Section XIII

Miscellaneous Topics

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As bariatric surgery becomes an established mainstream treatment for morbid obesity, there is an increasing focus on the impact of surgery on factors beyond simple weight loss. These chapters explore some of the wider effects of bariatric surgery on physiological function as well as general health and wellbeing.

In terms of physiological function, Menon and Bhowmik review respiratory function in patients undergoing bariatric surgery. They emphasise the importance of pre-operative screening in these patients particularly for obstructive sleep apnea (OSA), obesity hypoventilation syndrome (OHS), pulmonary hypertension and asthma. In addition they discuss the beneficial role of bariatric surgery on respiratory function and pathology in general- an area which coming under increasing attention. In terms of reproductive function, Khan reviews the literature surrounding issues of female reproductive function and bariatric surgery. Khan concludes that although bariatric surgery does cause weight loss, which in turn reduces infertility rates, surgery should not be thought of as a primary treatment for infertility. There is however some evidence to suggest that women who have undergone bariatric procedures have safer pregnancy with fewer complications as compared to than those with morbid obesity. However she cautions that reliable contraception (preferably non-oral) is advised to delay pregnancy for approximately 12 months following bariatric surgery.

In terms of nutritional status following bariatric surgery, Pinnock, in her chapter on nutritional aspects of bariatric surgery points out there is a high incidence of nutrient deficiencies following both malabsorbative and non- malabsorbative procedures and hence long term follow-up is imperative in order to minimise potential micronutrient problems and to ensure patients make the necessary dietary and lifestyle changes to achieve a healthy and sustained weight loss. In terms of more general health outcomes, Snowdon-Carr discusses the psychological aspects of bariatric surgery. As she points out the complex relationship between mental health and obesity makes quantifying the importance of psychological factors following bariatric surgery very difficult. Part of this difficulty lies in the absence of validated tools to assess quality of life following bariatric surgery- an issue discussed in depth by Ogden in her chapter. She concludes that despite its obvious importance, there is no one measure of health- related quality of life that meets all research and clinical needs for use following bariatric surgery. Finally in their chapter Somers and Carter explore the challenge of the super-super obese- a growing problem in contemporary bariatric practice. They demonstrate that surgery in this high-risk cohort is feasible within specialist units but thorough, surgically-led multidisciplinary assessment is essential. They emphasise that no one operation is preferred for these patients, but two stage procedures are often required and body contouring surgery should be an essential part of the management path.

What these chapters illustrate is the impact of bariatric surgery on a wide range of physiological and psychological functions. Indeed as Olbers argues in his excellent chapter, there is a need to stop viewing bariatric surgery as a solution to weight problems but rather as a complex metabolic intervention which both corrects and prevents dysfunction.