



Bariatric Surgery Mehtods

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The popularity of bariatric surgery has grown in recent years because of exponential increases in the rate of obesity in the United States and the documented safety of bariatric procedures. A body mass index (BMI) between 25 and 29.9 kg/m² is defined as overweight. Obesity is defined as a BMI >30 kg/m². Severe obesity can be defined as either (a) a BMI > 40 kg/m² or (b) a BMI >35 kg/m² with at least one comorbid. Bariatric surgery is the most effective treatment for morbidly obese patients, reducing risk of developing new comorbidities, health care utilization and mortality. The establishment of centers of excellence with interdisciplinary staff in bariatric surgery has been reducing operative mortality in the course of time, improving surgical safety and quality. The usual bariatric and metabolic operations that are presently offered for patients needing weight loss and/or metabolic control are: adjustable gastric banding (AGB), sleeve gastrectomy (SG), Roux-en-Y gastric bypass (RYGB), biliopancreatic diversion/Scopinaro (BPD-S) and BPD/duodenal switch (BPD-DS). At this time, there is still insufficient evidence to generalize in favor of one bariatric surgical procedure for the morbidly obese population. Physicians should exercise caution when recommending BPD-S, BPD-DS, or related procedures because of the greater associated nutritional risks related to the increased length of bypassed small intestine. A laparoscopic procedure should be considered as the desirable method to the operation in bariatric surgery, as long as no contraindications for the laparoscopic approach exist. In this paper we are going to review the common procedures in bariatric surgery.