Bariatric Surgery

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**Introduction**

**Bariatric surgery** is a medically administered weight loss method mainly aimed for those patients who suffer from the condition of obesity or morbid obesity. There are four kinds of bariatric surgeries, adjustable gastric band, sleeve gastrectomy, biliopancreatic diversion with duodenal switch and gastric bypass. Biliopancreatic diversion with duodenal switch is the one which bound one's diet consumption and, in some circumstances, modify the digestive systemic and standard function. Gastric bypass is the most frequently used bariatric operation around the world, according to the ASMBS (Kim, 2015). Gastric operation and other categories of weight-loss surgeries are done in the hospital, and general anesthesia is used for the procedure. The particulars of the bypass depend on the patient's condition, the sort of weight-loss operation performed, and the treatment center or health professional practices. Certain weight-loss operations are done with traditional large, or open, incisions in the patient's abdomen. Nowadays, most bariatric surgeries are executed laparoscopically. A laparoscope is a small, tube-shaped apparatus with a camera. The laparoscope is injected via minor incisions in the abdomen. The tiny camera on the slope of the laparoscope permits the physician to see and operate inside the patient's stomach without making the outdated massive cuts. A laparoscopic operation can make the recovery process shorter and faster, but it's not appropriate for every person.

Recovery time from these techniques differs from patient to patient. But it might take several months for a patient to recommence their regular day-to-day activities after operation, and most patients will have to follow a fluid diet and come to conventional foods gradually. Given the developments made in the field, weight loss surgical procedure is presently conducted using minimally offensive methods. Each type of bariatric surgery has advantages and disadvantages, and it is strongly recommended that the patient talks to the specialist about them.

Surgical weight loss techniques have been continuously progressing since the times they were developed around the 1970s. Modern technologies are now considered to be reasonably safe; however, there are also a series of hazards and possible [impediments](https://obesitynewstoday.com/bariatric-surgery-complications/) that need to be recognized by a patient before deciding, as various bariatric surgical processes carry different levels of danger.

# Discussion

Surgical treatment is usually the last means after the [failure](https://obesitynewstoday.com/failed-gastric-bypass/) of other possibilities such as diet regimen and workout, pharmacotherapy or pre-packed meals. The most suitable process is a choice made by both the doctor and patient, taking comorbidities into consideration, Index and other individual characteristics as well. The key advantage of the surgical procedure is the faster, more natural weight loss; nonetheless, patients need to make specific changes in their food intake and routine actions.

The sort of weight-loss surgical treatment that is best depends on the patient's precise condition. The physician will take several elements into account, comprising your BMI (body mass index), eating habits, health issues, any previous operation and the dangers of each process. Bariatric surgery denotes a series of weight loss techniques that an overweight individual can have to lessen their food consumption, hence triggering weight loss. An individual is classified as obese if their BMI is above 30. If the BMI is above 40, they are considered severely obese. Since the 1960s, obesity in the United States has more than doubled up, and this has provoked an increasing figure of people to pursue weight loss treatments.

Before **bariatric surgery**, an individual may need to have several lab examinations and tests. One eating and drinking and prescriptions may get restricted before and after the surgery. Some individuals may be required to start a physical activity program and to put a break to any tobacco use. The operation typically takes some hours. After the operation, medical team observers the patient for any complications and the stay may last from for a week or less (Bray et al., 2016). Gastric banding is viewed as the safest weight loss process, due to its negligible invasiveness and the fact that the stomach is not transformed, but is reduced with the use of a band that wraps around the organ and therefore, no severe risks are present since no cut is made.

Bariatric surgeries do contain potential health threats, initially with adversarial responses to general anesthesia. Post-surgery, excessive blood loss, contamination and blood accumulations may also follow as part of operation hitches, likewise to lung or inhalation difficulties. There is also the probability of leaks in the gastrointestinal system. Added surgeries may be needed to adjust reposition or remove the band in the situation of adjustable gastric banding nonetheless; these are typically negligibly invasive and insignificant. Additionally, to the risks linked with the process itself, other difficulties may negotiate a patients' well-being in the long-term. Bowel blockade and dumping disorder may be developed as a consequence of the modifications in the digestive structure. Hernias, Gallstones, and ulcers are also threats that can result from the surgical process. Moreover, hypoglycemia (low blood sugar) and malnourishment may be concerns of the surgery. There is the infrequent, but existent, the likelihood of death. The study "[Bariatric Surgery: Risks and Rewards](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2729256/),” discovered that weight loss operations are safe and that their benefits are more substantial than their threats (Spittal & Frühbeck2018).

As the Bariatric bypasses do possess an array of possible difficulties and some threats to the patient, but medical specialists say the benefits far overshadow the wellbeing dangers linked to obesity. For instance, a side effect of gastric banding may implicate enlargement of the food pipe (esophagus) if the patient overeats. Therefore, patients are supposed to stick to a steady diet for the remaining of their lives and have consistent follow-up appointments after their operation or surgery. Gastric bypass can also lead to lasting mineral and [vitamin](https://www.medicalnewstoday.com/articles/195878.php) deficits, and so patients need to have regular supplementation as a consequence. It is suggested that females who have gone through weight loss operation, it is more probable that they have children who are small in size for gestational age.

The development of new technology is changing not only operational processes but also the approaches to answer these complications and post-operational hazards. Some researchers have noted the significance of endoluminal methods, a practice that is being considered and may aid in decreasing the risks that are linked with bariatric surgery.

# Conclusion

Like all other surgeries, bariatric surgeries have threats and benefits to reflect. For some people, having a bariatric bypass, such as gastric bypass, is beneficial. For a dedicated patient who wants to be healthy and let go of bad eating and drinking habits, these weight loss treatments are useful instruments for dropping weight that in normal circumstances is not possible for them or which need immediate attention. These treatments have also displayed to be effective at decreasing the impact of numerous obesity-related disorders, for example, heart diseases, [type 2 diabetes](https://www.verywellhealth.com/top-risk-factors-for-type-2-diabetes-1087693) and [sleep apnea](https://www.verywellhealth.com/sleep-apnea-overview-3014774). To reduce the risks of one's bariatric operation, people need to do the following:

* Reduce your BMI ([Body Mass Index)](https://www.upmc.com/services/bariatrics/resources/bmi-calculator)
* Increase the amount of workout or exercises
* Stop smoking

The risks may vary with each patient, and it is, therefore, essential to do your homework before going to surgical treatment and have sensible anticipations about what your life will be after the operation. It often aids if one speaks with somebody who has had bariatric surgery to get neutral understandings. Many doctors will give the patients approximately three or more months to get ready for the physical and psychological deviations that might be experienced ahead.

References

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