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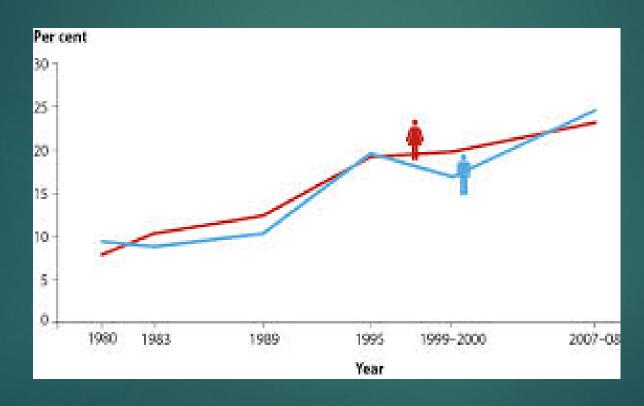
Bariatric Surgery Where are we now?

JON ARMSTRONG

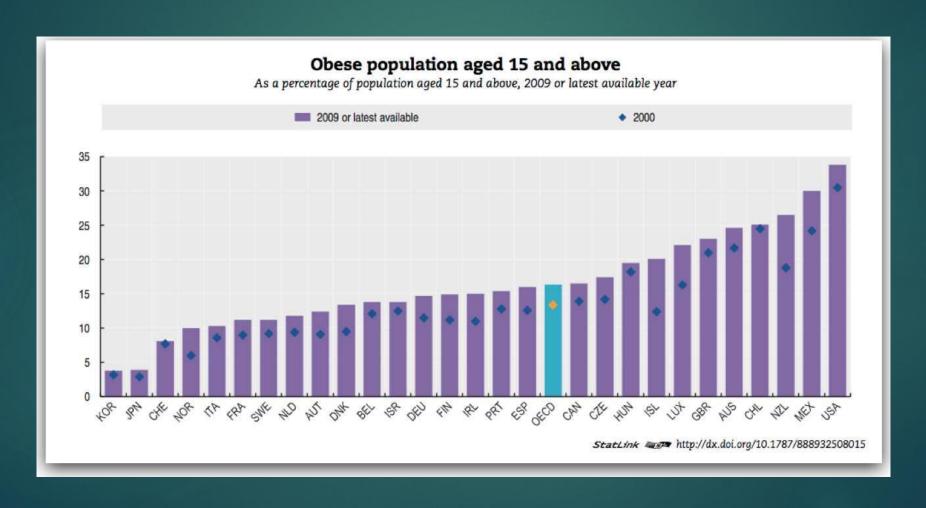
GENERAL, BARIATRIC AND ENDOCRINE SURGEON

The scale of the problem

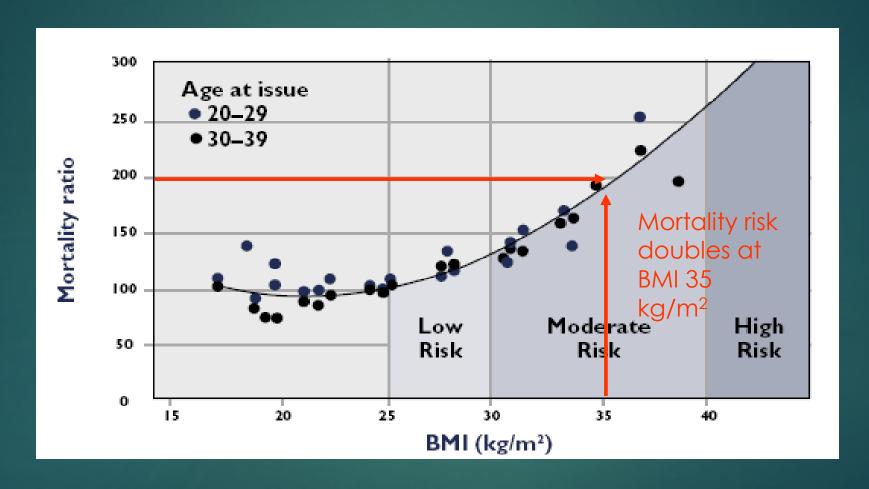
Obesity rates in Australia BMI 30 +



How do we compare to the rest of the world

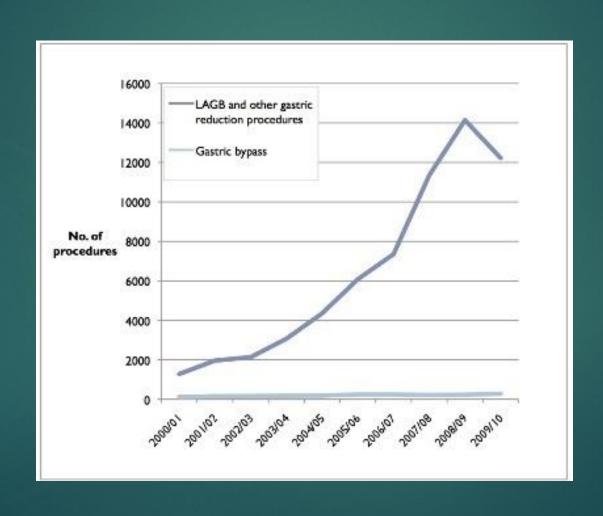


Obesity and mortality risk

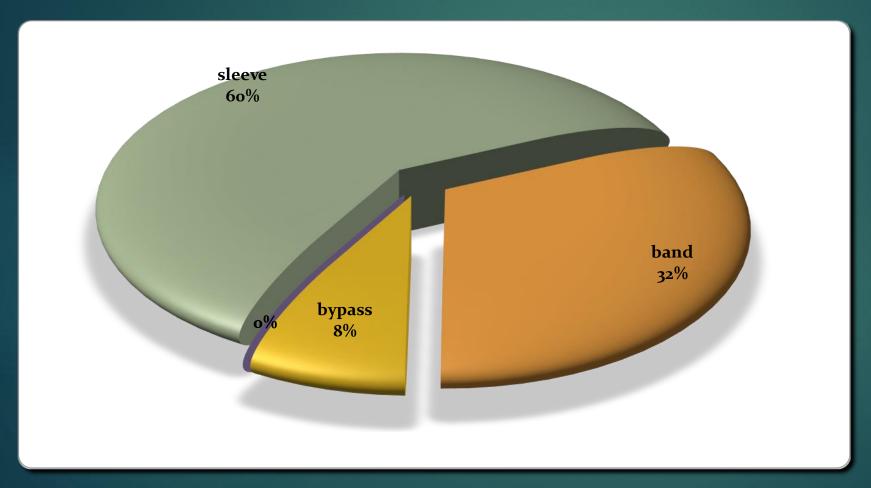


Australia is today ranked as one of the fattest nations in the developed world. The prevalence of obesity in Australia has more than doubled in the past 20 years.

The increasing numbers of bariatric procedures in Australia



Bariatric Procedures in Australia 2013-2014 17076

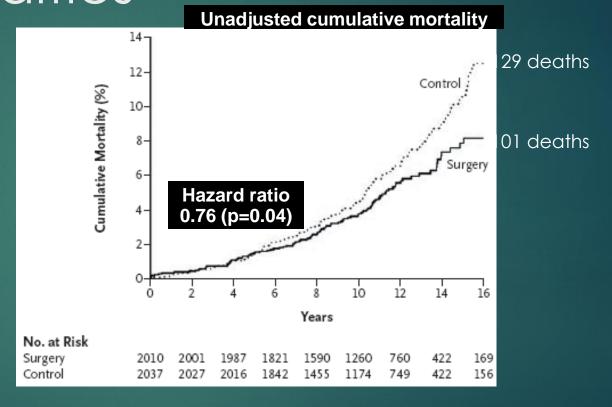


Why are we operating so much?

Bariatric surgery reduces mortality due to comorbidities

▶ 48% reduction in death due to MI

▶ 38% reduction in cancer mortality



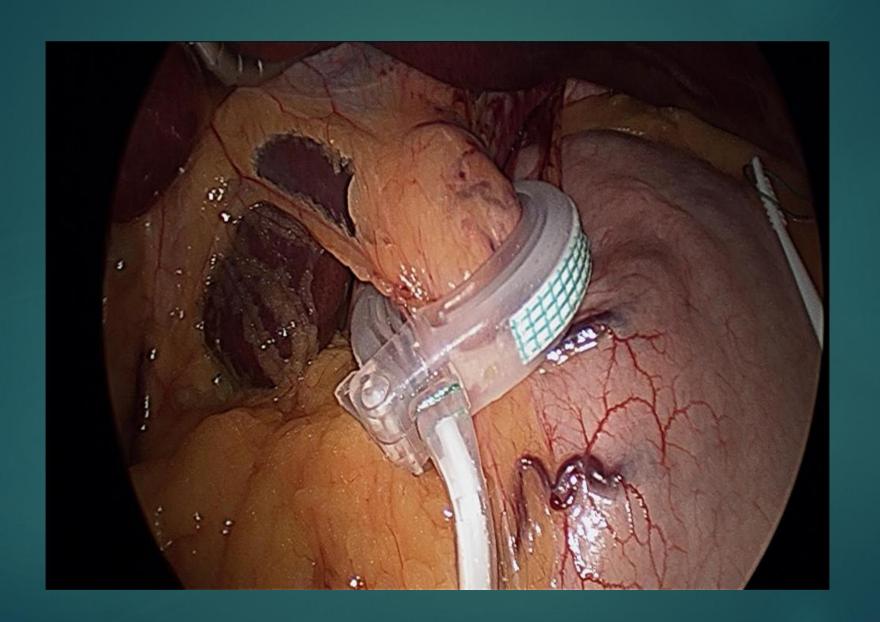
Resolution of comorbidities with bariatric surgery

- Survival benefit in long term studies
- Diabetes remission
- ▶ Hypertension
- Dyslipidaemia
- Sleep apnoea
- Quality of life
- Depression
- Reduction in cancer

Which Operation?

Gastric Banding

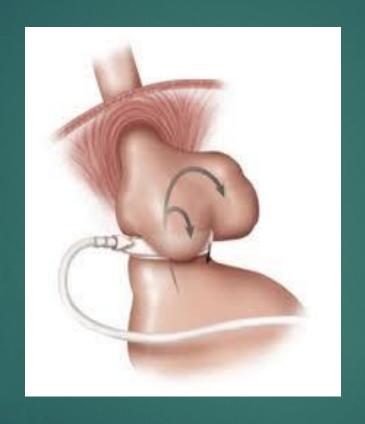




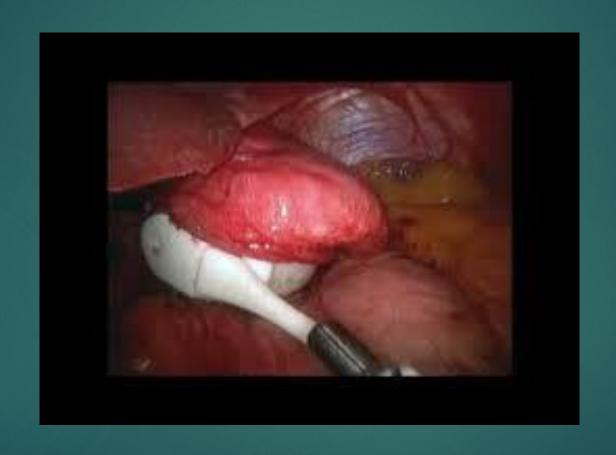
- ▶ Simple
- Safe
- Easy to learn
- Reasonable weight loss
- Can be reversed

- Prone to mechanical problems
- ▶ 70% removed at 10 years
- ▶ 95% weight regain in 6 months after band removal
- ▶ Tendancy to dysfunctional eating and malnutrition

Slippage



Acute Slippage or Pouch Dilatation



Erosion



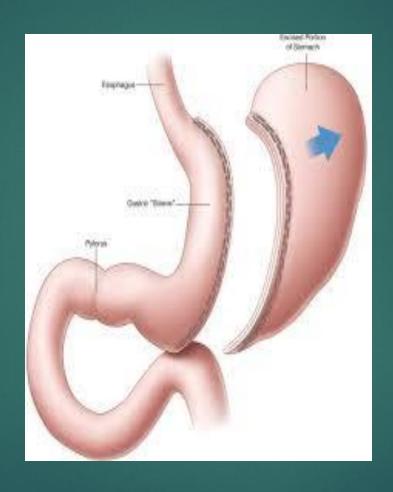
Erosion



Band Summary

- Band numbers are heading down
- None in Austria at all last year
- Patients are less interested
- Massive workforce problem heading our way
- Watch out if you perform a beautiful body contouring procedure on a band patient
 - (and don't mess with the port!)

Sleeve gastrectomy



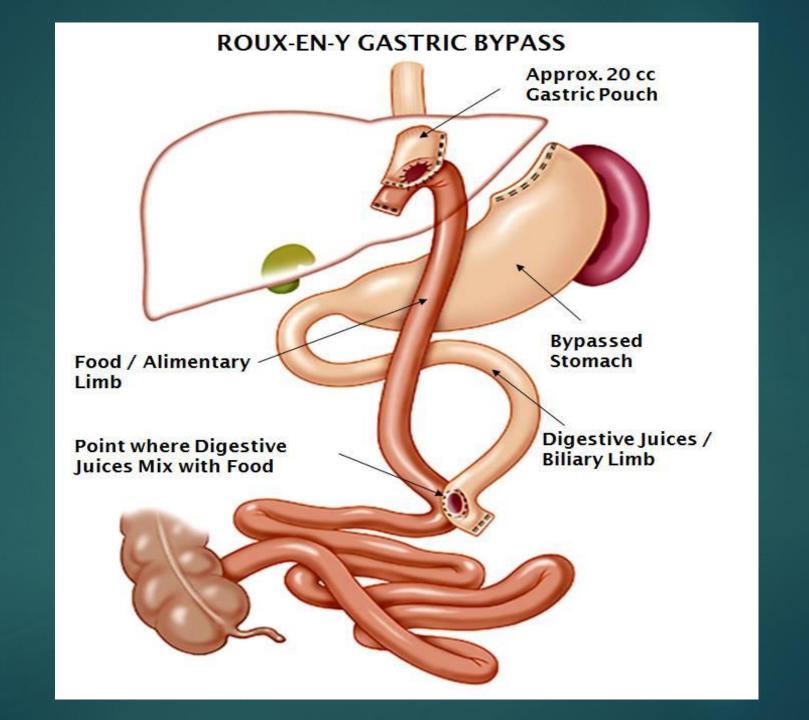


Sleeve: The good

- Works by reducing appetite and portion size
- Not complicated
- Good weight loss
- Generally good quality eating
- Malabsorption unlikely
- Good resolution of co-morbidities

Sleeve: The bad

- ▶ Leaks are a disaster
- ► Reflux can occur
- ▶ Stenosis can occur
- Weight regain will be an issue, particularly in young patients



Roux-en-Y. How does it work?

- ▶ Small pouch
- Malabsorptive component

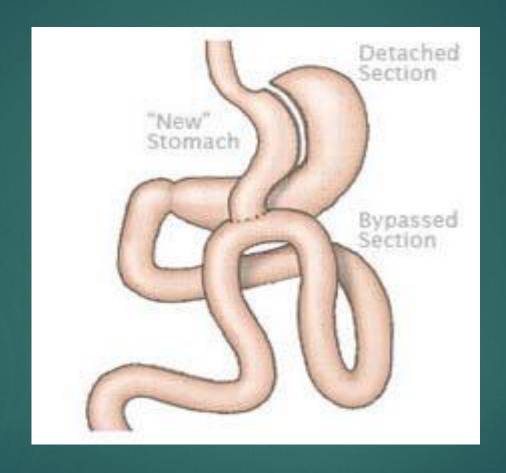
Roux-en-Y: The good

- Good weight loss
- ▶ Good data, performed since 1960s
- Good for diabetes

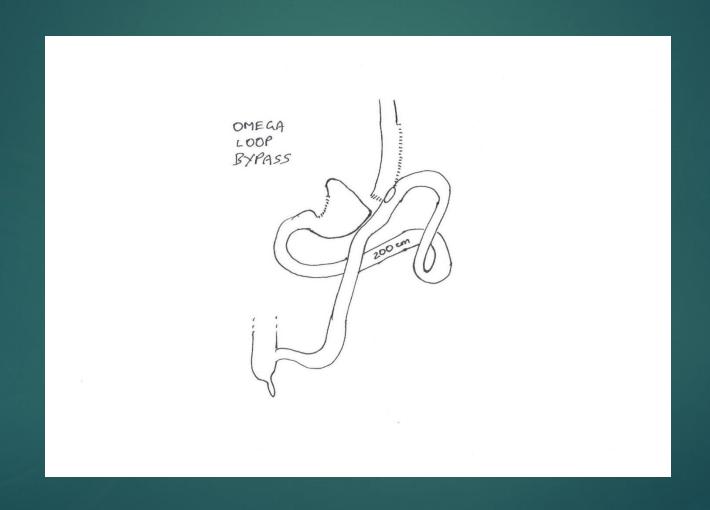
Roux-en-Y: the bad

- ▶ Technically challenging
- ▶ Dumping can occur
- ▶ Leaks
- Stenosis
- ▶ Bleeds
- ▶ Late internal herniae
- ▶ Late weight regain
- Malabsorption requires lifelong follow up

Omega loop bypass



Omega loop bypass



Omega loop: the good

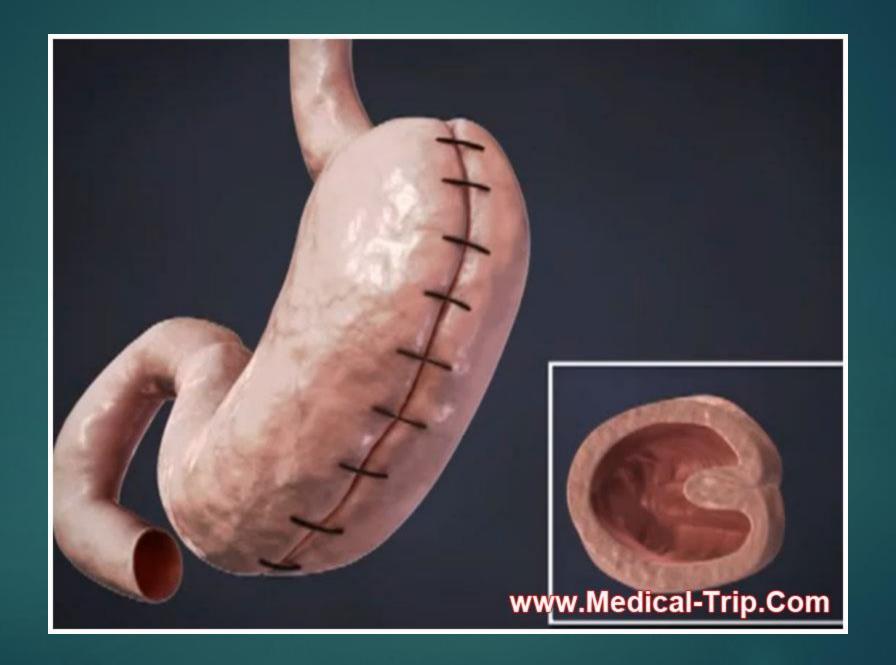
- ▶ Only one anastomosis
- ▶ Technically a bit easier
- Probably better weight loss than Roux
- ► Less internal herniation than Roux

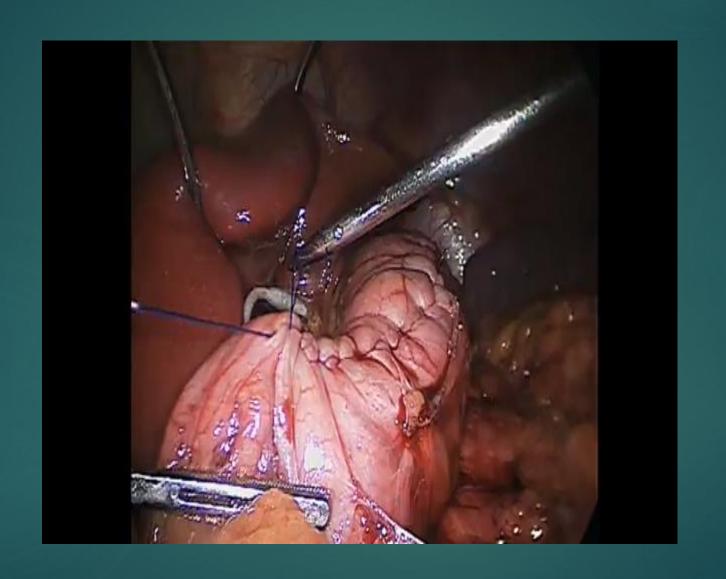
Omega Loop: the bad

- ▶ Leak would be worse than Roux
- ▶ There will be more malabsorption
- Reflux can be a problem
- No long term data yet

Gastric Plication



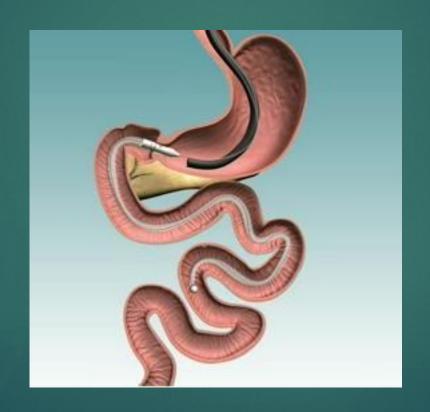




Endobarrier



Endobarrier



Gastric Balloon





A Summary

- ▶ Sleeve, band and bypass are the commonest procedure
- ▶ Weight loss will be 70-80% of excess weight
- Most patients are stable at a year postop
- ▶ By 10 years weight regain could be a significant issue
- ► There are revisional options

Plastic surgeons should:

- Refer the morbidly obese for bariatric surgery when appropriate
- Post bariatric surgery wait at least 18 months for your op
- Ensure no nutritional deficiencies
- Consider the muscle loss
- Expect seromas
- ▶ Touch on the subject of weight regain

Thanks

