

## Editorial

# Obesity, Bariatric Surgery and Plastic Surgery: To Improve Health, Body Image and Quality of Life

**Carmine Finelli\***

*Department of Internal Medicine, Ospedale Cav. Raffaele Apicella, Italy*

## Editorial

The prevalence of overweight (body mass index >25) and obesity (body mass index >30) has reached epidemic proportions in Western Country. Obesity increases the risk for several co-morbidities including type-2 diabetes (T2DM), stroke, Cardiovascular Disease (CVD), and Metabolic Syndrome (MetS), the further expression of which is hepatic steatosis [1]. The risks associated with obesity have been extended to cancer including, prostate, breast, liver, kidney, colon, ovarian and endometrial cancers [1].

The principal cause of obesity is a long-term imbalance in energy intake and expenditure (i.e., positive energy balance) leading to the increased body mass including the accumulation of subcutaneous and visceral fat. Albeit general obesity is an important risk factor for many diseases, several human studies have shown that visceral fat accrual, which is the fat situated in the viscera, as most emphatically related to many health conditions, including CVD, insulin resistance and T2DM.

Several studies have reported on the metabolic consequences of surgically removing large quantities of subcutaneous fat by liposuction [1]. The general reason of these studies is that absolute fat mass is the most important contributor to obesity-related complications such that large-scale removal of abdominal subcutaneous fat should improve several metabolic parameters including insulin sensitivity.

Obese patient from around the Western country have benefited from bariatric surgery. But surgery alone cannot promise weight loss in the long round.

Bariatric surgery is often used to treat people with severe obesity [2]. It's a potentially life-saving procedure conducted on people who have a body mass index, or BMI, of 40 or above. People with obesity-related complications like type 2 diabetes or high blood pressure can also benefit from surgery. Surgery can involve either tying a band, called a gastric band, around the stomach to make it smaller and more easily satiated, or removing part of the stomach altogether. A third

type of surgery, called gastric-bypass surgery, involves rerouting the digestive system to bypass a part of the stomach, thus requiring less food and bringing on fullness faster. Another, sleeve gastrectomy has been formerly considered exclusively restrictive with the capacity of the stomach greatly reduced and the absorptive surface of the small unchanged. More than 80% of the stomach is resected, and the gastric remnant is tubularized, with an initial filling volume of less than 100 ml.

While such procedures show dramatic results in terms of weight loss, while also preventing the risks of cardiovascular disease and diabetes, most patients are left with undesired floppy skin that can only be adjusted with plastic surgery. To treat these topics, surgeons encourage plastic surgeries like face or breast lifts, tummy tucks, or lifting of the sagging upper arms, thighs, or buttocks [3].

With many bariatric surgery patients restoring weight after surgery, the results describe that aesthetic operation like plastic surgery could benefit patients' self-regard and overall quality of life [4,5]. On the other hand, more long-term studies will need to be organized to empathize how plastic surgery helps conserve weight loss.

Given the incidence of obesity in the population and the development of the plastic surgery as an industry, plastic surgeons are viewing more and more overweight and obese patients. While we are debating legends and suppositions, let's dissipate the conception that body contouring is an effective treatment for obesity. Liposuction, for example, is a surgical technique that uses a suction technique to remove fat from specific areas of the body, such as the abdomen, hips, thighs, buttocks, arms or neck; it is not a surgical technique for weight loss. Abdominoplasty and brachioplasty trim away excess, hanging skin and remove stubborn deposits of fat from the abdomen and upper arms, respectively-after the weight is lost.

A patient whose weight has been relentless for a considerable length of time yet is as yet experiencing issues with certain issue zones is a decent possibility for liposuction-not somebody whose weight has been flimsy and who is looking for full-body results.

Notwithstanding bringing down their BMI for the time being, smart dieting and exercise propensities ought to be incorporated with the patient's normal daily practice - rather than essentially attempting to get more fit for a technique, patients ought to have a careful comprehension about demonstrated realities about calories consumption and physical movement. Without these propensities great propensities set up, any improvement given by body forming can be effectively fixed.

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**\*Corresponding author:** Carmine Finelli, Department of Internal Medicine, Ospedale Cav. Raffaele Apicella-ASL Napoli 3 Sud, Via di Massa, 1, 80040 Pollena (Napoli), Italy, E-mail: carminefinelli74@yahoo.it

As Internist and nutritionist, I'm empowered by the possibility that improved self-perception can convert into better long haul support of a more advantageous weight, and perhaps a superior personal satisfaction for our patients.

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