
Preface

The last two decades have seen a rapid development of bariatric surgery from being an exotic outsider to becoming a new subspecialty in visceral surgery. Surgical as well as conservative therapy of obesity is not causal today. The objective of the surgical procedures is the reduction of calorie intake through changes within the gastrointestinal system. The repertoire of bariatric surgery has broadened considerably since the beginnings in the 1950s with small intestine resections and bypass. Some techniques are well established, others obsolete again and others are still being tested at the time.

Indications for surgical bariatric intervention are mainly based on the rule of thumb: “BMI over 40 or BMI over 35 + comorbidities.”

Current procedures are classified as following:

Restrictive procedures:

Adjustable gastric banding (established)

Sleeve gastrectomy (trials currently under way)

Magenstrasse and Mill procedure (trials currently under way)

Gastroplasty (obsolete)

Malabsorptive procedures:

Small intestine bypass (obsolete)

Biliopancreatic diversion by Scopinaro (established)

Duodenal switch (established)

Combined procedures:

Gastric bypass (established)

Gastric pacing (trials currently under way)

In spite of the symptomatic character of surgical therapy, it is the only effective method of treatment for morbid obesity. Performance of the procedures is not the sole domain of a few highly specialized experts any more, but is routine in many hospitals or is established as a new offer. This development has many positive aspects, but the downside is the large number of difficulties that arise during the learning curve.

How can I perform my procedure safely and successfully? What do I do in case of complications? How can I avoid complications? Surgeons ponder these questions throughout their entire career. A peculiarity of modern bariatric surgery is the fact that although obese patients benefit very much from laparoscopy, this very method poses a great challenge for the surgeon because of obesity. It is undisputed that surgical technique has a great influence on the outcome of a procedure. Another surgical axiom is the rule: “The better a procedure is standardized, the safer it is.”

Bariatric surgery is a “young” dynamic field with great potential for growth. But as in any developing discipline, there are many unanswered questions and among other aspects great variations in surgical technique. Numerous expert talks at national and international meetings, telephone calls and discussions with colleagues, and my experience with expert opinions have taught me that the technical and strategic aspects of bariatric surgery are viewed in many different ways. Even revision procedures and management of complications are discussed controversially.

These facts can be very confusing for the bariatric surgeon, especially at the beginning of his career. This is why surgeons, who have not reached the end of their learning curve yet, are the main target group for this book.

This book deliberately stresses the technical aspects of bariatric surgery. Each chapter begins with a description of the steps of the procedure, including possible intra- and postoperative difficulties. It is followed by statements by the experts, who present their own experiences with the particular bariatric technique. The same technical problem is sometimes presented similarly, but sometimes also very differently.

We present the current state of bariatric surgery and the many technical possibilities there are to achieve the surgical goal. We also show that a procedure does not necessarily have to be finished exactly the way it was planned beforehand. Facing intraoperative difficulties, it sometimes serves the patient better to discontinue the procedure or the next step and to proceed with another procedure or a different technical option. Guidelines and recommendations do not cover every single intra- or postoperative problem.

We have tried to improve the choice of individual treatment options beyond the official guidelines. We are aware that this book does not contain all possible procedures and technical tricks and pitfalls. Sleeve gastrectomy with ileal interposition for example is not included, because no expertise could be obtained.

In addition to the description of the surgical procedures, I included short chapters about the technical features of gastric balloon implantation, the possibilities of plastic surgery in obesity and anesthesiological particularities.

I am especially pleased to have won Mervyn Deitel, a pioneer of bariatric surgery and long-time chief editor of *Obesity Surgery* to write the fascinating and interesting chapter “History of Bariatric Surgery” for this book.

We hope we have succeeded in providing our readers with the current technical state of bariatric surgery. We welcome comments and critical remarks.

Eschwege, Germany

Michael Korenkov



<http://www.springer.com/978-3-642-16244-2>

Bariatric Surgery

Technical Variations and Complications

Korenkov, M. (Ed.)

2012, XIX, 217 p., Hardcover

ISBN: 978-3-642-16244-2