

Other Operations for Obesity

Honorary Section Editor - Conor J. Magee

Bariatric surgery remains an imperfect solution to the problem of morbid obesity. Furthermore, the ideal bariatric procedure does not exist. This is not surgical nihilism, but rather an appreciation of the complexity of the problem facing us. Fortunately, we surgeons are a redoubtable profession and recognise that improvements and innovation can provide real benefits for our patients.

Novel operations, or modifications of the “standard” bariatric procedures seek to address their shortcomings (such as weight regain, risk of leak) and may become more established as long-term results are published.

I am pleased that this section concerning “Other operations for obesity” has attracted world renowned authorities to present their thoughts regarding the role of less well-known procedures (such as the bilio-pancreatic diversion with or without duodenal switch), modifications to conventional procedures (the banded gastric bypass, mini-gastric bypass, single anastomosis duodeno-ileal bypass) and more novel procedures (gastric plication, gastric pacing). The authors provide an overview of each procedure with technical details for those who may be faced with patients who have had these operations. Each chapter will include a synopsis of the available evidence, as well as learning points for the reader.

The role of many of these procedures still remains undefined. It is important that any surgeon wishing to introduce these procedures is appropriately mentored and be prepared to publish their results. It is only through transparent presentation of our experiences with more novel techniques that we can make evidence based decisions on their safety, effectiveness and durability.