EuroSciCon

DAY 1

Keynote Forum

7th European Congress on

Obesity and Eating Disorder

April 12-13, 2018 Amsterdam, Netherlands

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Paul Davidson, J Obes Eat Disord 2018, Volume: 4
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DIVERSITY ISSUES IN BARIATRIC SURGERY

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The roots of bariatric surgery are highly international, and as the field grows, providers are entrusted with evaluating and treating increasingly diverse clients. There is an increasing body of literature which examines ethnic diversity in the bariatric field and specific clinical issues which arise in treating specific groups, such as Hispanics or individuals of African ancestry. Such broadening of the surgical population is exciting, but raises specific challenges. This talk will explore international trends in bariatric surgery, with an emphasis on shifts in surgical choice and population dynamics. With a firm grounding in where the field is heading, issues related to who considers surgical intervention will be addressed. Next, disparities seen within the field regarding patient selection will be discussed. Racial differences in surgical outcomes will be presented along with some suggested ways to approach this from a treatment perspective. A key piece of this includes providing culturally competent care. When dealing with obesity, special attention needs to be paid to ethnic food preferences as well as specific religious factors which impact eating habits. To illustrate the objectives, case examples will be presented and the audience would be invited to share their own experiences involving diversity, as part of a topical discussion. Enhancing skills in approaching cultural issues is expected to improve clinical practice as well as a patient's sense of being understood by providers.

Biography

Paul Davidson serves as the Director of Behavioural Services at the Center for Metabolic and Bariatric Surgery at Brigham and Women's Hospital in Boston. He obtained a BA in Psychology from Brandeis University and earned his PhD in Clinical Psychology at Brigham Young University. He completed an Adult Internship and Child/Adolescent Fellowship at the Cambridge Hospital/Harvard Medical School. He serves as the Chair of the Integrated Health Support Group Committee for ASMBS. He is an Instructor in Psychiatry at Harvard Medical School, has spoken internationally about bariatric topics. He has published in numerous journals, is an Associate Editor for the *Obesity Surgery* journal and a Reviewer for Surgery for Obesity and Related Disorders. He is passionate about his commitment to his patients, integrative care, and advancing behavioural medicine research.

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CONVERSION FROM GASTRIC BYPASS TO DUODENAL SWITCH SECONDARY TO DUMPING SYNDROME: A CASE REPORT

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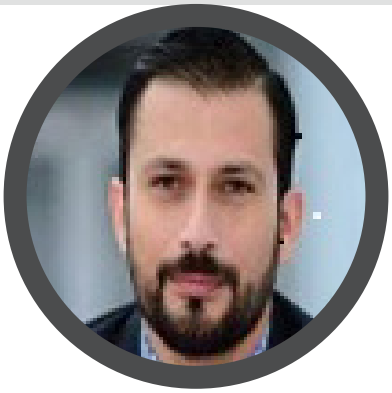

Introduction: **According to the Mayo Clinic Staff´s description1. Dumping syndrome is a condition that can develop after bariatric surgery (gastric bypass) also called rapid gastric emptying, dumping syndrome occurs when food, especially sugar, moves from the stomach into the small bowel too quickly. 2Most people with dumping syndrome develop signs and symptoms, such as abdominal cramps and diarrhea, 10 to 30 minutes after eating, also present tachycardia, diaphoresis, nausea, hypotension, and lipotomy. 2Other people have symptoms one to three hours after eating, and still others have both early and late symptoms. Generally this condition cans prevent by changing the diet after surgery. Changes might include eating smaller meals and limiting high-sugar foods. In more-serious cases of dumping syndrome, it may need medications or surgery.In this case was a woman 46 years old, with a history of metabolic syndrome, who underwent bariatric surgery of 1 year 3 months ago. Our patient begins with symptoms three months after the completion of her surgery, which is unknown the technique used, as well as findings during a surgical time, this because it was performed in other surgical group. Failed medical treatment and diet modification as well as present weight gain. Regarded as intractable dumping syndrome, for which she is considered as candidates for revision and surgical conversion.**

Methods: **Before the surgical protocol, under general anesthesia and endotracheal intubation, trocar is placed at the level of the midline, 15 cm below the xiphoid appendix, and the rest of the trocars are placed with direct vision, adding a sixth in the middle clavicular line at the level of the left ileac crest. Laparoscopic finding that left three meters of absorption surface, but debuting three months after surgery with dumping syndrome and weight gain. Laparoscopic revision procedure was performed with modified biliopancreatic divertion like to duodenal switch was performed to relieve her intractable condition.**

Results: **The procedure lasted 50 minutes without any intraoperative complication, the final intestinal absorption surface was 100cm, blood loss was 300 ml, the postoperative hospitalization stay was 2 days. To this day the patient is uncomplicated, metabolic syndrome is controlled, and BMI it´s in normal range.**

Conclusions: **In this case, the syndrome could not be medically treated and required surgical intervention, in which it was necessary to modify the gastric emptying by the pyloric restitution, together with the procedure, the intestinal absorption surface is reduced in order to correct the weight gain. Obtaining metabolic syndrome and weight gain control.**

Biography

Jose Antonio Castaneda Cruz studied medicine at the Universidad de Guadalajara from 1994 to 2000. He has a specialty in surgery from the Universidad Autonoma de Chihuahua, at the Dr. Salvador Zubiran General Hospital in Chihuahua. Chihuahua México from 2000 to 2005. For 2006 he travels to Barcelona Spain, to the Laparoscopic Center of Barcelona Centro Teknon, to do the sub specialty in laparoscopic bariatric surgery, by Professor Carlos Ballesta López M.D.

He returned to Mexico where he worked as a bariatric surgeon at the Instituto Mexicano del Seguro Social. In Cd, Juárez, Chihuahua, and later devoted himself to the practice of bariatric surgery in the private sector in the state of Jalisco. Since 2008 he attends the IFSO congresses that are presented every year.

In 2015, he founded Gastric Bypass México A.C. of which he is president and responsible. Taking the opportunity at the last IFSO congress to present his clinical and surgical research works, in the same way in Mexico at the XX CIAM congress. Surgeon treating the case of Juan Pedro Franco Salas, "The most obese man in the world" and Dayana Camacho "The most obese teenager in the world" in both cases with an excellent medical surgical advance.

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CAESAREAN SECTION IN EXTREMELY OBESE PARTURIENTS

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Obesity is rising all over the world and is associated with increased risk of adverse pregnancy outcomes. Cesarean section is the most frequent operation worldwide. Once in a while, caesarean section has to be done on obese parturient and needless to say that obesity is associated with other maternal as well as fetal metabolic risks. There is a direct correlation between surgical steps and their influence on post-surgical pain. Therefore, every single step in each operation should be based on studies comparing different methods taking into account the outcome. Different surgeons perform operations with the same indication in different ways. The lack of standardization does not enable comparison and certainly not meta-analysis. This was the reason why we started to evaluate the outcome of single steps and their combinations on the post-operative pain as well as on the mobility and well-being of the parturient. Among our parturients were 19 women with BMI 38–41. The modified Joel-Cohen method proved not just to reduce febrile morbidity, but to have direct influence on post-operative pain. A direct correlation was found between the outcome of surgeries which used to suture the uterus with one or two layers, suturing peritoneum or leaving it open as well as the suture material and the size of the needles. Amazingly, it was shown that the higher the BMI, the less blood loss from the abdominal wall when using this technique and less stitches are needed to close the skin. There was no difference concerning febrile morbidity, mobility after the surgery or the use of analgesics compared to women with normal BMI. Without exception, scores of studies showed that following these steps the post-operative pain and the need for analgesics are significantly reduced.

Biography

Michael Stark is specialized in Obstetrics and Gynecology. His main interest is Gynecological Oncology. He is currently the Scientific and Medical Advisor of ELSAN, a 120 hospital group in France and is a Guest Scientist at the Charité University Hospital in Berlin. He is the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical organization. In 2011, he was nominated as the Medico Del Anno (Doctor of the Year) in Italy, and is an Honorary Member of the French, Polish, Russian and Italian Gynecological Associations. During the years 1983-2000, he was the Medical Director and Head Of Ob/Gyn Department of the Misgav Ladach General Hospital in Jerusalem, and between 2001 and 2009 the Chairman of all Ob/Gyn Departments of the HELIOS Hospital Group. He was Visiting Professor in universities of Toronto, Moscow, Beijing, Milan, Adana, Uppsala and the Weill-Cornell University Hospital in New York.

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