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SURGIACAL TREATMENT OF CLINICALLY SEVERE OBESITY

Abstract: Excess weight is an increasingly common problem in Western societies, with a prevalence of 20-30%. Clinically severe obesity is a mortal disease that produces or aggravates other diseases, and cause psychosocial, social and economic problems as well. Medical treatment of obesity may be successful when dealing with moderate obesity, but medical treatment for clinically severe obese patients are poor with long-term success rate of 5%. Since 1954 surgery has been performed in an attempt to control clinically severe obesity. In 1991 the NIH Consensus Statement on Gastrointestinal Surgery for Severe Obesity considered surgery the treatment of choice for patients with clinically severe obesity. The introduction of laparoscopy, and especially of Laparoscopic adjustable gastric banding (LAGB), has considerably increased the popularity of bariatric surgery among patients and referring physicians. In the period between 1997. and 2003, 80.000 LapBand systems have been implanted, mostly in Europe, South America and Australia. Following laparoscopic cholecystectomy, LGB is one of the most common laparoscopic operation performed today.

The LAGB procedure is attractive because it is minimally invasive, totally reversible, and adjustable to the patient's needs. If needed, the silicone band can be removed laparoscopically with no adverse sequela to the stomach, indicating the totally reversible character of the procedure. LAGB cause significant postoperative excessive body weight loss, and significant reduction of comorbidity.

In the future efficient, nondangerous medication may be developed from genetic research for the treatment of obesity. LAGB stands at the forefront of bariatric operations as a reversible procedure without anatomic or physiologic aftereffects. As we are dealing with young people with long life expectancy, the fact is not negligible *Primum non nocere!*