

Is Gastrectomy is a Proper Line of Treatment for Obesity?

Joe Thomas*

Jawaharlal Nehru University, Hyderabad, India

*Corresponding author: Joe Thomas, Jawaharlal Nehru University, Hyderabad, India, Email: joe.thomas@gmail.com

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Short Communication

Gastrectomy is that the surgical removal of the part or entire stomach. The earliest recorded operations on the stomach were performed for penetrating injuries. knife from stomach of a knife thrower 1602.

In late 1800's, Experimental studies by Billroth confirmed the feasibility of removing the pylorus. The last 20 years of the 19th century saw the introduction of the many gastric operations, a number of which were to become established and modified during the following years.

The stomach may be a J-shaped organ within the upper abdomen. it's a part of the gastrointestinal system, which processes nutrients (vitamins, minerals, carbohydrates, fats, proteins, and water) in foods that are eaten and helps pass waste out of the body.

Food moves from the throat to the stomach through a hollow, muscular tube called the esophagus. After leaving the stomach, partly-digested food passes into the tiny intestine then into the massive intestine.

Gastrectomy if often won't to treat stomach cancer and sometimes won't to treat obesity, peptic ulceration, oesophageal cancer. But it's effective treatment for obesity and cancer.

There are 4 sorts of gastrectomy : Total gastrectomy - the entire stomach is removed, Partial gastrectomy - the lower a part of the stomach is removed, sleeve gastrectomy - the left side of the stomach is removed, Oesophagogastrectomy - the highest a part of "> a part of the stomach and part of the oesophagus is removed.

Gastrectomy are often performed in two ways either open surgery by making move stomach or laproscopic gastrectomy.

These days most of the people are preferring laproscopic than open gastrectomy due to the advantages like recover faster and have less pain after the procedure.

The risks of a gastrectomy include: acid reflux, diarrhea, gastric dumping syndrome, which is a severe form of maldigestion an

infection of the incision wound an infection in the chest internal bleeding leaking from the stomach at the operation site, nausea, vomiting, stomach acid leaking into your esophagus, which causes scarring, narrowing, or constriction (stricture), a blockage of the small bowel, vitamin deficiency, weight loss, bleeding, difficulty breathing, pneumonia, damage to adjacent structures.

There are many sorts of gastrectomy, including:

Partial gastrectomy (Subtotal gastrectomy): a part of the stomach is removed (often the lower part). In some cases, lymph nodes and other organs and tissues could also be removed.

Total gastrectomy: Removal of the whole stomach. Lymph nodes and other organs could also be removed. This procedure requires the tiny intestine to be connected to the remaining a part of the esophagus.

Sleeve gastrectomy: The left a part of the stomach is removed, typically during weight loss surgery.

Esophagogastrectomy: The upper a part of the stomach and some of the esophagus is removed.

You can expect to remain within the hospital for one to 2 weeks after the surgery. During this era, you'll likely have a tube running from your nose to your stomach. this enables your doctor to get rid of any fluids produced by your stomach. This helps keep you from feeling nauseated.

Recovery from a gastrectomy will depend upon the extent of the procedure you've got had. Typically, a 6-12 days hospital stay is required. You'll have a nasogastric tube (NG tube) from your nose down into your stomach/intestine to empty stomach contents. you'll need nutrients given through an intravenous (IV) line or a feeding tube. you'll need a bladder catheter to empty your urine for a brief period of your time. Your healthcare team will remove the tubes and alter your diet as you recover.

You will be told the way to look after your surgical incisions and can tend the other instructions before leaving the hospital.