

THE DEVELOPMENT OF BARIATRIC SURGERY

Makhmudov U.M.,¹ Ibragimov U.Ya.²

1. Republican Specialized Scientific and Practical Medical Center of Surgery named after Academician V. Vakhidov
2. Andijan State Medical Institute

Relevance. Morbid obesity caused by the accumulation of adipose tissue is a multifactorial chronic disease, the prevalence of which is rapidly increasing in most countries of the world, including Uzbekistan. The WHO expert report for 2018 indicates that obesity rates have tripled compared to 1975. Today, more than 2.4 billion adults in the world are overweight, and 750 million are diagnosed with morbid obesity. If this trend continues, by 2025 the number of people with obesity is expected to double compared to the figures at the beginning of the 21st century (The GBD Obesity Collaborators. N Engl J Med., 2017). Moreover, according to the above study, Uzbekistan occupies a leading position among the countries of Central Asia with an obesity rate of 20.4% of the total population.

Conservative treatment of morbid obesity is almost always unsatisfactory, so several surgical methods have been developed. There are four types of methods: malabsorptive procedures; restrictive procedures; malabsorptive/restrictive procedures and experimental procedures. The development of bariatric surgery began in 1952 and has been developing dynamically since then. All surgical methods have advantages and disadvantages. Currently, the introduction of minimally invasive surgical methods seems to be a safe, effective and cost-effective method for the treatment of morbid obesity.

Choosing the right weight loss surgery continues to be a complex and subjective process. In experienced hands, most surgeries can be successful, providing the patient with significant weight loss and improved health by eliminating obesity, reducing comorbidities, and improving overall function and quality of life. Intraluminal restrictive mechanisms, intragastric balloons, gastric stimulation, and advanced metabolic modality procedures are available for the treatment of obesity. The future availability of these procedures may further complicate the decision-making process for patients and surgeons. The health risks associated with obesity are complex, multifactorial, and associated with a variety of weight-related comorbidities, decreased quality of life, and mobility risks that lead to accidents and injuries. An estimated 70% of the risk of diabetes in the United States can be attributed to excess weight, and the prevalence of hypertension among obese adults ($BMI \geq 30$) is 41.9% for men and 37.8% for women.