

Indications of surgery and bariatric operations

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Bariatric surgery has proved to be the most effective mode of treatment of morbidly obese patients or clinically severe obesity (this is the term now preferred over morbid obesity). Bariatric surgical procedures provide greater and more durable weight reduction than behavioral and pharmacological interventions for morbid obesity. Indications for bariatric surgery recognized are 1) Patients in age groups from 18 to 60 years, 2) With BMI ≥ 40 kg/m², 3) With BMI 35–40 kg/m² with co-morbidity in which surgically induced weight loss is expected to improve the disorder (such as metabolic disorders, cardio-respiratory disease, severe joint disease, obesity-related severe psychological problems etc.). To be considered for surgery, patients must have failed to lose weight or to maintain long term weight loss, despite appropriate non surgical medical care. In adolescents with severe obesity, bariatric surgery can be considered if the patient 1. Has a BMI > 40 kg/m² (or 99.5^o percentile for respective age) and at least one co-morbidity, 2. Has followed at least 6 months of organized weight reducing attempts in a specialized centre, 3. shows skeletal and developmental maturity, 4. is capable to commit to comprehensive medical and psychological evaluation before and after surgery, 5. willing to participate in a postoperative multidisciplinary treatment programme.

Bariatric operations are classified as either restrictive, malabsorptive, or a combination of both. Operations limiting absorption of nutrients (malabsorptive) are Biliopancreatic diversion (BPD), gastric bypass, duodenal switch, and isolated intestinal bypass, gastrectomy (all types of partial gastrectomies), and other (nonspecified gastric procedures and gastric bubble insertion). Restrictive procedures include Gastric sleeve resection, Adjustable gastric banding (AGB), vertical banded gastroplasty purely restrictive operations involve placement of a band made out of foreign material around the upper portion of the stomach to restrict the amount of food that can be ingested. Another purely restrictive operation that has recently emerged is the vertical sleeve gastrectomy. A laparoscopic technique should be considered as the first treatment choice in bariatric surgery, unless specific contra-indications are present.

Biography

Vishwas G. Naik has an extensive experience as a specialist in the field of General and Laparoscopic surgery. He has done M.S. (General surgery) JJM Medical College Mysore University, Karnataka, India in 1991. He has conducted Bariatric Surgeries in both Restrictive and Malabsorptive Procedures. In addition he is an acknowledged specialist in Advanced Laparoscopic Procedures. Currently Dr. Naik is a Senior Consultant Laparoscopic Surgeon for Apollo Group of Hospitals, Hyderguda Centre, and Hyderabad AP India. Presently Dr. Naik is the National Executive Committee Member for OSSI (National Bariatric Society.) and a Faculty at most State and National Conferences. Since 2006 Dr. Naik has been doing laparoscopic bariatric surgery like lap.gastric band, lap.sleeve gastrectomy and lap.RYGB.

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