

O QUE ESPERAR DA CIRURGIA BARIÁTRICA

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CONFLITO DE INTERESSES

- Sem conflitos de interesse.

RELATO DO CASO

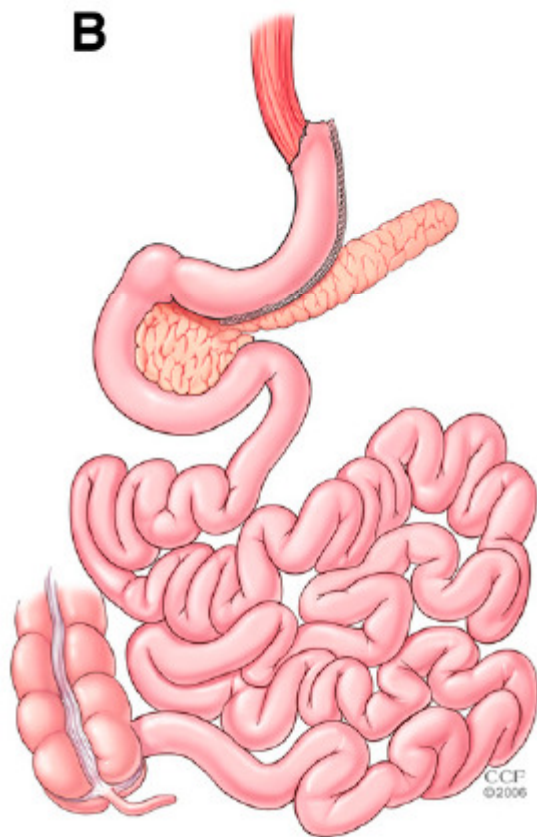
Paciente com IAM recente apresentando as seguintes morbidades:

- Obesidade
 - IMC = 42 kg/m²
- HAS
- DM2
 - HbA1c: 7%
- Considerando que o paciente tem condições de ser operado...

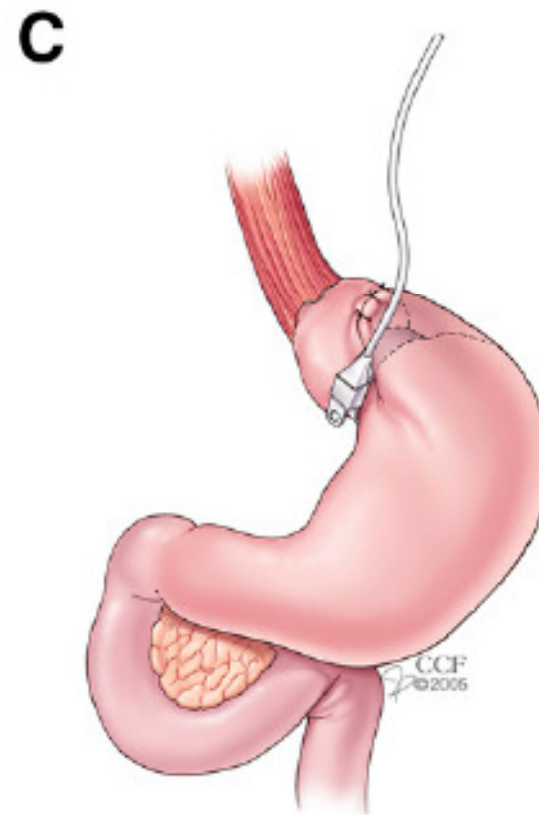
TIPOS DE CIRURGIAS: RESTRITIVAS, DISABSORTIVAS E MISTAS



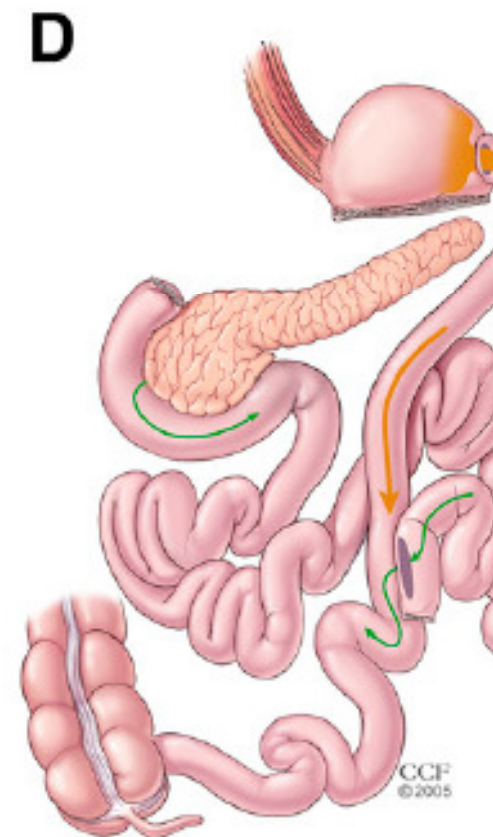
Roux-en-Y Gastric Bypass



Vertical Sleeve Gastrectomy



Laparoscopic Adjustable Gastric Banding



Biliopancreatic Diversion

EFEITOS NAS PRINCIPAIS COMORBIDADES

Metanálise: 22.094 pacientes

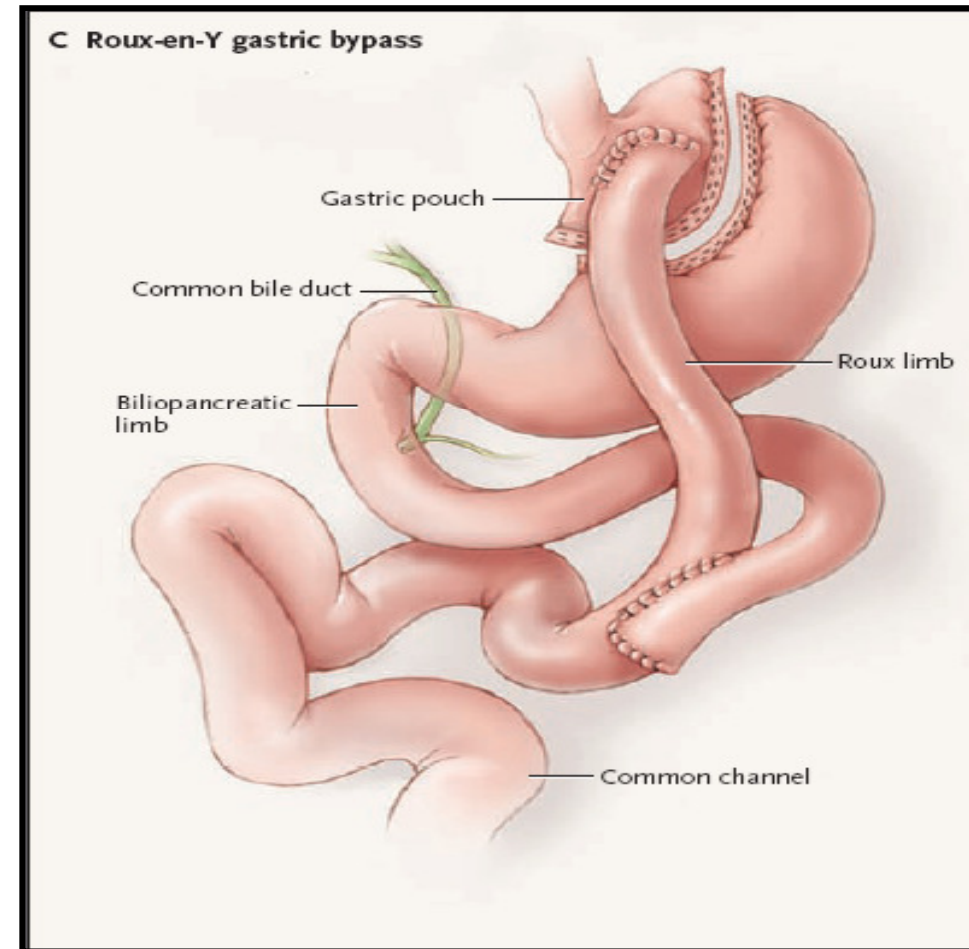
Em média, perda de 61,2% do excesso de peso.

DM2 completamente resolvido em 6,8% e resolvido/melhorado em 36,0% dos pacientes.

Hiperlipidemia melhorou em 70%

HAS resolvida/melhorada em 78,5%.

SAOS resolvida/melhorada em 83,6%.



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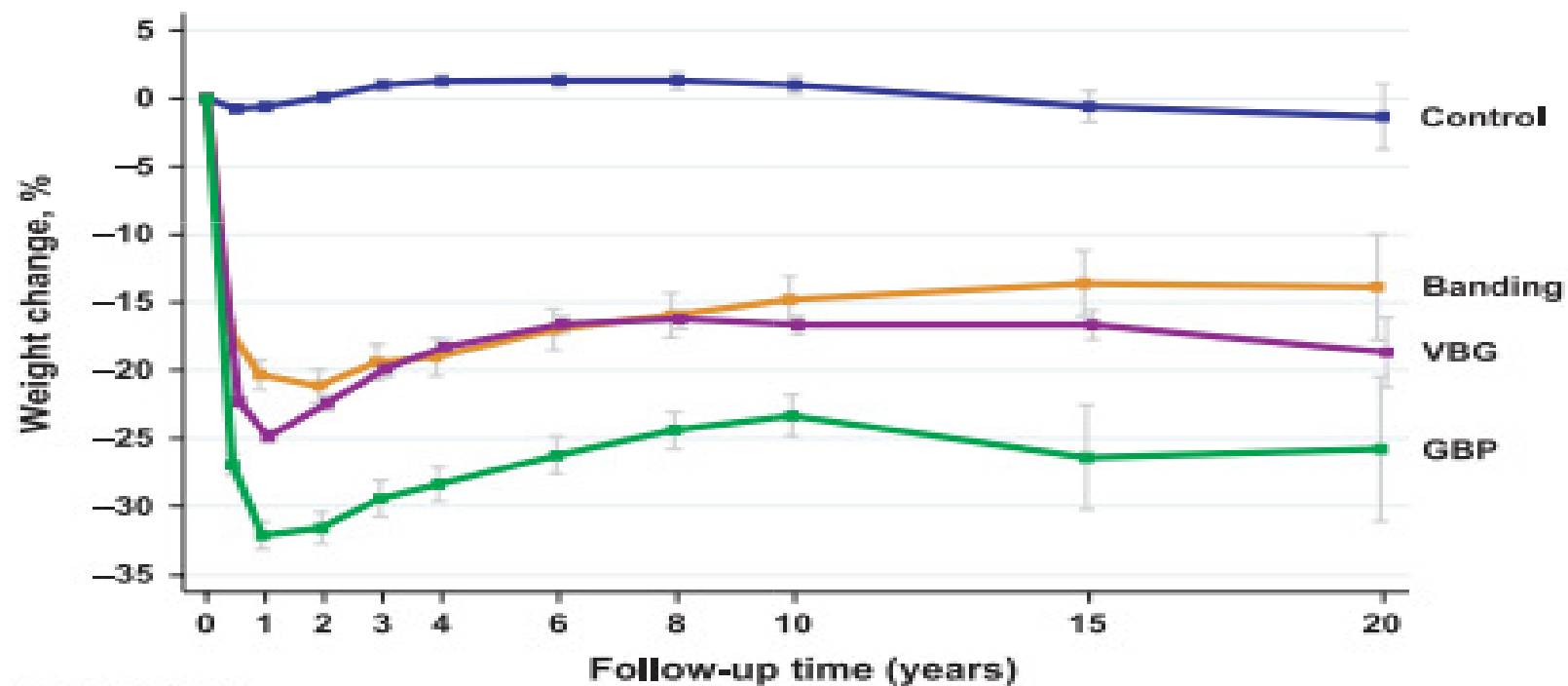
VOL. 351 NO. 26

Lifestyle, Diabetes, and Cardiovascular Risk Factors 10 Years after Bariatric Surgery

- Seguimento de 4.047 pacientes por 2 anos e 1.703 por 10 anos.
- Média de idade 48 anos e de IMC de 41 kg/m²
- A perda de peso em média foi de 23,4% em 2 anos e 16,3% em 10 anos.
- Cerca de 70% submetidos a gastroplastia vertical.

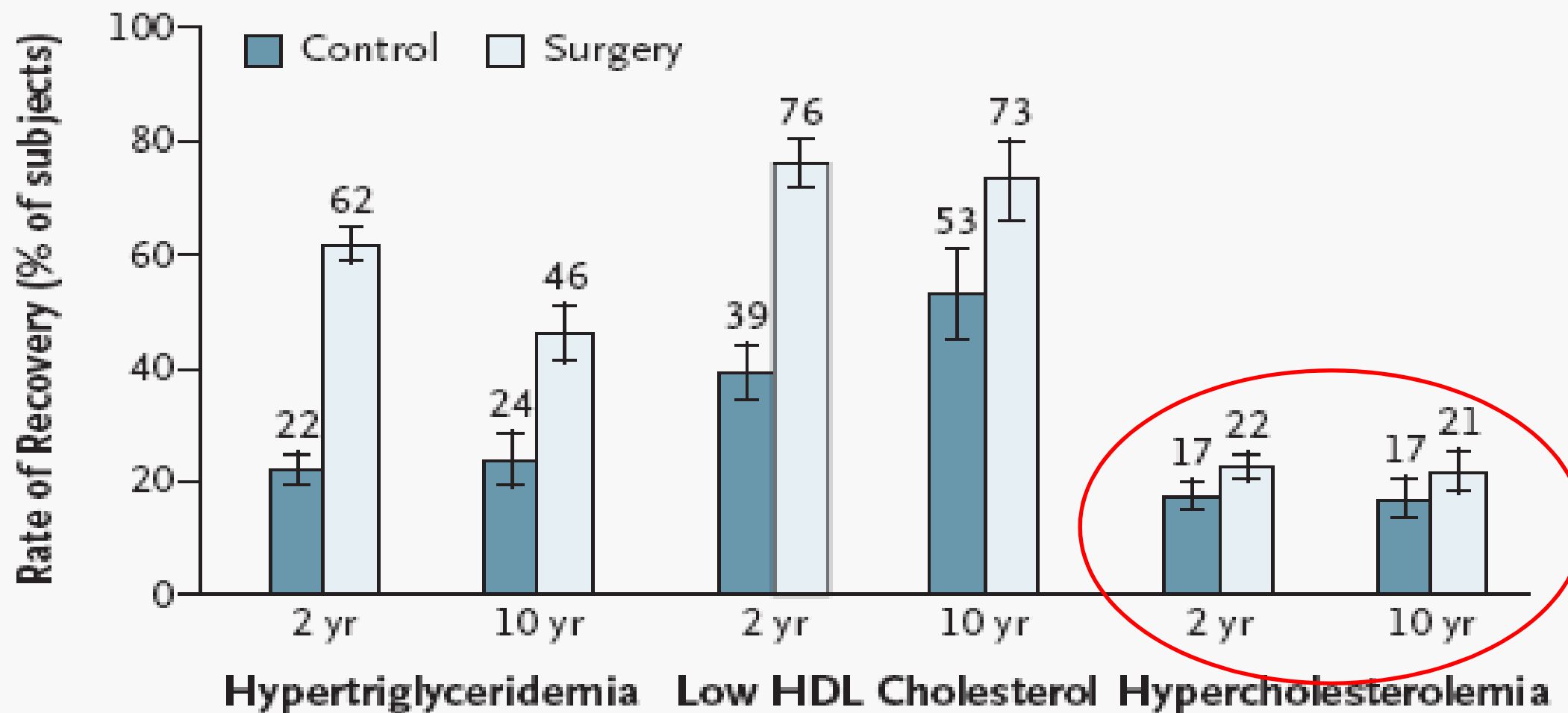
Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery

■ L. Sjöström



No. examined

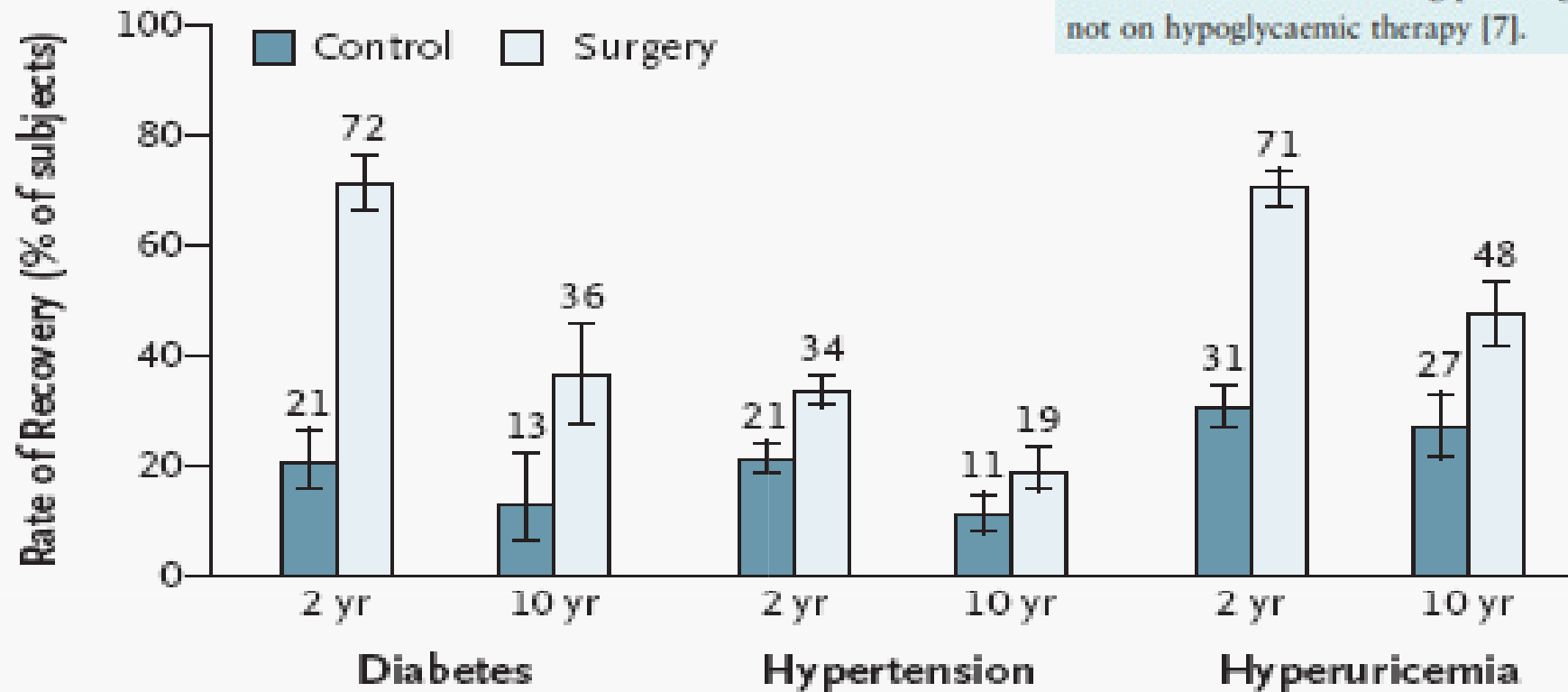
Control	2037	1490	1242	1267	556	176
Banding	376	333	284	284	150	50
VBG	1369	1086	987	1007	489	82
GBP	265	209	184	180	37	13



No. of subjects

Control	850	331	396	166	1048	435
Surgery	1102	402	445	169	1327	498
Odds ratio	5.28	2.57	5.28	2.35	1.22	1.30
95% CI	4.29–6.49	1.85–3.57	3.85–7.23	1.44–3.84	0.98–1.51	0.92–1.83
P value	<0.001	<0.001	<0.001	0.001	0.07	0.14

*Remission based on fasting plasma glucose < 7.0 mmol/L and not on hypoglycaemic therapy [7].



No. of subjects

Control	248	84	880	342	637	243
Surgery	342	118	1204	424	792	292
Odds ratio	8.42	3.45	1.72	1.68	5.36	2.37
95% CI	5.68–12.5	1.64–7.28	1.40–2.12	1.09–2.58	4.23–6.78	1.61–3.47
P value	<0.001	0.001	<0.001	0.02	<0.001	<0.001

Figure 4. Recovery from Diabetes, Lipid Disturbances, Hypertension, and Hyperuricemia over 2 and 10 Years in Surgically Treated Subjects and Their Obese Controls.

REMISSÃO DO DM2: CRITÉRIOS DA ADA

	IDF: Otimização do Estado Metabólico	IDF: Melhora substancial do estado metabólico	ADA: Completa remissão do diabetes	ADA: Remissão parcial do diabetes
HbA1c	≤ 6,0%	Redução 20%	≤ 6,0%	≤ 6,0%
Hipoglicemia	ausente		Glicemia < 100 por 1 ano	Glicemia 100-125
Total-Col/LDL	< 200 mg/dL /100	LDL 100 a 150 mg/dL		
TG	<150			
PA	<135x85			
Perda de peso	>15%			
Medicações	retirada	Retirada parcial	Ausência de medicação para diabetes por 1 ano	Ausência de medicação para diabetes em 1 ano

Bariatric Surgery versus Intensive Medical Therapy for Diabetes — 3-Year Outcomes

Philip R. Schauer, M.D., Deepak L. Bhatt, M.D., M.P.H., John P. Kirwan, Ph.D.,
 Kathy Wolski, M.P.H., Stacy A. Brethauer, M.D., Sankar D. Navaneethan, M.D., M.P.H.,
 Ali Aminian, M.D., Claire E. Pothier, M.P.H., Esther S.H. Kim, M.D., M.P.H.,
 Steven E. Nissen, M.D., and Sangeeta R. Kashyap, M.D.,
 for the STAMPEDE Investigators*

Table 2. Medication Use at Baseline and at 3 Years.*

Medication	At Baseline			At 3 Years		
	Medical Therapy (N=40)	Gastric Bypass (N=48)	Sleeve Gastrectomy (N=49)	Medical Therapy (N=40)	Gastric Bypass (N=48)	Sleeve Gastrectomy (N=49)
Diabetes medications						
No. of medications	2.80±1.11	2.50±1.15	2.45±1.19	2.60±1.10	0.48±0.80†	1.02±1.01†‡
Insulin — no. of patients (%)	21 (52)	22 (46)	22 (45)	22 (55)	3 (6)†	4 (8)†
Not taking this class of medication — no. of patients (%)	1 (2)	1 (2)	1 (2)	1 (2)	33 (69)†	21 (43)†‡
Cardiovascular medications						
No. of medications	2.70±1.22	2.73±1.32	2.18±1.09	2.63±1.31	0.96±1.15†	1.35±1.40†
ACE inhibitor or ARB — no. of patients (%)	25 (62)	36 (75)	30 (61)	22 (55)	11 (23)§	13 (27)§
Not taking this class of medication — no. of patients (%)	0	3 (6)	2 (4)	1 (2)	20 (42)†	19 (39)†
Any medication						
No. of medications	5.50±1.71	5.23±1.76	4.63±1.67	5.23±1.86	1.44±1.49†	2.37±1.82†‡
Difference from baseline to 3 yr — no.				-0.28±2.03	-3.79±1.81†	-2.27±1.99†‡

* Plus-minus values are means ±SD. All P values are for the comparison with the medical-therapy group unless otherwise indicated. ACE denotes angiotensin-converting enzyme, and ARB angiotensin-receptor blocker.

† P<0.001.

‡ P<0.05 for comparison between gastric bypass and sleeve gastrectomy.

§ P<0.01.

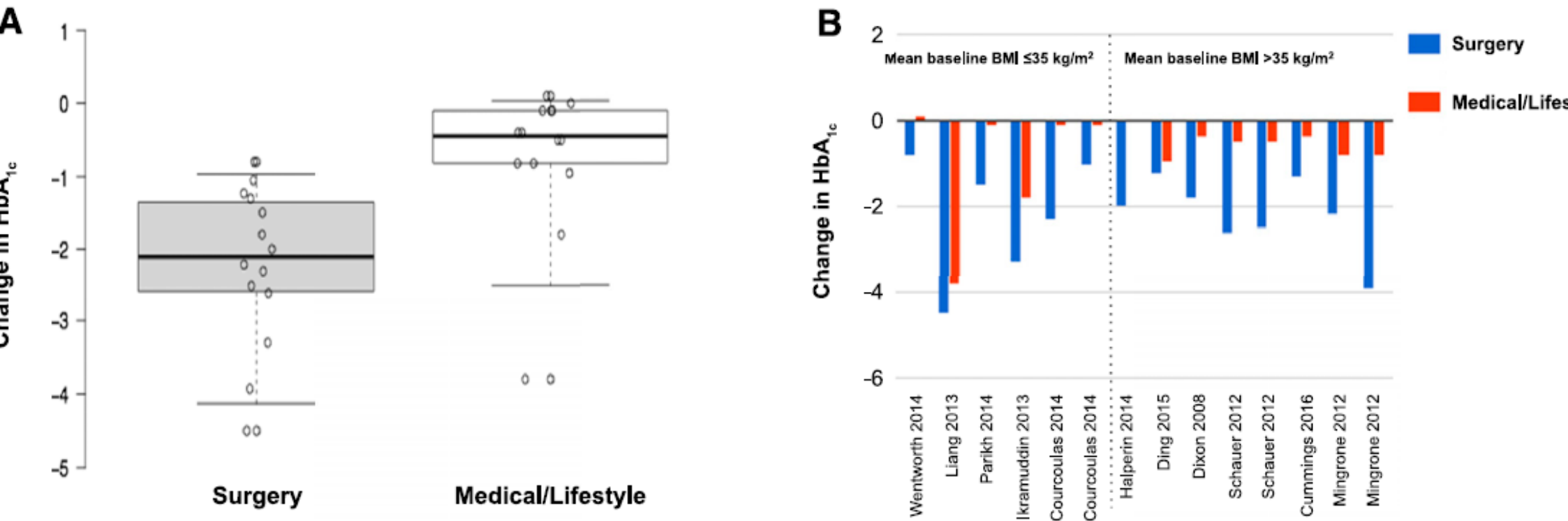
Metabolic Surgery in the Treatment Algorithm for Type 2 Diabetes: A Joint Statement by International Diabetes Organizations

Diabetes Care 2016;39:861–877 | DOI: 10.2337/dc16-0236

*Francesco Rubino,¹ David M. Nathan,² Robert H. Eckel,³ Philip R. Schauer,⁴ K. George M.M. Alberti,⁵ Paul Z. Zimmet,⁶ Stefano Del Prato,⁷ Linong Ji,⁸ Shaukat M. Sadikot,⁹ William H. Herman,¹⁰ Stephanie A. Amiel,¹ Lee M. Kaplan,² Gaspar Taroncher-Oldenburg,¹¹ and David E. Cummings,¹² on behalf of the Delegates of the 2nd Diabetes Surgery Summit**

The 2nd Diabetes Surgery Summit (DSS-II), an international consensus conference was convened in collaboration with leading diabetes organizations to develop global guidelines to inform clinicians and policymakers about benefits and limitations of metabolic surgery for T2D.

Controle do DM2: 2nd Diabetes Surgery Summit



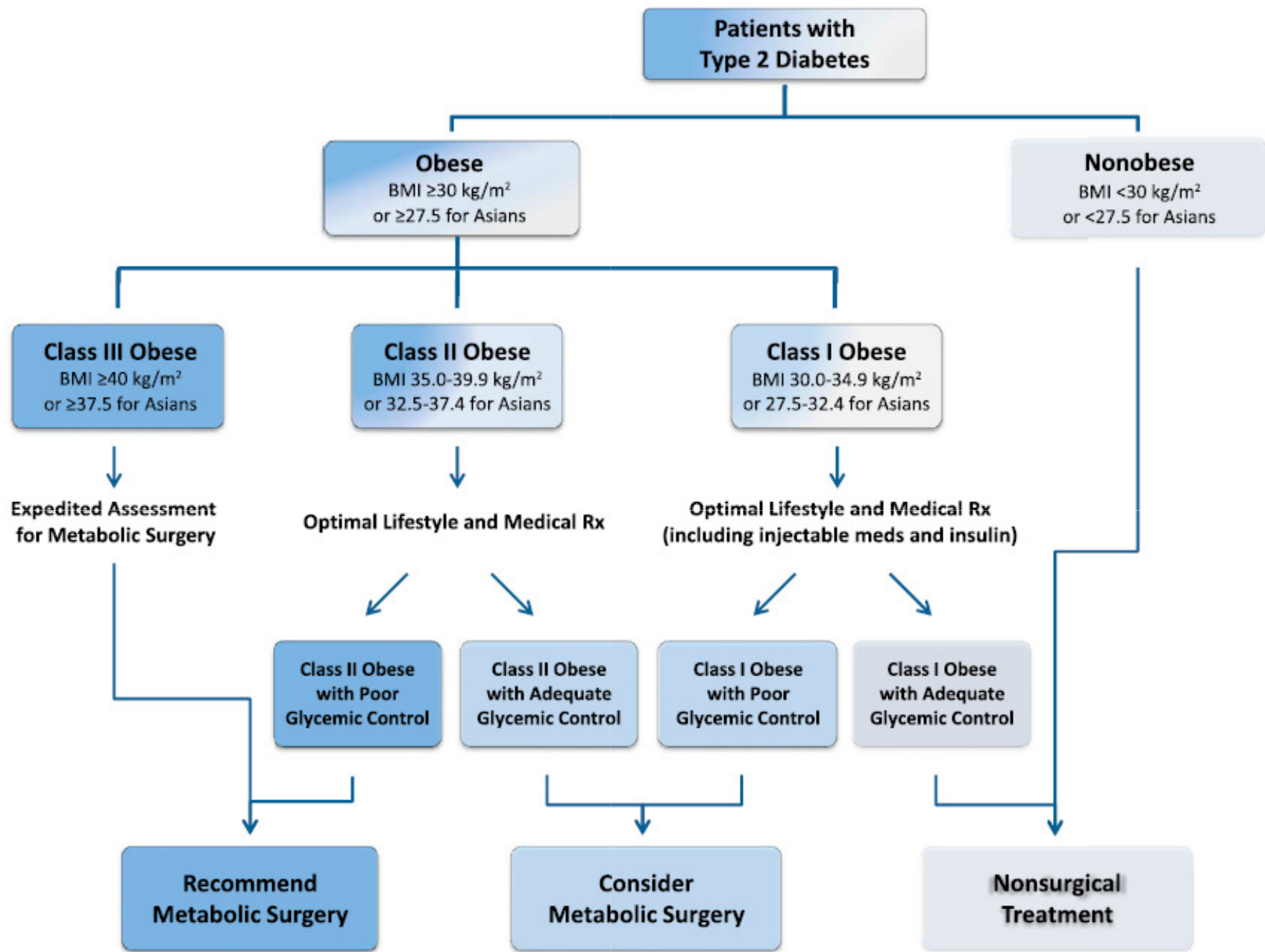
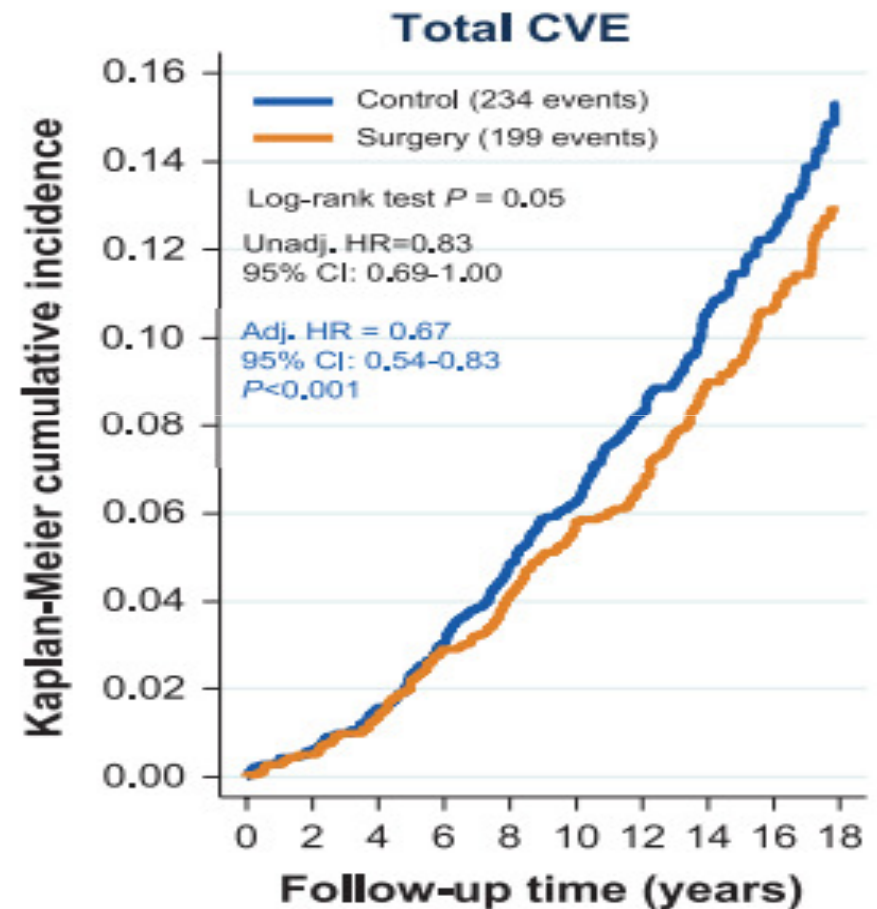
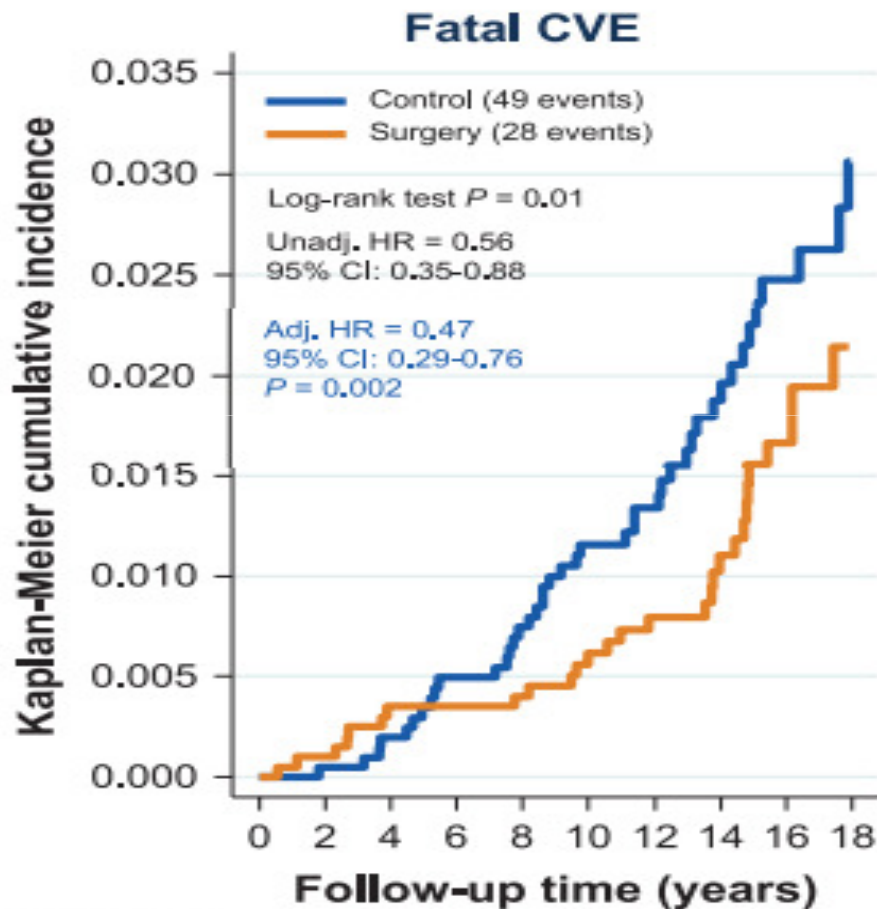


Figure 4—Algorithm for the treatment of T2D, as recommended by DSS-II voting delegates. The indications above are intended for patients who are appropriate candidates for elective surgery. meds, medications.

SOS TRIAL

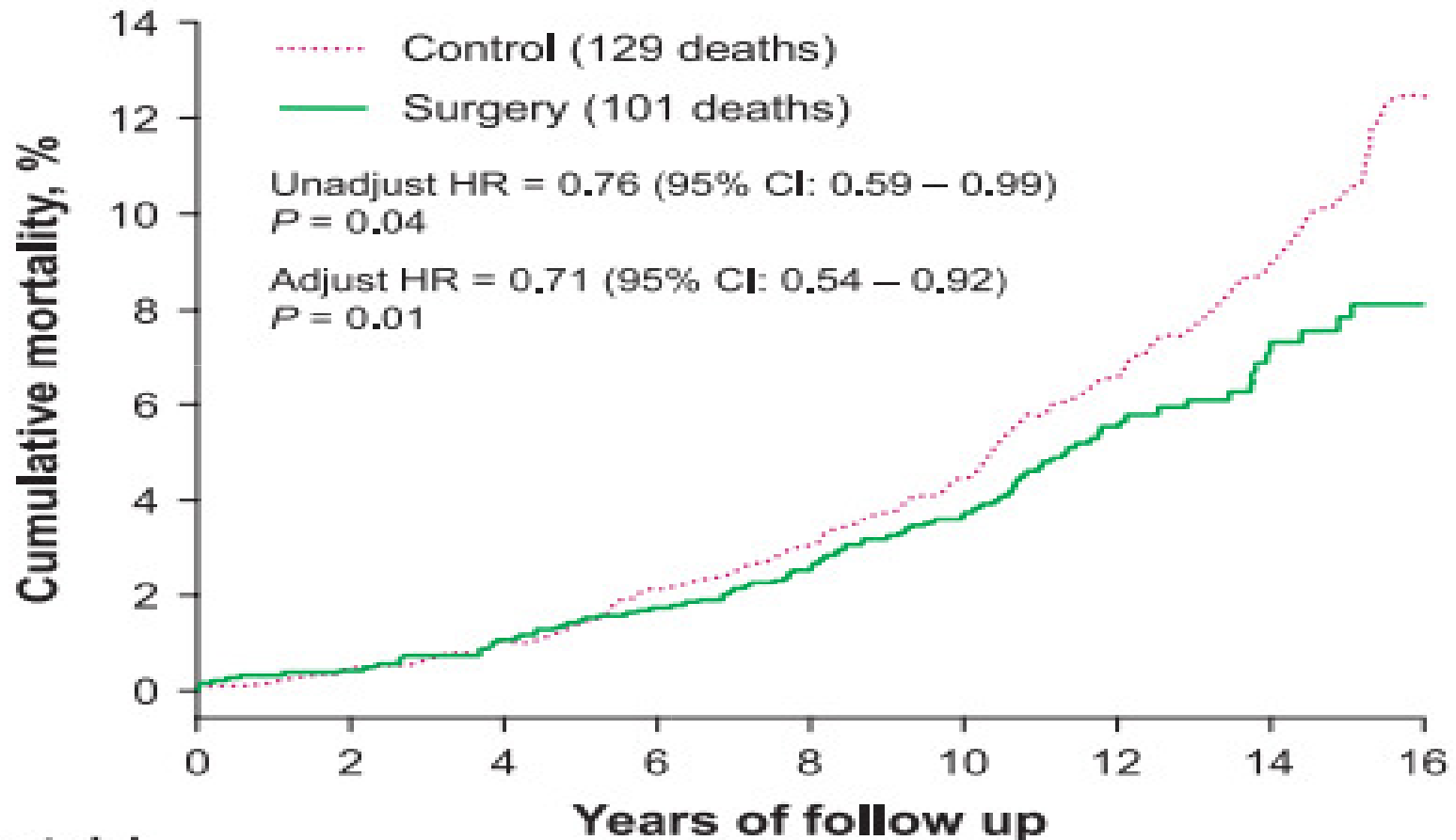


Number at risk:

Control	2037	1993	1423	405
Surgery	2010	1970	1557	412

Control	2037	1945	1326	361
Surgery	2010	1921	1468	375

SOS TRIAL



Number at risk

Surgery	2010	2001	1987	1821	1590	1260	760	422	169
Control	2037	2027	2016	1842	1455	1174	749	422	156

CONCLUSÃO

- Cirurgia bariátrica melhora o perfil cardiometabólico.
- Diminui os eventos cardiovasculares fatais, não fatais e mortalidade geral.
- O SOS mostrou redução da incidência de IAM nos pacientes diabéticos submetidos a CB quando comparados àqueles em tratamento conservador (HR: 0,56 IC95%: 0,34 – 0,93) sugerindo um benefício macrovascular deste procedimento.
- Acompanhamento com médico e nutricionista por tempo indeterminado.