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Bariatric surgery in Type 1 and 2 Diabetics and in Prediabetics: Lessons learnt from the Saudi Arabian Experience

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Almost a third of the adult population in Saudi is obese and of those 18% deserve to undergo bariatric surgery. Only 2% of those eligible present for bariatric surgery. The primary reason to undergo bariatric surgery in Saudi Arabia remains to be weight reduction and improvement of the quality of life (80%) rather than resolution of co-morbid conditions (18%). The health care delivery system is a combination of governmental, employer sponsored and third party payor. While care for chronic illnesses is mandated by law, bariatric surgery is not covered by most insurance providers limiting affordability but recent drop in cost due to competition has helped improve access to surgery.

Endocrinologists have been reluctant to refer patients for bariatric surgery due to short and long term safety concerns of bariatric surgery. Endocrinologist have been troubled by the ineffectively of band surgery which was the only procedure available during the 90's and when more radical effective procedures with mal absorption were introduced, early complications during the learning curve and long term serious macronutrient and micronutrient deficiency and lack of surgical follow up in delayed surgical complications have caused them to be more reluctant to refer patients. The introduction of sleeve gastrectomy has solved many of these issues reducing nutritional deficiencies and long term surgical complications. The surgery community has been liberal in applying the new guidelines in low BMI The recent guidelines of offering metabolic surgery in diabetics with low BMI and even the new trend. A unique subset of patients are type 1 diabetics who are morbidly obese and the results in these patients have shown the importance of early post operative glycemic control and that there weight loss is identical to non diabetic patients.

Biography:

Dr. Osamah Alsanea graduated with honors from Kuwait University. He completed his did and early surgical training at King Faisal Specialist Hospital in Riyadh then was awarded a scholarship to complete his surgical training at Tufts University, Boston. He obtained a fellowship in Minimally Invasive Surgery under the Dr. Schwaitzberg past president of SAGES and Dr Shikora past president of IFSO then completed a completed a fellowship in Endocrine Surgery under Dr. Clark past president of AAES and ATA at UCSF California. Dr. Alsanea practice emphasizes minimally Invasive, bariatric and Endocrine Surgery in the first dedicated multidisciplinary diabetes therapy center