

OVERWEIGHT:

How do you lose weight with the surgical treatment for obesity?

Surgeons began to acknowledge the potentials that this surgery represented once they performed operations that implied the removal of large segments of the stomach and intestines from the patient.

After the operation, the doctors noticed that in many cases, it was impossible after the surgery for the patients to maintain their previous weight.

After several studies the surgeons were able to recommend similar but more secure modifications that could be done to reduce weight on obese patients. In the last decade these procedures have continuously been refined in order to improve the results and to minimize risks.

Bariatric surgeons have great access to substantial clinical information, which helps them determine what surgeries to perform and the reasons to perform them.

Nowadays, the American Society for Bariatric Surgery describes two basic weight reduction methods to achieve this goal.

- 1.- Restrictive procedures, which diminish the ingestion of food.
- 2.- Malabsorption procedures, which alter the digestion and cause foods to be improperly digested and to be absorbed in an incomplete manner in order to be eliminated as fecal matter.

Restrictive procedures that diminish the ingestion of food.

This theory is simple. When you feel you have eaten enough, it is probable that the hunger sensation decreases and you no longer feel hungry or the need to eat. As a result you probably eat less. Restrictive surgery to reduce weight operates reducing the amount on food intake on a particular time limit. In the restrictive procedure, the surgeon creates a small gastric bag in the upper part of the stomach.

The bag, with a capacity of approximately $\frac{1}{2}$ ounce (from 15 to 30 ml) is joined to the rest of the stomach through an opening known as the "stoma". If the patient collaborated and is docile, the reduced stomach capacity and the behavior changes, can reach a systematic ingestion low in calories and also a systematic weight loss.

During the recovery period, the patients must be under strict observation norms related to specific diets recommended by the surgeon. These norms may vary from doctor to doctor, it is important for the patient to carefully follow instructions. When it is time to return to "normal" food ingestion, the patient will be limited to consume approximately from $\frac{1}{2}$ cup to one cup of food before feeling totally satiated.

Patients that experiment best results from a restrictive procedure are those that learn to eat slowly and in less quantity and that avoid drinking too many liquids, especially soft drinks. If the patient does not comply with these norms, the gastric bag might and the opening to the stomach might enlarge, thus ruining the object of the surgery.

The effectiveness of a restrictive procedure is measured by the reduction of continuous snack consumption or the intake of drinks high in fat and caloric intake.

If the expected weight loss level is not reached, it is normally due to the patient's non-compliance to the dietetic and behavior modifications recommended, such as increasing exercise and the regular assistance to support groups.

MAL ABSORPTION PROCEDURE TO ALTER DIGESTION

One can affirm that doctors and patients of some of the restrictive methods treated previously not always have reached the weight reduction they anticipated. For this reason procedures have been developed to alter digestion, known as malabsorption procedures; they are meant to work in conjunction with restrictive methods.

Some of these techniques entail the derivation from the small intestine in order to limit the absorption of calories. That is to say, mal absorption procedures and or restrictive procedures have produced an overall increase of weight reduction. Generally, the risk of complications and collateral effects increases if the derivation of the small intestine is elongated.

You must determine with your surgeon the risks and benefits that your daily life might have in relation to the type of weight reduction surgery you choose, **(see Appendix A)**

SURGERY:

Brief mention of laparoscopic surgery or minimally invasive.

In the last decades laparoscopic procedures have been used for a various surgeries. Many wrongfully people believe, that these techniques are still "experimental". Nonetheless, for various years laparoscopy has again been used for the surgical treatment of obesity, offering patients a less invasive surgical alternative when possible.

- In the laparoscopic procedure a small video camera is inserted in the abdomen. The surgeon inspects the procedure in the video monitor. The majority of laparoscopic surgeons believe that this allows them a better degree of visualization and access to the critical anatomical structures.

- The camera and the surgical instruments are inserted through small incisions in the abdominal wall. This method is considered less invasive, the need of a long incision to open the abdomen is not necessary.

A recent study reveals that patients that have been through weight reduction laparoscopic surgery experience less pain after surgery, this allows them to breathe better and facilitates the pulmonary functions and increases the general levels of oxygen.

Some of the other benefits that laparoscopy offers have been the small amount of wound complications, such as infections, hernias and the rapid return of the patients to their previous activity levels.

- The laparoscopic surgical procedures for weight reduction uses the same principles as their counterparts in open "surgery" and produce a similar weight reduction. Not all the patients agree to this application, by the same token, not all the bariatric surgeon are trained in these advanced techniques to carry out these less invasive methods.

The American Society of Bariatric Surgery recommends that experienced surgeons experienced in laparoscopic as well as open bariatric procedures only perform laparoscopic surgery for weight reduction.

AFTER:

What comes after surgery?

Diet

The modifications performed to the gastrointestinal tract require permanent changes in eating habits, they must be observed to ensure success.

The post surgical dietetic instructions vary according to each surgeon. It is possible that you might know other patients who receive different instructions to follow after the surgical treatment of obesity. It is important to remember that not all surgeons perform the exact same surgical weight reduction procedure, and the instructions about diets differ according to each surgeon and every different procedure.

What is very important is that you must strictly follow the surgeon's recommendations about diets accepted for surgical weight reduction patient.

- When you begin to consume solid food it is essential that you chew it well. You will not be able to eat steak nor any other type of meats, unless well chopped or completely chewed.
- Do not drink liquids with your food. These will make you feel satiated before having consumed enough food.
- Avoid desserts and other sugary food when the sugar appears as one of the three primary ingredients
- Avoid soft drinks, nutrition supplements of high caloric content, shakes, fatty foods, and high fiber content foods.
- Avoid alcoholic beverages
- Limit intake of snacks between meals.

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