Obesity, Bariatric Surgery and Plastic Surgery: To Improve Health, Body Image and Quality of Life

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Editorial

The prevalence of overweight (body mass index>25) and obesity (body mass index>30) has reached epidemic proportions in Western Country. Obesity increases the risk for several co-morbidities including type-2 diabetes (T2DM), stroke, Cardiovascular Disease (CVD), and Metabolic Syndrome (MetS), the further expression of which is hepatic steatosis [1]. The risks associated with obesity have been extended to cancer including, prostate, breast, liver, kidney, colon, ovarian and endometrial cancers [1].

The principal cause of obesity is a long-term imbalance in energy intake and expenditure (i.e., positive energy balance) leading to the increased body mass including the accumulation of subcutaneous and visceral fat. Albeit general obesity is an important risk factor for many diseases, several human studies have shown that visceral fat accrual, which is the fat situated in the viscera, as most emphatically related to many health conditions, including CVD, insulin resistance and T2DM.

Several studies have reported on the metabolic consequences of surgically removing large quantities of subcutaneous fat by liposuction [1]. The general reason of these studies is that absolute fat mass is the most important contributor to obesity-related complications such that large-scale removal of abdominal subcutaneous fat should improve several metabolic parameters including insulin sensitivity.

Obese patient from around the Western country have benefited from bariatric surgery. But surgery alone cannot promise weight loss in the long round.

Bariatric surgery is often used to treat people with severe obesity [2]. It’s a potentially life-saving procedure conducted on people who have a body mass index, or BMI, of 40 or above. People with obesity-related complications like type 2 diabetes or high blood pressure can also benefit from surgery. Surgery can involve either tying a band, called a gastric band, around the stomach to make it smaller and more easily satiated, or removing part of the stomach altogether. A third type of surgery, called gastric-bypass surgery, involves rerouting the digestive system to bypass a part of the stomach, thus requiring less food and bringing on fullness faster. Another, sleeve gastrectomy has been formerly considered exclusively restrictive with the capacity of the stomach greatly reduced and the absorptive surface of the small unchanged. More than 80% of the stomach is resected, and the gastric remnant is tubeularized, with an initial filling volume of less than 100 ml.

While such procedures show dramatic results in terms of weight loss, while also preventing the risks of cardiovascular disease and diabetes, most patients are left with undesired floppy skin that can only be adjusted with plastic surgery. To treat these topics, surgeons encourage plastic surgeries like face or breast lifts, tummy tucks, or lifting of the sagging upper arms, thighs, or buttocks [3].

With many bariatric surgery patients restoring weight after surgery, the results describe that aesthetic operation like plastic surgery could benefit patients’ self-regard and overall quality of life [4,5]. On the other hand, more long-term studies will need to be organized to emphasize how plastic surgery helps conserve weight loss.

Given the incidence of obesity in the population and the development of the plastic surgery as an industry, plastic surgeons are viewing more and more overweight and obese patients. While we are debating legends and suppositions, let’s dissipate the conception that body contouring is an effective treatment for obesity. Liposuction, for example, is a surgical technique that uses a suction technique to remove fat from specific areas of the body, such as the abdomen, hips, thighs, buttocks, arms or neck; it is not a surgical technique for weight loss. Abdominoplasty and brachioplasty trim away excess, hanging skin and remove stubborn deposits of fat from the abdomen and upper arms, respectively-after the weight is lost.

A patient whose weight has been relentless for a considerable length of time yet is as yet experiencing issues with certain issue zones is a decent possibility for liposuction-not somebody whose weight has been flimsy and who is looking for full-body results.

Notwithstanding bringing down their BMI for the time being, smart dieting and exercise propensities ought to be incorporated with the patient’s normal daily practice - rather than essentially attempting to get more fit for a technique, patients ought to have a careful comprehension about demonstrated realities about calories consumption and physical movement. Without these propensities great propensities set up, any improvement given by body forming can be effectively fixed.
As Internist and nutritionist, I’m empowered by the possibility that improved self-perception can convert into better long haul support of a more advantageous weight, and perhaps a superior personal satisfaction for our patients.

References


Bariatric surgery is a major procedure. You might not be a candidate for this surgery if you have a severe heart or lung disease that could make it risky for you to have surgery and general anesthesia. A history of multiple abdominal surgeries can complicate surgery if issues like adhesions (scar tissue) have developed. Sometimes obesity or excess weight can be caused by factors such as medication or medical conditions. Your abdomen will be sensitive and might be sore after surgery, and you may have a surgical drain placed. There are lasting health benefits of bariatric surgery, but there are also long-term lifestyle adjustments that you have to make to maintain the benefits. Was this page helpful? Thanks for your feedback! Liposuction as Part of Bariatric Plastic Surgery Procedures.

Now, to better understand the role of liposuction with bariatric plastic surgery, let's take a look at the basics of popular post-weight loss procedures and see how liposuction is used. Tummy Tuck. A tummy tuck, or abdominoplasty, is the most common surgical procedure performed to restore the shape and appearance of the abdomen. A buttock lift is a surgical procedure designed to improve the contours of the buttocks. In most cases, a buttock lift is combined with an outer thigh lift. The primary purpose of a buttock lift is removal of excess skin hanging from the backside. Bariatric surgery is typically done only after you've tried to lose weight by improving your diet and exercise habits. Who it's for. In general, bariatric surgery could be an option for you if: Your body mass index (BMI) is 40 or higher (extreme obesity). If you qualify for bariatric surgery, your health care team gives you instructions on how to prepare for your specific type of surgery. You may need to have various lab tests and exams before surgery. You may have restrictions on eating and drinking and which medications you can take. You may be required to start a physical activity program and to stop any tobacco use. The surgical management of obesity. In: Schwartz's Principles of Surgery. 11th ed. In 2013, approximately 179,000 bariatric surgery procedures were performed in the United States, including the laparoscopic sleeve gastrectomy (42.1%), Roux-en-Y gastric bypass (34.2%), and laparoscopic adjustable gastric banding (14.0%). Choice of procedure depends on the medical conditions of the patient, patient preference, and expertise of the surgeon. Other obesity-related comorbidities are greatly reduced, and health-related quality of life improves. The Roux-en-Y procedure carries an increased risk of malabsorption sequelae, which can be minimized with nutritional supplementation and surveillance. Overall, these procedures have a mortality risk of less than 0.5%.