THE EXPERIENCE OF A BARIATRIC SURGERY CLINIC IN THE WESTERN AMAZON

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Abstract: Combating obesity in the western Amazon has major challenges, including access to health services, territorial extension and precarious means of transport. The big question is to provide the best treatment for patients, maintaining the effectiveness found in other regions of the country. Clinical treatment has been shown to be ineffective, as most patients regain weight in a short time. Thus, bariatric surgery has been shown to be a positive alternative for weight loss, control of comorbidities, in addition to improving the quality of life for patients. Therefore, the objective of this study is to evaluate the comorbidities, complications and quality of life of patients undergoing bariatric surgery in a clinic in the western Amazon. Patients answered a questionnaire about sociodemographic data, comorbidities and complications. During the research, 270 patients answered the questionnaire, of which 90.4% were women and 9.6% were men, both with grade II or III obesity. The practice of physical activity 69.9% performs three times a week and 31.3% do not. Among the most prevalent comorbidities are hypertension (44.2%), type 2 diabetes mellitus (17.3%), osteoarticular diseases (9.6%), metabolic syndrome (11.5%), obstructive sleep apnea (7.7%), dyslipidemia (3.8%). After surgery, there was a reduction in the prevalence of hypertension, type 2 diabetes mellitus, obstructive sleep apnea syndrome and dyslipidemia. With regard to complications, they had a prevalence of bleeding (3.7%), followed by stenosis (1.1%), pulmonary embolism (0.3%), thrombosis (0.3%) and fistula (0.3%), all with early diagnosis and resolution. The results show the main comorbidities presented by the patients and their complications, in addition to reinforcing the quality of the treatments, following the protocols of the guidelines of the Brazilian Society of Bariatric and Metabolic Surgery, which obtained results equivalent to those of the great reference centers in the country, contributing to a better quality of life for patients in the western Amazon.

Keywords: Bariatric surgery; Comorbidities; Complications.

INTRODUCTION

The city of Rio Branco, capital of Acre, located in the extreme north of Brazil, where the triple border between Brazil, Peru and Bolivia is located, has an estimated population of 419,452 thousand inhabitants. As an example of the characteristics of local health care, the city has four inpatient hospitals in the private system and two in the public system. Obesity is not restricted to health-related issues, but also to providing longevity and quality of life for the patient¹. Nowadays, bariatric surgery has been proving to be the best treatment option for morbid obesity, associated with the practice of other therapies with the purpose of providing a better quality of life, weight control and systemic diseases¹. Bariatric surgery is indicated for patients with a Body Mass Index (BMI) \( \geq 40 \text{ kg/m}^2 \) or \( \geq 35 \text{ kg/m}^2 \) who have some comorbidity, approximately 80% of these patients have metabolic syndrome (dyslipidemia, abdominal obesity, impaired glucose tolerance or diabetes and hypertension) increasing cardiovascular risk². Periodic follow-up of patients after surgery is extremely important, which must include analysis of weight loss, changes in comorbidities and quality of life, to determine the success of the treatment, in addition to the occurrence of complications and the need for reoperations¹. The aim of this article was to evaluate the results of a bariatric surgery clinic in the western Amazon in patients in the late postoperative period.

The analyzed clinic, located in Rio Branco-AC, offers its patients a multidisciplinary team with the presence of several health
professionals, in addition to the general surgeon, such as a psychologist, nutritionist and endocrinologist. This team is of paramount importance, in view of the need to analyze and understand all the particularities of each patient and how to serve them in an assertive way, enabling a better pre-surgery and a better recovery after bariatric surgery.

METHODS

This article consists of a cross-sectional study carried out between 2016 and 2022, using a questionnaire on sociodemographic data, lifestyle, comorbidities, length of stay in the immediate post-care period and complications, in addition to the use of books and scientific articles, using the following digital platforms: “SCIENCEDIRECT”, “MEDLINE”, “SCIELO” and “GOOGLE SCHOLAR”. The questionnaire was sent to a total of 270 patients and the responses were computed through the “GOOGLE FORMS” application and reproduced in the form of graphics. This way, a graph was formed related to the comorbidities of each patient and another graph related to the complications of the surgery. Thanks to the graph, used to compare the pre and postoperative period, it was possible to assess the success of the surgery.

RESULTS

Among the 270 patients who responded to the survey, 90.4% were women and 9.6% were men. Among the most prevalent comorbidities in patients are arterial hypertension (44.2%), type 2 diabetes mellitus (17.3%), osteoarticular diseases (9.6%), metabolic syndrome (11.5%), obstructive sleep apnea (7.7%), dyslipidemia (3.8%). After surgical treatment, there was a reduction in the prevalence of arterial hypertension (SAH), type 2 diabetes mellitus, obstructive sleep apnea syndrome, dyslipidemia among patients, there was also an increase in adherence to physical activities, demonstrating the effectiveness of the treatment. Regarding immediate postoperative complications, there was a prevalence of bleeding (3.7%), accompanied by stenosis (1.1%), pulmonary embolism (0.3%), thrombosis (0.3%) and fistula with (0.3%). These complications were quickly diagnosed and treated in the best possible way, thus obtaining an optimal recovery of the patient and also minimizing the length of hospital stay.

CONCLUSION

As presented throughout the study, the results show the comorbidities presented by the patients of a bariatric surgery clinic in the Western Amazon, in addition to the complications in the immediate postoperative period. Through the analysis of the graphs acquired through the questionnaire, it is possible to reinforce the quality of the treatments offered in the state of Acre, following the protocols suggested by the guidelines of the Brazilian Society of Bariatric and Metabolic Surgery, in which, results were obtained that are equivalent to those of large reference centers in the country in the fight against obesity, such as São Paulo and Rio de Janeiro. Furthermore, another important point of the study is the possibility, through epidemiology, of preparing for future patients who will be approached at the clinic, thus efficiently contributing to a better quality of life for obese individuals in the Western Amazon.
REFERENCES
