

## Evaluation of the effect of sleeve gastrectomy surgery on clinical results and anthropometric measurements in morbid obese diseases - Gul Eda Kilinc - Ondokuz Mayıs University

Gul Eda Kilinc, Menseure Nur Celik, Mehtap Unlu Sogut and Hazal Kucukkaraca

Ondokuz Mayıs University, Turkey

The point of this examination was to assess the impact of sleeve gastrectomy on the post-operation body investigation and research facility discoveries. During January 2016-2017, 101 horrible heftiness patients (18-65 years) who experienced sleeve gastrectomy were assessed in Nutrition and Support Unit. Clinical discoveries of patients were reflectively examined, pre-operation and post-operation body examination and research facility discoveries were looked at. Among the 101 people (82 female and 19 male), normal age was  $38.0 \pm 10.9$  years. Pre-operation weight and BMI esteems are normal separately  $130.0 \pm 18.6$  kg,  $48.9 \pm 6.9$  kg/m<sup>2</sup>; post-operation normal  $115.8 \pm 18.3$  kg,  $43.4 \pm 6.8$  kg/m<sup>2</sup> ( $p < 0.05$ ). Separately, pre-operation and post-operation (0-3 months) muscle to fat ratios are 29.8-55.9% and 24.1-51.7% of ladies, 32.6-45.4% and 20.4-41.4% of men ( $p < 0.05$ ). When pre-operation and post-operation biochemical discoveries were analyzed, blood glucose, absolute protein and egg whites levels were diminished ( $p < 0.05$ ). While complete cholesterol in blood lipids diminished in post-operation period ( $p < 0.05$ ), there was no huge change in HDL and LDL. Post-operation nutrient mineral qualities were looked at, the abatement in folate esteems was huge, and the decline in nutrient B12 levels wasn't noteworthy. In spite of the fact that the decline post-operation iron levels and increment in calcium weren't huge, increment in phosphorus, sodium, potassium and chlorine esteems was huge. Changes in nutrient D levels weren't huge. Thus, bariatric medical procedure is a compelling technique for accomplishing weight reduction in bleak fat patients. It is significant for the suggestion of enhancements to forestall nutrient mineral lacks and giving satisfactory and adjusted wholesome conduct changes in the post-operation period. Study was led on 91 excessively fat [Body Mass Index (BMI)  $> 40$  kg/m<sup>2</sup>] and seriously fat (BMI  $> 35$  kg/m<sup>2</sup>) people who were experiencing diabetes, hypertension or dyslipidemia. The patients were followed up for a half year and the patterns of glycaemic control, mean circulatory strain, lipid profile, weight reduction boundaries

and changes in boundaries of focal corpulence were considered. Weight reduction was huge at a quarter of a year postsurgery and was supported through a half year. There was critical improvement in glycaemic control prompting decrease deprived for oral hypoglycaemic operators or insulin in larger part of them and even suspension of these prescriptions in barely any patients. Hypertension and dyslipidemia additionally indicated an improving pattern through a half year postsurgery. There was a huge effect on decrease of focal weight in these patients as set apart by huge decrease in midriff to hip proportion. Weight is an overall scourge. It is one of the main preventable reasons for death worldwide with expanding commonness in the two grown-ups and kids.

Different alternatives are accessible for the treatment of weight extensively grouped into non-careful administration and careful mediations. At present, surgeries are the best treatment for long haul weight reduction in excessively fat and seriously stout people with comorbidities. According to International Federation for the Surgery of Obesity and Metabolic issues Asia Pacific Chapter (IFSO-APC) agreement rules, bariatric medical procedure ought to be considered for the treatment of stoutness for adequate Asian up-and-comers with BMI  $\geq 35$  with or without comorbidities just as for the treatment of T2DM or metabolic disorder for patients with BMI  $\geq 30$  who are insufficiently constrained by way of life adjustments and clinical treatment. Bariatric medical procedure ought to likewise be considered as a non-essential choice to treat insufficiently controlled T2DM or metabolic condition, for appropriate Asian applicants with BMI  $\geq 27.5$ . Sleeve gastrectomy has been laparoscopically performed since 1999. A few specialists started to perform sleeve gastrectomy as a first stage procedure on high hazard patients following Bilio Pancreatic Diversion (BPD) as a second stage activity in instances of deficient weight reduction while some played out a sole bariatric activity. Presently, LSG is performed not just in overly large

and high hazard patients yet in addition in patients with dismal weight. Weight reduction following LSG is accomplished by both limitation and hormonal adjustment. Right off the bat, decrease in stomach size with the sleeve resection limits expansion and expands the patient's impression of completion (diminishing feast parcel size). This limitation is additionally encouraged by the common band impact of the flawless pylorus which is kept up during sleeve gastrectomy. Besides, early proof proposes a decrease in the craving drive of patients experiencing sleeve gastrectomy. This might be identified with diminishing serum levels of ghrelin, a hormone created basically by P/D sub cells covering the fundus of the human stomach which animates hunger.

LSG produces economical weight reduction with critical improvement in glycaemic status and control of metabolic condition in serious to gargantuan patients. LSG is likewise solid in lessening focal stoutness in Indian populace which is a significant burdensome illness among corpulent people.