

## When should a patient be referred for bariatric surgery?

### QUANDO INDICAR A CIRURGIA BARIÁTRICA?

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<http://dx.doi.org/10.1590/1806-9282.62.01.24>

The criteria for bariatric surgery indication have been widely discussed in obesity conferences and publications specialized in the subject, and many changes have been seen.

In this article, we will discuss these indications, both official and those we believe have clinical grounds for referral, even outside of the criteria recommended by the Ministry of Health.

The criteria recommended by the Health Ministry are widely known and basically comprise the following:

1. Having a body mass index (BMI) between 35 and 40 with comorbidities such as hypertension, type II diabetes, dyslipidemia, osteoarticular problems related to obesity, fatty liver, sleep apnea, etc.
2. Having a BMI above 40 with or without comorbidities.
3. Having tried to lose weight before through diet, medication and exercise.
4. Age between 16 and 65 years.
5. Having understood the procedure and be willing to follow the guidelines of the multidisciplinary team in the postoperative period.

In our experience of about 20 years with bariatric surgery, we have come across situations in academic environment that deserve to be discussed in this article. We have been receiving obese patients from other specialties and often with a BMI lower than that advocated by the Ministry of Health, recommending gastroplasty to reduce weight in an attempt to improve their clinical status.

The most frequent are:

1. Patients with a BMI below 35 presenting relevant metabolic syndrome with no improvement while on medical therapy.
2. Cases of severe liver steatosis due to accumulation of visceral fat, in which medical therapy is ineffective and, without surgery, patients will progress to liver cirrhosis. Bariatric surgery has been shown to be the only effective treatment to date in severe steatosis.
3. Moderately obese coronary patients who continue in a process of arterial obstruction despite medical treat-

ment. Bariatric surgery produces, in addition to weight loss, improvement of atherosclerosis and systemic inflammation that can be verified based on the decrease in C-reactive protein (CRP) after surgery. Besides the improvement in coronary circulation, there is an increase in carotid blood flow due to the reduction of plaque in the carotid with consequent increase in lumen.

4. Osteoarticular problems mainly of the spine, with previous orthopedic surgery producing no improvement, or with disease recurrence.
5. Gastroesophageal reflux disease, relapsing after anti reflux surgery. The operation to redo the anti reflux valve is complex with high morbidity and mortality in obese individuals, and the *Roux-en-Y* gastric bypass procedure treats both obesity and reflux.
6. Patients outside the age group set by the Ministry of Health can benefit from bariatric surgery. Obese elderly patients in clinical conditions to withstand surgery should be operated. Several studies show results in the elderly that are similar to those of younger patients undergoing gastroplasty. Clinical treatment of child and adolescent obesity has proven difficult. We have been receiving increasingly younger patients, some referred from pediatrics, who despite rigorous medical treatment and monitoring have gained weight gradually (some with BMI 60), which makes surgery their only option. Many of these children have diabetes and high blood pressure at the age of 13 or 14 years.
7. Chronic renal failure patients treated with dialysis who need to lose weight to be eligible for transplantation. Bariatric surgery has been performed successfully in such cases.
8. Also, obese patients with lower limb amputations who need to lose weight to fit prostheses and walk again.

### FINAL COMMENT

In addition to the above benefits, recent studies are showing several other beneficial effects of bariatric surgery, such as a reduction of the incidence of several cancers, includ-

ing breast, colon and prostate. We should also have in mind the improvement of these patients' mental health with reduced depression, increased self-esteem, a better quality of life, and social integration. Therefore, we are convinced

that the criteria for bariatric surgery indication will be expanded in the future, at least until other treatments, as effective as surgery and less traumatic, can be found.