Gastric bypass in the management of morbid obesity

An Essay submitted for partial fulfillment of master degree in general surgery

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Abstract

Total mesorectal excision with pelvic autonomic nerve preservation (TME-ANP) has been reported to be an optimal surgery for rectal cancer. It minimizes local recurrence and sexual and urinary dysfunction. There is a device (CaverMap& Device) that has the potential ability to enhance pelvic autonomic nerve identification and preservation during rectal surgery. Erectile dysfunction after rectal excision for rectal cancer is completely reversed or satisfactorily improved in 79 percent of patients after use of sildenafil. This means that these patients have an excellent chance of improvement in their erectile function with sildenafil.

Obesity is a serious disease that carries substantial morbidity and mortality and has mixed genetic and environmental etiologies. Obesity is defined as the accumulation of excess body fat that leads to pathology.

The term "morbid obesity" is used if Body Mass Index is more than 40 Kg/m^2 .

Severe obesity is associated with a large number of problems that give rise to the term morbid obesity. They include coronary artery disease, hypertension, impaired cardiac ventricular function, adult-onset diabetes mellitus, obesity hypoventilation and sleep apnea syndromes.

Although medical management of morbid obesity patients made some progress, However, a persistent weight reduction can hardly be achieved.

Surgical treatment of morbid obesity is gaining popularity, and there is obviously increased interest and acceptance of bariatric surgery and it is the way to achieve stable reduction of body weight in morbidly obese patients.

The operations currently in use for management of morbid obesity involve gastric restriction with or without intestinal malabsorption. Gastric restrictive procedures include laparoscopic vertical banded gastroplasty (LVBG) and laparoscopic adjustable gasric banding (LAGB).

Malabsorptive procedure include biliopancreatic diversion (BPD), biliopancreatic diverion with duodenal switch (BPD-DS). Roux-en-Y gastric bypass has features of both restriction and malabsorption.

Recently, the Roux-en-Y gastric bypass procedure has been successfully performed as a laparoscopic procedure with a safety and efficacy profile comparable to that achieved with open procedure.

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