Metabolic syndrome threat and two of its most important components, obesity and Type-2 diabetes have escalated in prevalence into such a magnitude that can only be described as an epidemic. Traditional treatment methods including lifestyle changes, diet, exercise and medication have failed to achieve desired results for an important portion of patients. Currently, the most effective treatment for obesity and Type-2 diabetes is surgical procedures. There is no treatment option that can achieve remission for the entire compounds of Metabolic Syndrome with high 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 and restrictions of their own. Also, each has their own rate of efficiency. We, as surgeons working in this field should keep our responsibilities in mind. It is not appropriate to end one drug addiction while at the same time creating another one. That is why we should focus on providing ilealproximalization without causing Malabsorption which is a disease itself as outlined by WHO. This attempt will provide a “functional restriction” rather than a “Mechanical Restriction”. Functional restriction means providing metabolic satiety and insulinomimetic effect to the patients by activating ileal hormones. Mechanical restriction aims to decrease the food intake by creating a static obstacle either as a small pouch, a narrow sleeve or an anastomosis. Mechanical restriction is the main point of obesity surgery procedures and that is why and where obesity surgery and metabolic surgery differ. Ileal Transposition and Transit Bipartition are surgical procedures that aim to achieve functional restriction. Briefly, the method focuses on “interposing” a segment of ileum after the stomach and therefore maximize distal intestine activity, while at the same time transecting the duodenum to minimize proximal activity. These operations are complex and technically difficult operations which demands serious training and experience. But it is feasible and safe in the hands of well-trained and experienced teams. It should be noted that an excellent clinical order must also be present which includes pre-operative evaluation, post-operative monitorization and long-term follow-up.

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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