



LAPAROSCOPIC BARIATRIC SURGERY IN A PUBLIC SECTOR HOSPITAL IN A LOWER MIDDLE INCOME COUNTRY

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INTRODUCTION

After establishing foothold in the west, pandemic of obesity now threatens the developing countries of Asia like Pakistan. Pakistan has witnessed unprecedented growth of obese individuals which is causing serious public health concern. Bariatric surgery is now established as the first line treatment for weight loss for morbidly obese patients. The treatment however is costly and carries its own risks and benefits. Although bariatric surgery has been practiced in Pakistan for more than 10 years now but its use is still only limited to private hospitals as a treatment option for the very few who can afford it. But things are changing now as we have started the first Bariatric Surgery Program for the public sector in Lahore. We would like to share our initial experience here in this study.

RESULTS

MEDIAN BMI - 44

MEDIAN AGE - 34

TOTAL PATIENTS = 42

SLEEVE: GB = 35 : 7

MALE : FEMALE = 3 : 2

DISEASE	PREVALENCE	RESOLUTION
DM	32	29 (90.6%)
HTN	17	17 (100%)
SLEEP APNOEA	8	8 (100%)
HYPERLIPIDEMIA	9	9 (100%)
PCOS	4	4 (100%)



CONCLUSION

1. Morbid obesity is serious health concern in developing countries like Pakistan.
2. Bariatric surgery has proven itself the best modality to not just only treat the morbid obesity but also in significantly decreasing the obesity related comorbidities.
3. The treatment is however costly and had never been practiced in a public sector hospital.
4. According to results of our study, Bariatric surgery can be safely practiced in a Public Sector Teaching hospital in a developing countries like Pakistan
5. Bariatric surgery in a public sector hospital in a lower middle income country is as safe and effective as in any private setup.
6. We hope the government acknowledges our efforts and extends this program to other teaching hospitals across the country

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METHODOLOGY

In a period of 40 months from January 2017 to May 2020 a total of 42 cases have been performed. Demographics, gender, comorbidities, pre-operative weight and BMI of all patients were recorded. Informed consent had been taken from all the patients. All the equipment and gadgets had been arranged and managed by hospital and department of surgery unit-I at LGH. Type of procedure and procedure related complications were recorded. All the patients had been planned to have follow up at 1st, 3rd, 6th, 12th and 24th months. Post op weight, excess weight loss and resolution of comorbidities were also recorded and analyzed in SPSS.



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