

# Foreword

With the worldwide epidemic of obesity seemingly just around the corner, bariatric surgery has exploded onto the surgery scene, having now become a truly household word. This book, edited by Professor Nadey S. Hakim and colleagues, should serve as a very readable, practical text for a wide range of staff, right from the huge number of medical support staff within a bariatric centre, to the bariatric surgeon, the anaesthesiologist, the bariatrician, and, most importantly, *for the general surgeon* who is NOT a bariatric surgeon! This latter focus on the non-bariatric general surgeon is becoming a topic of both extreme interest and deep concern to many general surgeons, as well as Emergency Room physicians.

Currently, bariatric surgery represents the most common gastric operation in the Western world, since the operative treatment for Peptic Ulcer Disease has all but disappeared. And, with our increasingly mobile population, the ever-increasing number of a spectrum of operations (which are so well reviewed in this book!), and the growth of medical tourism due to first-world costs of bariatric surgery, all physicians, as well as non-bariatric general surgeons, will be exposed on an increasing basis to patients who have undergone surgery. Thus, the education of all physicians who do not have a bariatric practice is vital. This book will do just that — the readability, focus, emphasis, and clinically-oriented approach have been consciously designed to address this topic in a way appealing to both the bariatric and non-bariatric healthcare provider.

This book addresses most of the practical issues in bariatric surgery. Separate chapters address patient selection, different bariatric procedures,

including intragastric balloons (this topic is being revisited currently after its dismal failure 15–20 years ago), the “lap band” or the laparoscopic adjustable gastric banding (and its complications/success), Roux-en-Y gastric bypass, and the forms of biliopancreatic diversion. Each procedure obligates a different set of medical concerns, leads to different mechanical and/or functional complications, and requires a unique type of follow-up.

The chapter on anaesthetic issues provides a fabulous focus for the book. These considerations are important, not only for the surgical staff, but also for the entire team in the operating theatre — and not just for just bariatric operations but also for other operations performed on the morbidly obese patient.

Finally, the book finishes with the evidence supporting the efficacy of bariatric surgery from several different aspects — resolution of direct, weight-related medical co-morbidities, improvements in quality of life, and even the concept of impact on life expectancy.

As a general and gastrointestinal surgeon for the last 30 years, I have witnessed (and participated in) the growth, improvements, and finally general acceptance of bariatric surgery by both the lay public but, also importantly, by the medical community. In summary, this book accomplishes its goals — readability, clinical relevance, and the important topic of a global view of bariatric surgery. You will enjoy reading every chapter.

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