Consider

Interview with Dr. Elemér Mohos

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Reporter

> I'm talking to Dr. Elemér Mohos, Chief Physician, who works at Oberwart Hospital in Austria where he started a surgical intervention which is a kind of bariatric surgery. A year ago he also performed the surgery at the Veszprém Hospital. Since then, he has always had patients. What exactly is this procedure? What can we know about it?

Dr. Elemér Mohos

> Roux-en-Y gastric bypass is a weight loss surgery. After the surgery there is substantial weight loss. Beyond that there are other concomitant improvements in diabetes and hypertension, locomotor disorders are alleviated, and the frequent acid reflux problems cease to exist as a consequence of the surgery. If we have a look at the trends in diabetes and obesity, how quickly the prevalence of these diseases among patients throughout the world is growing, we have astonishing results. In each five, six, or ten-year period the number of diabetes cases and obese patients doubles not just in the developed but recently also in the developing world. As a result, Weight Loss Surgeries are extremely important, and the incident data which characterize obesity and diabetes are also true for Hungary. Thus these surgeries have their place among other surgeries in our country. Gastric band has already been available in Hungary, my colleagues have been performing the surgery with good results. However, Gastric Bypass Surgery has not been available before. I've been working in Austria for four years at the Department of Surgery in Oberwart Hospital, where the main profile of surgery is the advanced laparoscopic surgery and within it gastric bypass, and in connection with it metabolic surgical interventions. As I experienced superb results there I have become convinced that these surgeries also had to be brought home to Hungary. I discussed it with Professor Attila Nagy, Chief Surgeon of the Surgery Department at Veszprém County Hospital, and with his help we could bring these surgeries to Hungary and start them in Veszprém. The first intervention was performed last February. Since then we've had ten surgeries which were sponsored by sewing machine manufacturers. Further four surgeries have been financed independently. We have the early results, they have been processed. The surgery has the same outstanding results in Hungary as in Austria. The patients lose 80-85% of their weight already in the first year. In case of nine diabetes patients out of ten the blood glucose levels become normal despite the fact that they don't take any insulin they took before the surgery and they're not on any diet unlike before. 75 percent of patients with hypertension can go off their medication after the surgery. I suppose that this surgery should be performed in great numbers in Hungary in the long run. It is a well-tested surgery, the first one was performed over 40 years ago in the United States, and the order of magnitude of the count is about

100,000 as for Gastric Bypass Surgeries around the world. I'd like to emphasize it again that I'm sure that this surgery has its place and role also in Hungary.

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Has this intervention been performed for 40 years in the United States?

Dr. Elemér Mohos

That's right. The first surgery was performed in 1967 by a surgeon called Mason. Of course, it was an open operation during which a big incision was made in the abdominal wall. Laparoscopic surgery has been performed for the past 17 years which is a minimally-invasive technique. That means there is no incision in the abdominal wall but the surgery is performed through portholes. It's very important in cases of 150 or 170-kilogram patients. We also perform the intervention in this laparoscopic way.

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Has the minimally-invasive technique made it possible for the surgery to spread all over the world or it was widespread already in case of open surgeries?

Dr. Elemér Mohos

The minimally-invasive technique has played a crucial role in its becoming a widespread surgery as the surgical stress is substantially decreased. Otherwise, this group of patients experience a strong risk factor during the surgery so it matters much what risk factors they have to face when they are operated on. The introduction of laparoscopic approach significantly reduced the number of postoperative complications. At the moment a great number of studies prove that the rate of postoperative complications is not significantly higher than, let's say, in case of one of the most widespread laparoscopic surgery that is the laparoscopic gallbladder removal.

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Does it take a long time for the patients to return to work?

Dr. Elemér Mohos

Patients usually spend from 5 to 7 days in the hospital until they can use their mouths to be fed, and until they can provide for themselves, and then at least a further week is needed to go back to work. It is also important to emphasize that these patients do not have to plan a more than usual special follow-up care schedule, or there is no special Vitamin or trace element supplement needed. These patients are controlled every three months in the first year, then once in 6 months. Half of the patients need Vitamin B12 supplement and 1/3 of patients need iron supplement. Also very important to mention that these patients live a life to the fullest. We did a quality of life assessment with the help of two internationally accepted questionnaires among our patients in Oberwart. The results were published in the ***Obesity Surgery*** last summer. Based on both questionnaires the patients reached such scores that indicated the quality of life for a healthy population.

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If I'd understood it well, this surgery has the best long-term results compared to other surgeries, as for concomitant illnesses.

Dr. Elemér Mohos

That's right. It's true not just of concomitant illnesses but also in case of weight loss. It seems that if we take stock of the situation and consider the probable concomitant illnesses and the results of the surgery, [we should say that] concomitant illnesses change for the better, there's weight loss and the earlier hypertension and diabetes improve. I should say that gastric bypass should be chosen at first. If there's no opportunity to do so, our team performs gastric sleeve, which is a minor intervention. It can be performed in most cases. If the patient puts on weight after a gastric sleeve surgery, which is possible in case of 20 percent of patients, gastric sleeve can be transformed into bypass without any major technical problems. That's our indication policy. If there's an opportunity, we perform bypass, if not, gastric sleeve. If the patient is that overweight or is in such a bad condition that even gastric sleeve cannot be applied, then intragastric balloons are inserted. And when the patient loses weight thanks to the balloon, we can think of the surgeries mentioned above.