

SURGICAL TREATMENT OF MORBID OBESITY

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OUTLINE

- I. ECONOMIC COST OF OBESITY IN THE U.S.A.
 1. \$99.2 billion in 1995 dollars
 2. Subjects with BMI ≥ 27 kg/m²:
 - 81 million physician visits
 - 58 million days lost from work
 - 263 million days of restricted activity
 - 92 million days in bed
 - \$5.66 billion economic cost in 1995
 3. Direct costs alone were 5.7% of National Health Expenditures

- II. ETIOLOGY OF OBESITY
 1. Genetic inheritance ~ 33%
 2. Environmental factors ~ 67%
 - a. Excessive food intake
 - b. Excessive intake of high-calorie food (fat)
 - c. Sedentary lifestyle
 - d. Lower socioeconomic status
 - e. Cultural influences

- III. DEFINITIONS OF MORBID OBESITY

100 lbs. > desirable weight
100% excess of desirable weight
BMI 37-50 kg/m²
>170% of desirable weight
SUPEROBESITY - BMI > 50 kg/m²

- IV. THE FAT CELL (ADIPOCYTE)
 1. "PULL" CONCEPT - Adipocyte is abnormally efficient in extracting and storing circulating lipid.
 2. "PUSH" CONCEPT - Adipocyte is a passive participant, and fundamental problem is deposition of calories (as fat) in excess of energy expenditure.

- V. SEQUELAE OF MORBID OBESITY

- VI. INCREASED MORTALITY OF MORBID OBESITY

VII. FAILURE OF MEDICAL TREATMENT OF MORBID OBESITY

1. Types of Medical Therapy
 - a. Diet
 - b. Drugs that suppress appetite
 - c. Bulk fillers
 - d. Behavior modification
 - e. Psychotherapy
 - f. Physical exercise
 - g. Self-help groups
2. Data on Results of Medical Therapy
3. Reasons for Failure of Medical Therapy

VIII. INDICATIONS FOR OPERATIONS FOR MORBID OBESITY

IX. TYPES OF OPERATIONS FOR MORBID OBESITY

1. MALABSORPTIVE - Jejunocolic Bypass, Jejunioileal Bypass
2. GASTRIC RESTRICTION - Horizontal Gastroplasty, Vertical-Banded Gastroplasty, Gastric Banding
3. COMBINATION - Roux-en-Y Gastric Bypass, Biliopancreatic Diversion

X. UCSD EXPERIENCE WITH ROUX-EN-Y GASTRIC BYPASS

1. Preoperative Data
2. Preoperative Incidence of Sequelae
3. Results - Morbidity and Mortality
4. Results - Weight Loss
5. Results - Effect on Obesity Sequelae
6. Results - Quality of Life

XI. EXPERIENCE OF OTHERS WITH SURGICAL THERAPY

1. Effect on longevity - Mason
2. VBGP vs. RYGB - long-term results - Sugerman
3. RYGB - 10-year results - Pories

XII. SUMMARY

1. Morbid obesity is common, has substantial mortality and marked morbidity, causes large economic costs.
2. Medical therapy is rarely successful.
3. Current surgical therapy is successful in >90% with low mortality and small morbidity.
4. Surgical therapy corrects or improves obesity-related sequelae.
5. Surgical therapy appears to prevent obesity-related death.
6. Operation of choice at UCSD is ROUX-EN-Y GASTRIC BYPASS.

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