

Bölüm 6

BARIATRİK VE METABOLİK CERRAHİ

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GİRİŞ

Obezite; Dünya Sağlık Örgütü (DSÖ) tarafından “sağlığı bozacak ölçüde vücutta aşırı yağ birikmesi” olarak tanımlanmaktadır. Yetişkin erkeklerde vücut ağırlığının ortalama %15-20’sini, kadınlarda ise %25-30’unu yağ dokusu oluşturur. Erkeklerde bu oranın %25, kadınlarda ise %30’un üzerine çıkması durumu obezite olarak kabul edilir (Yetkin, 2017). Hastalar sınıflandırılırken sıklıkla Beden kitle indeksi (BKİ) ölçütü kriter olarak alınmaktadır. BKİ, vücut ağırlığının (kg), boyun karesine (m²) bölünmesi ile hesaplanır. BKİ değerlerinin 18,5-24,9 kg/m² düzeylerinde olması sağlıklı veya normal olarak kabul edilirken, BKİ 25-29,9 kg/m² arası fazla kilolu, BKİ > 30 kg/m² olması ise obez olarak kabul edilir. Obezitenin yol açtığı problemler açısından en fazla risk altında olanlar BKİ > 40 kg/m² olup morbid obez olarak tanımlanan grupta yer alırlar (Tablo 1).

Tablo 1: Beden kitle indeksi

BKİ (kg/m ²)	Kategori
<18,5	Zayıf
18,5-24,9	Normal
25-29,9	Kilolu
30-34,9	1. Derece obez
35-39,9	2. Derece obez
≥ 40	3. Derece obez (morbid obez)

25.000 yıl önce yaşayan insanlar için obezite bir sağlık sorunu değil, tam aksine zenginlik, doğurganlık, güzelliğin ve hayatta kalmanın simgesiydi. Atalarımızın avcı ve göçer bir yaşam tarzı sürmeleri, protein ağırlıklı beslenmeleri nedeniyle obezite ve aşırı kilolu insanların daha az olması onları daha cazip ve ilgi çekici hale getirmekteydi (Taşkın, Zengin & Taşkın, 2015). Ancak endüstriyel toplumun gelişmeye başlaması ile birlikte tüm dünyada ciddi bir sağlık sorunu haline gelmiştir.

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Bu ve benzer çalışmalardan yola çıkarak Amerikan Diabet Derneği 2018 obez ve tip 2 diabetli hastaların medikal bakımının standartizasyonu amacıyla yayınladığı bildiride, BC endikasyonlarına ek olarak BKİ 30.0–34.9 kg/m² (Asian American' larda 27.5–32.4 kg/m²) olan Tip 2 diabet hastası yetişkinlerde de, kan şekeri optimal oral ya da enjektabl tedavi ile yeterli olarak kontrol altına alınamıyorsa, metabolik cerrahinin bir seçenek olarak değerlendirilmesini önermektedir (ADA, 2018). Tüm bu yeni yaklaşımlar ve DM de etkinliği kanıtlanan ileal interpozisyon ve deneysel olarak sürdürülen bazı malabsorptif olmayan transit bi-partisyon gibi metabolik cerrahi yöntemlerinin kabul görebileceği varsayılırsa Tip 2 diabet tedavisinde gelecekte uygun hastalarda cerrahi yaklaşımın sıklığının artacağı beklenebilir. Bununla birlikte, obezite cerrahisi alanında birkaç soruyla ilgili tartışmalar sürmektedir. Örneğin kilo azaltma üzerine en etkili yöntemin hangisi olduğu? Hangi prosedürün uzun vadeli etkilerinin daha kalıcı olduğu? Beklenen komplikasyonların nasıl yönetileceği ve başarısız bir prosedür için algoritmanın nasıl standartlaştırılacağı. Şu ana kadar kesin bir cevabı olmayan tüm bu sorulara rağmen, bu müdahalelerden elde edilen sonuçlar, hem cerrah hem de hasta için yeterince ikna edicidir. Bu da performans oranının daha da artmasına ve daha iyi bir sonuca ulaşmanın yolunu açmaktadır.

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