

Obesity

Notes by: Haneen Alsubki

Lots of complications happen from obesity. The surgeries are not for cosmetic effect, rather it's for health issues (HTN, DM, Heart diseases, sexual complications, and depression).

We always tell patients that the complications from the bariatric surgery are far less than the complications from obesity itself.

What is obesity? High amount of fat in your body, it's not more WEIGHT, it's more FAT.

We tell if the patient is obese or not by BMI (body mass index): weight/height^2 .

BMI < 18.5 (Underweight)

18.5-24.9 (Normal)

25-29.9 (overweight)

30-34.9 (grade 1 obese)

35-39.9 (grade 2 obese)

>40 (grade 3)

What are the causes of obesity?

- 1) Inactivity
- 2) Diet (bad eating habits)
- 3) Some studies showed that pregnancy is a cause
- 4) Lack of sleep causes disturbance in body hormones which increases appetite
- 5) Psychiatric medications, beta blockers, anti-seizure
- 6) Medical conditions: Cushing's syndrome, hypothyroidism, Arthritis (the patient can't move)
- 7) Genetics which account for <5-10%. Most of the time the cause of obesity is the behavior.
- 8) Family life style: when comparing the Japanese and American lifestyle; they found that American lifestyle is worst because of their habits and environment.
- 9) Age: As a person grows older the metabolism rate decreases

What are the complications of Obesity?

- 1) DM type 2 / HTN / stroke / heart disease / gall bladder disease / osteoarthritis / poor wound healing / sleep apnea / metabolic syndrome / breast CA / colon CA / depression / sexual dysfunction (they found that after losing weight there will be improvement in the erectile dysfunction, sperm count and hormones level).
- 2) Social isolation
- 3) Physical disability and discomfort

Should we seek medical advice? YES

The doctor will meet you at the clinic and start by taking FULL history (ask about lifestyle, BMI, smoking, alcohol,

stress, medication usage)

After that will go for PE (signs of Cushing's, vital signs, cardiovascular exam) then do blood tests.

What is the treatment?

1) Ask the patient to change his LIFESTYLE (diet, and exercise) + behavioral changes.

Also, you have to ask for psychiatric assessment

2) Medications (orlistat, which inhibits pancreatic enzymes) (Saxenda injections, which inhibit the brain afferent for appetite)

3) Endoscopic like gastric balloons, and Endoscopic sleeve gastropasty

4) Last option is Surgery (bariatric).

We consider the eligibility of the pt for surgery by two things.

1) Is his BMI more than 40?

Or

2) BMI more than 35 with comorbidities (HTN, DM, arthritis, OSA)

* Sometimes if the pt is not eligible we consider other endoscopic procedures like balloon (BMI 27-35)

* Depending on the BMI we consider the management

Types of bariatric surgeries?

1) Malabsorptive: Biliopancreatic diversion, Scopinaro and Roux en Y gastric bypass (which is considered malabsorptive and restrictive) used for pts with GERD or Failed sleeve gastrectomy.

2) Restrictive: Gastric band and sleeve gastropasty (which is 85-90% of bariatric surgeries) they restrict 75-85% of the stomach vertically. It works by two mechanisms, 1) by decreasing the size of the stomach we decrease the oral intake. 2) Hormonal effect like: Ghrelin.