

JOINT EVENT

12<sup>th</sup> Global Gastroenterologists Meeting  
&3<sup>rd</sup> International Conference on Metabolic and Bariatric Surgery

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**Diabetes remission with surgery beyond weight loss****Karl Miller**

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Obesity and its associated diseases such as type 2 diabetes have a serious effect on the health of people in the Middle East. One in 10 adults have diabetes; half of them undiagnosed, and cases of type 2 diabetes (T2D) are rapidly increasing in the region. Intense discussions in the use of metabolic surgery has been growing over the last years, powered by experimental and clinical studies showing that rearrangements of gastro intestinal anatomy, formerly named bariatric operations can directly affect glucose homeostasis, and not only through weight loss. Bariatric surgery versus intensive medical therapy for diabetes has shown significant favour for surgery in several randomized controlled studies even in a five year follow up study recently published. Endpoint results suggest that bariatric surgery, particularly gastric bypass, in combination with intensive medical therapy is more effective than intensive medical therapy alone in controlling various characteristics associated with T2D. Even before significant weight loss, metabolic surgery shows direct positive influence on interleukin (IL)-6, leptin and adiponectin, IL-8, levels and on the transformation of growth factor beta (TGF- $\beta$ ), and the incretin hormone glucagon-like peptide-1 (GLP-1) as well as in lowering insulin resistance. The presentation will explore the evidence that shows how metabolic surgery influences complex metabolic mechanisms that span from functional elements, such as the role of the stomach and of gastric emptying, the absorption and digestion, to hormonal elements such as incretins, gut endocrine regulation, in addition to hepatobiliary, neural regulation, and gut microbiota elements, in the diabetes metabolism of obese subjects. Thus, the American Diabetes Association implemented metabolic surgery in the treatment algorithm for T2D based on the mounting scientific evidence.

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