



An overview of Bariatric Surgery to the present

Mervyn Deitel

Director MGB-OAGB Club, Canada

Abstract:

With increasing high-caloric fast-food and sedentary life-style, worldwide obesity has been increasing for the past 50 years. For morbid obesity in the 1970s, jejunioileal bypass (JIB) developed as a malabsorptive operation; JIB had specific complications which tied down the surgeon. The horizontal loop gastric bypass of Mason became preferred; because tension on the loop anastomosis had potential for leak, gastric bypass was changed to a Roux-en-Y configuration (RYGB), which has been performed extensively. Gastroplasties developed as restrictive operations in the 1980s, initially horizontal, followed by vertical banded gastroplasty (VBG). In 1983, the American Society for Bariatric Surgery (ASBS) was formed at a meeting in Iowa, and has vastly enlarged. In 1991, I started publishing the Obesity Surgery journal as Editor-in-Chief, which became the official journal of IFSO, and rapidly progressed to high ranking. In the 1990s, the adjustable gastric band (AGB) was placed to restrict the very proximal stomach (connected by tubing to a subcutaneous reservoir), and the AGB was suitable as a laparoscopic operation. Subsequently, all bariatric operations have been able to be performed laparoscopically. In 2000, sleeve gastrectomy (the first part of the DS alone) developed as a stand-alone operation, but dissection at the cardia has led to devastating leaks plus GE reflux and occasional Barrett's esophagus. The Mini-Gastric Bypass (MGB), as well as its One Anastomosis Gastric Bypass (OAGB) variant, with a long sleeve anastomosed antecolic a wide gastrojejunostomy at ~200cm has gained remarkable popularity, as a simple malabsorptive operation, effectively reversing the co-morbidities of morbid obesity. Postop nutritional requirements must be followed. Type 2 diabetes usually resolves after MGB-OAGB and is being



performed in patients with lesser obesity.

Biography:

Mervyn Deitel was born in Toronto Canada in 1936. He graduated in Medicine from the University of Toronto in 1961. He trained in surgery at Beth Israel, Bellevue and N.Y. University Hospitals in New York, Roswell Park Cancer Institute in Buffalo and trauma at Parkland Memorial in Dallas. He started I.V. hyperalimentation (TPN) in 1967 in Canada.

Recent Publications:

1. Mini-Gastric Bypass and One-Anastomosis Gastric Bypass: Rationale, Mervyn Deitel, Cesare Peraglie, David Hargroder
2. Commentary: Cancer after the OAGB-MGB, Robert Rutledge, Mervyn Deitel, Miguel A Carbajo, Imran Abbas
3. MINI-GASTRIC bypass: Prevention and management of complications in Performance and follow-up, Mervyn Deitel, Robert Rutledge
4. History of the MGB and OAGB operations, Mervyn Deitel

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