressure after bariatric surgery include: diuresis, natures is, and decreases in total body water, blood volume and indices of sympathetic activity. Other clinical benefits include improvements in type 2 diabetes, obesity-related cardiomyopathy, cardiac function, lipid profile, respiratory function, disordered sleep, degenerative joint disease, obesity-related infections, mobility, nonalcoholic fatty liver disease, asthma, polycystic ovarian syndrome, infertility and complications of pregnancy [7]. Most bariatric surgery patients also experience considerable postoperative improvements in psychosocial status and quality of life [8]. The incidence of diabetes is directly associated with increased obesity rates. Currently, 60 percent of adults

in the U.S. with type 2 diabetes are obese, and up to 20 to 30 percent are morbidly obese [9]. Dramatic improvement and resolution of diabetes mellitus may be the greatest benefit of metabolic and bariatric surgery. A shorter duration of type 2 diabetes and greater weight loss are independent predictors of type 2 diabetes remission, with up to 90 percent resolution of diabetes in patients who undergo Roux-en-Y gastric bypass and up to 73 percent resolution of diabetes in patients who undergo laparoscopic adjusted gastric banding. Prevention of the development of type 2 diabetes is also recognized with bariatric surgery [10]

## Procedures

Bariatric surgery may be classified as restrictive, mal absorptive or a combination of the two. There has been a broad variety of weight-loss surgeries over the years, many of which have been modified, and some abandoned. Currently, the most common surgeries done in the United States are the Roux-en-Y gastric bypass, adjustable gastric banding, bilio pancreatic diversion with duodenal switch and sleeve gastrectomy [11]. As techniques have evolved, most weight-loss surgeries now are being done with a laparoscopic approach. Laparoscopy has benefits of decreased hospital length of stay, reduced wound complications, less postoperative pain and a more rapid postoperative recovery [12].

## Conclusion

Metabolic and bariatric surgery paired with commitment to a lifestyle change is imperative to achieve the desired goal of long-term weight loss and comorbidity resolution. Patients must commit to both healthy food choices and regular exercise to have long-term success. All patients who undergo metabolic and bariatric surgery must be monitored throughout their lives, to ensure optimal postoperative weight loss, eventual weight maintenance and overall health. Comorbidity resolution that results from metabolic and bariatric surgery gives patients improvement in quality of life and long-term survival.

## References

1. Deitel M, Crosby RD, Gagner M (2008) The First International Consensus Summit for Sleeve Gastrectomy (SG), New York City, October 25-27, 2007. *Obes Surg* 18: 487-496.
2. Walfish S, Vance D, Fabricatore AN (2007) Psychological evaluation of bariatric

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- surgery applicants: procedures and reasons for delay or denial of surgery. *Obes Surg* 17: 1578-1583.
3. Varela JE, Hinojosa MW, Nguyen NT (2007) Resolution of obstructive sleep apnea after laparoscopic gastric bypass. *Obes Surg* 17: 1279-1282.
  4. Iannelli A, Buratti MS, Novellas S, Dahman M, Amor IB, et al (2007) Internal hernia as a complication of laparoscopic Roux-en-Y gastric bypass. *Obes Surg* 17:1283-1286.
  5. McMahon MM, Sarr MG, Clark MM, Gall MM, Knoetgen J 3rd, et al (2006) Clinical management after bariatric surgery: value of a multidisciplinary approach. *Mayo Clin Proc* 81: S34-S45.
  6. Flegal KM, Carroll MD, Ogden CL, Johnson CL (2002) Prevalence and trends in obesity among US adults, 1999-2000. *JAMA* 288: 1723-1727.
  7. Mokdad AH, Bowman BA, Ford ES, Vinicor F, Marks JS, et al. (2001) The continuing epidemics of obesity and diabetes in the United States. *JAMA* 286: 1195-1200.
  8. Baker MT, Kothari SN (2005) Successful surgical treatment of a pregnancy-induced Petersen's hernia after laparoscopic gastric bypass. *Surg Obes Relat Dis* 1: 506-508.
  9. Gaudry P, Mognol P, Fortin A, Marmuse JP (2006) [Reflection on one case of acute peritonitis due to adjustable gastric banding during pregnancy]. *Gynecol Obstet Fertil* 34: 407-409.
  10. Rubino F, Kaplan LM, Schauer PR, Cummings DE; Diabetes Surgery Summit Delegates (2010) The Diabetes Surgery Summit consensus conference: recommendations for the evaluation and use of gastrointestinal surgery to treat type 2 diabetes mellitus. *Ann Surg* 251: 399-405.
  11. American Diabetes Association (2010) Standards of medical care in diabetes--2010. *Diabetes Care* 1: S11-S61.
  12. Xavier MA, Ceneviva R, Terra Filho J, Sankarankutty AK (2010) Pulmonary function and quality of life in patients with morbid obesity six months after bariatric surgery. *Acta Cir Bras* 25: 407-415.