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Bariatric Surgery advantages and disadvantages

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WHAT IS OBESITY?

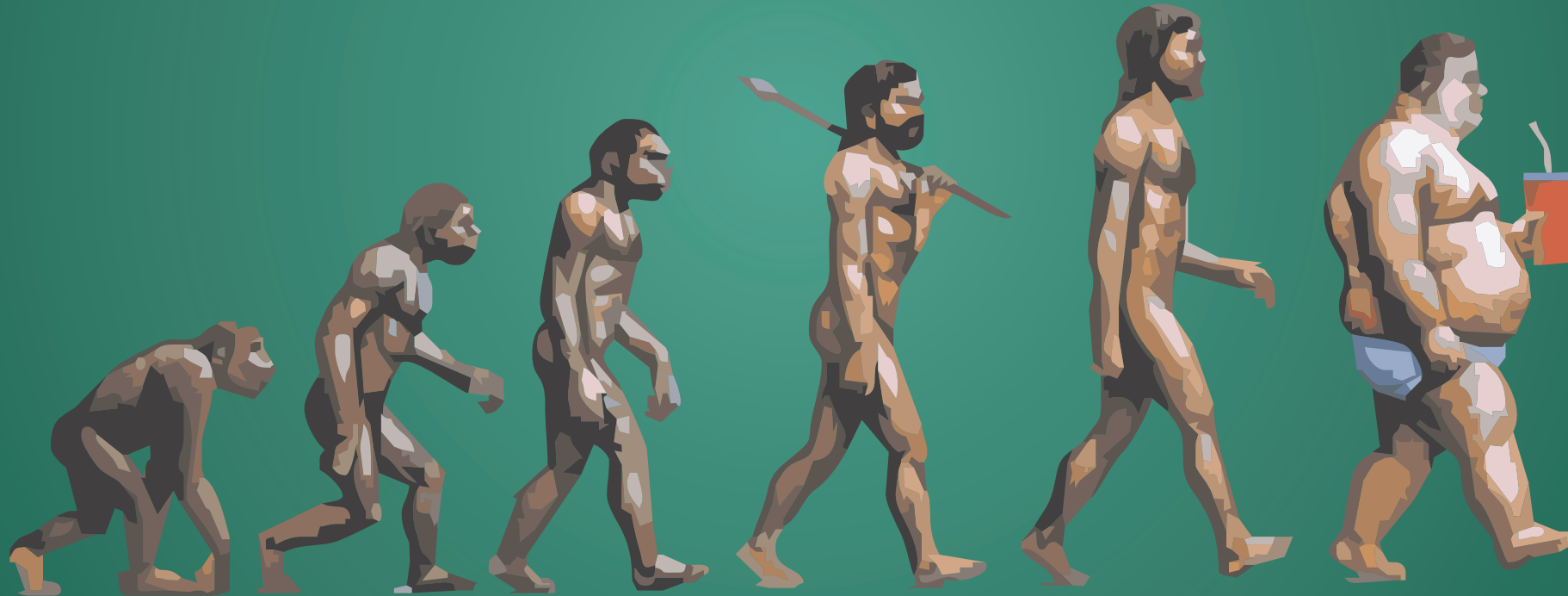
- Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health.
- It is a major health threat.





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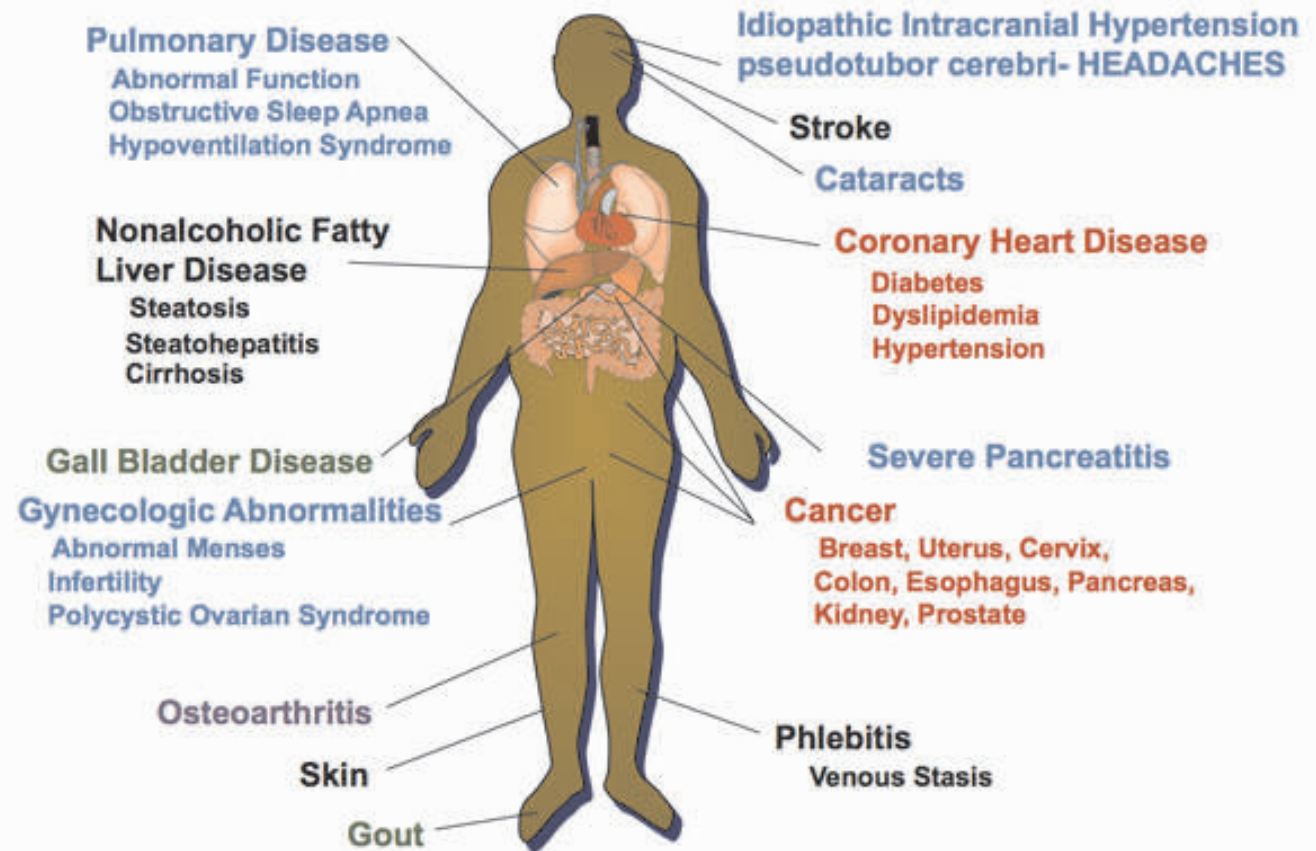
EVOLUTION TILL DATE





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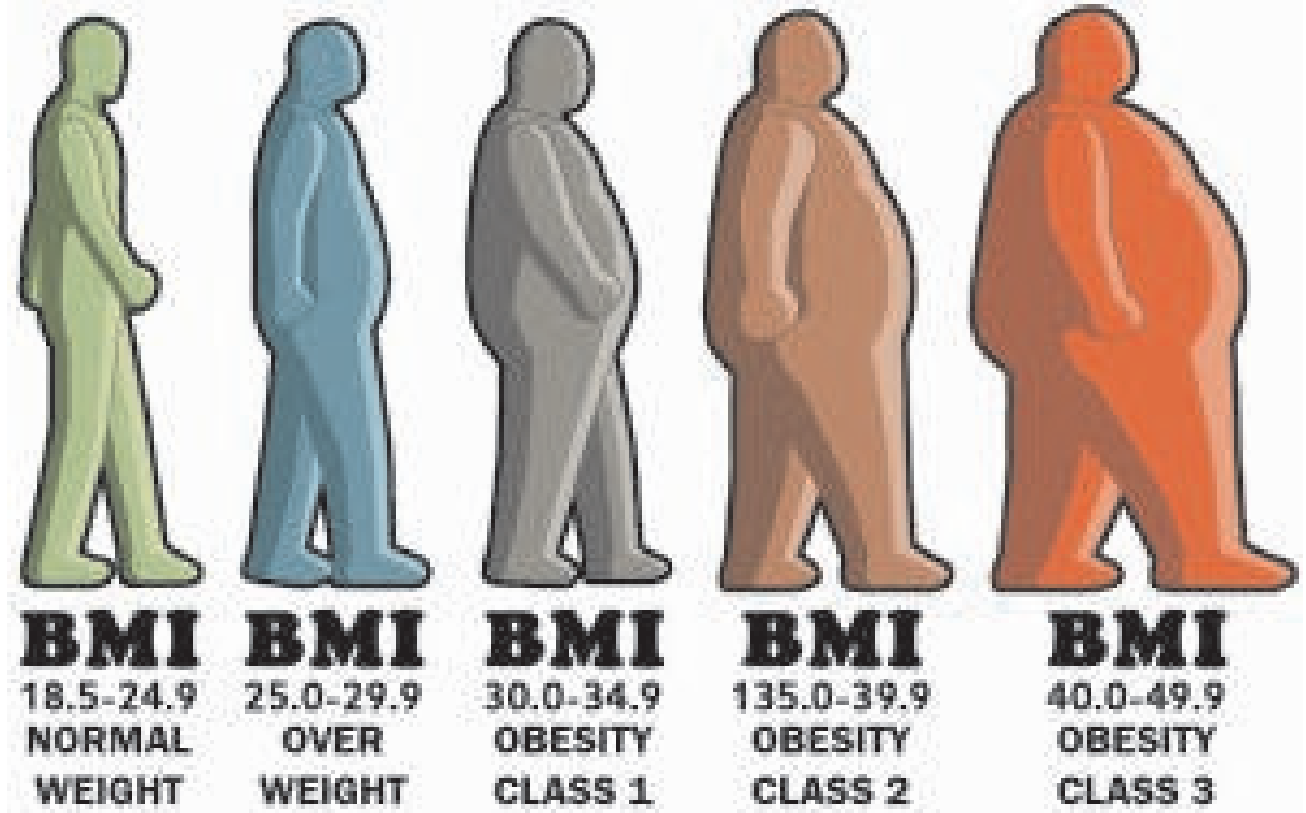
MEDICAL COMPLICATIONS OF OBESITY





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$$\text{BMI} = \frac{(\text{weight in kilograms})}{\text{height in meters}^2}$$





What is Bariatric surgery?

Bariatric surgery is a treatment option for patients with morbid obesity.

- **Bariatric surgery for obesity helps you lose weight by altering your body's food digestion and absorption**
- **There are several surgical options in Bariatric surgery**



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Different types of Bariatric Surgery is for Obesity Procedures

Gastic Banding

- Roux-en-Y-Gastric Bypass
- Mini Gastric Bypass
- Sleeve Gastrectomy
- Gastric Balloon
- Gastric Imbrication



Pre OP instructions

3 - 4 days liquid diet

Serum creatinine

Homocysteine

Lipid Profile

2 D echo

abdomen

PFT

limbs

Cardiologist evaluation

Upper GI endoscopy

Thyroid profile

Cortisol

CBP

blood group & typing CUE

Chest X – Ray

ECG

C – peptide

**lood sugar(FBS
& PLBS)**

HbSAg, HIV, HCV

LFT

Ultrasound

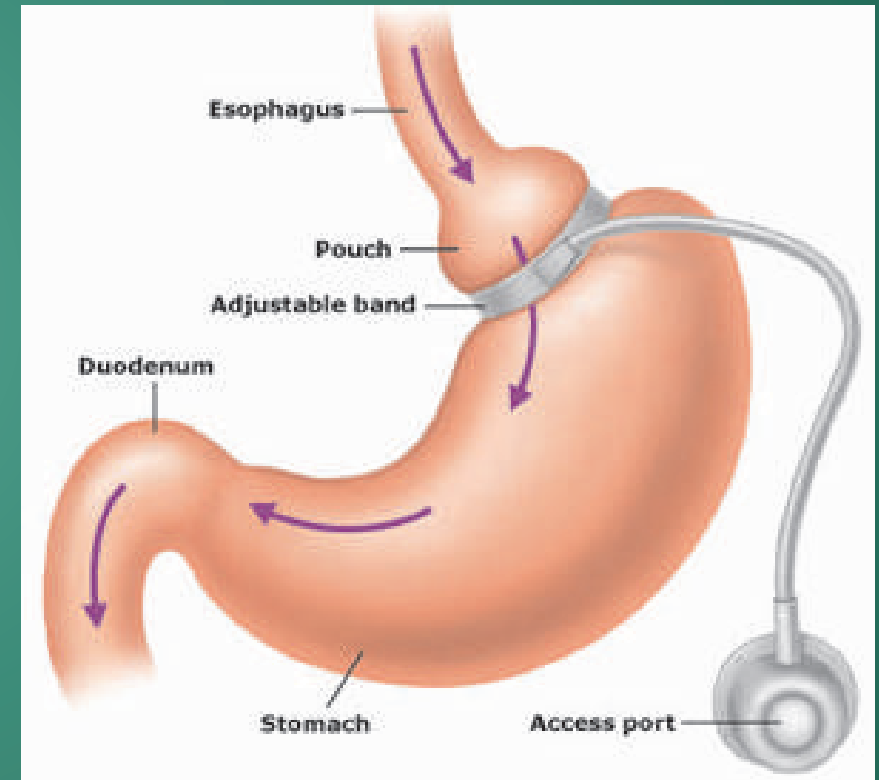
Color Doppler both

Pulmonologist Evaluation



Gastric Banding

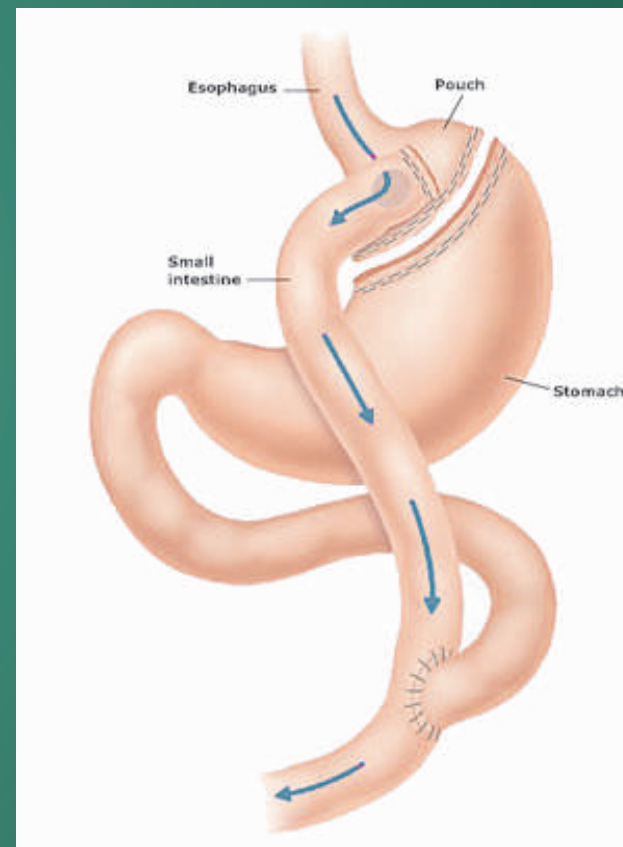
- Not done almost because of failure rates
- And complications like erosions ,slippage





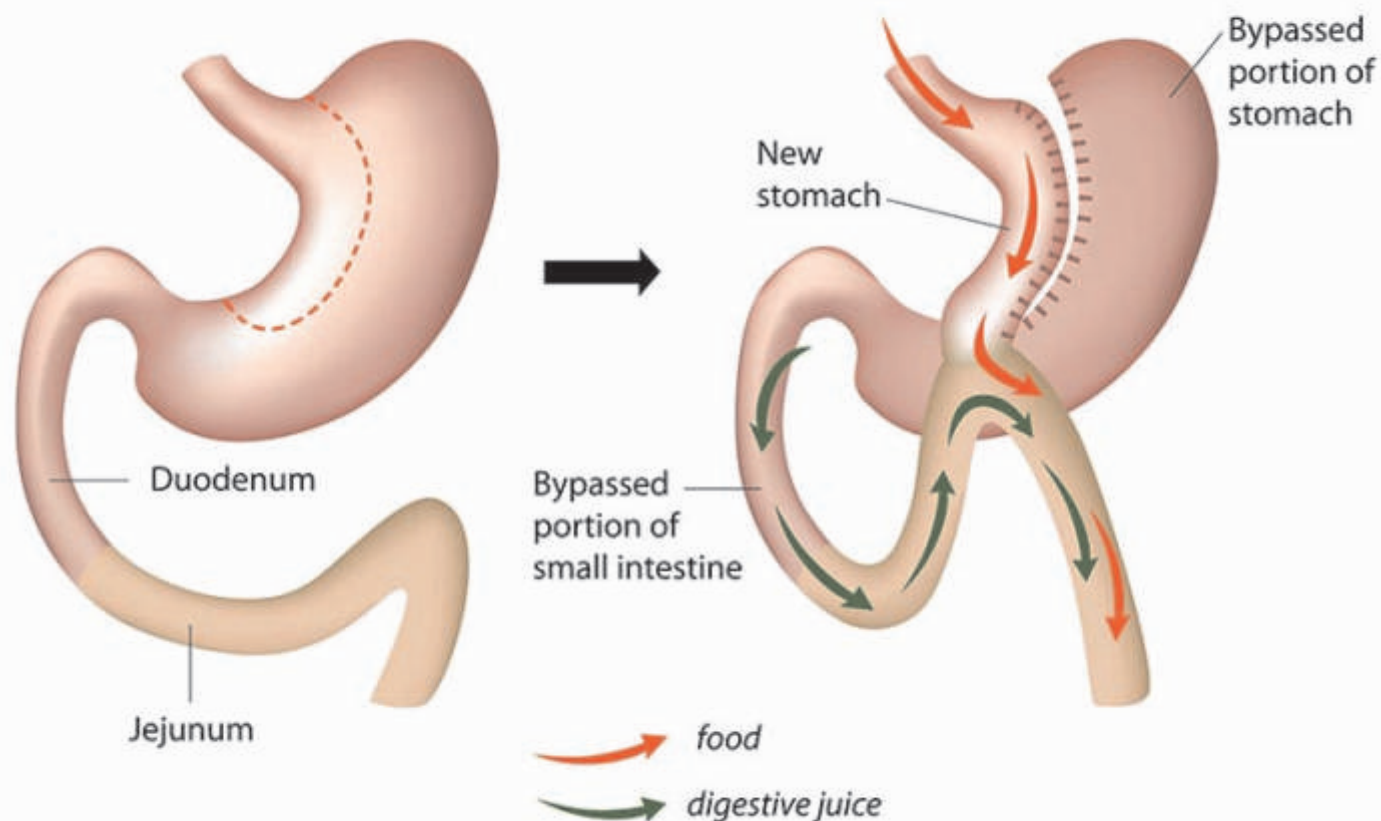
Gastric Bypass Surgery (Roux-en-Y Gastric Bypass)

- Two anastomoses
- Biliopancreatic limb-apppr 80cm
- Alimentary limb –100 -150 cm from
- IC junction
- Pouch size -30cc



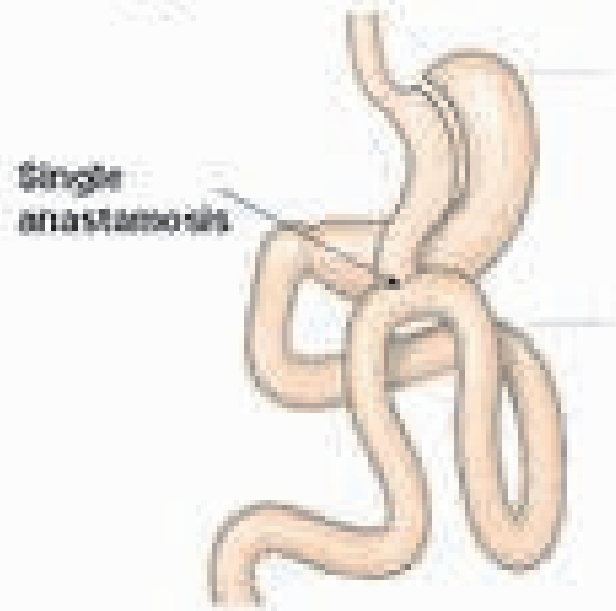


Mini-Gastric Bypass

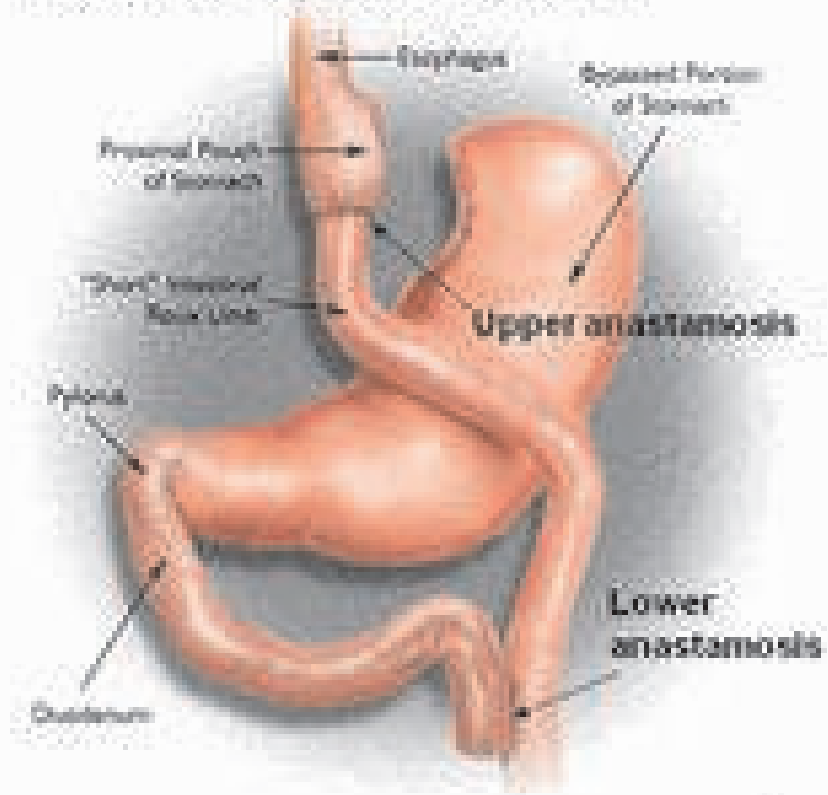




Mini gastric bypass



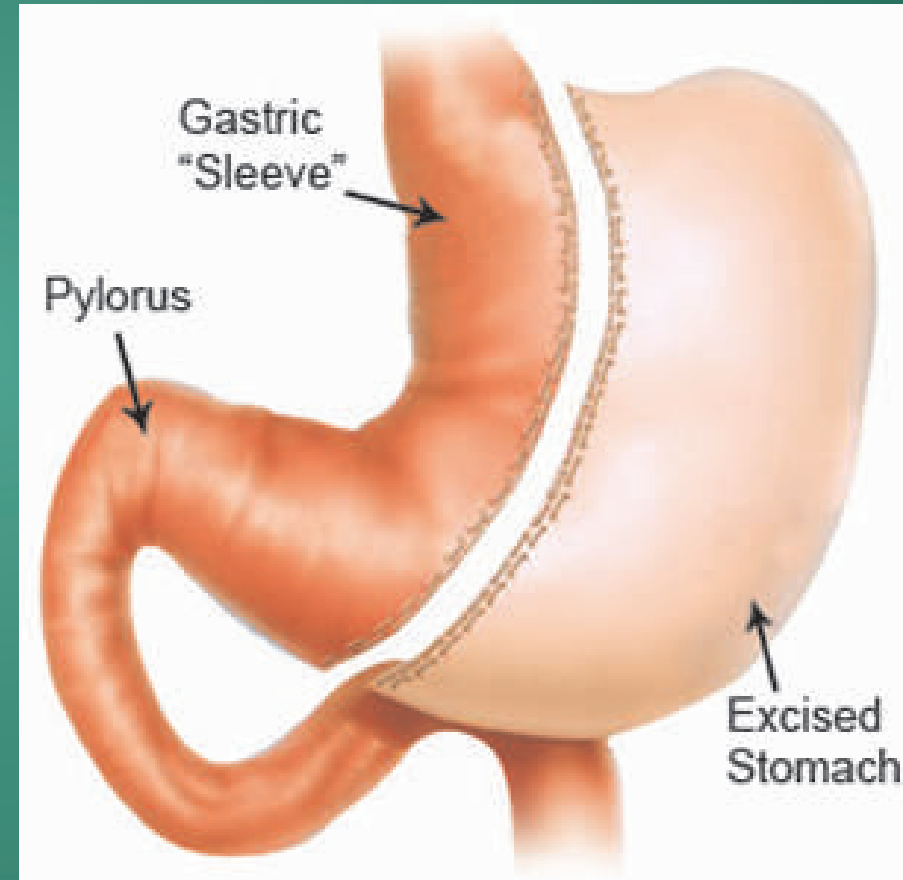
Roux-en-Y gastric bypass





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Sleeve gastrectomy





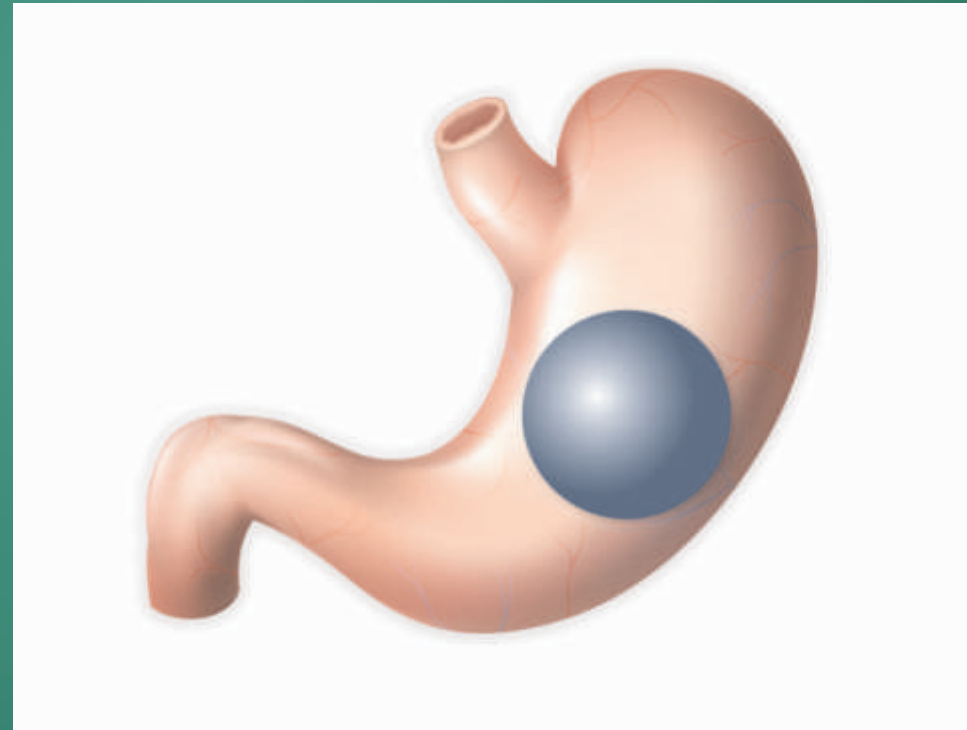
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GASTRIC BALLOON

Useful in patients
with BMI less than
27

Can retrieve the
balloon after 6
months to one
year

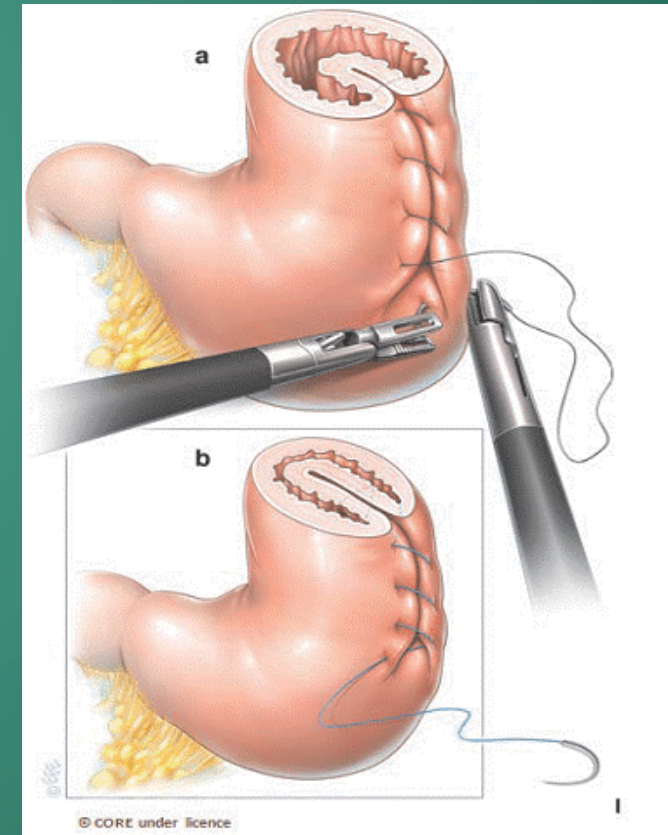
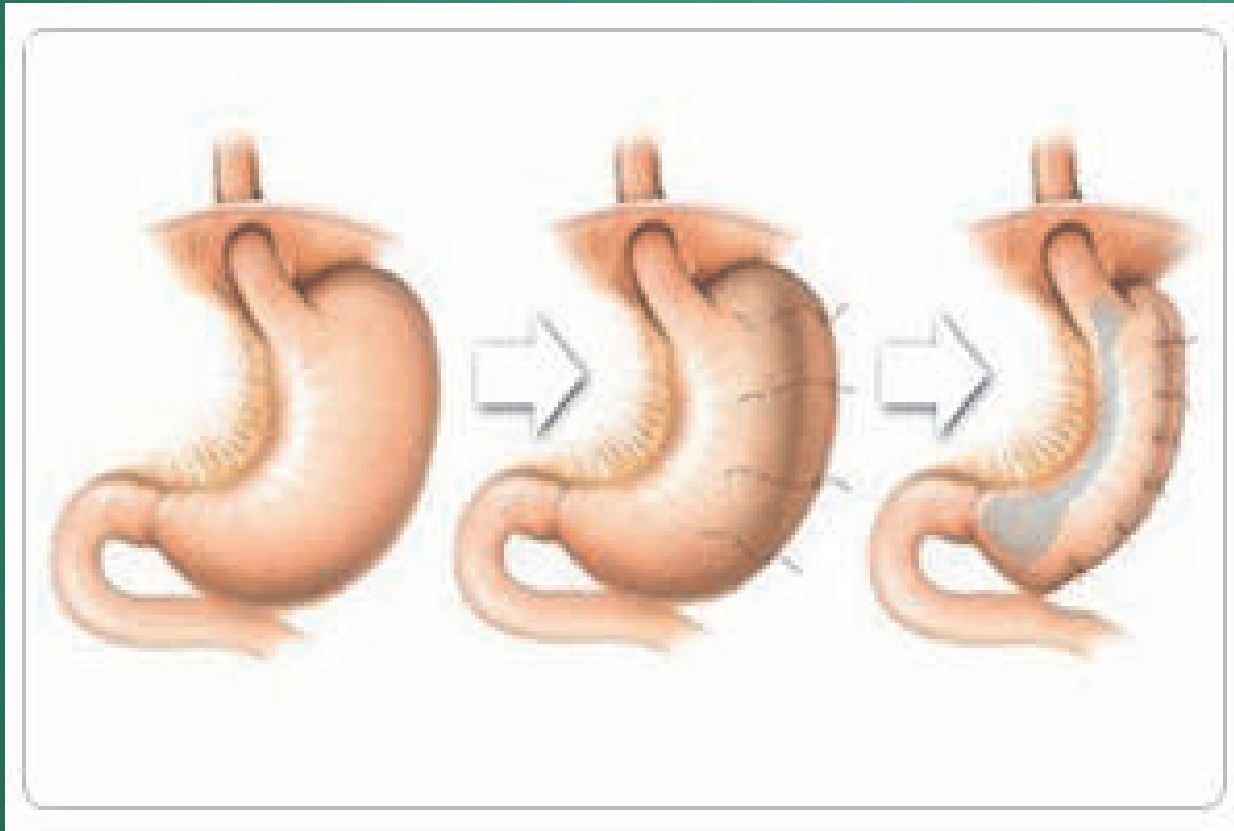
Complications
Vomittings ,abd
pain
Ulcerations





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GASTRIC IMBRICATION





AFTER SURGERY

Usually patient will be discharged next one or two days after the surgery

Can attend the job from first week after the surgery

Post operative instructions along with the diet chart for one month will be given

Improvements occur in obesity related medical conditions, with almost 60% patients not requiring medication

There is enhanced quality of life with improved



COMPLICATIONS

Anastomosis leaks or staple line bleeding
PE or DVT
Cholelithiasis
Stomal ulceration
Dumping syndrome
Constipation
Depressio



NUTRITIONAL CONSEQUENCES

Iron deficiency anemia

B12 deficiency

Folate deficiency

Calcium and Vitamin D deficiency

Micronutrients and mineral deficiency

Not seen with purely restrictive
surgeries



Improvement of co-morbidities

- Type 2 diabetes mellitus
 - Hypertension
 - Hyperlipidemia
 - Degenerative joint disease
 - Sleep apnea
 - GERD
-
- 5% to 10% weight reduction is associated with significant decrease in risk
 - Weight loss from surgery reduces or eliminates medications
 - Improves severity or resolves co-morbid disease



PSYCHOLOGICAL AND PSYCHOSOCIAL IMPROVEMENTS

- Depression
- Low self-esteem and self-appraisal
- Poor interpersonal relationships
- Feelings of failure and dissatisfaction with life

Subject to prejudice and discrimination



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IS IT JUST A COSMETIC SURGERY??

It is a general conception that it's a cosmetic surgery but it's mainly a curative surgery of obesity and reduces the intensity of associated diseases along with the advantage of being slim and healthy





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Is it very costly??
Are we realising how
much we are spending
on the diseases we are
encountering or yet to
encounter some day

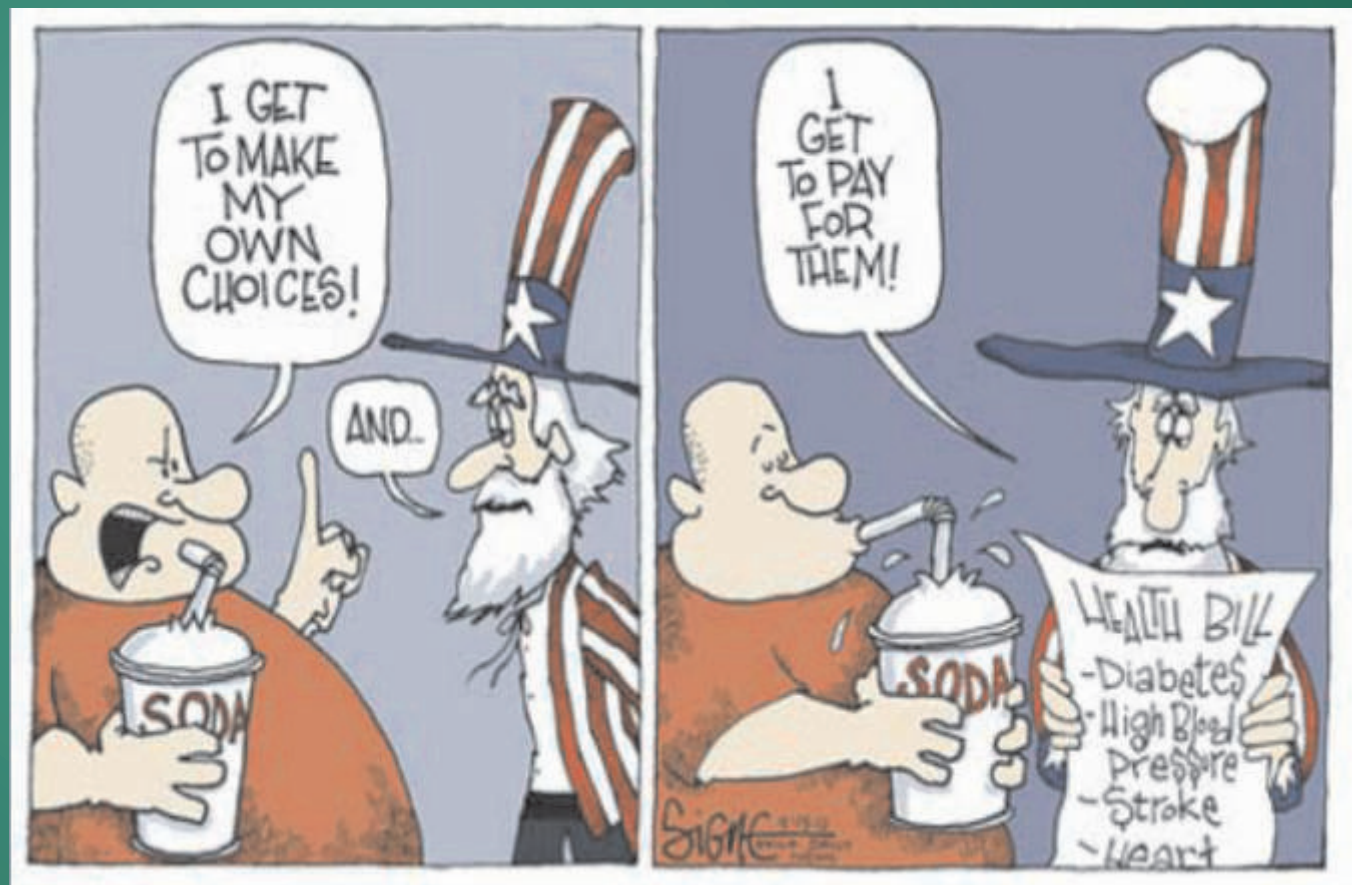
CABG

**JOINT REPLACEMENT
DIABETIC AND HTN**

**MEDICATION FOR LIFE
STROKE**

GYM AND SLIMMING

**COMPANIES AND
PRODUCTS**





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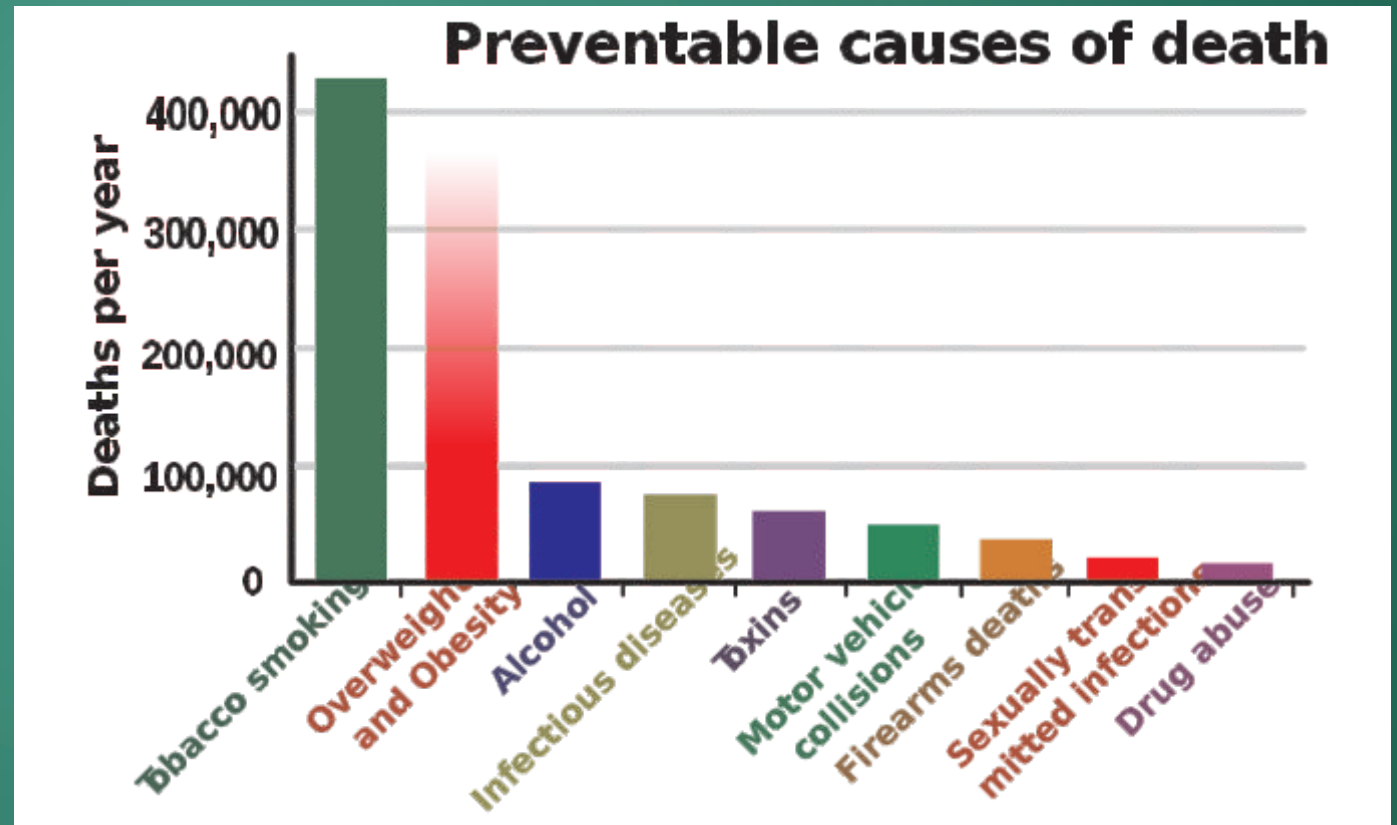
**IS IT REALLY
NEEDED NOW?
CAN T WE WAIT
FOR SOME
MORE TIME???**
Its just a
timebomb about
to explode one
day
**ARE YOU SURE
YOU WANT TO
WAIT!!!!**





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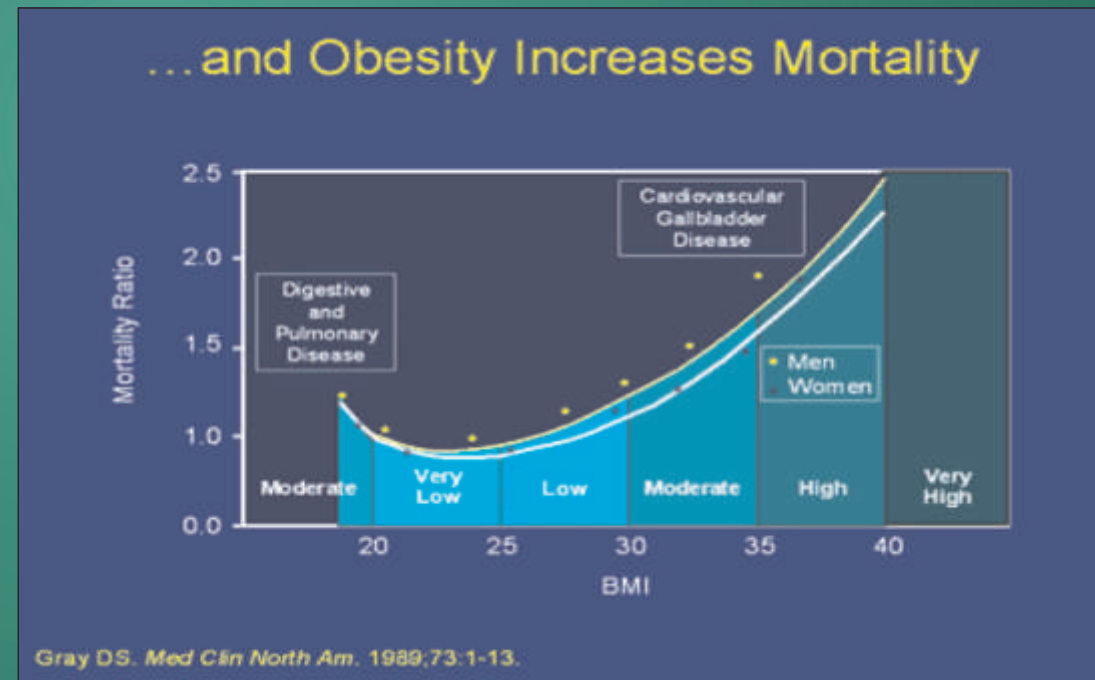
OBESITY IS THE SECOND MOST PREVENTABLE CAUSE OF DEATH





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MORTALITY DIRECTLY PROPORTIONAL TO THE BMI





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SCARED OF COMPLICATIONS



BARIATRIC SURGERY HAS THE SAME PERCENTAGE OF COMPLICATIONS INVOLVED IN ANY OTHER SURGERIES LIKE CHOLECYSTECTOMY OR HIP REPLACEMENT .

INFACT IT STAYS BELOW THESE SURGERIES IN THE LIST OF MORTALITY COMPLICATIONS.

MORTALITY IN BARIATRIC SURGERY IS MAINLY DUE TO COMORBIDITIES ASSOCIATED WITH IT

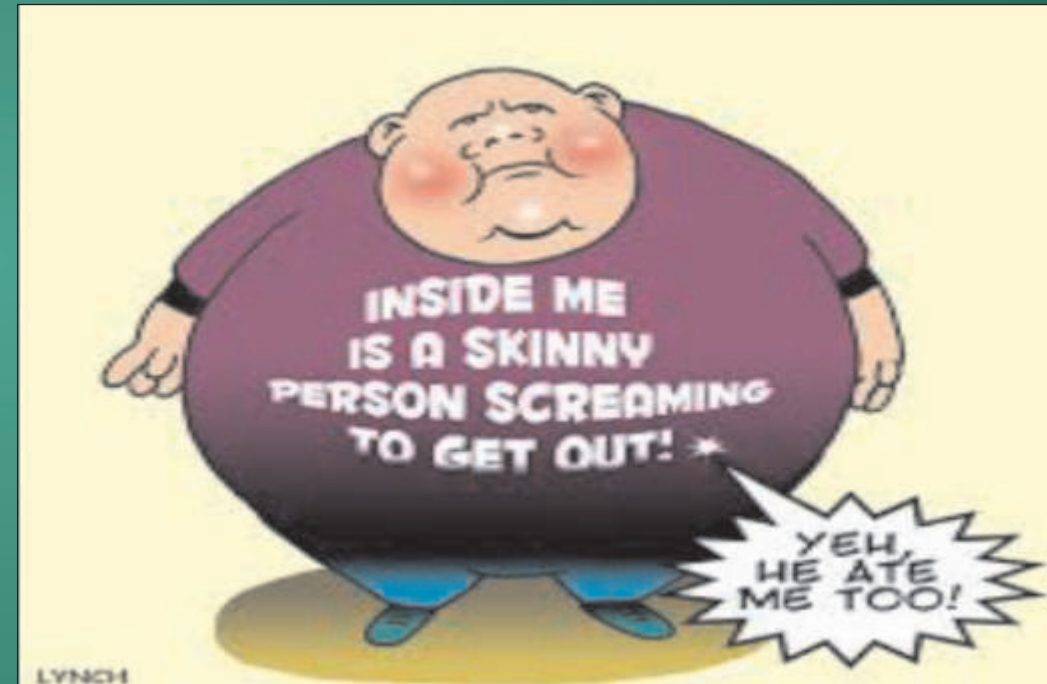
WHEN YOU COMPARE THE MORTALITY IN OBESE PATIENTS WITHOUT SURGERY AND AFTER SURGERY ,MORTALITY RATE IS EXTRAMLY HIGH IN PATIENTS WHO HAVE NOT UNDERGONE SURGERY DUE TO THEIR ASSOCIATED CO MORBIDITIES.

WITH INCREASED TECHNOLOGY AND UNDERSTANDING ABOUT THE OBESITY SURGERY MORTALITY IS VERY MINIMAL WHICH IS 0.13% i.e ONE IN 1000 SURGERIES



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**Still
confused
Listen to your
inner person
who is possibly
screaming for
help**





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**“Take care of your
body, it’s the only
place you have to live.”**

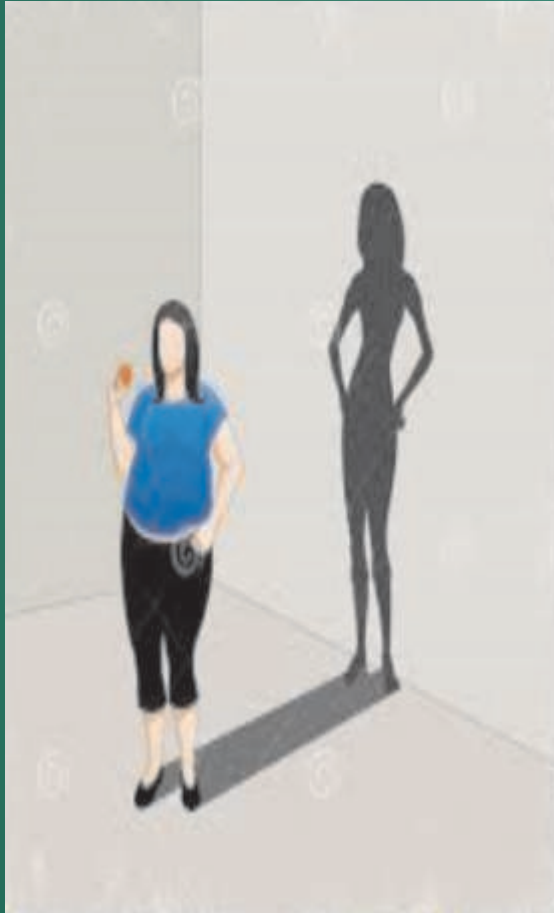


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Thank You