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Bariatric surgery: jeujunoileal by-pass versus medical treatment. Our experience: clinical and economic aspects

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Gli autori analizzano l'obesità grave come condizione patologica invalidante sia clinicamente sia socialmente. L'obesità ha una eziopatogenesi varia. Molti riconoscono come causa primaria un aumentato assorbimento determinato su base genetica e favorito da fattori sociali e psicologici individuali. L'obesità grave, definita da un indice di massa corporeo (BMI) >40, è spesso associata ad altre patologie che richiedono un trattamento medico specifico con alti costi per la spesa pubblica sanitaria. A ciò si deve aggiungere che l'obeso grave è spesso un paziente non autosufficiente sia nella semplice routine quotidiana sia nella vita lavorativa. E' pertanto prevista una pensione di invalidità civile pari a 7800 euro/annui per singolo paziente.

Gli autori illustrano l'approccio chirurgico utilizzato su circa 600 pazienti, consistente nel confezionamento di un by-pass digiuno ileale reversibile con anastomosi termino-laterale, interessante sia il digiuno sia l'ultima ansa ileale a 25 cm.Viene creato così un ridotto assorbimento che è responsabile di una sensibile riduzione del peso corporeo e di un notevole miglioramento clinico anche delle patologie associate. Non vengono descritte complicanze degne di nota se non caratteristiche scariche diarroiche che possono raggiungere le 10-15 scariche/die per 12-18 mesi, con secondaria normale canalizzazione dell'alvo a distanza di 24 mesi dall'intervento.

La riconversione chirurgica è stata solo del 0,5-1%.Tale necessità è stata motivata o per specifica richiesta del paziente (65-70%) o per il perdurare di uno squilibrio clinico-elettrolitico (25%).

In conclusione, gli autori si ritengono soddisfatti di aver raggiunto il gold standard sia clinico che socio-economico, prefissatosi con tale approccio.

KEY WORD: Obesità grave/by-pass digiuno ileale/spesa sociale obesità BMI/morbid obesity/surgical treatment/cost Wellfare Institution.

BACKGROUND

Obesity causes many health and economic problems, both indipendently and in association with other diseases. In particular, it is associated with the development of type 2 diabete mellitus, coronary heart disease, systemic hypertension, respiratory complications, osteoarthritis and increased incidence of certain form of cancer with concomitant significant reduction in life expentancy and life quality.

Obesity can be defined as a disease in which excess body fat has accumulated such that health may be adversely affected.

In clinical practice, body fat is most commonly and simply estimated by using a formula that combines weight and height (Body-mass-index, BMI = weight / heigth^2)

Morbid obesity is defined by BMI ≥ 35, or BMI ≥ 40 with secondary serious diseases.

Obesity is not a single disorder but a heterogeneous group of condition with multiple causes. Body weight is determined by an interaction between genetic, environmental and psychosocial factors acting throught the physiological mediators of energy in take and expenditure. Obesity (BMI >30) is a common condition in every continent.

Evidence for the critical role of environmental factors in the development of obesity comes from migrant studies and the " westernitation" of diet and lifestyles in developing communities.

Most comprehensive information in Europe derives from data collected for the World Health

Organization Monica Project. On average, 15% of men and 22% of women were obese and more than half the adult population between 35 and 65 years of age were overweight or obese.

National survives in the United States have shown a marked increase in prevalence of obesity over time.

Most recent data from the USA, derived from the National Health and Nutrition Examination Survey, Shows ~ 20% of vs men and 25% of vs women are obese.

Obesity was also prevalent in Latin America but the increasing prevalence is not confined to Europe on the Americas. In South East Asia, in Japan, in China a marked rise is being seen in all populations. High prevalence rates also occur in the Middle East and in the United Arab Emirates obesity is recognized as a major public health problem.

Conservative estimates by World Health Organization (WHO) expert committee, of the economic costs for the medical treatment of obesity in developed countries are between 2 and 7% of total health costs, which represent a significant expenditure of national health-care budgets. It is important the cost of the welfare institution too.

METHODS

Our group prefers surgical treatment of obesity with a reversible jeujuno by-pass with anastomoses termino-lateral 25 cm to jeujuno and 25 cm to last ileal ansa.

In this side many intestinal ansa are bypassed and controlled reduced absorbiment is present.

We treated about 600 patients in last two decade years (BMI $\geq$ 40). We had not serious complications. Only five patients required surgical reconversion.

Surgical induced weight loss will correct all the other diseases in association with obesity.

RESULTS

Dates issued by Italian I.N.P.S. Istitution show a serious increase of the disability cheques cashed to patients affected by morbid obesity.

Infact, 155 disability cheques were cashed by Italian Governement during the year 1998, and 174 cheques during the year 2002.

Disability cheques range is about 7800 euro for every year and everyone patient.

Moreover, the obesity patients need about 6000 euro for every year too, required by treatment of the various pathologies combined to obesity.

So the bill is about 15000 euro for every year for everyone obese patient.

Our surgical treatment is achieved in public Hospital Recovery and his cost, for the governative institution is about only 4000 euro.

So we obtained the gold standard with surgical treatment of obesity as well as improved self-imaged and employability and gratis cost for our patients and important profits to the Wellfare Institution too.

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