Metabolic/Bariatric Surgery during COVID-19

Henry Buchwald¹

Received: 15 January 2021 / Revised: 20 January 2021 / Accepted: 20 January 2021 / Published online: 30 January 2021
© The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature 2021

Most, if not all, metabolic/bariatric surgery has been cancelled or delayed during the COVID-19 pandemic. Certainly, the number of metabolic/bariatric procedures for 2020 will fall well below the 250,000 performed in 2019, which were only 1–2% of criteria-eligible patients. Hospital decision makers have uniformly designated metabolic/bariatric surgery as elective, an optional treatment to choose at any time rather than one needed urgently. Is this really true?

Surgical procedures can be categorized as reparative, prophylactic, curative, and lifesaving. Metabolic/bariatric surgery converts morbid obesity to lesser obesity, overweight, or, at times, normal weight. It resolves the diseases of the metabolic syndrome: type 2 diabetes, hyperlipidemia, hypertension—all precursors of atherosclerotic cardiovascular disease. It mitigates the anatomic orthopedic and sleep apnea problems associated with obesity. It reverses non-alcoholic steatohepatitis. It cures skin eruptions. It restores reproductive functions and normal menstruation. It has even been shown to improve mentation. Metabolic/bariatric surgery is, therefore, certainly reparative.

Since metabolic/bariatric surgery, if done in time, prevents the metabolic syndrome and other manifestations of the disease, it is prophylactic. If the disease of obesity is reversed, if the comorbidities do not recur, if walking and other daily activities, as well as quality of life, are improved, it is fair to

state that metabolic/bariatric surgery is curative. Combining the reparative, prophylactic, and curative effects of metabolic/bariatric surgery, it is reasonable to assert that it is lifesaving. All the above outcomes, including lifesaving, have been amply, statistically significantly demonstrated in thousands of articles in the literature.

COVID-19 is most severe and causes nearly all deaths in the aged and in individuals with certain pre-existing risk factors. Age is not currently subject to remedy. The other COVID-19 risk factors, primarily obesity per se, type 2 diabetes, hypertension, and cardiovascular disease, are amenable to therapy. There is no diet or pharmaceutical available successfully to cure or mitigate any of these diseases; however, metabolic/bariatric surgery by a simple operative intervention can, with a proven track record, do so.

It is reasonable, therefore, during the crisis of the COVID-19 pandemic and the recruitment of all available healthcare resources to fight this scourge, to categorize metabolic/bariatric surgery not as an elective to be deferred, but as urgent to be performed as soon as feasible.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

✉ Henry Buchwald
buchw001@umn.edu

¹ University of Minnesota, Minneapolis, MN, USA