

BODY MASS INDEX AFTER BARIATRIC SURGERY.

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Introduction.

In connection with the upward trend in the number of obese people, new approaches to the treatment of obesity are being explored. Surgical methods of treating severe obesity have become widely used throughout the world in recent decades. The main task of such methods is to influence the course of diseases associated with obesity (bariatric surgery) by means of a significant decrease in body mass.

Keywords: Obesity, bariatric and metabolic surgery, gastric bypass, mini-gastric bypass, drain resection, body mass index (BMI), waist measurement (WM).

Material and methods. We studied 72 obese patients who were divided into 2 groups depending on the degree of obesity. In each group, in order to reduce body weight, 3 types of surgical interventions were performed (drain resection, gastric bypass, mini-gastric bypass) taking into account BMI, age, the presence of disorders of carbohydrate metabolism, as well as concomitant pathology. Patient inclusion criteria: patients with II-III degree of obesity, with no persistent decrease in body weight on the background of diet, exercise and drug treatment. All patients underwent BMI (weight in kg divided by the square of the height in meters) and waist measurements.

Results. We assessed the decrease in BMI after gastric bypass, mini-gastric bypass and drain resection, in groups of men and women, after 3, 6 months and 1 year. A more prolonged and persistent decrease in body weight was observed after shunting operations (gastric bypass, mini-gastric bypass). With draining resection, which is a restrictive type of surgery, a significant decrease in body weight was observed in the first months after surgery. So, the largest percentage in the decrease in BMI was in gastric bypass and mini-gastric bypass by 33% and 35%, respectively, in women and 32.7% and 32%, respectively, in men. Draining resection showed the lowest percentage of BMI reductions in women and men at 24% and 18.3% respectively. The decrease in BMI and WM significantly exceeded in the group of patients with III degree of obesity, so the level of BMI decreased by 22.8% in the group with II degree, and by 30% in the group with III degree of obesity. Decrease in WM 20% and 22%, respectively.

Conclusion:

1. With surgical intervention in the treatment of obesity, a decrease in BMI with the use of all types of surgical interventions was achieved. But the most persistent weight loss was observed with gastric bypass and mini-gastric bypass.
2. A significant decrease in BMI and WM after surgical treatment was observed in grade III obesity, which is probably associated with a relatively large initial overweight and the most frequently performed type of surgery in this group - gastric bypass and mini-gastric bypass.
3. The largest decrease percentage of BMI were in the gastric bypass and mini-gastric bypass: by 33% and 35% was observed in the group of women and by 32.7% and 32% in the group of men, respectively. Draining resection showed the lowest percentage of BMI reduction in women and men at 24% and 18.3%, respectively.
4. An additional advantage of gastric bypass and mini-gastric bypass is the low incidence of postoperative complications, as well as a short rehabilitation period.