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Bariatric Surgery

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Abstract

Bariatric surgery is currently the only effective long-term treatment of morbid obesity and its related co-morbidities. Gastric bypass, adjustable gastric banding, and duodenal switch with biliopancreatic diversion are the three most common operations performed in the United States to induce sustained weight loss. Patient selection is important since compliance postoperatively leads to a successful outcome in over 80% of patients. Preoperative psychological and behavioral problems may lead to maladaptive eating habits postoperatively that defeat the purpose of the surgery. To date, we do not have a 100% reliable method of profiling patients who will fail to keep weight off for the long term. It is therefore important that patients who have preoperative psychological problems that may lead to failure to lose or keep weight off after surgery are offered postoperative counseling along with group support.

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Obesity is now the number one health crisis in the United States. In 2001, the prevalence of obesity among US adults was 21%, which reflects a 61% increase since 1991. Over 44 million Americans have a body mass index over 30 and these statistics are continually being revised with an upward trend. To date, there is no adequate medical therapy for the morbidly obese. Over 50 billion dollars are spent each year treating medical diseases directly related to obesity and an additional 30 billion dollars are spent per year on dietary programs and products. Severe obesity is associated with a variety of health problems including non-insulin-dependent diabetes, hypertension, cardiovascular disease, pulmonary dysfunction, osteoarthritis, gallbladder disease and specific malignancies such as breast and colon cancer. Psychological disorders including depression, eating disorders, distorted body image and low self-esteem are