

# Morbidity and Usefulness of Obesity Treatment

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## Introduction

In obese people, bariatric surgery was related with a decreased number of cardiovascular mortality and an incidence of cardiovascular events when compared to standard treatment. Most epidemiological studies found an increased risk of cardiovascular events in persons who were overweight or obese at the start. According to several observational studies, self-reported deliberate weight loss is related with a lower risk of cardiovascular events. Other research suggests the reverse. The inclusion of subjects who had inadvertent weight reduction may have skewed the results of this research. Diabetes has not been shown to prevent cardiovascular events, even after 10 to 20 years of follow-up.

## About the Study

Similarly, lifestyle treatments coupled with antiobesity drugs have either had no effect on main cardiovascular end points or have resulted in a rise in the incidence of cardiovascular events in the drug treatment group. Nonsurgical weight loss studies in obese patients have failed to produce a benefit in terms of cardiovascular event rates when combined [1]. Retrospective cohort studies of bariatric surgery found a link between bariatric surgery and a lower risk of cardiovascular events. However, these investigations were limited due to inadequate participant information, which resulted in uncontrolled, confounding factors that might have altered the conclusions of this research. Too far, no properly controlled, prospective studies on cardiovascular events in bariatric surgery patients and matched obese volunteers have been published.

Two prospective, controlled, long-term studies are now underway to investigate the association between weight reduction and cardiovascular outcomes. The 4-year look Ahead results on weight reduction and risk factors were recently released, but the 12-year lifestyle intervention results on cardiovascular events are not yet available. Obesity pathogenesis is complicated and poorly understood, although genetic, behavioural, psychological, and other variables all have a role. According to family research, genetics may explain 67% of the population variance in BMI. However, genetic factors are unlikely to account for the fast rise in obesity prevalence. Physical activity levels are declining, but intake of energy-dense meals is increasing [2].

By altering the structure of the gastrointestinal tract, bariatric surgery operations lower calorie intake. These procedures are either restricted or malabsorptive. Restrictive techniques restrict intake by creating a small gastric reservoir with a limited exit to postpone emptying. Malabsorptive techniques skip several parts of the small intestine where nutrients are absorbed. Gastric stapling, adjustable gastric banding wrapping a synthetic, inflatable band around the stomach to form a tiny pouch with a restricted exit, or a combination of these two treatments are examples of restrictive surgeries. Adjustable

gastric banding is a relatively recent procedure that involves inserting a subcutaneous reservoir and adjusting gastric restriction using saline injections. The surgery can be done laparoscopically, and the band can be removed without anaesthetic in an outpatient environment. Another recently discovered operation is vertical restricted gastrectomy, in which part of the gastric body is removed, leaving a small tube of stomach as an alimentary conduit.

Proximal Roux-en-Y gastric bypass is also known as a restriction-malabsorption technique. It entails stapling the stomach to form a tiny upper gastric pouch. The distal section of the small intestine is subsequently anastomosed to the gastric pouch when the small intestine is separated at the midjejunum. Further down the jejunum, the distal section of the stomach and proximal small intestine are anastomosed end to side [3,4]. Only below this anastomosis, in the small intestine section known as the common channel, does food come into touch with pancreatic and biliary secretions. The longer the Roux limb and the shorter the common channel, the less nutritional absorption occurs.

Biliopancreatic diversion, which is often done by a technique termed duodenal switch, which includes sleeve gastrectomy, is an example of a malabsorptive procedure that introduces less gastric restriction than the Roux-en-Y procedure. Some surgeons conduct a sleeve gastrectomy as the first step of a phased operation, followed by a Roux-en-Y procedure after initial weight loss has made surgery easier and lowered operating risk. which were thought to have a significant bias risk in their design. Nonetheless, their summary evaluations, as well as those of two meta-analyses, reveal that various bariatric surgeries result in a typical weight reduction of 20 to 50 kg, compared to a minor weight increase in medically managed patients [5].

## Conclusion

The majority of patients who present for bariatric procedures have one or more psychiatric disorders; some studies suggest that patients with an Axis I or Axis II disorder, according to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, are more likely to lose weight after surgery than those who do not have such diagnoses. Other psychological characteristics related with a poor surgical result include unstable eating patterns, such as binge eating, substance addiction, low socioeconomic level, insufficient social support, and unrealistic surgical expectations.

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