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Dealing with Obesity

Obesity has been linked to more deaths worldwide than being underweight. It is estimated that being overweight or obese contributes to 44% of diabetes, 23% of ischaemic heart disease, and up to 41% of some cancers. There are more than 50 diseases that are linked to obesity, and due to heightened risk of adverse health outcomes, it leads to lower life expectancy.

In 2010, according to WHO statistics, Malaysia was ranked sixth-highest in Asia for obesity rates. However, as of 2018, we are the fattest nation in Asia, with more than half the population being overweight or obese. If a person is obese, he or she will have a life expectancy seven years shorter than the normal population, with death expected 10 years earlier for those who are morbidly obese.

Bariatric surgery, also known as weight-loss surgery or metabolic surgery, is recognised by various national health authorities worldwide as the *most effective treatment* for those with a body mass index (BMI) of >40 and those with weight-related comorbidities with BMI of 35–40. The American Diabetes Association Guidelines suggested those poorly controlled diabetics with Class I obesity (BMI 27.5–32.5) should consider metabolic surgery. While

surgery may not be the first option, we need to acknowledge that it is the most effective option to prevent serious morbidities that the patient may encounter in the long run.

In Malaysia, the most common bariatric procedures performed are Sleeve Gastrectomy and Roux-en-Y Gastric Bypass. These procedures are now carried out with laparoscopic surgery. In fact, bariatric surgery was introduced in the 1950s, but due to the complications of open surgery, it had never been in the limelight. However, with the advent of laparoscopic surgery and the recent obesity and diabetes pandemic, bariatric surgical procedures have boomed all over the world and many patients have benefitted from it.

Bariatric procedures alter the anatomy and, in certain cases, the physiology of the gastrointestinal tract, which reduces oral intake and/or absorption of nutrients and aids weight loss. This subsequently prevents or treats obesity-related diseases and decreases mortality. The choice of procedure takes into consideration of several factors such as age, risk profile, access to follow-up and monitoring, previous interventions, and lifestyle.

The rate and amount of weight loss can vary between different bariatric procedures. Best results are often seen

in the Gastric Bypass while Sleeve Gastrectomy is not too far behind. In fact, bariatric surgery (Gastric Bypass and Sleeve Gastrectomy) in combination with best medical management are shown to be superior to intensive medical management alone in the management of obese patients with poorly controlled Type 2 diabetes mellitus.

Before proceeding with bariatric surgery, patient shall first consult a primary care physician on the necessary criteria such as level of glycaemic control. Primary care physicians will guide the patients in deciding whether to pursue with metabolic/bariatric surgery or to undertake another path to weight management. It is also important to educate the patients on the facts of surgery, ongoing commitment, expected results, and any other potential complications.

Having bariatric or metabolic surgery done allows the patient to start all over again with a healthy lifestyle. Patients need to understand that while bariatric surgery has immense benefits, it is not a quick fix and it will not produce instant and immediate results. It is a tool to help them to start afresh and to ensure the best outcome, patients must have a strong determination to commit to a new and healthy lifestyle. ■