ASIA PACIFIC BARIATRIC SURGERY SOCIETY (APBSS) NEWSLETTER

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To promote acquisition, promotion and dissemination of information and knowledge about activities related to Bariatrics in Asia Pacific region

website : www.apbss-taipei.com

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From the desk of President

Wei-Jei Lee
Co-Editor

The role of Asia Pacific Bariatric Surgical Society

-From Bariatric to Metabolic Surgery-

Dear Colleagues,

Since the funding of Asia Pacific Bariatric Surgical Group in Oct 6, 2004, we have had a regular annual meeting from Taipei, New Delhi and to Kuala Lumpur. This has surely been a momentous year for our group because we are now a formal society- Asia Pacific Bariatric Surgical Society (APBSS).

In this period, we have announced a new guideline for bariatric surgery in this region and supported many workshops in India, Taiwan, China, Hong Kong, Thailand, Korea, Singapore, and Japan. Although bariatric surgery is growing rapidly in this area, the problems with patient access, medical coverage and surgeon training still put a major damper on patients being able to get access to this life-saving surgery. Clearly, it is our obligation and goal to continue providing our efforts on this field.

In the future, APBSS should pay more attention on the research of bariatric surgery and accumulate more data specifically in Asian population. We may change the experience and share new ideas in our meeting. We shall cooperate and work together for the continuing development of bariatric surgery in this region and making contribution to this special surgical division.

Recently, bariatris surgery has been extended to metabolic surgery. ASBS has changed their name to ASMBS and IFSO will change to IFSOM. We, APBSS, are the first to included DM as a specific indication for bariatric surgery in our guideline. We may also need to change our name in the future to co-op the development of medical advancement. I am happy to announce that we have launched a randomized clinical trial for surgical treatment of T2DM in Taiwan. We hope to provide very exciting data a year later.

I believe our Society will continue and address the major issues that confront countries and people in this region. I appreciate the enormous help on the Society from all of you.

From the desk of President-Elect.

Isao Kawamura
Co-Editor

Recent Movement of Obesity Surgery in Japan

"The Japanese Society for Obesity Therapy" was established in 1983, changed its name to "The Japanese Society for the Study of Obesity/Malnutrition" in 1995 and has held study meetings once every year throughout the entire period.

"Obesity" is becoming a serious problem even in Asia. It is the main determinant in the diagnosis Metabolic Syndrome. Not only as a weight-loss surgery but also as "Metabolic Surgery", a treatment for Metabolic Syndrome, bariatric surgery is being performed more commonly all the time throughout Asia.

Considering the complexity of treatment of obesity, the simultaneous use of multiple approaches are absolutely necessary. To achieve maximum results in the treatment of obesity, physicians, surgeons, psychiatrists, nurses, nutritionists and exercise therapists need share in a united effort.

At the 25th study meeting, held last June, the membership of the society made the decision to reorganize and advance our society by establishing a congress, "The Japanese Society for the Treatment of Obesity/JSTO". A chamber of the congress, the surgeons group, "The Japanese Society for the Surgery of Obesity/JSSO," will function as the body member of IFSO and APBSS.

In Japan, laparoscopic surgery has recently become more common in bariatric surgical procedures. Due to rapid increase of rate and degree of obesity, it will make a great progress, and advancement of surgeons' technique is indispensable.

From the desk of Secretary - General

Pradeep Chowbey
Editor-in-Chief

Obesity today is an increasing problem that is rapidly assuming global pandemic proportions. Fortunately, we are in a position today in the region where we can face up to and confront the unique challenges that are thrown up.

We are all aware of the association of 3D's with obesity viz disease, disability and death. The scope and ambit of Bariatric Surgery far exceeds the cosmetic aspect of obesity surgery as has been the popular perception even amongst the medical fraternity. Bariatric Surgery in essence is life saving surgery. Bariatric Surgery has expanded commensurate with need and today constitutes one of the newest and rapidly advancing frontiers of surgery.

Asia Pacific Bariatric Surgery Society (APBSS) marks the culmination of efforts of like minded Surgeons from the region who have risen to address and treat morbid obesity, the latest scourge of mankind the world over Interestingly, the Asia Pacific region has its own unique problems with obesity in spite of the remarkable diversity of population, ethnicity and race.

Through the medium of the APBSS newsletter, a platform has been created to introduce, present, discuss and debate issues and challenges that confront surgeons and other professionals dealing with Bariatric surgery. There are indications that acceptable and standardized procedures in vogue in the West need to be modified and redesigned for local populations keeping in view local diet, customs and habits. The APBSS newsletter provides a forum to debate and disseminate such information that may not be readily available from known sources of information today.

This newsletter can only be as useful and relevant as the quality of input that is provided to it. It is my humble request that we make a special effort to contribute our experiences and share information with colleagues with a view to further the horizons of Bariatric surgery in our region. We have taken a small first step today with the introduction of the first edition with the hope that this is a precursor of much better things to come in future.

"OBESITY AN EMERGING MENACE IN ASIAN COUNTRIES"

SHARE YOUR EXPERIENCE

Your article and experience are welcome in this space!!!

This is an opportunity to share your learning / experience/ with colleagues

The Asian continent comprises predominantly of developing nations. It has India and China, the 1st and 2nd most populated countries in the world. Seventy percent of the population resides in rural areas and has a predominantly agricultural source of income. According to WHO, nearly all Asian countries fall in the low income class. This situation is further compounded by illiteracy and under nutrition. Yet the problem of obesity has been observed to be on the rise in the entire Asia pacific region. This paradox may be explained on the basis of lack of knowledge and understanding about healthy, nutritious foods and the consumption of foods which are cheap and easily available, coupled with changing lifestyles.

The problem is felt most acutely in the cities and urban areas. In fact urbanization has been implicated as the strongest risk factor for obesity. This observation is based on studies showing the incidence of obesity in urban areas to be nearly three times that of rural regions. People are fast adopting a less physically active lifestyle and consuming more "energy dense, nutrient poor diets."

There are certain features unique to the type of obesity observed in the Asian population with implications towards the approach to its management.

How is obesity different in Asia?

BMI is not considered to be a good estimate of obesity in Asians. Asians have a small body frame compared to the large framed Europoid populations. Theirs is a characteristic obesity phenotype of 'a low BMI but with central adiposity'. There is a higher ratio of body fat to other body tissues for any given weight and for any given body fat, they have increased insulin resistance. This phenomenon is referred as the Asian Indian Phenotype or Paradox.

In the Asian region the socioeconomic strata expressing the highest prevalence is the affluent class. The risk of obesity is highest in the 20% population that consumes 80% of the available dietary fat. This is opposite to the situation in the west where obesity is a disease of the lower socio-economic groups. This has been described as the 'reversal' of socio-economic gradient.

The metabolic and vascular events due to obesity occur at much lower BMI values in Indians and other Asians. A large cross-sectional study by the National Urban Diabetes Survey in India showed that a BMI >23kg/m2 was associated with increased risk of diabetes. A large community based study (Coronary Risk of Insulin Sensitivity in Indian Subjects CRISIS) came up with some startling revelations. It showed that in rural men with a mean BMI of 21kg/m2, ~ 33% were adipose (i.e. body fat > 25%) and 80% of urban men with a mean BMI of 24.1kg/m2 were adipose. Only 7% of these urban men would be classified as obese by the WHO criteria.

What then are the factors predisposing to the genesis of obesity in Asians?

Lifestyle changes, increasing affluence and genetic predisposition (thrifty gene hypothesis) are well known causes of obesity. A relatively lesser known factor may be the intrauterine environment. The fetal origin of obesity is based on the concept of an inverse relationship between birth weight and prevalence of diabetes, insulin resistance and CHD in later life. This may arise due to altered body composition, appetite, physical activity pattern and changes in energy metabolism.

Some other contributing factors unique to this region are the social and cultural mindset of the people. A diet high in saturated fat content is considered a more nourishing diet compared to a balanced diet comprising salads, vegetables pulses, fruits and grains. In fact the consumption of fruits and vegetables in India are abysmally low. Social practices such as prolonged immobilization post partum compounded with a high fatty diet predispose to weight gain. Women are often home bound and have limited access to physical activity. The availability of cheap domestic labor limits energy expenditure of household activities too. The rapid urbanization and nuclear families have resulted in an 'eat on the run' lifestyle and intake of junk food. The incidence of obesity in children is also on the rise as shown by school surveys in Indian cities, where nearly 30% of adolescents from India's higher socioeconomic groups are overweight similar reports have also appeared from other Asian countries. A National survey has shown that a fifth of adults are overweight and 6% are obese.

Financial implications

A recent article in the paper mentioned that due to the increasing incidence of diabetes, India was likely to lose US$ 330 billion in economic growth over the next decade. That's a staggering amount for a developing country. These observations indicate the need for urgent action to control this trend before it gets too late.

Treating obesity

One of the biggest hurdles to be overcome in Asia is that of ignorance regarding obesity as a disease. What needs to be done therefore is:-

1) Create awareness about obesity being a life threatening disease.
2) Bridge the divide between patients suffering from obesity and its ill effects and treatment centers.
3) Make state of the art Bariatric surgical services available initially in all major cities.
4) Work with government organizations at various levels to initiate preventive and cost effective treatment programs.

OBESITY AND INDIA - MYTH & REALITY

SHARE YOUR EXPERIENCE

Your article and experience are welcome in this space!!!

This is an opportunity to share your learning / experience/ with colleagues

Obesity has reached alarmingly epidemic proportions in India as well as the rest of the world and is a major contributor to the global burden of chronic disease and disability. It is not restricted to the industrialized western societies, the increase in obesity is often faster in developing nations than in the developed world and it is now coming up in India in a big way. Six percent of India's population is dangerously obese. While obesity of itself is a risk factor, most mortality and morbidity is associated with the co-morbid conditions (hypertension, hyperlipidemia, Type II diabetes, cholelithiasis, obstructive sleep apnea, hypoventilation, degenerative arthritis and psycho-social impairments) and is a major contributor to risks of killer diseases.

The WHO recommends effective weight management for individuals and groups at risk can only be done through prevention, weight maintenance, management of co-morbidities and weight loss. Creating a supportive environment through such support groups, policies to promote healthy behaviour, an environment encouraging physical activity and a clinical response to obesity, are the only ways to help control this epidemic.

However, with recent advances in surgical field there is hope for those suffering from morbid obesity. People with morbid obesity don't respond to medicines, can't exercise due to excessive weight and find it difficult to cut their quantity of food. Obesity surgery has been touted as the only viable option for these patients. It is a life saving surgery not a cosmetic one. Count your bites, not calories is the new mantra to weight loss.

Obesity is commonly assessed by calculating the body mass index (BMI) of the patient using the following formula:

BMI = Weight in KG / Height M2

When the BMI of a person is more than 37.5, it is known to be a Morbidly Obese patient.

Surgical treatment becomes medically necessary in morbidly obese patients because it is the only proven method of achieving long term weight control for the morbidly obese. It is for the big cause of the society. Through this procedure, the patient reduces about 8-10 kg every month and can become almost normal weighing person within 1-2 years with most of the diseases either disappearing or significantly improving.

There are three types of surgical procedures routinely performed for treating Morbid Obesity:

1. **Restrictive** - LAGB (Laparoscopic Adjustable Gastric Band), VBG (Vertical Banded Gastroplasty)
2. **Combined** - Roux-en-Y Gastric Bypass.
3. **Malabsorptive** - BPD (Bilio-Pancreatic Diversion) , BPD + DS (Duodenal Switch)

Restrictive: Adjustable Gastric Band

It is the least invasive procedure possible amongst all bariatric surgeries. It is accomplished by placing a silastic band around the upper part of the stomach to create a tiny stomach pouch. Hence early satiety is attained. The band is adjustable, that is, it can be inflated / deflated with saline via the access port placed subcutaneously and fixed to the rectus sheath. It is preferred in less obese patient.

Combined: Roux -en- Y GBP

It involves creation of a gastric pouch of volume 20ml after transecting the stomach. A Roux-en-Y jejunal limb is constructed and attached to the pouch.

Malabsorptive: Bilio-Pancreatic Diversion + Duodenal switch

The stomach is divided at D1 so as to preserve the function of pylorus hence allowing normal filling of stomach & maintenance of satiety sensation. A modification of this procedure involves a vertical sleeve gastrectomy. The advantage of this procedure is that it can be performed laparoscopically. It is an excellent option for super obese i.e. BMI > 50. It affords good relief from co-morbidities, like diabetes & hypertension.

The need of the hour is to expand awareness on this form of management in the Indian scenario, as it has been predicted that if this current trend continues, obesity is likely to emerge as a very important public health problem in India a decade from now. Recognized and approached aggressively today, obesity in India can be adequately controlled and the morbidly obese patients no longer have to suffer.

Glossary of terms

- **Morbid Obesity** - this is a disease condition when the Body Mass Index (BMI) of a person is more than 37
- **BMI** - Body Mass Index is a term used to define obesity and is measured by dividing bodyweight by the square of height in meters.
- **Comorbidities** - These are conditions that exist at the same time as the primary condition in the same patient
- **Bariatric Surgery** - A solution within reach and other eminent doctors covering Co-morbidities associated with obesity.

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Types of Membership	☐ Full Member (30USD/Year) ☐ Life Member (USD200)
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Nationality	
Passport No.	
Marital Status	
Dialect	
Religion	
Educational Qualifications	
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Email	
Cases of Bariatric Surgery/year	
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CALENDER OF EVENTS

XII WORLD CONGRESS OF IFSO
Porto, Portugal
September 5 - 9, 2007

OSSICON 2008
Kolkatta, India
February 23 - 24, 2008

3rd ASIA PACIFIC OBESITY CONCLAVE
Shanghai, China
March 26 - 28, 2008

XIII WORLD CONGRESS OF IFSO
Buenos Aires Covention Centre, Argentina
September 24 - 27, 2008

WORLD CONGRESS OF IFSO
New Delhi - India
2012

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