

Bariatric Surgery @ AIIMS-Towards a Healthier Nation



...Newsletter

Vol 4 Dec 2017

AIIMS Bariatric Surgery Program – Celebrating a Decade of Service

Dear Friends,

Obesity is a disease which has affected our country in a big way. Bariatric Surgery remains the most effective option for sustained weight loss. It also leads to a remarkable impact on co-morbidities including diabetes mellitus, sleep-apnea, hypertension, PCOD. Prior to our program, the facilities for Bariatric surgery were confined to private sector only. After my 1-year stint at Mount Sinai Hospital in 2007 we planned to set up Bariatric surgery at AIIMS. The program kick started with the first live workshop at AIIMS in January 2008 in which Dr Ashutosh Kaul from USA demonstrated two cases including sleeve gastrectomy and gastric bypass. Since then we haven't looked back. The number of patients coming to AIIMS surgery OPD and the Bariatric Surgery Clinic has increased steadily over the years, and today 10-15 new patients receive counselling for Bariatric surgery every week. A dedicated clinic to look after these patients was established in 2014.



Bariatric Surgery is one of the most challenging fields in surgery which involves care at every level. Moreover the team has to be committed for life-long care of these patients. At AIIMS, we have worked tirelessly at all these levels to ensure outcomes which are at par with the best centres in the world. A significant achievement of the program at AIIMS is that as the first Public Sector Centre to start bariatric surgery, we have brought it within reach of all strata of society where we deliver high-quality service at nominal cost. Now we have taken the program further where we not only treat morbidly obese patients but also treat lesser obese patients suffering for Type 2 Diabetes Mellitus with metabolic surgery.

Over the years, we have initiated several activities to sustain the momentum and expand it. We have operated close to 750 morbidly obese patients for bariatric surgery and related procedures. These have included sleeve gastrectomy, Roux-En-Y gastric bypass, Mini Gastric Bypass, Gastric Banding, Single Port surgery, robotic surgery, revision surgery and others. Using our experience and insights of establishing the first program in the public sector, we have helped PGI Chandigarh and LNJP hospital to start their program. We have conducted short-term trainings for surgeons from various parts of the country. Recently a two-year fellowship in Bariatric Surgery has been started.

Regular Patient Support Group meetings are conducted to help patients discuss various issues, motivate and encourage life style modification, crucial for long-term maintenance of weight loss. Operative workshops and conferences are organized to help surgeons learn more about Bariatric Surgery. We have been recognized as a major center for Bariatric Surgery in the Country and our members are invited as a speaker/faculty in almost all meetings in the field in India and globally.

Bariatric surgery has huge potential for research as it impacts practically every system of the body and we are excited to continue the onward march. We have made significant contributions in research, specifically with regards to metabolic surgery and different aspects of sleeve gastrectomy. We have published more than 25 research papers in this field; most of them in prestigious journals.

Our future goals include expansion of the team, have a robust fellowship training program as well as work on the best procedure for metabolic surgery. Of course guided by our motto 'Patient Safety First, we continuously strive for excellence, adhering to stringent protocols to achieve the best results consistently.

Dr. Sandeep Aggarwal

Professor, Department of Surgical Disciplines, AIIMS

AIIMS' first robot-assisted weight-loss surgery

The use of robot gives many advantages including 3D vision and better control over instruments. Most importantly, it allows for precise suturing of the stomach pouch and intestine and reduces serious complications like leaks. Dr. Aggarwal with a team of six doctors conducted the surgery upon a patient whose BMI was 40 on April 16. It was challenging not only because of the extra kilos, but also because the patient was diabetic.

Connecting with the patients

Bariatric Surgery is relatively new concept in India though it is very popular in the Western countries. AIIMS, India's most known and a premier institute in the field of patient care, training and research. AIIMS is the first Government hospital in the country to start these services for the benefit of deserving patients who can't afford it in private sector. The Department of Surgical Disciplines has started offering bariatric surgery for morbidly obese patients. The main purpose of the support group meetings is to create awareness and boost patients' confidence as well as to answer queries related to post-operation issues like hair loss, loose skin, flabby tummy, importance of nutritional supplements etc. Our mission is to create a 'Center of Excellence' for Bariatric Surgery at AIIMS which will offer highest standards of patient care, conduct research aligned with national priorities as well as provide training to other surgeons. We have held a total of six such patient support group meetings since 2008.



Obesity Support Group Meeting



Addressing the patients operated at AIIMS



All were obese sometime in past



Patients share their experience



Aerobic exercise is a vital part

First Workshop on Bariatric Surgery



After preparing for over a year, the bariatric surgery program at AIIMS started with a Live Operative Workshop on 31st January 2008. The workshop was held in Dr Ramalingaswami Board Room, AIIMS. Dr Ashutosh Kaul, Director Minimally Invasive and Robotic Surgery at New York State Medical College was the chief faculty. Two procedures were demonstrated; Laparoscopic Sleeve Gastrectomy and Laparoscopic Roux Y Bypass. The workshop was inaugurated by Dr T D Dogra, Director AIIMS and it was followed by lamp lighting ceremony. In his welcome address Prof M C Misra, Head of Department Surgical Disciplines and Chief JPNA Trauma Center, told that the workshop was a step towards establishing a full-fledged program for surgical treatment of obesity at AIIMS. He further said that this service would help patients from all over India to avail this treatment, which otherwise can be afforded only by privileged few. The meeting was attended by more than 150 delegates and eminent surgeons from across the city.



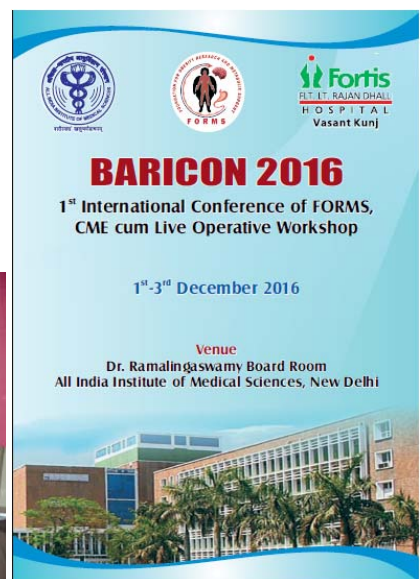
Tribute to Mr Vinod Dawar



A kind hearted and generous soul that he was, Mr Vinod Dawar was the first patient operated by us at AIIMS after the workshop. He underwent a Laparoscopic Sleeve Gastrectomy on 8/2/2008. He was doing well and had lost about 30 Kg over 5 months when fate snatched him away. He was run over by a blue line bus while going to a temple in East Delhi. He was a true gentleman who was not afraid to be the "First patient". He was initially scheduled to be operated during the workshop but could not be operated due to his blood sugars going haywire. Any other person would have been very bitter but when we went to meet him in the evening after the workshop was over, he congratulated us at the start of the bariatric surgery at AIIMS. He was much more than a patient to us. He had actually become an integral part of our bariatric team. He would visit us regularly and encourage other patients who were admitted for bariatric surgery.

Foundation for Obesity Research and Metabolic Surgery (FORMS)

Care for morbidly obese patient is a delicate and demanding task, slightest error may be of disastrous consequences. The concern for safety of our patients and progress of the subspecialty entrusted us with a new vision. A few dedicated and like minded academicians have joined hands and souls to establish the “Foundation for Obesity Research and Metabolic Surgery (FORMS).” The



foundation is guided by the ideology to strive for the betterment of training, research and patient care in the field of bariatric and metabolic surgery.

“BARICON 2016, 1st International Conference of FORMS, CME cum Live Operative Workshop” from 1-3rd December 2016, was held at All India Institute of Medical Sciences, New Delhi. The focus was to motivate and guide the future bariatric surgeons for safe and successful journey through this sub speciality. There was also a post graduate CME on bariatric and metabolic surgery to motivate the young surgeons; dedicated session on how to start a bariatric programme, where experienced surgeons, anaesthesiologist, nutritionist and psychiatrist joined hands to guide the novice for a successful endeavour



Stalwarts of Bariatric Surgery



Dr Mal Fobi



Dr Martin Fried

Burning Issues

Bariatric surgery and infertility

There is a common myth that bariatric surgery can lead to infertility. Bariatric surgery on the other hand results in improvement in infertility status due to hormonal changes. In studies it has been demonstrated that bariatric surgery results in improvement in postoperative conception rates varying from 33% to 100%.

Obesity in adolescent population

Multi-disciplinary approach and extensive experience in bariatric surgery is essential to offer bariatric surgery to children/adolescents. We performed bariatric surgery in 10 adolescents who had morbid obesity. They had significant weight loss. 4 of them had diabetes mellitus of which three had complete resolution and one had improvement in diabetes status. Among the three patients with obstructive sleep apnea, two patients had complete resolution while one patient had improvement in symptoms.

14 years old female with BMI = 63.2 kg/m²

A 14 year old obese girl. A case of childhood monogenic obesity, also manifesting in two of her brothers. This girl came to AIIMS for evaluation of her obesity and was found to have MCR-4 and Leptin gene mutation. At presentation weight was 174kgs and BMI of 63.2 kg/m². She underwent sleeve gastrectomy as a staged procedure keeping in mind her physiological growth.



Super obesity

A person is said to be super obese if the BMI is greater than 50. These patients are at greater risk for developing diabetes and hypertension. It is also difficult for these patients to get better with dietary and exercise measures alone. We operated around 140 super patients and most of them had significant weight loss. All patients had improvement in diabetes and 75% had complete cure of diabetes.

24 yr Male with BMI = 82kg/m²

A 24 year old male, with early onset obesity presented for Bariatric surgery. He had Hypothyroidism for past 4 years. He was controlled on Thyroxine 100ug OD. However he did not have any other co-morbidity like Diabetes, Hypertension, dyslipidemia and OSA. At presentation his absolute weight was 244 kgs with a BMI of 82.4 kg/m². He was started on liquid diet and complete Pre-bariatric surgery workup was done. At the time of surgery his absolute weight was 237kgs and BMI of 80 kg/M². He was then planned for staged procedure; first sleeve gastrectomy and later Bypass surgery. On routine follow up after 1 month his weight is 230 kgs and BMI of 77.7kg/m².



AIIMS bariatric surgery data at a glance

Total no of patient registered in Bariatric clinic- 1062 (Since 2014)

Total no patient underwent Bariatric surgery - 750

Mean age - 40 years

Mean BMI - 47 Kg/m²

Female : Male - 2 : 1

Super super obese patients - 123

LSG- 589

RYGB- 82

MGB- 40

Banding- 30

Revision Surgeries- 9

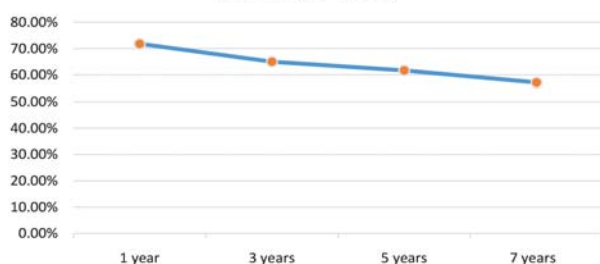
Lap Cholecystectomies post Bariatric surgery-11

Hiatus Hernia repair- 12

Paraumbilical Hernia repair- 12

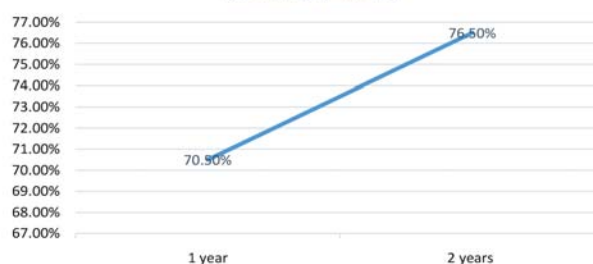
The mean percentage Excess weight Loss

The mean percentage Excess weight Loss (%EWL) (±2SD)



LSG

The mean percentage Excess weight Loss (%EWL) (±2SD)



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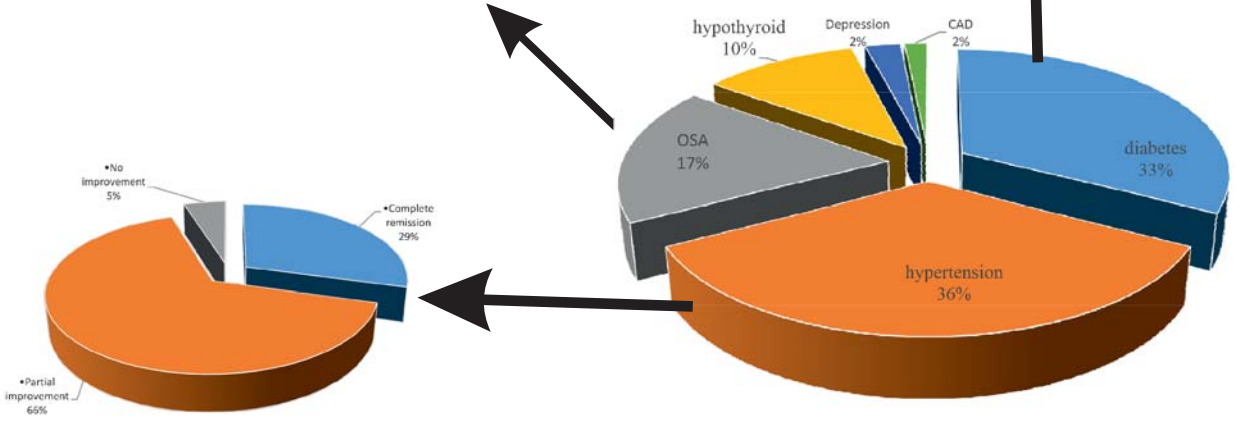
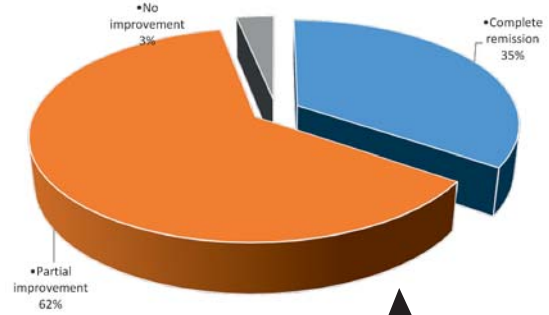
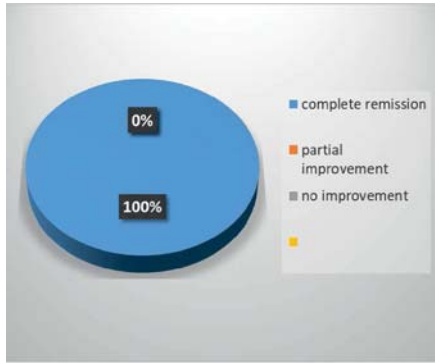
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Prevalence of Comorbidities in Bariatric Patients

- Diabetes-249
- Hypertension-266
- OSA-134
- Hypothyroidism-84
- CAD-19
- Depression-12



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Further Together

Chapters in books

1. Sandeep Aggarwal, Pratyusha Priyadarshini, Michel Gagner. LSG: The Technique. Chapter In book: Obesity, Bariatric and Metabolic Surgery: A Practical Guide, Edition: First Edition, Publisher: Springer, Editors: Sanjay Agrawal, pp.247-57 . DOI: 10.1007/978-3-319-04343-2
2. Sandeep Aggarwal · Pratyusha Priyadarshini · Sanjay Agrawal. Current Concepts in Bariatric Surgery: A Review. Chapter in GI Surgery Annual. Editor: T K Chattopadhyay. pp 2016
3. Harshit Garg, Sandeep Aggarwal. Bariatric Surgery: Current Concepts in Roshan Lall Gupta's Recent Advances in Surgery – 14, Publisher: Jaypee, Editor: Puneet, pp: 217-236, · Chapter · Nov 2015

Surg Obes Relat Dis, 2017 Sep 11. pii: S1550-7289(17)30407-0. doi: 10.1016/j.soard.2017.09.005. [Epub ahead of print]

Utility of transient elastography (fibroscan) and impact of bariatric surgery on nonalcoholic fatty liver disease (NAFLD) in morbidly obese patients.

Garg H¹, Aggarwal S², Shalimar³, Yadav R⁴, Datta Gupta S⁴, Aggarwal L¹, Aggarwal S⁵

Mid to long term outcomes of Laparoscopic Sleeve Gastrectomy in Indian population: 3-7 year results - A retrospective cohort study.

Garg H, et al. *Int J Surg*. 2017.

J Laparoendosc Adv Surg Tech A, 2017 Nov 3. doi: 10.1089/lap.2017.0536. [Epub ahead of print]

Outcomes in Super Obese Patients Undergoing Laparoscopic Sleeve Gastrectomy.

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Impact of bariatric surgery on obstructive sleep apnoea-hypopnea syndrome in morbidly obese patients.

Priyadarshini P¹, Singh VP¹, Aggarwal S¹, Garg H¹, Sinha S², Guleria R³

World J Gastrointest Endosc, 2017 Apr 16;9(4):162-170. doi: 10.4253/wjge.v9.i4.162.

Comparative study of outcomes following laparoscopic Roux-en-Y gastric bypass and sleeve gastrectomy in morbidly obese patients: A case control study.

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Impact of concomitant laparoscopic sleeve gastrectomy and hiatal hernia repair on gastro-oesophageal reflux disease in morbidly obese patients.

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Obes Surg, 2016 Dec;26(12):2817-2823.

Impact of Sleeve Gastrectomy on Type 2 Diabetes Mellitus, Gastric Emptying Time, Glucagon-Like Peptide 1 (GLP-1), Ghrelin and Leptin in Non-morbidly Obese Subjects with BMI 30-35.0 kg/m²: a Prospective Study.

Vioneshwaran B¹, Wabhal A¹, Aggarwal S², Priyadarshini P¹, Bhattacharjee H¹, Khadooswal R³, Yadav R⁴

Totally Robotic Roux-en-Y Gastric Bypass: Technique.

Aggarwal S, et al. *Indian J Surg*. 2015.

Bariatric surgery: An overview.

Review article

Aggarwal S, et al. *Natl Med J India*. 2014 Sep-Oct.

World J Surg, 2014 Oct;38(10):2628-31. doi: 10.1007/s00268-014-2646-4.

Laparoscopic sleeve gastrectomy leads to reduction in thyroxine requirement in morbidly obese patients with hypothyroidism.

Aggarwal S¹, Modi S, Jose T.

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Evaluation of gastroesophageal reflux before and after sleeve gastrectomy using symptom scoring, scintigraphy, and endoscopy.

Sharma A¹, Aggarwal S², Ahuja V³, Bal C⁴.

J Laparoendosc Adv Surg Tech A, 2013 Nov;23(11):895-9. doi: 10.1089/lap.2013.0137. Epub 2013 Sep 28.

Outcome of laparoscopic sleeve gastrectomy with and without staple line oversewing in morbidly obese patients: a randomized study.

Aggarwal S¹, Sharma AP, Ramaswamy N.

Surg Obes Relat Dis, 2007 Mar-Apr;3(2):189-94.

Laparoscopic sleeve gastrectomy for morbid obesity: a review.

Aggarwal S¹, Kini SU, Herron DM.

Consensus & evidence-based INOSA Guidelines 2014 (first edition).

Sharma SK¹, Katoch VM, Mohan A, Kadiravan T, Elavarasi A, Ramesh R, Nischal N, Sethi P, Behera D, Bhatia M, Ghoshal AG, Gothi D, Joshi J, Kanwar MS, Kharbanda OP, Kumar S, Mohapatra PR, Mallick BN, Mehta R, Prasad R, Sharma SC, Sikka K, Aggarwal S, Shukla G, Suri JC, Venugamma B, Grover A, Vijayan VK, Ramakrishnan N, Gupta R; Indian Initiative on Obstructive Sleep Apnoea (INOSA) Guidelines Working Group.

Consensus statements and bariatric surgery.

Mahawar KK, et al. *Obes Surg.* 2015.

Practice of routine intraoperative leak test during laparoscopic sleeve gastrectomy should not be discarded.

Aggarwal S¹, Bhattacharjee H, Chander Misra M.

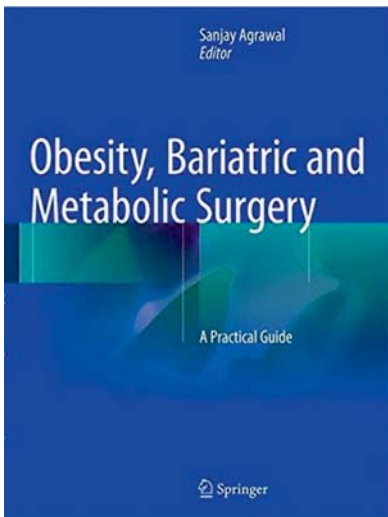
Consensus statement for diagnosis of obesity, abdominal obesity and the metabolic syndrome for Asian Indians and recommendations for physical activity, medical and surgical management.

Misra A¹, Chowbey P, Makkar BM, Vikram NK, Wasir JS, Chadha D, Joshi SR, Sadikot S, Gupta R, Gulati S, Muniyal YP; Consensus Group.

Bariatric Surgery for Treatment of Obstructive Sleep Apnea

Hemanga Bhattacharjee, Sandeep Aggarwal
Department of Surgical Disciplines, AIIMS, New Delhi

Vinnyfred Vincent, Himani Thakkar, Sandeep Aggarwal, Asit Ranjan Mridha, Lakshmy Ramakrishnan, Archana Singh. Exploring the status of adipose tissue ATP binding cassette transporter A1 (ABCA1) and its modulation with insulin resistance in obese individuals". Submitted to International Journal of Obesity, Paper #: 2017IJO01473.



Opening new vistas

“The audience is physicians who deal with morbidly obese patients, specifically metabolic and bariatric surgeons. ... the coherent and lucid nature of this book may benefit any healthcare practitioner who desires in-depth knowledge on the subject. ...

This book is edited by Dr Sanjay Aggarwal from London. We are privileged to be a part of this effort. Prof Sandeep Aggarwal is the editor of section on Laparoscopic sleeve gastrectomy and contributed the chapter on the technique of LSG.



Weight-loss surgery free for babus

Durgesh Nandan/HT

New Delhi: The growing demand for weight-loss surgeries from sarkari babus has forced the Centre to include the procedure, long considered a lifestyle choice, in the central government health scheme (CGHS) list. It will now be available free of cost to those covered under the government scheme at select hospitals.

According to the Union health ministry, guidelines of the US National Institute of Health will be used for select candidates for the procedure. The government has fixed a package rate of Rs 2.25 lakh per person for such a surgery.

In India, an estimated 200 million people suffer from weight-related issues. According to Dr Praveen Bhatia, executive member of Obesity Surgery Society of India, close to 2,000 persons undergo weight loss surgery every year. Bariatric surgery involves stapling of a portion of the stomach to reduce a person's appetite.

"The decision has been taken in view of the increasing

SARKAR'S GUIDELINES

Who makes the cut | Healthy individuals with BMI 40 or above; in case of patients with obesity related co-morbidity, BMI has to be 35 or above

Exclusion criteria | Reversible endocrine or other disorders that can cause obesity; current drug or alcohol abuse; severe psychiatric illness; anyone who lacks comprehensive understanding of risks and benefits

Surgery rate approved by govt ₹2.25 lakh



number of requests for bariatric surgery, commonly known as weight-loss surgery," said a senior health ministry official. He said that till date there are no guidelines for consideration of weight-loss surgery under the CGHS scheme and the requests were considered on merits of each case.

The new guidelines provide for reimbursement of surgery charges to patients who have BMI more than or equal to 40 kg/m². If the person has

obesity related co-morbidities, for example hypertension, cardio-vascular disease and diabetes, then surgery can be considered even if the BMI is more than or equal to 35 kg/m².

The BMI of a healthy individual is anywhere between 18-23 kg/m², said Dr Deep Goel, director, department of minimal access, bariatric surgery at B L Kapoor Hospital. "The government seems to have finally realised that weight-loss surgery is not a

mere cosmetic procedure. It is a life-saver for very obese patients," said Dr Pradeep Chowbey, director, Max Institute of minimal access, metabolic and bariatric surgery.

"The decision will help those unable to afford the procedure on their own. Also, it will force private insurance companies to re-think their policy against reimbursement for weight loss surgery," Dr Bhatia, who chairs the bariatric surgery unit at Sir Ganga Ram hospital, added.

Experts, however, warn that people should not rush to undergo the surgery just because it will be reimbursed or they want to look better. "We get many patients who seek to undergo the procedure to look better or youngsters seeking to get married. One needs to think over the consequences of surgery and diet restrictions before deciding to undergo the same. Also, a wrong surgery conducted by an inexperienced doctor can put the patient at risk for leak and death," said another senior doctor.

hindustantimes

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HT Correspondent, Hindustan Times

New Delhi, May 27, 2012

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AIIMS' first robot-assisted weight-loss surgery

Two years after a robot was used for the first time to perform a complex surgery in its urology department, the All India Institute of Medical Sciences (AIIMS) has performed its first robot-assisted bariatric (weight-loss) surgery.

The gastric bypass procedure, wherein only a small pouch is left functional out of the entire stomach, was performed last month on Krishna Devi (name changed), who had a body mass index (BMI) of 40 kg per square metre. A person with a BMI of 30 and above is considered morbidly obese.

Dr Sandeep Aggarwal, bariatric surgeon and additional professor (surgery) at AIIMS, Dr Rajeev Kumar, additional professor (urology) and a team of six doctors conducted the surgery on April 16 that was challenging not only because of the extra kilos, but also because the patient was diabetic.

After several failed attempts at losing weight non-surgically, Devi decided to go in for surgery. "I have already lost about 10 kg since the surgery and I'm feeling better," she said. Doctors are hoping the surgery will help control her diabetes as well.

Gastric bypass is a popular weight-loss procedure and is commonly done laparoscopically through small cuts.

"The use of robot gives many advantages including 3D vision and better control over instruments. Most importantly, it allows for precise suturing of the stomach pouch and intestine and reduces serious complications like leaks," said Aggarwal.

<http://www.hindustantimes.com/StoryPage/Print/862229.aspx?#>

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Hindustan Times e-Paper - Delhi - 26 Sep 2016 - Page #8

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मोटापे पर अटैक करती है बैरिएट्रिक सर्जरी

■ राहुल आनंद, नई दिल्ली

मोटापा कम करने के लिए की जाने वाले बैरिएट्रिक सर्जरी से डायबीटीज ही नहीं, वजन बढ़ाने वाला हॉर्मोन भी कंट्रोल होता है। एम्स में की गई हालिया स्टडी में इसका खुलासा किया गया है। एम्स के डॉक्टर का कहना है कि मोटापा बढ़ाने के लिए लेटिन हॉर्मोन को एक बड़ी वजह माना जाता है, लेकिन मोटापा कम करने के लिए बैरिएट्रिक सर्जरी के बाद लेटिन का लेवल भी कम होता है। इस पायलट स्टडी के नतीजे से डॉक्टर खुश हैं और बड़े लेवल स्टडी करने की तैयारी में जुट गए हैं।

एम्स के बैरिएट्रिक सर्जन डॉक्टर

पिछले सालों में बैरिएट्रिक सर्जरी से मोटापा रोकने में मिली है काफी मदद

संदीप अग्रवाल ने बताया कि मोटापा कम करने वाली सर्जरी हम पिछले पांच साल से कर रहे हैं। पूरी दुनिया के साथ भारत में भी इस पर कई स्टडी हुई हैं, जिसमें यह तो पहले से पता है कि बैरिएट्रिक सर्जरी के बाद डायबीटीज कंट्रोल होती है और 80 परसेंट लोगों में यह पूरी तरह से खत्म हो जाती है, जबकि 20 परसेंट पेशेंट में दवा की मात्रा कम हो जाती है।

स्टडी में लेटिन हॉर्मोन, जिससे वजन बढ़ता है और जीएलपी-1 हॉर्मोन जिससे इंसुलिन रेटिंग होता है, की स्टडी की गई। इसमें पाया गया कि सर्जरी के बाद सभी पेशेंट में लेटिन का लेवल कम हो गया, जिससे मोटापा भी कम होने लगा। दूसरी ओर हॉर्मोन जीएलपी-1 बढ़ने लगा, जिससे इंसुलिन की ताकत बढ़ने लगी। इसका असर यह हुआ कि पेशेंट में तेजी से मोटापा कम हुआ और इंसुलिन डिपेंडेंसी भी कम हुई। डॉक्टर ने कहा कि बैरिएट्रिक सर्जरी से यह फायदा लोगों पर दिख रहा है। डॉ. संदीप ने कहा कि मोटापा कई बीमारियों की जड़ है और लोगों में इस सर्जरी को लेकर कई प्रकार के भ्रम हैं।

'Weight-loss surgery cures diabetes even in mildly obese'

Rhythmia Kaul

rhythmikaul@hindustantimes.com

NEW DELHI: Not just in morbidly obese diabetics, bariatric surgery— popularly known as weight loss surgery, has helped cure diabetes even in mildly obese patients, a study by All India Institute of Medical Sciences (AIIMS) shows.

The paper — that has been published online in the May edition of Journal Obesity Surgery — is based on the study that was conducted to evaluate the impact of laparoscopic sleeve gastrectomy (LSG), a form of bariatric surgery, on patients with a body mass index (BMI) of 30-35 kg/m², suffering from type 2 diabetes mellitus.

For the study, 20 obese diabetic patients, with a 30-35 BMI, who underwent the surgery during March 2012 to February 2015, were studied. These patients were followed up regularly at 3 months, 6 months, 12 months and 24 months after surgery.

"After 2 years, along with the average BMI decrease, 10 patients were completely cured of the disease. Insulin could be stopped in all six patients who were on it before being oper-

ated," said Dr Sandeep Aggarwal, professor, department of surgical disciplines, AIIMS.

"This prospective study confirms the positive impact of LSG on diabetic status of non-morbidly obese patients, which is an important piece of evidence," said Dr Aggarwal.

Dr Pradeep Chowbey, chairman, Max Institute of Minimal Access, Metabolic and Bariatric Surgery, who has a 10-year follow up study under publication on the same subject, agrees that bariatric surgery helps cure diabetes in most cases.

"I have been working on an ICMR-supported study to know the effect of bariatric surgery in low BMI diabetic patients since 2016. I have got 10 years of results behind me and I can say that in 82% cases, the disease is cured."

However, Dr Chowbey adds, "The best results are with gastric bypass surgery, which is also a form of bariatric surgery."

Chowbey performs 50 bariatric surgeries in a month of which 30 are on diabetes patients.

If a person has diabetes for less than 10 years, his or her chances of reversing diabetes are nearly 100% if they lose weight.

Jipmer to launch week-long campaign on obesity

PTI | Oct 27, 2015, 10:51 AM IST

PUDUCHERRY: The department of surgical gastroenterology, Jawaharlal Institute of Postgraduate Medical Education and Research (Jipmer) will hold a continuing medical education programme on 'Obesity and metabolic surgery' on October 27 at the auditorium of the super specialty block as a part of world obesity day celebrations.

Surgeons Sandip Aggarwal from the All India Institute of Medical Sciences (Aiiims), New Delhi and Asian Bariatric Centre director Mahendra Narvaria from Ahmedabad will address the gathering.

Jipmer director S C Parjia will inaugurate the programme.

सर्जरी दिलाएगी स्लीप एंजिया से भी छुटकारा

Rahul.Anand@timesgroup.com

■ आप मोटे हैं, डायबिटीज है और सोते-सोते सांस भी रुक जाती है। इन तीनों बीमारियों से अगर एक साथ छुटकारा चाहते हैं तो आपके लिए बैरिएट्रिक सर्जरी सबसे उपयुक्त है। क्योंकि यह सर्जरी आपको नौद में सांस रुकने की बीमारी को भी दूर करता है। अब तक दुनिया भर में डॉक्टर यह कयास लगा रहे थे कि मोटापे के लिए की जाने वाली बैरिएट्रिक सर्जरी से सांस रुकने की बीमारी भी खत्म होती है, लेकिन किसी के पास इसके सबूत नहीं थे। एम्स ने इस पर स्टडी कर साबित कर दिया है कि यह सच है और जो लोग सांस रुकने की वजह से मशीन लगाकर सोते हैं,



इस सर्जरी के बाद उन्हें मशीन की जरूरत नहीं रहेगी। सर्जरी के बाद लोग अपने आप सांस लेने में सक्षम हो जाते हैं। यह स्टडी जर्नल ऑफ मिनिमल एक्सेस सर्जरी में छपी है। एम्स के सर्जरी डिपार्टमेंट के डॉ. संदीप अग्रवाल ने बताया कि सोते-सोते सांस रुकने की बीमारी यानी 'स्लीप एंजिया' आमतौर पर मोटे लोगों में होती है, क्योंकि मोटापे की वजह से उनकी गर्दन के पास काफी फेट जमा हो जाता है। फेट की वजह से सांस की नली पर प्रेशर होता है, जिससे कुछ लोगों में सांस रुक जाती है। उन्होंने कहा कि एक घंटे में पांच बार सांस रुकने की परेशानी तो सामान्य है, लेकिन अगर एक घंटे में 15 बार तक सांस रुक जाए तो इसे गंभीरता से लिया जाना चाहिए।

नवभारत टाइम्स

Text View Comments Ad Post

मोटापे पर अटैक करती है बैरिएट्रिक सर्जरी

■ राहुल आनंद, नई दिल्ली
मोटापा कम करने के लिए की जाने वाली बैरिएट्रिक सर्जरी से डायबिटीज ही नहीं, बल्कि बढ़ते खाना होमोन भी कंट्रोल होता है। एम्स में की गई स्लीप एंजिया स्टडी में इसका खुलासा किया गया है। एम्स के डॉक्टर का कहना है कि मोटापा बढ़ने के लिए लैप्टिन होमोन को एक बड़ी वजह माना जाता है, लेकिन मोटापा कम करने के लिए बैरिएट्रिक सर्जरी के बाद लैप्टिन का लेवल भी कम होता है। इस पावरफुल स्टडी के नतीजे से डॉक्टर सुझाते हैं और बड़े लेवल स्टडी करने की योजना में बंद हुए हैं। एम्स के बैरिएट्रिक सर्जन डॉक्टर

पिछले सालों में बैरिएट्रिक सर्जरी से मोटापा रोकने में मिली है काफी मदद
संदीप अग्रवाल ने बताया कि मोटापा कम करने वाली सर्जरी इन पिछले पांच साल से कर रहे हैं। पूरी दुनिया के साथ भारत में भी इस पर कई स्टडी हुई हैं, जिसमें यह तो पहले से पता है कि बैरिएट्रिक सर्जरी के बाद डायबिटीज कंट्रोल होता है और 80 प्रतिशत लोगों में यह पूरी तरह से खत्म हो जाती है, जबकि 20 प्रतिशत में दवा की मात्रा कम हो जाती है।

स्टडी में लैप्टिन होमोन, जिससे वजन बढ़ता है और लैप्टिन-1 होमोन जिससे इंग्लिन स्टॉप होता है, की स्टडी की गई। इससे पता चला कि सर्जरी के बाद सारे फेट में लैप्टिन का लेवल कम हो गया, जिससे मोटापा भी कम होने लगा। दुसरी ओर होमोन लैप्टिन-1 बढ़ने लगा, जिससे इंग्लिन को वाकत बढ़ने लगा। इसका अंतर यह हुआ कि फेट में तेजी से मोटापा कम हुआ और इंग्लिन रिप्लेस भी कम हुई। डॉक्टर ने कहा कि बैरिएट्रिक सर्जरी से यह फायदा लेने पर दिवा रहा है। डॉ. संदीप ने कहा कि मोटापा कई बीमारियों को नष्ट है और लोगों में इस सर्जरी को लेकर कई प्रकार के भ्रम हैं।

एम्स : बैरियाट्रिक सर्जरी में फेलोशिप शुरू

जनसत्ता संवाददाता
नई दिल्ली, 2 दिसंबर।

दिल्ली सहित देश भर में प्रशिक्षित बैरियाट्रिक सर्जनों की भारी कमी है जबकि इस सर्जरी में खास-देखभाल की जरूरत होती है। सही तरीके से ऑपरेशन हो जाए तो इससे मधुमेह के करीब 60 से 70 फीसद मरीज ठीक हो जाते हैं। यह जानकारी एम्स के डॉ. संदीप अग्रवाल ने एक प्रेस कॉन्फ्रेंस में दी। उन्होंने बताया कि ऐसे प्रशिक्षित सर्जनों की जरूरत को देखते हुए एम्स में इस पाठ्यक्रम के लिए एक फेलोशिप शुरू की जा रही है। डॉ. अग्रवाल ने बताया कि देश में तीन करोड़

लोग मोटापे से और करीब छह करोड़ लोग मधुमेह से पीड़ित हैं। इस सर्जरी से मोटापा ही नहीं, बल्कि मधुमेह का इलाज भी हो जाता है, लेकिन जहाँ अमेरिका में करीब दो लाख सर्जरी सालाना की जाती है वहीं हमारे यहाँ पूरे साल में बैरियाट्रिक सर्जरी के कुल 12 हजार मरीजों के ऑपरेशन ही हो पाते हैं। डॉ. संदीप के मुताबिक, इंधोरोस में इसे कवर नहीं किया गया है। इसके अलावा प्रशिक्षित सर्जन भी नहीं हैं, जिसका नतीजा यह है कि लोग इसका फायदा नहीं उठा पा रहे हैं। इसमें हर विषय के डॉक्टरों व विशेषज्ञों की जरूरत है। उन्होंने कहा कि फेलोशिप के लिए इस बार इसकी एक सीट को मंजूरी मिली है, आगे चल कर सीटों की संख्या बढ़ाई जाएगी।

Weight-loss surgery lowers hypothyroidism: AIIMS study

Sidhartha Dutta
sidhartha.dutta@hindustantimes.com

NEW DELHI: Laparoscopic sleeve gastrectomy (LSG), one of the many weight loss procedures available, benefits people suffering from hypothyroidism by lowering the dose of medication (thyroxine) needed. A study, published in the World Journal of Surgery in May 2014 (online), has also removed the myth that hypothyroidism (insufficient thyroid

hormones), causes severe obesity. The study is based on an analysis of 19 hypothyroidism patients (chosen from among 200 morbidly obese patients) who had undergone laparoscopic sleeve gastrectomy at AIIMS till July 2012. "The general perception is hypothyroidism causes severe obesity, but the fact is obesity leads to development of hypothyroidism, as in case of diabetes or blood pressure.

The study also shows that surgery leads to improvement of hypothyroidism in obese patients as it results in reduction of medication in most of the patients," said Dr Sandeep Aggarwal, professor, department of surgical disciplines, AIIMS and the co-author of the study. "Thyroxine dose could be reduced in 12 of the 19 patients studied and medicine could be stopped in one patient," he added.

Started bariatric surgery at Patna, Bihar



5 years back, bariatric Surgical Team from AIIMS was invited from the behalf of Bihar Medical Association to start Bariatric Surgery Programme. This was a part of distant learning initiative of AIIMS to provide feasible and sustainable bariatric programs in other hospitals. The surgical team comprised of Prof Sandeep Aggarwal and Prof Lokesh Kashyap (Anasthesia). Two laparoscopic sleeve gastrectomies were performed. The visit consisted of operative training, orientation regarding proper pre operative, intraoperative planning and follow up and experiences gathered at AIIMS were shared. More such programs were undertaken and many more are planned.





Vol 3 Jan 2014

Life after Weight Loss Surgery

Dear Friends,

Weight loss surgery is a defining moment in a person's life. It demands a radical change in eating habits coupled with need for regular exercise and follow-up. There is state of euphoria in the initial postoperative period followed by a period of confusion when one may find it difficult to follow the dietary instructions. This period may be complicated by nausea and vomiting. The patients are unable to take the required amount of fluids as well as the calories prescribed by the dietitian. However this period is fortunately short and with proper guidance one can quickly adapt to the new diet. Adaptation is made easier if proper preoperative nutritional counseling has been done and patient has followed the preoperative low calorie diet. It is important to understand all aspects before undertaking surgery. Dietary adaptation is different in different patients. Some patients are able to tolerate solids by 6 weeks while others are able to ingest the solids only by 3 months. It is important that the patients understand this variation and don't try to force feed themselves. One should chew well and eat at a slow pace taking about half an hour in finishing the meal. Liquids should not be taken about 45 minutes before and after each meal. However one must take enough non-calorie or low calorie fluids between meals. Don't drink while eating as it may cause vomiting and also stretch the stomach pouch or sleeve. Fruit juices, sweetened sodas and alcohol are absolute no-no.

The importance of exercise should not be ignored. Exercise helps in preserving muscle mass as well improves bone health. Patients want to know about when to start exercise and how to proceed. Again this varies from patient to patient. In general, it is a good idea to start with a daily walk, lasting for about 30 minutes and then increase it gradually to achieve about 1-hour of light physical activity for the first month. Hair loss is a common problem after weight loss surgery. The most reassuring aspect about hair loss is that it is temporary. We have included a separate section on hair loss in this newsletter considering the anxiety it induces among patients. Another important concern of some patients is loose skin and flabby tummy after weight loss. Regular physical activity and weight resistance training could help in minimizing the impact of weight loss on skin. However, this can be cosmetically disfiguring in patients with massive rapid weight loss. Plastic surgery in form of abdominoplasty (tummy tuck) and other body contouring procedures can help in such cases. At AIIMS we have a team of plastic surgeons who perform these procedures with great results. We have included a write up on this issue from them in subsequent sections.

The purpose of bariatric surgery is not only adequate weight loss but to provide an opportunity for the patient to lead a better quality of life, free of limitations imposed by excess fat and free of obesity related diseases. In my experience this surgery does fulfill most of what it promises. None of our patients have expressed regret at having the surgery done so far including even those who had serious complications like leak initially. Bariatric surgery provides a person with a long window during which the changed lifestyle and new eating habits should become a part of his/her life forever. Therein lies the importance of a regular follow-up and we can help only if the operated patients come to see us on the scheduled appointments. That alone will ensure the long term success of bariatric surgery.

Wishing you all a happy and healthy new year. Keep Slim!!

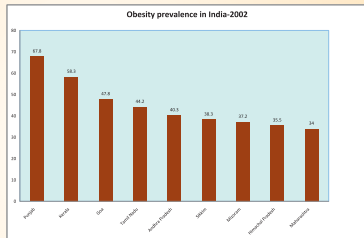
Dr Sandeep Aggarwal
Professor, Department of Surgical Disciplines
AIIMS



Vol 1 Aug 2008

Problem of Rising Obesity in India

obesity affects 5% of the Indian population. Indians have a tendency to accumulate fat around the waistline leading to central obesity. A recent family health survey has revealed that 12.1% males and 16% females are either overweight or obese. School surveys in Indian cities show that 30% of adolescents from India's higher economic groups are overweight.



This rising trend is attributed to changing diet and increasingly sedentary lifestyle. 20% of the population consumes 80% of the visible dietary fat. Consumption of fruits and vegetables in India is low less than 150 g a day, against the recommended 400 g. While millions of people suffer from malnutrition, the upwardly mobile Indian middle class is grappling with the problem of obesity.

obesity is not just a cosmetic problem. Morbidly obese patients are more prone to a number of diseases including diabetes, hypertension, sleep apnea, joint disease. There is an increased incidence of certain cancers among the obese population. This has important implications in terms of cost of health care for a nation. With India already carrying the dubious tag of being the Diabetes capital of the world, we need to have a serious approach to tackle this rising menace of obesity and its associated diseases.

Bariatric Surgery is the only effective means of sustained weight loss and it positively impacts the co-morbidities associated with morbid obesity. 70-80% of patients undergoing bariatric surgery have resolution of Type II Diabetes Mellitus, Hypertension and hyperlipidemia. Majority of the patients lose about 60-80% of their excess weight loss within a period of 2 years after surgery. Bariatric Surgery leads to a marked improvement in quality of life.

Bariatric surgery till recently was being offered in only few selected centers in metropolitan cities. The treatment is expensive and beyond the reach of a significant segment of population. AIIMS is the first public funded hospital in the country to offer this service. The aim is to offer low cost and safe surgical treatment and to contribute towards formulation of national guidelines in future.



Surgical Cure for Type II Diabetes - Myth or reality !!

Bariatric Surgery or Obesity Surgery is an extremely effective option for sustained and significant weight loss. There are other multiple benefits of surgery on the body but the one effect, which is almost magical, is the effect on Type II Diabetes Mellitus. Nearly 70-100% patients undergoing bariatric surgery for weight loss are cured of diabetes. On an average, bariatric surgery causes cure in about 70% and improvement in the remaining patients.



There are several studies, which show that the blood sugars normalize long before any significant weight loss (1,2) This effect of surgery takes place early in the postoperative period and is not due to the weight loss in the initial period. It is believed that various gut hormones play an important role in resolution of diabetes after bariatric surgery. The role of the bypass of stomach has been considered one of the important reasons for this.

Laparoscopic sleeve gastrectomy (LSG), a restrictive bariatric operation, may be used to induce weight loss in moderately obese diabetic patients. LSG is a simpler and safer operation than other bariatric operations like gastric bypass and duodenal switch (BPD-DS). LSG has a favorable impact on Type II Diabetes. Our own experience with this procedure shows that more than 80% patients are cured of diabetes. Han et al reported marked improvement in the comorbidities, which were present in 50 out of 60 patients who underwent LSG. Diabetes resolved in all the 8 diabetic patients, hypertension resolved in 92.9% and improved in the remaining patients.

Impressive improvement in diabetic status of patients undergoing bariatric surgery has stimulated interest in surgery as a potential cure for type 2 diabetes (NIDDM). India is the diabetic capital of the world. A lot of these patients are obese. A safe surgical procedure with a very low rate of complications is required if surgery for cure of diabetes is considered. At present metabolic surgery that is surgery for cure of Type II Diabetes mellitus can be considered for moderately obese diabetics in well-designed studies. Only after the safety of these procedures has been proved beyond doubt, should they be offered to non-obese diabetics. Laparoscopic Sleeve gastrectomy is a reasonable option for metabolic surgery. More complex procedures have a higher rate of complications and should be avoided.

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2 Pories WJ et al. Who would have thought it? an operation, proves to be the most effective therapy for adult-onset diabetes mellitus. Ann Surg. 1995 Sep; 222(3):339-50; discussion 350-2.

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Diet after bariatric surgery

Most Common Gastrointestinal Challenges and Management
After undergoing bariatric surgery



Nausea/vomiting: It happens usually due to overeating, not chewing food properly. Patient should be taught that bariatric surgery has reduced the stomach's ability to grind food into small particles. Prolonged vomiting should be considered as an indication for empiric thiamine treatment.

Practical tips for patients:

- Eat slowly- it should take ½ hour for each meal. Chew slowly and thoroughly – at least 25 times.
- Limit fat and fatty food.
- Stop eating when you feel full.

Dumping syndrome: “Dumping Syndrome” occurs when food passes rapidly from the stomach into the small intestine. The following symptoms can be seen about ½ hour after eating: nausea, faintness, light-headedness, fullness and possibly diarrhea.

Practical tips for patients:

- High sugar content food should be avoided like: cake, pastry
- Avoid eating and drinking together.
- Stop drinking liquids 15 minutes before meal, don't drink with meal, and resume one hour after meal.
- These symptoms usually pass within 15-20 minutes, wait till then. Take lots of water slowly to get relief

Early satiety: Early satiety hinder with sufficient food consumption which badly affect total recommended protein allowances.

Practical tips for patients:

- During your meal, eat protein first, then fruits and vegetables, and then whole grains. The diet should always be high in protein and low in refined carbohydrates.
- Lactose intolerance can be treated with clinically low lactose food like curd

Long gap between two meal should be avoided

Constipation: Constipation is very common problem after bariatric surgery and is more likely to occur due to inadequate fluid intake, taking iron supplements and being physically inactive. The combination of too little fluid and no food intake can work against your body's normal routine of elimination

Practical tips for patients:

- ü Water consumption is the best method to prevent dehydration as well as constipation
- ü Encourage patient to consume approximately 2 lt low/non caloric healthy drinks daily such as coconut water, vegetable soup/juice, non sweetened fruit juice, lime water etc



Q. How do I know if I am eligible for weight loss surgery?

A. In order to determine a patient's eligibility for weight loss surgery, we use body mass index (BMI) rather than using weight as a criteria for surgery -- excess fat in relation to height. Individuals are candidates for surgery if:

- They have failed previous attempts at weight loss in a medically supervised program
- Their BMI is greater than 40 or between 35 and 40 with major obesity-related medical problems.

Q. Is weight loss surgery right for everyone?

The answer is no. Surgery is not a solution for everyone. We only determine whether a patient is right for surgery after a complete evaluation and discussion with the patient. Because weight loss surgery is a life-altering procedure, we want to make sure our patients are committed to making the lifestyle changes needed for a successful procedure.

Q. What are the risks of weight loss surgery?

A. All major surgery comes with risks, and the risks are different for each patient. During your first appointment, your surgeon will explain your individual risk level.

Q. How much weight will I lose? Will the weight loss be quick?

A. The amount of weight you lose -- and how fast you lose it -- depends on which weight loss surgery you have. Patients who have adjustable gastric banding (Lap-Band®) procedure usually lose lesser weight than those who have gastric bypass (RYGB) or sleeve gastrectomy. In our program the average weight loss after surgery varies between 60-70% percent of his or her excess body weight after Surgery. It will also depend on how strictly you follow the postoperative advice such as dietary instructions as well as regular physical activity.

Q. Can I become pregnant after weight loss surgery?

A. Women should avoid pregnancy for at least 18 months after surgery. Please discuss any pregnancy plans with your surgeon during one of your clinic appointments

Q. How long will I be off of work after surgery?

A. Again, your time off of work will depend on the type of weight loss surgery you have. After Lap-Band® surgery, you can return to work in about one-week. The sleeve gastrectomy / gastric bypass (RYGB) surgery requires a average of two- to four-week recuperation.

Q. Will I have to take vitamins?

A. Yes, but the amount and duration depends on your weight loss procedure.

Q. Should I exercise after weight loss surgery?

A. Regular exercise is extremely important for maintaining your weight loss. Your surgery team will help you with the instructions on type of exercise you should be doing.

Q. What is the recovery time following surgery?

A. We usually encourage our patients to be mobilised on the day of surgery (within 6 hrs of surgery) in order to prevent clotting in the leg veins (DVT) Our patients are usually completely mobile by day 1 and are usually discharged by day 2 or day 3. They are advised a period of sedentary work for upto 1 month after which they can resume their normal activities.

Q. How often am I required to see the surgeon/physician assistant and dietician after surgery for follow-up?

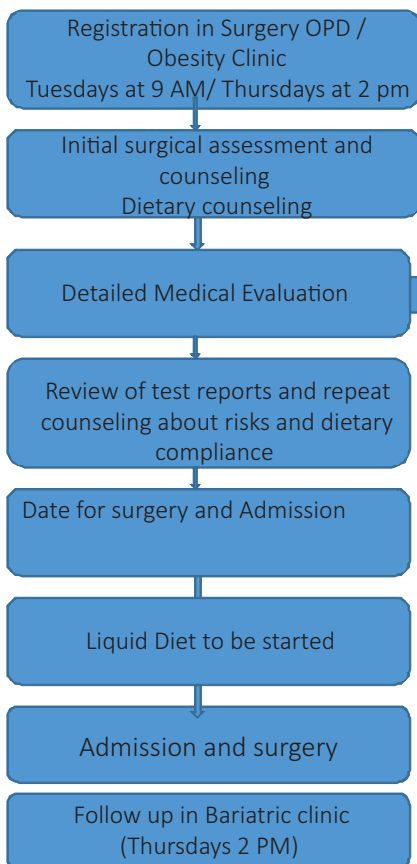
A. Following bariatric surgery you will have to visit the doctor after a week during which suture removal and other immediate postoperative complaints can be attended. The follow-up is life long and includes 3 monthly visits for first year and the annual visits. It is extremely important for you to be regular and not miss your appointments.

Bariatric Surgery Clinic

A dedicated bariatric surgery clinic is in function. The clinic will go a long way in fulfilling various needs of the obese patients. The need for specialised clinic hours for obese patients has been a long felt need since these patients require a longer time with the doctor in order to counsel them adequately regarding the various aspects of bariatric surgery. Patients who want to get operated and require counselling regarding the various aspects of bariatric surgery can meet and get their doubts cleared. Moreover patients who have been operated previously can have a more organized follow-up. Bariatric Surgery clinic will offer a lot of advantages to our patients.

One..... patients need not wait in long, never ending queues to meet up with their doctor. Since our patients need at least two to three appointments with their doctor before the surgery, this has definitely proved to be a blessing in disguise for them. Second.....patients who want to get operated will definitely have a lot of doubts regarding the surgery even if they have been counselled in detail by their doctor. Nothing works better than a fellow obese patient, who underwent bariatric surgery previously telling them regarding the benefits he/she has gained due to the surgery. The bariatric surgery clinic provides this opportunity for our pre-operative patients to interact with our operated patients who come for follow up visits and have their fears addressed. Three...our operated patients who come for their follow up visits get more time to discuss their various problems with the doctor. We have the services of our team of dieticians too in our clinic so that diet counselling can be done at the same time. We conduct the bariatric surgery clinic every Thursday at 2 pm in room no.10, 5th floor surgery OPD. We sincerely request all our patients to make full use of this opportunity provided to them and make this clinic initiative a huge success... :)

Getting Bariatric Surgery Done at AIIMS



Detailed Medical Evaluation

- Blood workup/USG/Doppler/ECHO
- Endocrinology evaluation in endocrinology OPD
- Upper GI endoscopy in Gastroenterology
- Evaluation by pulmonologist
- Pulmonary function tests
- Polysomnography to detect sleep Apnea
- Cardiology evaluation in cardiology OPD.
- Psychiatry evaluation

For more details contact :

Prof. Sandeep Aggarwal

Department of Surgical Disciplines

Room No. 5034, 5th Floor Teaching Block, All India Institute of Medical Sciences

Ph. No. 26594905 E-mail – obesitysurgery2.aiims@gmail.com