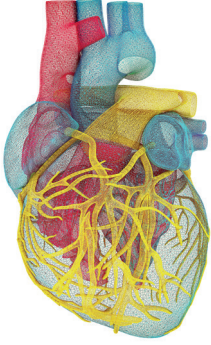


BÖLÜM 23



Obezite Tedavileri 2: Girişimsel Tedaviler

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| GİRİŞ

Tip 2 diabetes mellitus (tip 2 DM), koroner arter hastalığı, kanserler, obeziteyle ilişkili hayati tehdit oluşturan sağlık sorunlarından sadece birkaçıdır. Kilo kaybı ile bu sağlık sorunlarının gelişim riski azaltılabilir ve hatta hipertansiyon ve diyabet gibi sağlık sorunları iyileştirilebilir. Obezitenin sağlık üzerindeki etkilerinin yanında ekonomik maliyeti de oldukça fazladır. Amerika Birleşik Devletleri'nde obezite ve komplikasyonlarının yıllık maliyeti yılda 200 milyar ABD dolarının üzerindedir ve bu, ABD'nin tüm sağlık harcamalarının %2'sinden fazladır (1).

Kilo vermeye yönelik tıbbi ve davranışsal yaklaşımlar, obez birçok bireyde etkisiz olabilmektedir. Bu hastalarda önemli kilo kaybı elde edip onu sürdürmek ve hipertansiyon, hiperlipidemi, uyku apnesi, tip 2 DM gibi komorbid hastalıkları tedavi etmek için en iyi yöntem obezite cerrahisidir. Bariatrik cerrahi geçiren hastalar, geçirmeyen hastalara kıyasla daha düşük ölüm oranlarına sahiptir (2).

Şiddetli obezitenin cerrahi tedavisi için endikasyonlar ilk olarak 1991'de Ulusal Sağlık Enstitüleri Uzlaşma Geliştirme Paneli (National Institutes

of Health [NIH] Consensus Development Panel tarafından belirlenmiş (3) ve 2004'te Amerikan Bariatri Derneği tarafından gözden geçirilmiştir (4). Bir bariatrik cerrahi prosedür için adaylar aşağıdakilerden birini sağlamalıdır:

- » Vücut kitle indeksi (VKİ) $\geq 40\text{kg/m}^2$ olan ve ek hastalığı olan veya olmayan yetişkinler (5)
- » VKİ 35,0 ile 39,9 kg/m^2 olan ve bunlarla sınırlı olmamak üzere en az bir ciddi komorbiditeye sahip yetişkinler (6-7) : Tip 2 DM, Obstrüktif uyku apnesi (OSA), hipertansiyon, hiperlipidemi, obezite-hipoventilasyon sendromu (OHS), Pickwickian Sendromu (OSA ve OHS nin birlikte olması), non-alkolik yağlı karaciğer hastalığı, non-alkolik steatohepatit (NASH), psödo-tümör serebri, gastroözofageal reflü hastalığı, astım, venöz staz hastalığı, ciddi üriner inkontinans, bozulmuş yaşam kalitesi.
- » VKİ'si 30,0 ile 34,9 kg/m^2 olan ve kontrol edilemeyen tip 2 DM (7-8), metabolik sendrom gibi komorbid durumlardan birine sahip yetişkinlerde endikedir, ancak rutin olarak bir bariatrik cerrahi gerçekleştirmeyi destekleyecek uzun vadeli fayda kanıtı yoktur.

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Obezitede kilo vermeye yönelik davranışsal ve medikal tedavilerin başarısız olması durumunda, cerrahi tedavi etkin bir yöntemdir. Multidisipliner bir bariatrik ekiple birlikte süreç yönetilmeli ve hangi prosedürün gerçekleştirilmesi gerektiği hasta özelinde değerlendirilmelidir.

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