Section II

Introduction to Bariatric Surgery

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Bariatric surgery had its origin in the 1960s. Prior to that, severe obesity was a rare problem and general surgery was still in early stages. Obesity surgery commenced with operations entailing short bowel syndrome – the various intestinal bypasses. These morphed into gastric procedures – bypass (malabsorptive) and plasty (restrictive). Through the ingenuity of surgeons, various operations were proposed, developed, and superseded. Their progress is described in the historical perspectives of this section, and lead now to laparoscopic and endoscopic technologies.

With many of these operations, the weight loss has been significant, and has had a duration of a number of years. During this time, the weight loss has been accompanied by resolution of the major morbidities of the metabolic syndrome – type 2 diabetes, hypertension, coronary heart disease, dyslipidemias, fatty liver, urological and gynecological sequelae, cancers, etc.

It was realized that there were situations where a gastric restrictive weight-loss operation was indicated – banding and sleeve, and where a malabsorptive, more strategic weight loss operation with various bypasses of bowel were indicated. In general, the bypasses are accompanied by greater weight loss of a greater duration, but with occasional complication. However, all procedures require patient cooperation in eating properly, and in taking vitamin and mineral supplements, more strategic with the bypass malabsorptive operations. It is germane that the patients understand the operation and the need for cooperation and lifelong follow-up. Patients must understand that there are potential complications of the procedure, which may be painful, and which require attendance and management for success.

It is with these important considerations in mind that I find that the four chapters in this section cover the topic magnificently.