PREPARATION OF PATIENTS WITH BMI ABOVE 100kg/m2 -HOW WE DO IT !

Ms.Radhika Milind Shah

- **Chief Bariatric Nutritionist at Laparo Obeso Centre**
- **OSSI CENTRE OF EXCELLENCE ,**
- **INTERNATIONAL EXCELLENCE FEDERATION**
- **Visiting Bariatric Nutritionist at Lilavati and Hinduja Healthcare Surgicals, Mumbai.**
- **Registered Dietician & Clinical Nutritionist**

NAPOLI
2023

Ms.Radhika Milind Shah

Fellowship AZ SINT JAN HOSPITAL, BELGIUM(Europe): In "ADVANCED BARIATRIC NUTRITION"

Speciality: Bariatric & Metabolic Surgery & Nutrition, Clinical Nutrition, Medical Reversal of Diabetes.

Examiner and Moderator for Nutrition and Food science : D.Y Patil Nursing College
Membership: Indian Dietetic Association
Organizing Committee Member : B.E.S.T Metasurg 2018 , India.
Organizing Secretary: Nutribolism 2020 -21
Mentor and Guide for internship program for SNDT , Pune

FACULTY:

- **Boston University School of Medicine Bariatric Course**
- **CEMAST Surgeon training Program**
- **STRYKER – S to S training program**
- **Meryl Academy**
- **Invited as faculty for Asia Pacific Metabolic And Bariatric Surgery Society Congress 2016, Malaysia**
- **Bariatric & Endoscopy Surgery Trends (B.E.S.T 2018), Belgium Europe**
- **IFSO APC 2022 Philippines**
- **ASMBS 2023 , Las Vegas , USA**

Presenter :Paper Presentation in International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) world congress ,**LONDON**

Paper presentation in IFSO APC 2022 Philippines

I have no potential conflict of interest to report

THANKS TO MY TEACHERS & PROCTORS

DR.SHASHANK SHAH

DR.POONAM SHAH

DR.BRUNO DILLEMANS
EUROPE

CONTRIBUTORS: ENTIRE LAPARO OBESO CENTRE TEAM , INDIA

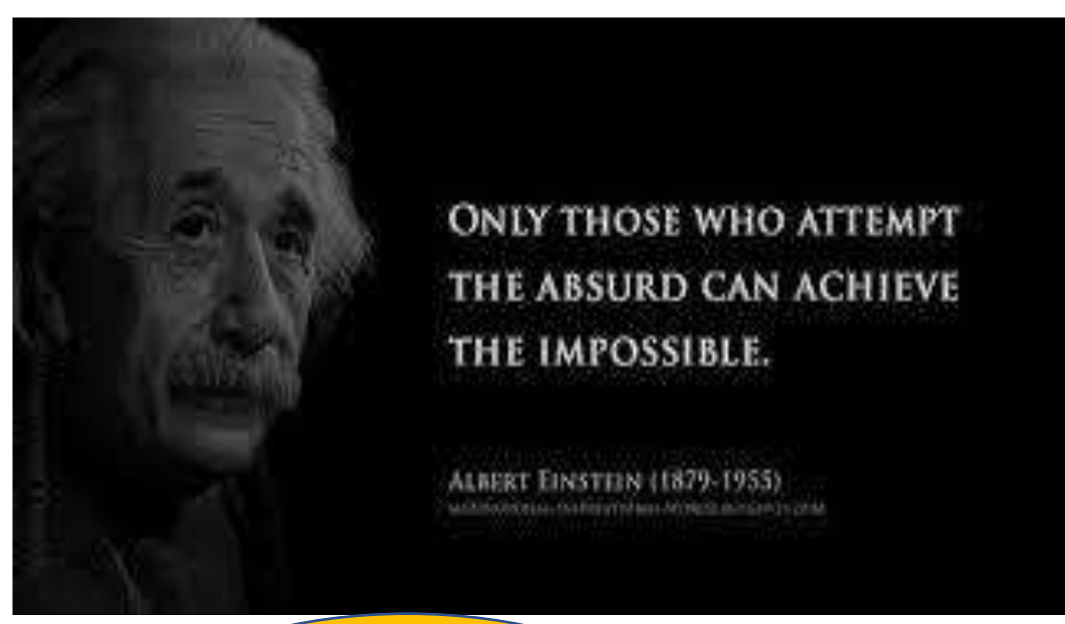
EXPERIENCE KEEPS GROWING …….

Evaluation of 20 PATIENTS- VISITS DAILY
6DAYS PER WEEK X 8 YEARS

MORE THAN 45,000 PATIENT INTERACTIONS IN BARIATRIC

PRE & POST OP CARE FOR > 4000 BARIATRIC SURGERIES

WHEN THE GOING GETS TOUGH ....



BMI -133KG/M2
WEIGHT -300KG
= 661.5 lbs

1st day for HER & 1st day for ME as well

WWW.INDIANEXPRESS.COM
THE INDIAN EXPRESS, THURSDAY, MAY 9, 2019

MAHARASHTRA 5

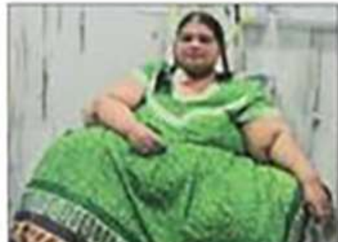
From 300 kg to 86 kg: 42-yr-old woman undergoes weight loss surgery, awaits entry to *Limca Book of World Records*

MRINALIKA SINGH & SHIVANGANA CHATURVEDI
MUMBAI, PUNE, MAY 8

AMITA RAJANI, 42, is waiting to be included in the *Limca Book of World Records* as the heaviest Asian woman to have successfully undergone weight loss surgery. From 300 kg four years ago, she now weighs 86 kg after undergoing bariatric surgery.

A decade ago, she became bedridden due to obesity. Her trip to the hospital was the first time she stepped out of the house. "Once when I fell off the bed, it took six men and three hours to put me back up," Amita said. A special ambulance was arranged in which a six-and-a-half-inch sofa was fitted to carry her to the hospital.

Her life took a turn for the worse when at the age of six, she started piling up on the kilos. At 16, she weighed 126 kg and found it difficult to carry out routine tasks. After she hit 300 kg, she had to be constantly assisted.



Amita Rajani lost 214 kg after she underwent bariatric surgery four years ago. *Express*

"Amita required constant attention. She required the help of others to go to the washroom and do other chores which normal people can do on their own. We had lost all hope at one point," her mother Mamta Rajani said.

Amita was shown to leading endocrinologists from India and the UK, but they were unable to find the exact cause of obesity and the doctors could not diagnose any illness.

However, Dr Shashank Shah, a well-known bariatric surgeon from Pune, helped her battle the bulge.

Shah prepared Amita for two months, thoroughly investigating her, and diagnosed her with super morbid obesity, deranged cholesterol, kidney dysfunction, type 2 diabetes and breathing problems.

"It was a high-risk case but we were optimistic. The procedure took only half-an-hour and within a few hours of the surgery, she was walking around on her own. She was determined and positive through it all," Shah said.

In 2015, Amita underwent the first stage of metabolic surgery, a laparoscopic sleeve gastrectomy. In 2017, when Amita weighed 104 kg, she underwent a gastric bypass.

Shah added the case had been sent to the *Limca Book of World Records* and was awaiting entry.

'Indian Eman' weighs 125kg after second op

Till 2 Yrs Ago, She Weighed 300kg, Now Travels Daily

VASAI WOMAN FIGHTS TO SHED FLAB

THE TIMES OF INDIA

the pioneer

2019 Elections Battleground LOK SABHA 06

Asia's heaviest woman sheds 214 kg in four years

300kg Vasai woman left bed after 8 yrs for op, lost 117kg

Large Operation Table Specially Created For Her Bariatric Surgery

'35-Min Procedure Brought Me Back To Life'

BEFORE

AFTER

SIMILAR CASES OF SUPER MORBID OBESITY OVER THE YEARS

WHAT IS BARIATRIC SURGERY

COST OF SURGERY AROUND ₹4-5L

THE FREE PRESS JOURNAL

RECORD-BREAKER

Asia's heaviest woman sheds 214 kgs in four years

AGENCIES / Mumbai

Once holding the dubious distinction of being Asia's heaviest woman weighing over 300 kgs, a woman from Palghar has shed a staggering 214 kgs in four years, her bariatric surgeon Shashank Shah announced on Wednesday.

The woman was identified as Amita Rajani, 42, of Vasai in Palghar, adjacent to Mumbai. Her ordeal started at the age of 6 when she suddenly started piling up kilos though she was born a normal healthy baby of just 3 kg, Shah said.

"By the time Amrita was 16, she was upward of 126 kgs, couldn't perform any of her real-world activities easily and the sheer weight bogged down her self-esteem," Shah, a world-renowned bariatric surgeon and founder of the LaparaObeso Centre at Lilivati Hospital, Bandra, told IANS.

"I was totally bed-ridden earlier, but now I am completely independent, move around freely, wear clothes of my choice and lead the life I enjoy after Dr Shah helped me drop those excess kilos," Amrita said. The journey was not easy as even top endocrinologists from India and Britain were unable to fathom the exact cause of her obesity for years that prevented her from stepping out of her bed and home for eight years.

As medicos frantically hunted for the cause, Amrita continued to add weight and was soon 300 kg. She couldn't do anything without help of her family, suffered breathing issues and required oxygen support, and was nursed with scores of towels used daily.

Her now relieved mother, Mamta Rajani described the immense difficulties she encountered while taking care of her former heavyweight daughter.

"I had to help her with all her chores, eating, dressing, controlling fluid retention with towels and bedsheets that soaked the excess fluid discharge. But, now she is in shape and the full credit goes to Dr Shah," she said.

It was only when Amrita first visited Shah four years ago, around 2015 — stepping out of her home after almost a decade — that she sensed a glimmer of hope.

After detailed investigations, Shah said her problem was not confined to just super morbid obesity, but also spread to deranged cholesterol, kidney dysfunction, Type II diabetes and breathing problems.

"We had to prepare for almost two months before the surgery. A special ambulance with its doors removed was arranged, a huge six-and-half-feet sofa was fitted inside it to transport her to hospital. There she had a special heavy duty bed, special clothes, a weighing machine and of course, a strict tailor-made diet," Shah told media persons.

The weight-loss surgery was divided into two stages, comprising the first metabolic operation in 2015 involving a laparoscopic sleeve gasterectomy.

Later, as Amrita's condition improved, she started losing weight and could move around on her own before which the second surgery was performed in 2017, a gastric bypass, when she weighted 140 kgs.

"After these two surgeries combined with her steely efforts, she kept losing weight and is now at a manageable 86 kgs. She has also lost her related health issues like diabetes, blood pressure and kidney problems," said a proud Shah.

Now, the process is on to get Amrita a mention in Limca Book of Records, he added.

Shah painted a very dismal scene of the obesity and overweight problems confronting the country, especially the younger generations.

"Earlier, every fifth person used to be overweight to some extent, but in the past decade or so, every third person is overweight/obese now. This is due to environmental influence which has affected metabolism by disrupting the endocrine system and obesity is now virtually an epidemic," he warned.

02 | MUMBAI

The Afternoon DESPATCH & COURIER

42-year-old Asia's heaviest woman lost 214 kgs, gets a new way of life!

Amita was the heaviest Asian woman weighing 300 kg, after 4 years of successful Bariatric Surgery, Amita Rajani is 86 kg now, says Dr. Shashank Shah

BEFORE

AFTER

662 lbs/ 300kg

286 lbs/130kg

187 lbs /85 kg

PATIENT HISTORY

42 yr old lady

Weight – 310 kg

Height 153 cm

BMI – 133kg /m2

Indian

Diet – Vegetarian

- Diabetes since 4 years (HbA1c 7.2%)
- Renal Failure (creatinine -2.4, Solitary Kidney)
- Obstructive Sleep apnea
- Anasarca
- Bed ridden for almost 8 yrs. And had not seen world for almost 10 years .
- Breathlessness
- Low Oxygen Saturation (80 to 85%)

STANDARD PRE-OP PREPARATION

- VLCD For 2 Weeks
- Meal Replacement + Liquid Diet
- Pulmonary Exercises + Physiotherapy
- Ambulation
- Optimization Of Comorbidities Like Diabetes , HTN, Oedema Etc

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed

Advanced

Abstract

Send to:

Surg Obes Relat Dis. 2007 Mar-Apr;3(2):141-5; discussion 145-6. Epub 2007 Feb 27.

Is there a benefit to preoperative weight loss in gastric bypass patients? A prospective randomized trial.

Alami RS[1], Morton JM, Schuster R, Lie J, Sanchez BR, Peters A, Curet MJ.

Author information

Abstract

BACKGROUND: Roux-en-Y gastric bypass surgery is the leading surgical treatment of morbid obesity in the United States. The role of preoperative weight loss in gastric bypass surgery remains controversial. We performed a prospective randomized trial to determine whether preoperative weight loss results in better outcomes after laparoscopic gastric bypass.

CONCLUSIONS:

Preoperative weight loss before laparoscopic Roux-en-Y gastric bypass was associated with a decrease in the operating room time and an improved percentage of excess weight loss in the short term

BMI ABOVE 100…A DIFFERENT DISEASE
WHY IS IT DIFFERENT ? ?

Patient is at higher risk :

- ✓HUGE BODY SIZE
- ✓NON AMBULATORY /LESS AMBULATORY
- ✓DVT
- ✓EMBOLISM
- ✓ACUTE RENAL FAILURE
- ✓RHABDOMYOLYSIS
- ✓MULTIPLE COMORBIDITIES
- ✓ANASARCA
- ✓NON COMPLIANT WALL

RHABDOMYOLYSIS AND SEVERE OBESITY

Higher Risk at :

- High BMI (Obviously BMI >100)
- Prolonged OR Time
- More risks in males

- **A dreadful complication and can be fatal**
- **Fortunately uncommon**

Early Identification :

- ✓ Muscle pain –buttocks , hip, shoulder , pelvis
- ✓ Electrolyte imbalance
- ✓ Decreased output
- ✓ **Rise in Creatinine Kinase**

Rhabdomyolysis is breakdown of muscle fibers releasing creatinine kinase and myoglobin into systemic circulation which affects filtering functions of the kidney .

RHABDOMYOLYSIS AND MORBID OBESITY

Prevention :

- Hydration (oral and IV)
- Ambulation (pre , peri and post op)
- Reduction in OR time by good preop preparation
- Monitoring input and output
- Proper padding

Routine preop Creatinine kinase is supposed to be added if BMI > 100

Review › Obes Surg. 2005 Jun-Jul;15(6):874-9. doi: 10.1381/0960892054222669.

Prevention of rhabdomyolysis in bariatric surgery

João Eduardo Marques Tavares de Menezes Ettinger [1], Paulo Vicente dos Santos Filho, Euler Azaro, Carlos Augusto Bastos Melo, Edvaldo Fahel, Paulo Benigno Pena Batista

Affiliations + expand

PMID: 15978162 DOI: 10.1381/0960892054222669

› Obes Surg. 2006 Oct;16(10):1365-70. doi: 10.1381/096089206778663643.

Predictive factors for rhabdomyolysis after bariatric surgery

S Lagandré [1], L Arnalsteen, B Vallet, E Robin, T Jany, B Onraed, F Pattou, G Lebuffe

Affiliations + expand

PMID: 17059748 DOI: 10.1381/096089206778663643

HOW IS IT DIFFERENT ? ?

GOALS:

- ✓ Massive preoperative weight loss, more than 15% (almost 50kg for this patient)
- ✓ Significant reduction in anaesthesia risk
- ✓ Excellent pulmonary capacity to be achieved
- ✓ Reduce pulmonary arterial hypertension
- ✓ Ambulation
- ✓ Minimise OR time

PATIENT HISTORY

- Genetic evaluation was normal.
- Weight gain since childhood.
- Crossed weight of 100 kg at the age of 14 yrs. .
- Consulted many endocrinologists in India and abroad. No one had suggested bariatric surgery at that time!
- Was advised only diet and lifestyle modification from the age of 12 to 32 yrs. .
- Neurological evaluation and endocrine evaluation were normal.
- And weight gain still continued and eventually physical activities came to near zero.
- Only child to parents, No siblings. Father had expired and mother was the care taker.

INVESTIGATIONS

- Hemoglobin – 13.3 g/dL
- Urea -95 (high) mg/dL
- Creatinine -2.4 (high) mg/dL
- T .Bilirubin – 1.30 (high)mg/dL
- Direct Bilirubin – 0.51 (high) mg/dL
- Na/K/Cl- 136/4.1/100 mmol/L
- BSL (F)- 110 (PP) 150 mg/dL
- Insulin (F) 10.30 (PP) 19.66 uu/mL
- C Peptide (F)2.9 (PP) 7.4 ng/mL
- HbA1c – 7.2%
- T Cholesterol – 256 (high) mg/dL
- Triglyceride -344 (high) mg/dL
- HDL – 56 mg/dL
- LDL – 131.20 (high) mg/dL
- CPK -85 u.lit

- Urine Routine – protein +
- USG abdomen and Pelvis – Grade III fatty Liver (Suboptimal Study due to fat)
- Chest Xray – Cardiomegaly
- 2 D Echo –Marginally dilated RA & RV .LV Systolic normal , LVEF 60 %,Mild to Moderate Pulmonary hypertension (RVSP 48mmHg), Mild to moderate TR .
- Venous Doppler of LL – suboptimal study
- PFT – Severe Restriction

A MAMMOTH TASK

- RENAL
- DIABETIC
- VLCD with electrolyte correction and 35gm protein /day

- Acceptable
- Palatable
- Sustainable

For over a month

Vitamin Supplementation during preparation almost same as post bariatric since it's a prolonged preparation

CHALLENGES

Challenge for the patient as well as for the Bariatric Team .

Hence No commitment of Surgery was given to her .

DIETARY CHALLENGES

- ✓ Calculation of per kg body weight – not applicable for 300 kg
- ✓ Renal VLCD and Diabetic Diet – Not very acceptable by patient & most difficult challenge
- ✓ Long Duration of VLCD preparation .
- ✓ Many innovations & modifications were required – addition of spices ,palatability ,colorful combinations , milkshakes with protein supplements , combination of solid and liquid diet.

  (Fiber supplement , Renal Protein supplement to achieve protein intake as vegetarian)

CHALLENGES

RENAL CHALLENGES

- ✓ **Creatinine 2.4 with GFR of 75 with good urine output .**
- ✓ **Daily input and output was measured though with difficulty .**
- ✓ **Diuretics for anasarca – Fluids were permitted freely**
- ✓ **Alternate day electrolyte monitoring – Addition of specially prepared sugar free electrolyte solution.**
- ✓ **Protein calculation as per Nephrologist advise -35 gm /day – Achieved by one protein shake and diet .**

AMBULATION A CHALLENGE!

- Excess weight → Diet and Medications
- Oedema → Medications
- Severe pain in knee joints → Knee block injection /Gel for pain relief + medications
- Long period of minimal ambulation → One step a day and keep increasing

Presented in IFSO World Congress 2017, London

PHARMACOTHERAPY + LCD

AND

VERY LOW CALORIC DIET

……RCT……

Learnings from our RCT in 2015

- Addition of inj liraglutide 1.2 mg /day
- Drug related modification of dietary intervention.

DAILY MONITORING for 45 days

- ✓ Blood sugar levels every 6 hourly
- ✓ Pulmonary physio – 4 hourly
- ✓ Alternate day Renal Function and Electrolytes
- ✓ Alternate day evaluation of Spo2 at rest and after exercise
- ✓ Attempt to ambulate after every 2 hours – at least few steps
- ✓ Daily encouragement by all team members in addition to Bariatric psychologist
- ✓ Daily weight monitoring (Special Bed with weighing scale)
- ✓ Blood pressure monitoring and chart .

MULTI SPECIALITY APPROACH

- ENDOCRINOLOGIST
- NEPHROLOGIST
- PULMONOLOGIST
- BARIATRIC PHYSICIAN
- TEAM OF BARIATRIC NUTRITIONIST
- TEAM OF PHYSIOTHERAPISTS
- BARIATRIC PSYCHIATRIST AND PSYCHOLOGIST

SUCCESS OF PREPARATION

- 49.5 kg weight loss in 45 days in hospital, weight 251kg
- Ambulatory with walking and subsequently ambulation with support 100 steps
- Spirometry improved to satisfactory level.
- Evaluation repeated at 45 days .

BARIATRIC ANESTHETIST :Clearance

Ambulatory – SpO2 99% at rest with reasonable pulmonary reserve

NEPHROLOGIST –Clearance

- Anasarca reduced by 80%
- Abdominal wall edema induration resolved totally
- creat stable at 2.4 with normal electrolytes & good output

BARIATRIC PSYCHOLOGIST AND PSYCHIATRIST – clearance

Pt was excited with her weight loss and was eager to get surgery done

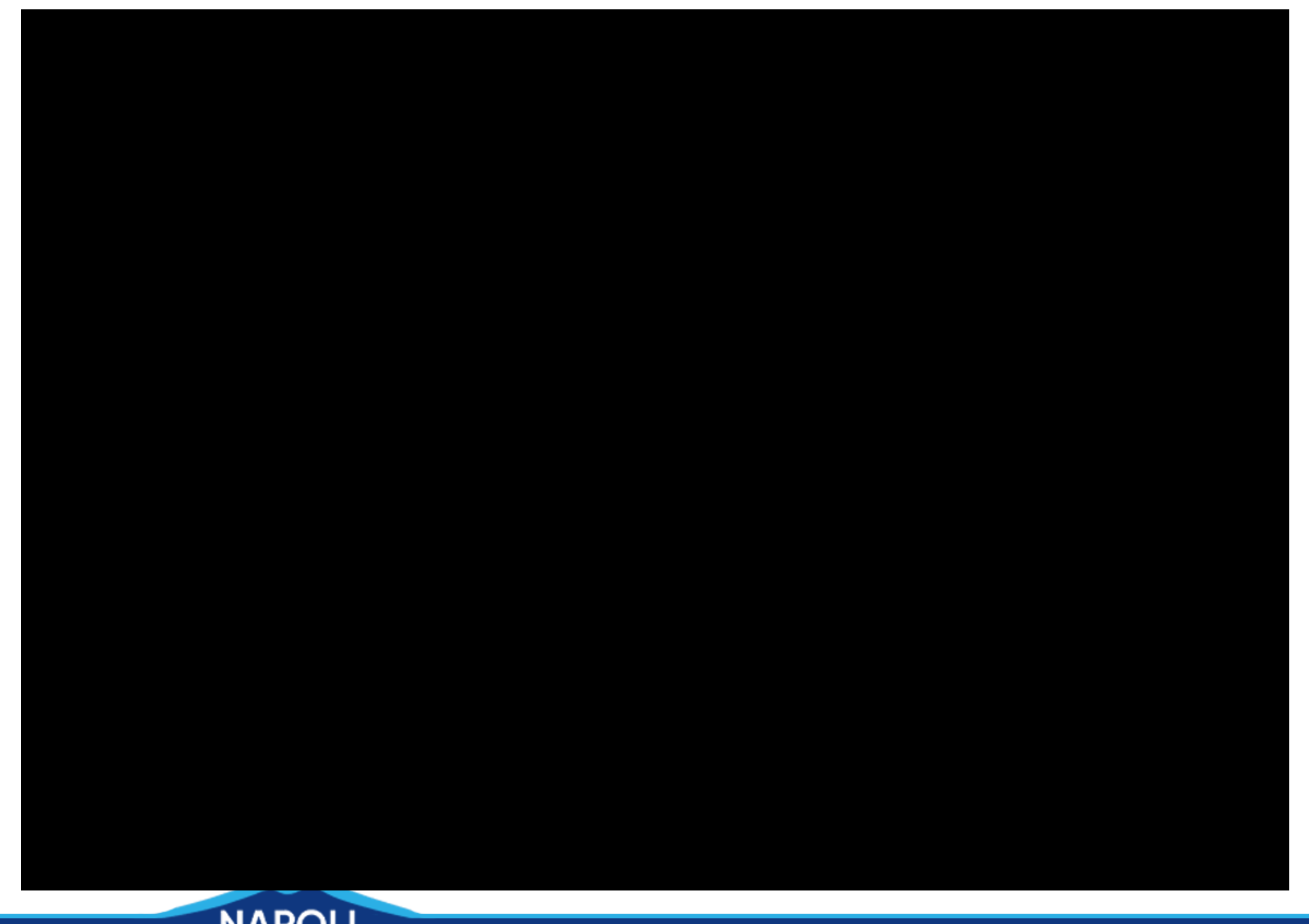
ENDOCRINOLOGIST

HbA1c improved from 7.2% to 6.4%

Day 46 ! Day of Surgery

Lap. Sleeve Gastrectomy (2015)

- **30 min procedure**
- **Ambulated in 4 hours after surgery**

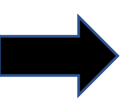


DISCHARGE AND POSTOP CARE

- Post op clear liquids
- Was monitored for 10 days for all her parameters (renal parameters , urine output , ambulation, BSL , Electrolytes)

- After discharge telephonic follow up (video) every 2 days to motivate her follow diet , exercise ,Monitor her intake etc
- Was advised to check her renal parameters and sugars every week which were stable and normal .
- She was advised to visit at least once a month as she was staying away from city .
- Nutritional Support , Supplements , Physiotherapy were closely monitored for 2 yrs

300 kg (preop)



251kg
(Before LSG)

130kg
(2years post LSG)

89 kg
(1 year after OAGB)

Underwent Abdominoplasty

85 kg
(Maintaining With pharmacotherapy)

There may be various reports of patients above 300 kg undergoing bariatric Surgery but this is a unique and probably the only one with a massive unbelievable transformation in life

AT FIVE YEARS !

"FROM THE BED …….ACROSS THE WORLD "

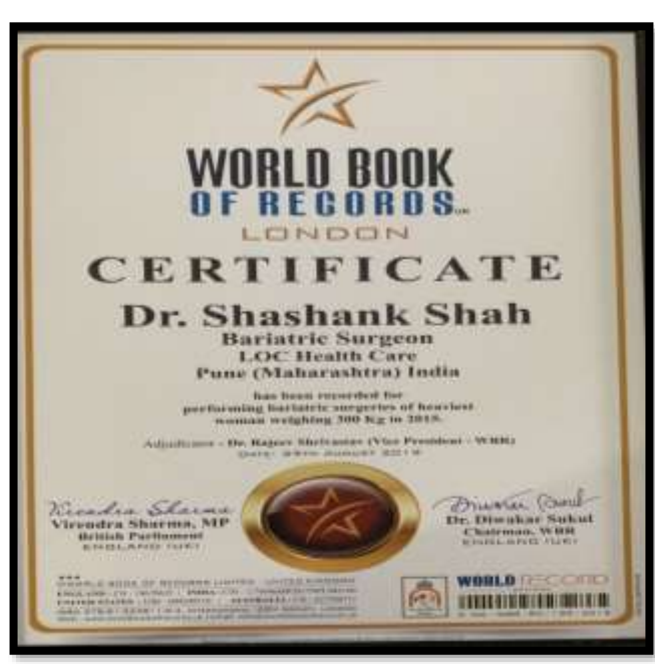
5 YEARS LATER ……………

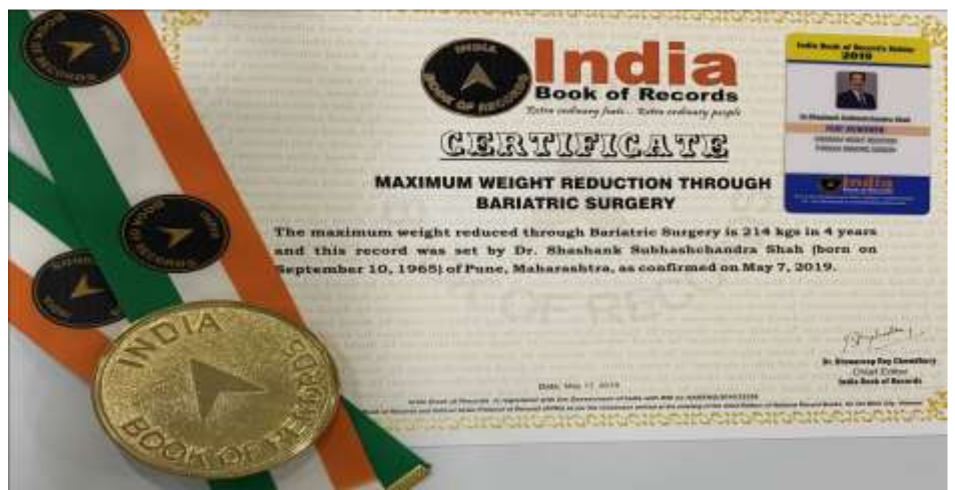
- Leading a normal life
- Enjoys shopping , going out
- Started earning
- The best part started taking care of her old mother
- Change in quality of life :bed ridden to normal social life
- Can travel by public transports

THE BEST CERTIFICATE OF PSYCHOLOGICAL IMPROVEMENT …..

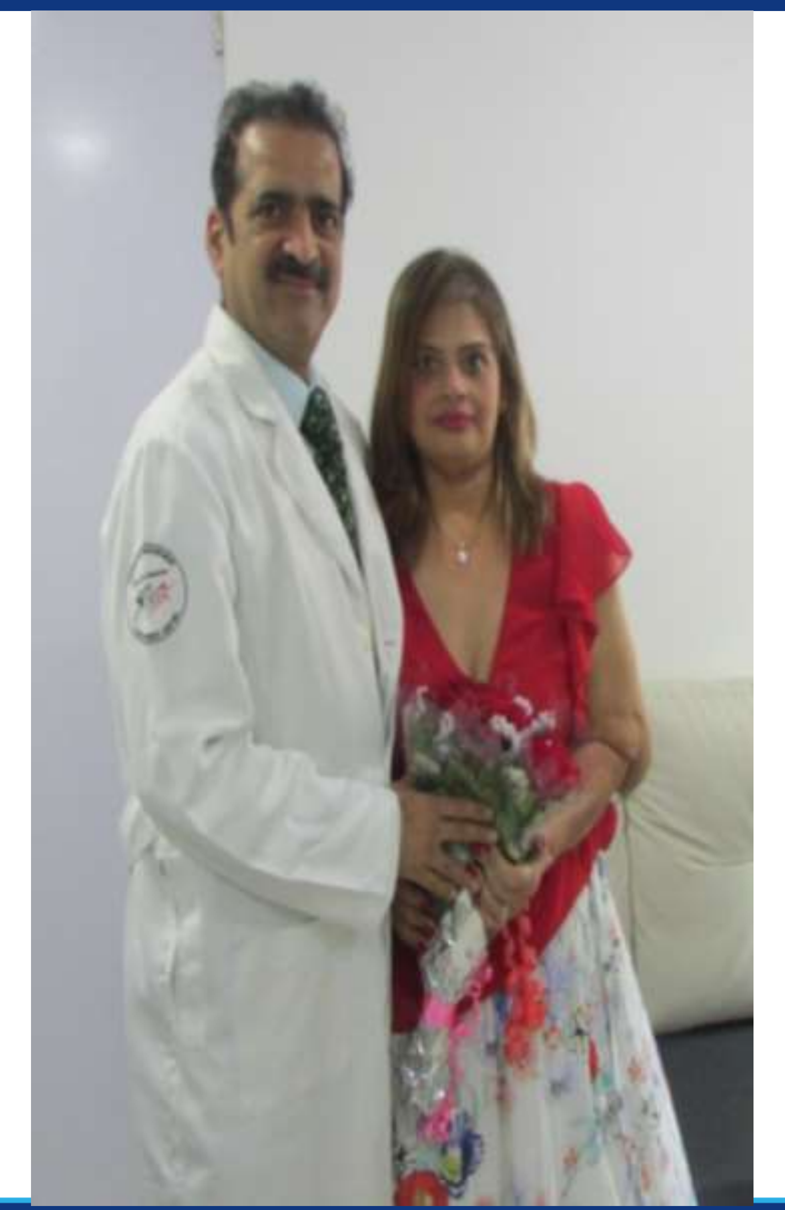
PATIENT HERSELF CLAIMED FOR

"WORLD BOOK" OF RECORDS AND CALLED FOR THE "PRESS CONFERENCE " HERSELF





SATISFACTION



LEARNINGS

- "Prolonged" preparation is a key for safety.
- Optimizations of all parameters to the maximum may take long time and patience is needed prior to the decision of surgery
- Multispecialty and multidisciplinary team approach is better for such a case .
- There is no secret to success .It is the result of preparation, hard work, persistence and belief in the science , learning from experiences
- Adequate micronutrient / macro nutrient supplementation is important for long duration preparation.
- Last but not the least

A medical professional should primarily believe in the quote "NOTHING IS IMPOSSIBLE ":and always attempt to achieve the best for his/her patient positively, with multispecialty approach .

Saudi J Anaesth. 2022 Jul-Sep; 16(3): 287–298.
Published online 2022 Jun 20. doi: 10.4103/sja.sja_140_22
PMCID: PMC9311181
PMID: 35898527

Preoperative preparation and premedication of bariatric surgical patient

Marina Varbanova,[1] Brittany Maggard,[1] and Rainer Lenhardt[1,2]

disease, stroke, sleep apnea, and certain cancers. Our ability to take care of this population safely throughout the perioperative period begins with a thorough and in-depth preoperative assessment and meticulous preparation. The preoperative assessment begins with being able to identify patients who suffer from obesity by using diagnostic criteria and, furthermore, being able to identify patients whose obesity is causing pathologic and physiologic changes. A detailed and thorough anesthesia assessment should be performed, and the anesthesia plan individualized and tailored to the specific patient's risk factors and comorbidities. The important components of the preoperative anesthesia assessment and patient preparation in the patient suffering from obesity include history and physical examination, airway assessment, medical comorbidities evaluation, functional status determination, risk assessment, preoperative testing, current weight loss medication, and review of any prior weight loss surgeries and their implications on the upcoming anesthetic. The preoperative evaluation of this population should occur with sufficient time before the planned operation to allow for modifications of the preoperative management without needing to delay surgery as the perioperative management of patients suffering from obesity presents significant practical and organizational challenges.

Mayo Clinic Proceedings
Volume 81, Issue 10, Supplement, October 2006, Pages S25-S33

SUPPLEMENT ARTICLE

Perioperative Care of Patients Undergoing Bariatric Surgery

Brian P. McGlinch MD [a], Florencia G. Que MD [b], Joyce L. Nelson RN [c], Diane M. Wrobleski RN, PhD [c], Jeanne E. Grant RD [d], Maria L. Collazo-Clavell MD [d]

The epidemic of obesity in developed countries has resulted in patients with extreme (class III) obesity undergoing the full breadth of medical and surgical procedures. The popularity of bariatric surgery in the treatment of extreme obesity has raised awareness of the unique considerations in the care of this patient population. Minimizing the risk of perioperative complications that contribute to morbidity and mortality requires input from several clinical disciplines and begins with the preoperative assessment of the patient. Airway management, intravenous fluid administration, physiologic responses to pneumoperitoneum during laparoscopic procedures, and the risk of thrombotic complications and peripheral nerve injuries in extremely obese patients are among the factors that present special intraoperative challenges that affect postoperative recovery of the bariatric patient. Early recognition of perioperative complications and education of the patient regarding postoperative issues, including nutrition and vitamin supplementation therapy, can improve patient outcomes. A suitable physical environment and appropriate nursing and dietetic support provide a safe and dignified hospital experience. This article reviews the multidisciplinary management of extremely obese patients who undergo bariatric surgery at the Mayo Clinic.

Clinics (Sao Paulo). 2014 Dec; 69(12): 828–834.
doi: 10.6061/clinics/2014(12)07

PMCID: PMC4286674
PMID: 25627995

Preoperative weight loss in super-obese patients: study of the rate of weight loss and its effects on surgical morbidity

Marco Aurelio Santo, Daniel Riccioppo,* Denis Pajecki, Roberto de Cleva, Flavio Kawamoto, and Ivan Cecconello

CONCLUSION:

In super obesity, preoperative weight loss is an important method for reducing surgical risks. Hospitalization and a hypocaloric diet are safe and effective. After 14 weeks, the weight loss rate stabilized, signaling the time of surgical intervention in our study.

Surg Endosc. 2022; 36(8): 6170–6180. PMCID: PMC9283149
Published online 2022 Jan 21. doi: 10.1007/s00464-021-08979-w PMID: 35064321

The first survey addressing patients with BMI over 50: a survey of 789 bariatric surgeons

Mohammad Kermansaravi,[1,2] Panagiotis Lainas,[3,4] Shahab Shahabi Shahmiri,[5] Wah Yang,[6] Amirhossein Davarpanah Jazi,[7] Ramon Vilallonga,[8,9] Luciano Antozzi,[10] Chetan Parmar,[11,12] Radwan Kassir,[13] Sonja Chiappetta,[14] Lorea Zubiaga,[15] Antonio Vitiello,[16] Kamal Mahawar,[17] Miguel Carbajo,[18] Mario Musella,[16] and Scott Shikora[19]

Results

789 bariatric surgeons from 73 countries participated in the survey. Most surgeons (89.9%) believed that metabolic/bariatric surgery (MBS) on patients with BMI over 50 kg/m^2 should only be performed by expert bariatric surgeons. Half of the participants (55.3%) believed that weight loss must be encouraged before surgery and 42.6% of surgeons recommended an excess weight loss of at least 10%. However, only 3.6% of surgeons recommended the insertion of an Intragastric Balloon as bridge therapy before surgery. Sleeve Gastrectomy (SG) was considered the best choice for patients younger than 18 or older than 65 years old. SG and One Anastomosis Gastric Bypass were the most common procedures for individuals between 18 and 65 years. Half of the surgeons believed that a 2-stage approach should be offered to patients with BMI > 50 kg/m^2, with SG being the first step. Postoperative thromboprophylaxis was recommended for 2 and 4 weeks by 37.8% and 37.7% of participants, respectively.

Conclusion

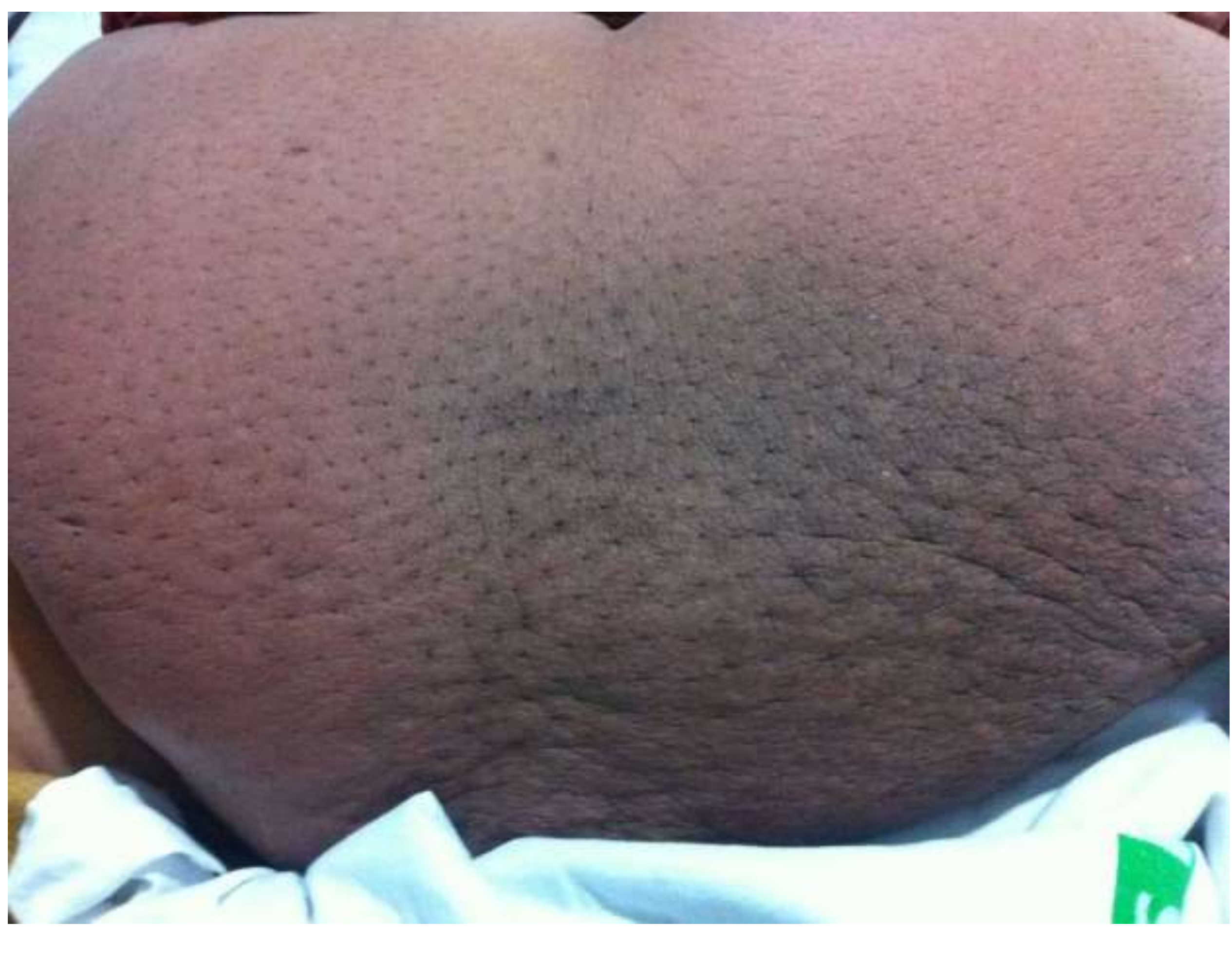
This survey demonstrated worldwide variations in bariatric surgery practice regarding patients with a BMI superior to 50 kg/m^2. Careful analysis of these results is useful for identifying several areas for future research and consensus building.

Weight 310 kg BMI
96kg/m2
01.11.2010 13:13

AMBULATORY ANAESTHESIA

AFTER 12 YRS

290 kg , BMI 108 Kg/m2



5 Weeks of Preparation

45yr, BMI 78kg/m2

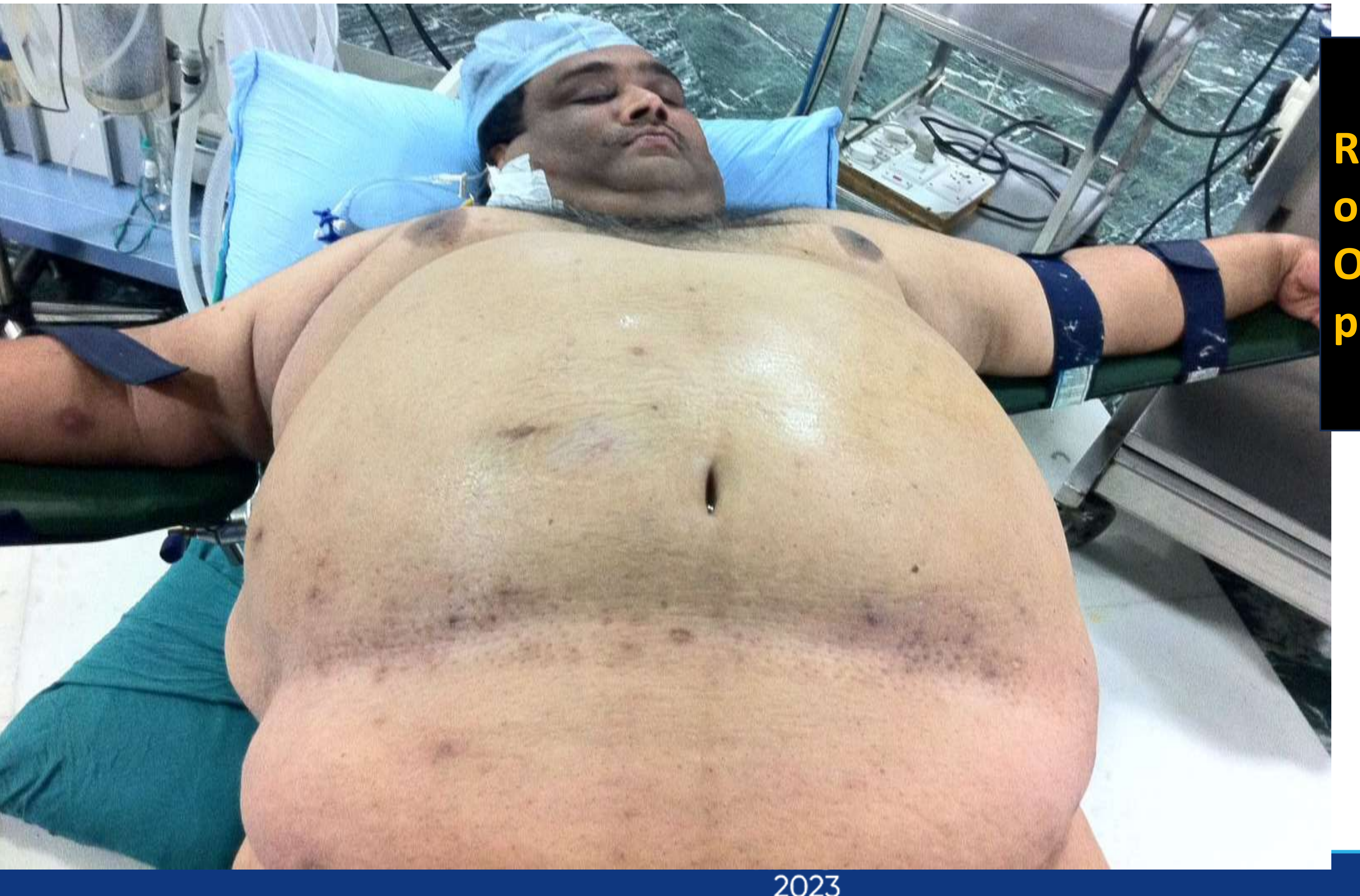
Abdominal Wall Anasarca And Cellulitis BMI 82kg/m2
NAPOLI
2023

BMI : 110kg/m2 , Massive Visceral Adiposity

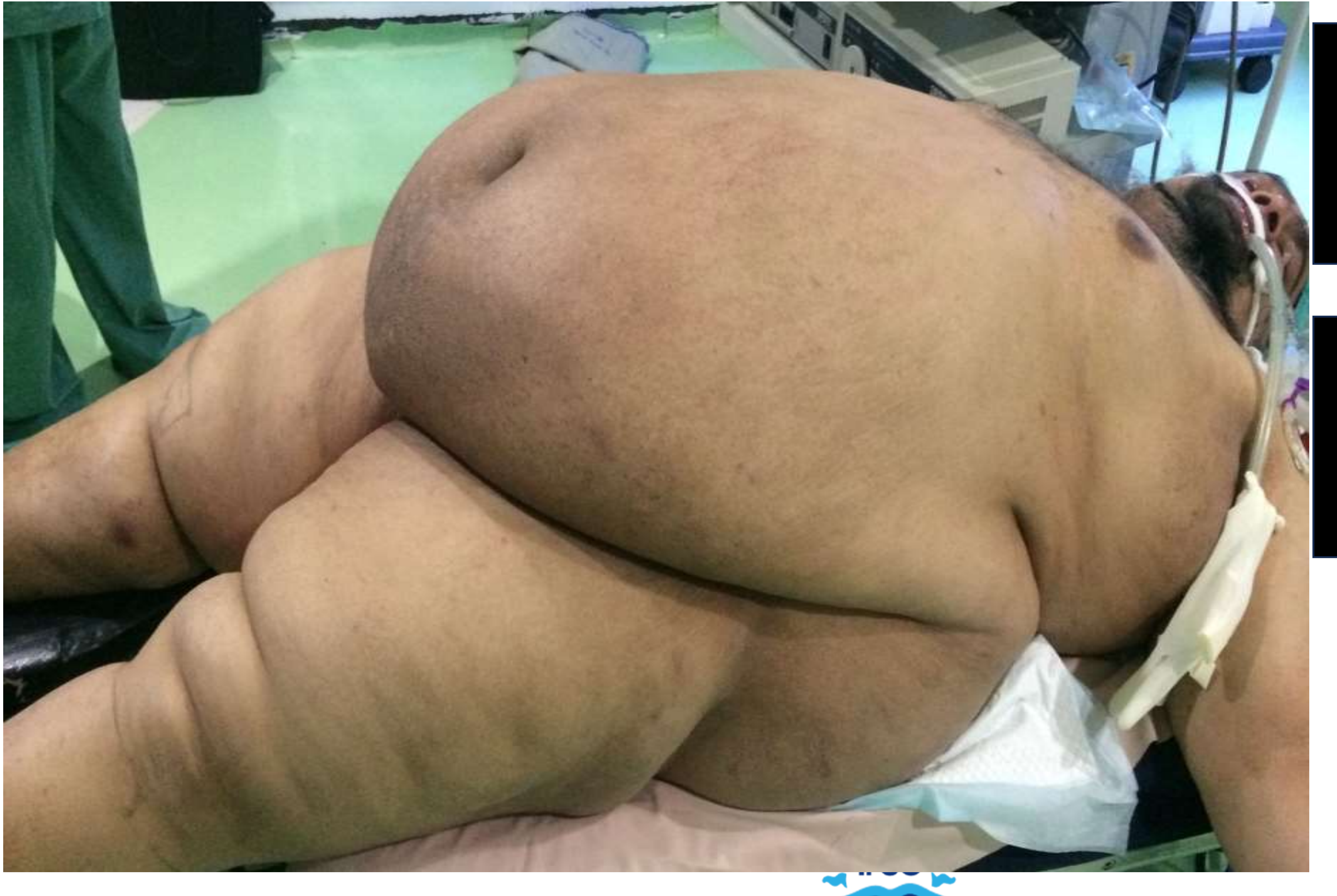
- 4&1/2 feet lateral diameter
- Had to be nursed on side (lateral position)
- Even she was in the same position after extubating .
- Weight of the belly would make her breathless and orthopneic
- One more tip : To prepare such patients with a huge belly

Severe OSA

BMI >75Kg/m2



Reduced orthopnea on OT table after preparation



BMI 100.3 kg/m2

BMI 95 kg/m2
After preparation

Lymphedema , Cellulitis With Elephantiasis ,

TAKE HOME MESSAGE

- Team of nutritionist might be needed for long duration preparation to add variety of meals
- Preparation and modification of diet based on pharmacotherapy is a new trend / science
- "In patient preparation "or Supervised preparation is very important in special case scenarios .
- BMI > 100 has to be treated as a separate entity, rather BMI over 80kg/m2
- All the modalities of the treatment to be used by the entire multidisciplinary team

TAKE HOME MESSAGE

- Resolving of anasarca ,especially of the abdominal wall is important prior to surgery
- Optimal Preparation is key to safety and recovery post op
- Creatinine phosphokinase should be investigated preoperatively routinely in patients with BMI >100 kg/m2 .
- Large liver with Grade IV NASH should be identified and prepared well , especially if the BMI is high.
- IH team should have basic overall knowledge of other branches of medicine / therapy which can impact or modify decision of their therapy .

SUCCEESS IS BEST WHEN IT'S SHARED !!

- Unique challenges will continue to exist for surgeon as well as integrated health team
- Each of such cases proves to be a learning and useful for making lives better in future practice
- Sharing such presentations and sharing our knowledge is the best way to improve patient care
- I would like to thank IFSO Immensely for this opportunity to share our experience
- **Learning and unlearning is the best way to progress!**

THANK YOU ! FROM TEAM LOC