

Asim Shabbir

President IFSO APC

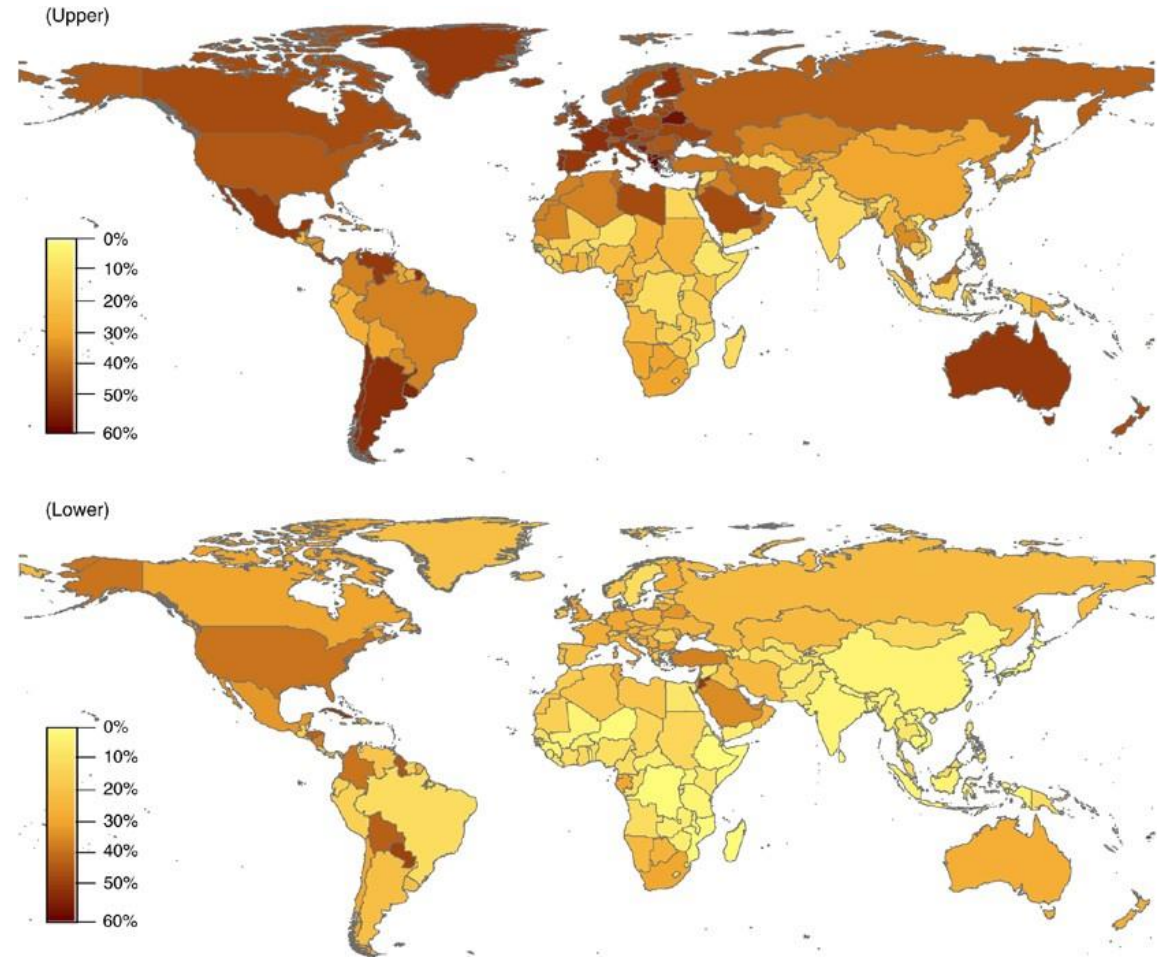
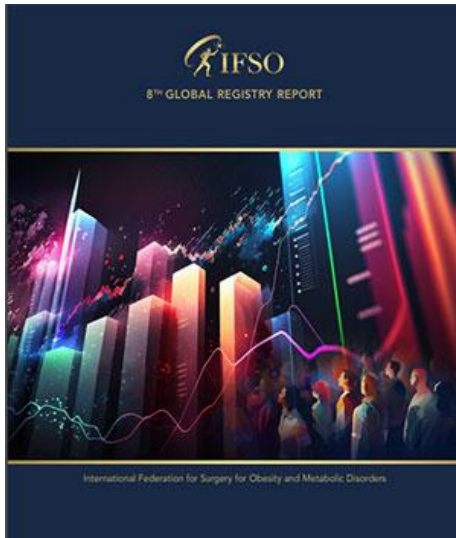
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I have no potential conflict of interest to report

Obesity

- Total of 502,150 procedures contributed by 24 countries



Kelly, T. *et al.* Global burden of obesity in 2005 and projections to 2030. *Int J Obes* **32**, 1431–1437 (2008)

The Bariatric Surgeon

Increasing demand for skilled bariatric surgeons

Table 3 Projected prevalence of obesity and severe obesity, % (95% CI)

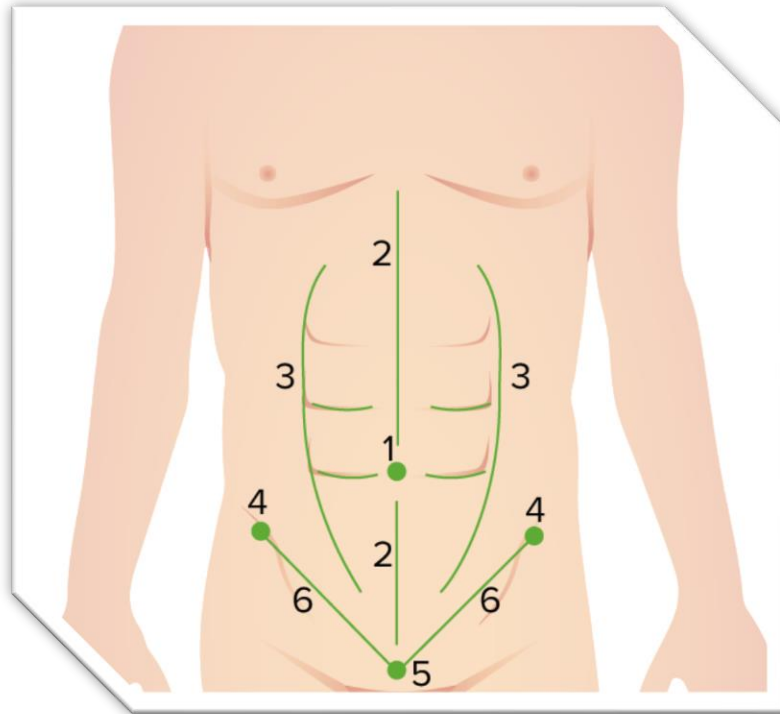
	Year		
	2010	2025	2030
OBESITY (BMI≥30)			
Linear trend	31.66 (31.34, 31.98)	45.96 (45.26, 46.65)	50.72 (49.9, 51.55)
Logit models			
Holding all variables except time trend fixed	30.27 (29.35, 31.2)	37.66 (32.6, 43.01)	39.57 (32.73, 46.84)
Predicted demographics keeping state variables fixed	30.23 (29.65, 30.81)	37.62 (32.62, 42.89)	39.53 (32.73, 46.74)
Extrapolating all variables	30.94 (29.93, 31.97)	39.93 (35.48, 44.56)	42.19 (36.18, 48.43)
SEVERE OBESITY (BMI≥40)			
Linear trend	4.77 (4.61, 4.93)	7.76 (7.41, 8.11)	8.76 (8.35, 9.17)
Logit models			
Holding all variables except time trend fixed	4.69 (4.21, 5.23)	8.52 (5.2, 13.58)	9.85 (5.12, 17.92)
Predicted demographics keeping state variables fixed	4.70 (4.37, 5.04)	8.52 (5.24, 13.49)	9.85 (5.15, 17.84)
Extrapolating all variables	4.93 (4.38, 5.54)	9.47 (6.23, 14.1)	11.08 (6.4, 18.39)

Eric A Frankenstein et al. American Journal of Preventive Medicine. Volume 42 Issue 6 Pages 563-570 (June 2012)

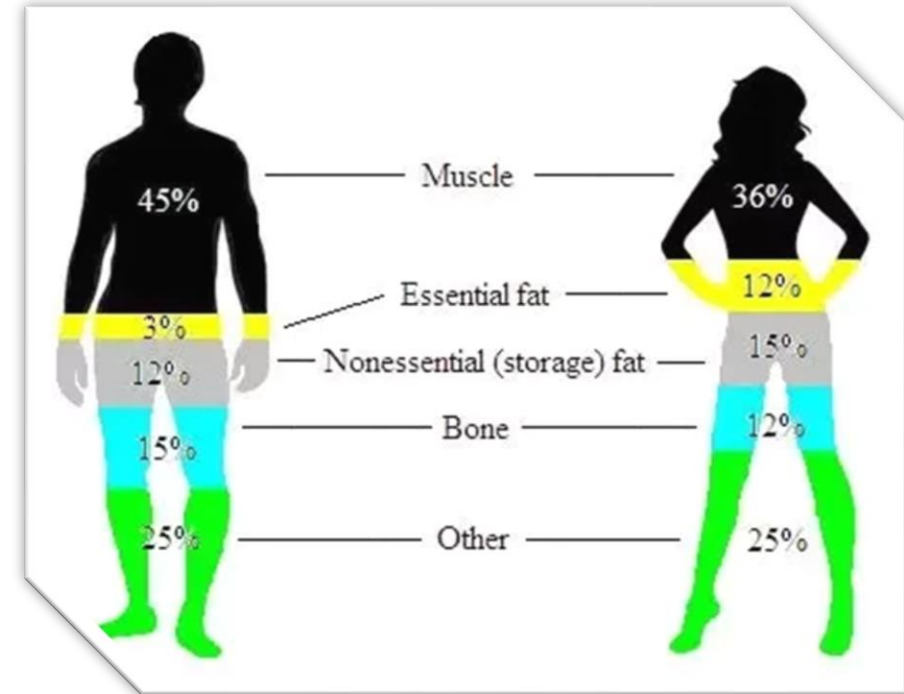
General Surgical Training

Anthropometric measurements

Xiphoid to pubis 31.14 ± 4.39 cm



Gender Difference

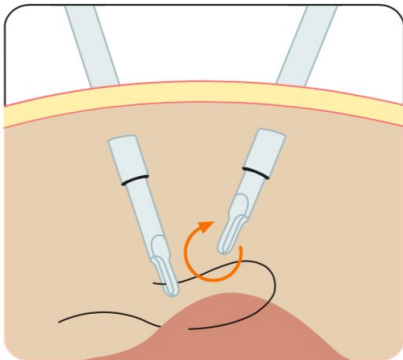


Fundamental Lap Skills

Access



Suturing



Stapling



Haemostasis



Standard Hook
8mm Exposed

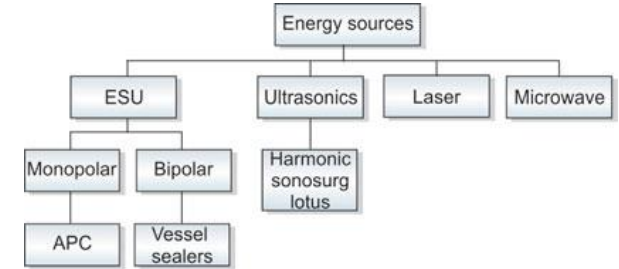


Insulated Hook
5mm Exposed

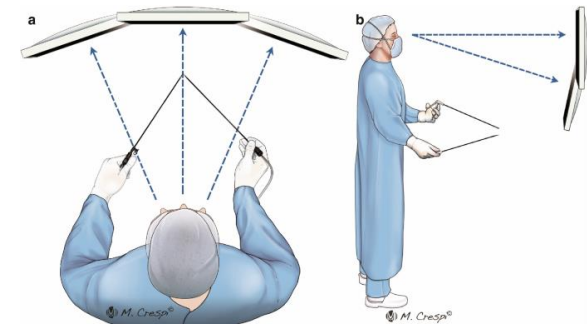


Spatula

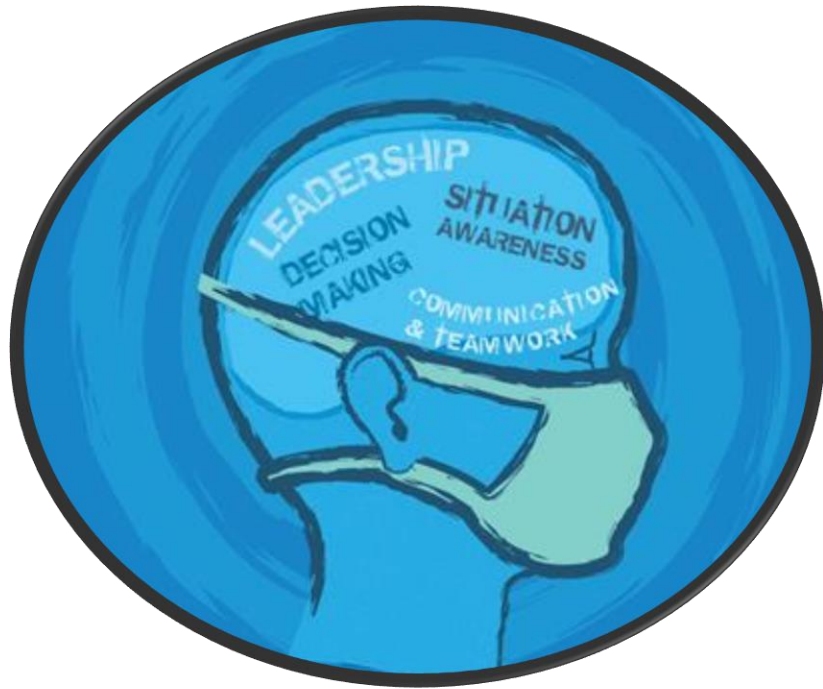
Energy



Ergonomics



NOTSS for Surgeons



Category
Situation Awareness

Elements

- Gathering information
- Understanding information
- Projecting and anticipating future state

Decision Making

- Considering options
- Selecting and communicating option
- Implementing and reviewing decisions

Communication and Teamwork

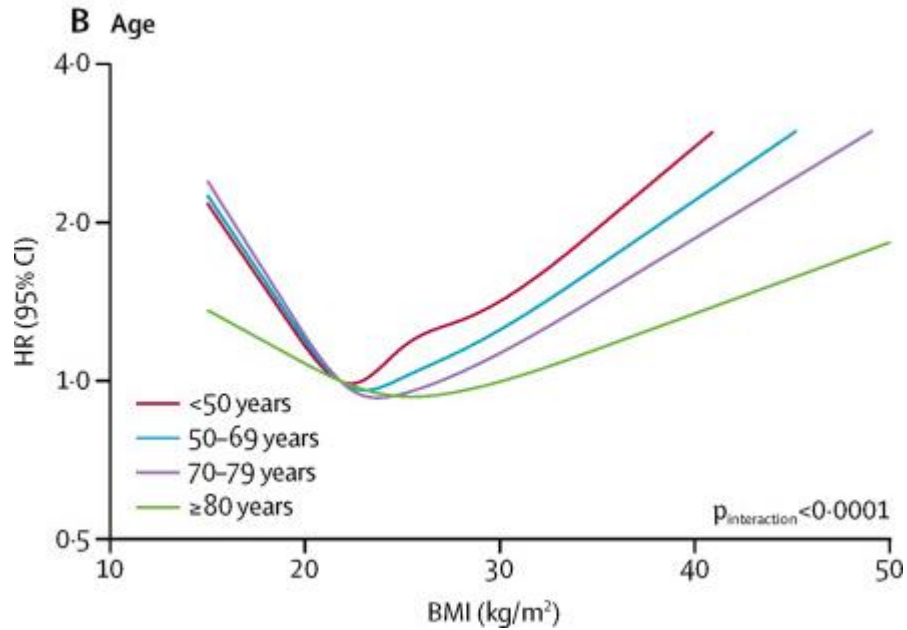
- Exchanging information
- Establishing a shared understanding
- Co-ordinating team activities

Leadership

- Setting and maintaining standards
- Supporting others
- Coping with pressure

Why Specialized Training is Essential

High risk population



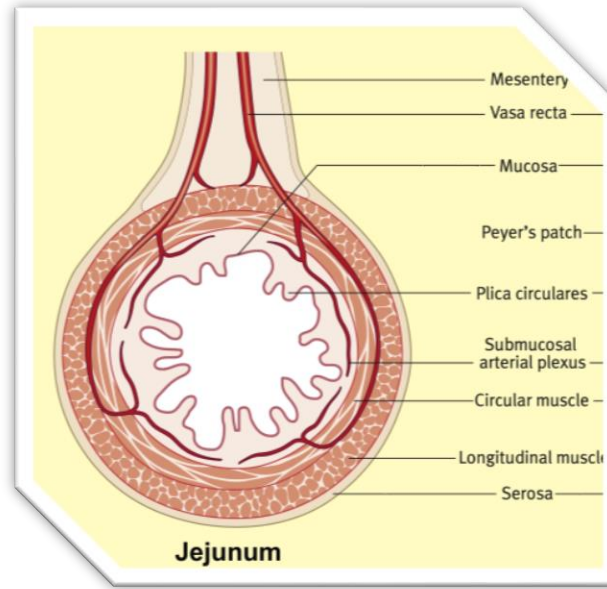
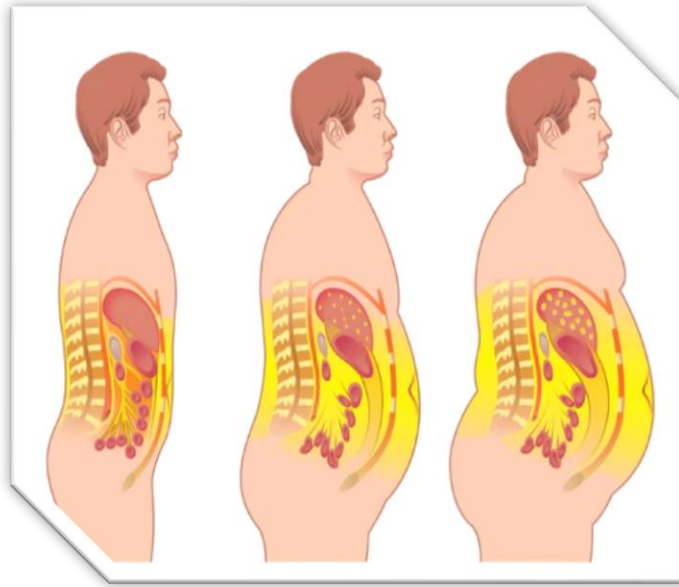
MDT Management

Centre For Obesity Management & Surgery
Adding Healthy Years to life

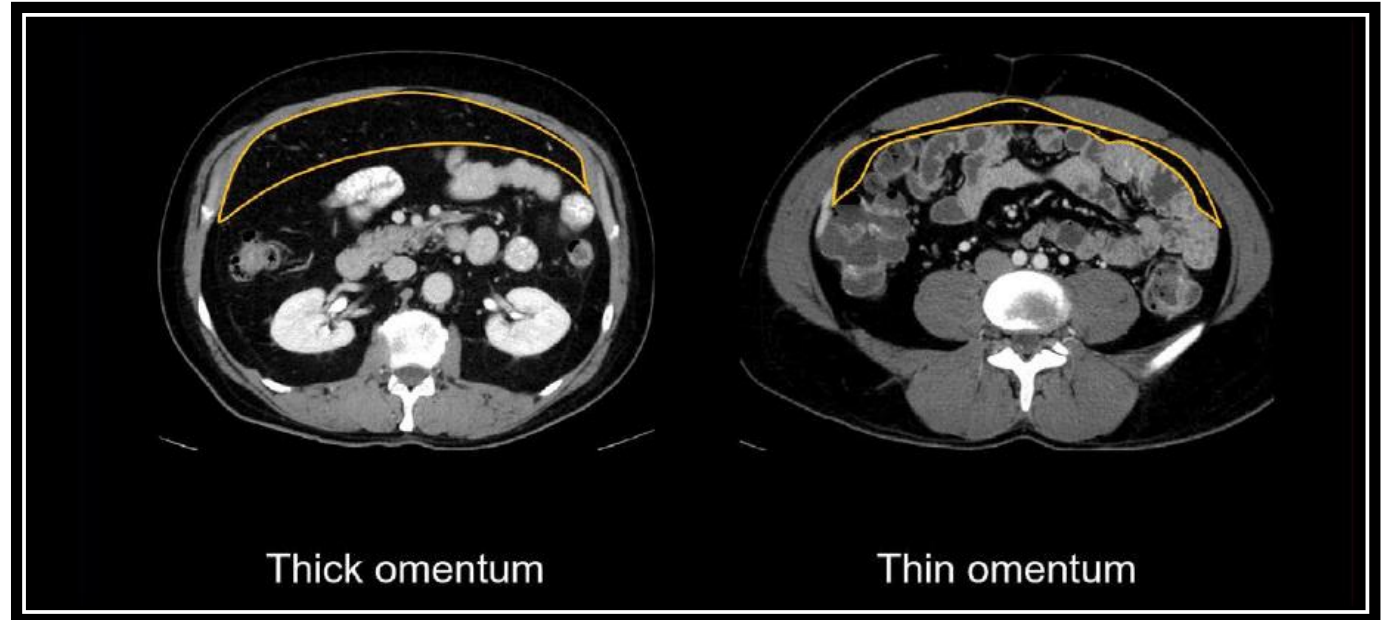
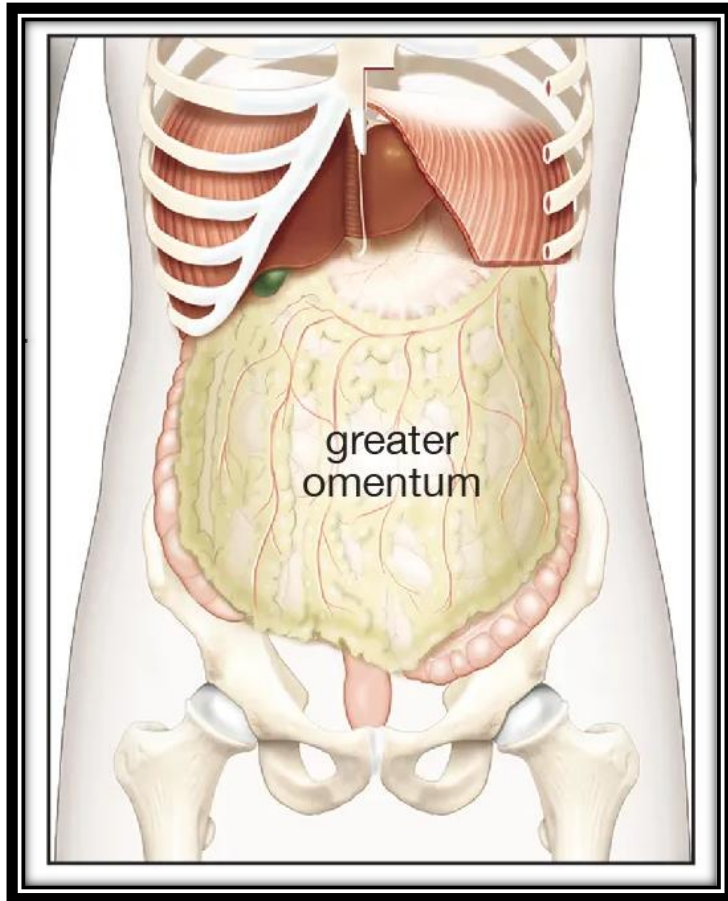


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Complex Anatomy - Visceral Fat



Complex Anatomy – Greater Omentum



Complex Anatomy – Colon



STANDARD



U-SHAPED



TWISTED



V-SHAPED

Experience in Managing High Risk Patients



ASMB
American Society for Metabolic & Bariatric Surgery

Clinical Pearls for Emergency Care of the Bariatric Surgery Patient

EMERGENCY PRESENTATIONS:

1. Unstable Vital Signs
 - Fever > 38°C
 - Hypotension
 - Tachypnea > 20 breaths per minute
 - Tachycardia
 - Hypoxia
 - Decreased urine output
2. Bright Red Blood by Mouth or Rectum, Melena, Bloody Drainage
3. Abdominal Pain or Colic > 4 hours
4. Nausea & Vomiting > 4 hours
5. Vomiting & Abdominal Pain

BARIATRIC COMPLICATIONS:

- Intra-Abdominal Bleeding
- Leaks and Sepsis
- Obstruction
- Pulmonary Embolism
- Vomiting & Abdominal Pain
- Abdominal Compartment Syndrome

Principles to Guide Management of Bariatric Emergencies

1. Critical Time Frame

2. Critical Warnings

3. Critical Assessments

4. Critical Management of the Bariatric Surgery Patient

"FAST HUG"

INTRA-ABDOMINAL BLEEDING

1. Emergency Presentation

2. Emergency Assessment and Treatment

3. To Surgery if:

LEAKS AND SEPSIS

1. Emergency Presentation

2. Emergency Treatment

PULMONARY EMBOLISM

1. Emergency Presentation

2. Emergency Assessment

3. Emergency Treatment

VOMITING & ABDOMINAL PAIN

1. Emergency Presentation

2. Emergency Assessment and Treatment

3. To Surgery if:

ABDOMINAL COMPARTMENT SYNDROME

1. Emergency Presentation

2. Emergency Treatment

OBSTRUCTION

1. Emergency Presentation

2. Emergency Treatment

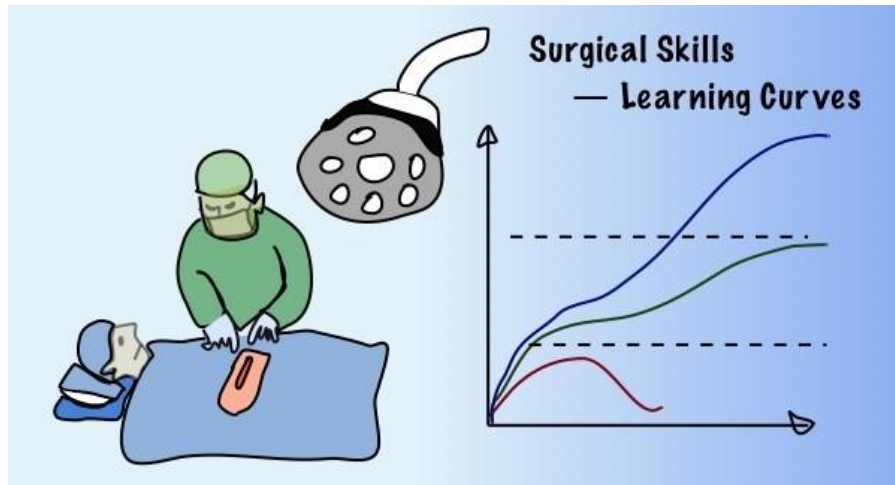
Adjustable Gastric Band

Adjustable Gastric Band Obstructions

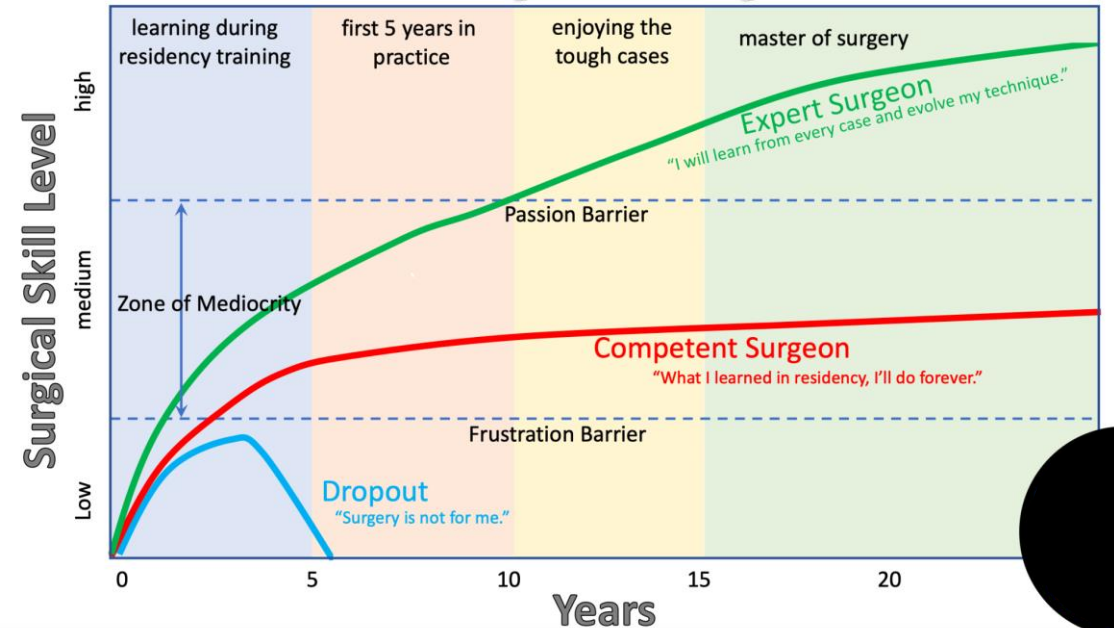
For more information, please visit www.asmb.org

Structured Training Programs

- Fellowships in bariatric surgery
- Mentorship and supervised practice



Which career path will you choose?



Proficiency through Hands On Training

- Simulation



- Proctored Learning



Accreditation & Certification

- Core feature of quality
- Addresses all 3 aspects
 - Structure
 - Processes
 - Outcomes
- Allows for right siting of care

Ongoing Learning & Professional Development

- Continuing Medical Education (CME)
 - Conferences and workshops
 - Online courses and webinars
- Overcoming Obstacles
 - Networking and finding mentors
 - Utilizing online resources and case discussions
- Challenges and Solutions
 - Limited access to high-volume centers
- Research and Innovation
 - Engaging in clinical research
 - Keeping up with the latest advances in bariatric surgery



Building a Career in Bariatric Surgery

- Establishing a Practice
- A multidisciplinary team
- Leadership and Advocacy
- Engaging in public health initiatives
- Share data & compare data
- Contributing to guidelines and policy development

Conclusion

- Key Takeaways
 - The importance of a structured, multi-faceted approach to training
 - Continuous learning and professional growth are critical
 - Engage & call to Action
 - Encouragement to pursue excellence in bariatric surgery

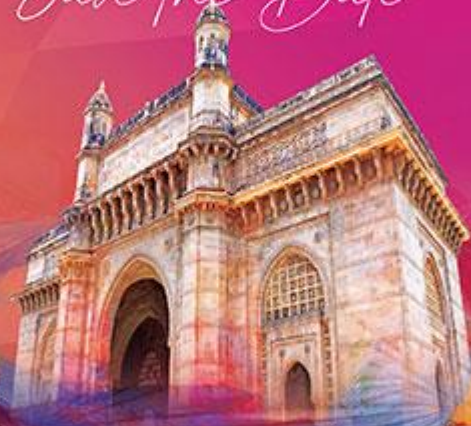


Obesity & Metabolic
Surgery society of India

9th IFSO APC | 22nd OSSICON Meeting

20-22 February 2025 | Mumbai, India

Save the Date



mumbai
2025

ifsoapc2025.com

❖ Congress Date

❖ 20 – 22 Feb 2025

❖ Abstract submission Deadline

❖ 1st October 2024

❖ Early Bird Registration Deadline

❖ 3rd Dec 2024

XXVII IFSO World Congress



Melbourne 2024

תודה
Dankie Gracias
Спасибо شكراً
Merci Takk
Köszönjük Terima kasih
Grazie Dziękujemy Děkojame
Ďakujeme Vielen Dank Paldies
Kiitos Tänname teid 谢谢
Thank You Tak
感謝您 Obrigado Teşekkür Ederiz
Σας Ευχαριστούμ 감사합니다
ບອບດຸນ
Bedankt Děkujeme vám
ありがとうございます
Tack