Basic concepts and rationale of metabolic surgery

Metabolic Syndrome and two of its most important components, obesity and Type 2 diabetes have reached pandemic proportions threatening the entire world. Initial treatment options indicating life style changes including diet and exercise have failed to achieve desired results for an important proportion of patients and eventually considerable numbers of patients became worse than the pre-treatment status because of reactional weight regain. Currently, the most effective treatment for obesity and Type 2 diabetes is without a doubt, surgical procedures. There is no treatment option that can achieve remission for the entire compounds of Metabolic Syndrome with over 90% efficiency. However, it should be known that there are numerous methods used for the surgical treatment of metabolic syndrome and all of these methods have advantages, disadvantages, restrictions and efficiency of their own.

Currently the most widespread procedures in obesity surgery are gastric bypass and sleeve gastrectomy. Unfortunately the third most widespread procedures in terms of frequency are revision operations. Sadly, the word “revision” represents the disability and inefficiency of the operations we perform. Surgical community is focusing on performing tighter sleeves, narrower anastomoses, and surgeons are trying to revise failed restrictions with further restriction. As is valid for any restriction done on human beings throughout the history with thousands of examples, mechanical restriction and restrictive operations done for obese individuals will fail in the end. Anthropometric data also suggests a digestive adaptation based on our feeding behavior. The success in terms of bariatric and metabolic control relies on the activation of distal intestinal hormones like GLP-1, Peptide YY and oxyntomodulin which provide an insulin mimetic and anorexiogenic effect.

In the light of all this knowledge and while keeping universal digestive adaptations mechanisms in mind, Metabolic Surgery aims to activate ileum based hormones without causing severe malabsorption. Ileal Transposition and Transit Bipartition procedures, two surgical techniques devised with this purpose, will be explained in detail during presentations.

Biography

Alper Celik graduated from Ankara University School of Medicine in 1999 and started his training in the field of General Surgery in 2000. Following the invitation of Professor Fumio Konishi, he worked as a clinical and research fellow at Saitama Medical Center of Jichi Medical University during 2007 in Japan. He also worked with Dr Ricardo Cohen and Dr Louis Berti in Brazil and Dr Muffazal Lakdawala and Dr Suren Ugale in India. What shaped his career in the field of Metabolic Surgery was the BPD (Biliopancreatic Diversion) technique training he received in Italy from Nicola Scopinaro. He set up Metabolic Surgery Clinic in 2011. He received Surgeon of Excellence in 2013 by Surgical Review Corporation. He is the Founder and President of both Turkish Metabolic Surgery Foundation and Metabolic Surgery Association.

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