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Opinion Article

Role of Bariatric Surgery in Treatment of Obesity and it's Benefits

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DESCRIPTION

One of the most significant public health issues in the globe is obesity. For those with extreme obesity, bariatric surgery is a successful treatment that leads to persistent weight loss, an increase in quality of life, and the alleviation and remission of much obesity-related comorbidity. The Roux-en-Y gastric bypass, sleeve gastrostomy, adjustable gastric band, and duodenal switch are examples of modern bariatric procedures. Nowadays, the great majority of these treatments are carried out laparoscopically, which has a number of benefits over open surgery, including a quicker recovery time, less postoperative discomfort, and fewer wound-related problems. With a three in 1,000 patient death rate today, bariatric surgery is safe. However, each kind of bariatric procedure has its own specific short- and long-term nutritional and procedural concerns.

Making alterations to your digestive tract is a component of bariatric surgery, which includes gastric bypass and other weight-loss procedures. When diet and exercise have failed or when you are experiencing major health issues as a result of your weight, bariatric surgery is performed. Your ability to consume more is restricted by several treatments. Other treatments operate by making it harder for the body to absorb nutrients. Some techniques perform both. Even though there are several advantages to bariatric surgery, it is a substantial treatment with significant risks and negative effects. To assist assure the long-term success of bariatric surgery, you must also permanently adjust your diet and engage in regular exercise.

Bariatric surgery is performed to assist you in losing excess weight and lower your risk of potentially fatal weight-related health issues, such as: Type 2 diabetes, heart disease, stroke, high blood pressure, Non-Alcoholic Steatohepatitis (NASH), Non-Alcoholic Fatty Liver Disease (NAFLD). Generally speaking, bariatric surgery is only performed after you've made an effort to reduce weight by altering people eating and exercise routines. The primary premise behind bariatric surgery is the realization that, among patients who have been unable to maintain weight loss by non-surgical means, extreme obesity is a disease with various negative consequences on health that can be reversed or improved by effective weight loss. A NIH (National Institutes of Health) consensus group created the standards for surgical intervention in 1991. People with extreme obesity frequently experience medical treatments that fail to produce lasting weight reduction.

The biological elements that contribute to the difficulties in sustaining weight loss are significant. An intensive lifestyle modification can result in weight reduction averages of around 10% after a year and 5.3 percent after eight years. Although the amount of weight reduction achieved varies greatly, it is enough to enhance medical and comorbidity control. Pharmacotherapy may facilitate both short- and long-term weight reductions. According to specific standards established by the NIH consensus panel, bariatric surgery is suitable for everyone with a BMI (Body Mass Index) (kg/m^2) >40 and for people with a BMI of 35 to 40 who also have concomitant illnesses. Despite the fact that there are now specific indications for bariatric/metabolic surgical intervention for those with less severe obesity, such as those with a BMI of 30-35 and type 2 diabetes, these criteria have remained valid for the past 24 years. The criteria for performing bariatric surgery are fast changing to take into account both the severity of the obesity as measured by BMI and the existence or absence of concomitant disorders.

It has shown promise in promoting long-term weight loss, offering relief from obesity-related comorbidities, enhancing quality of life, and extending lifespan. Over the past few years, there has been a progressive rise in the number of bariatric surgery treatments. These operations have an impact on several of the hormonal signals that contribute to weight growth or the incapacity to reduce weight, making it simpler to do so. However, maintaining a nutritious diet and an active lifestyle are still necessary. These treatments are only instruments to combat a chronic illness; they are ineffective on their own. Patients who begin to lose weight following surgery report feeling more energized, in less discomfort, and more eager to engage in activities they haven't done in years. As a result of the considerable and quick weight loss following surgery, hormone changes may also cause more weight loss.

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