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ORIGINAL ARTICLE

Impact of Bariatric Surgery on Patients from Goiás, Brazil, Using the BAROS Method – A Preliminary Study

Emmeline Flor Ribeiro[*,1], **Renato Ivan de Ávila**[*,1], **Rosineide Ribeiro de Sousa Santos**, **Clévia Ferreira Duarte Garrote**

Faculty of Pharmacy, Universidade Federal de Goiás, Goiânia, Brazil

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KEYWORDS
Bariatric Surgery;
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Obesity, Morbid;
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Abstract
Introduction: As obesity is currently a major public health problem, bariatric surgery has been widely indicated due to the difficulties involved in the clinical management of obese adults.
Objectives: Assess the quality-of-life (QOL) of patients who had undergone Roux-en-Y Gastric Bypass (RYGB) in the State of Goiás, Brazil, where as yet no studies have been published on the QOL of patients who underwent bariatric surgery.
Methods: A retrospective study, using the Bariatric Analysis and Reporting Outcome System (BAROS), was carried out in Goiânia and Rio Verde, Goiás, Brazil, with 50 over 18-year-old patients of both genders, who had undergone RYGB and had at least three months of postoperative time.
Results: Before RYGB, 48% of the individuals were classified as morbidly obese. Average weight and body mass index (BMI) of the 50 patients interviewed were 119.37 ± 18.44 kg and 43.54 ± 5.33 kg/m^2, respectively. By contrast, after the RYGB these parameters decreased significantly to 78.01 ± 11.06 kg and 28.46 ± 3.61 kg/m^2, respectively, mainly from the 3rd to 85th month of postoperative time ($p < 0.0001$). As well as that, 78% reported having presented preoperative comorbidities, especially hypertension (44%), rheumatism (34%), dyslipidemia (24%) and diabetes (20%). However, after surgery, the resolution rates were 77, 24, 100 and 100%, respectively, for these same clinical conditions. In terms of QOL, some patients reported feeling better (8%) or much better (92%) after RYGB. The outcome of the BAROS method for those patients was classified as fair (2%), good (8%), very good (24%) and excellent (66%).

* Corresponding authors.
E-mail addresses: peritaemmeline@gmail.com (E.F. Ribeiro), avila.ri@hotmail.com (R.I. de Ávila).
[1] These authors equally contributed for this study and are the corresponding authors.

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Conclusions: Preliminary results indicated that RYGB could be a successful surgical procedure to promote satisfactory and sustained reduction in the body measurements of morbidly obese patients from Goiás, Brazil. Furthermore, the final BAROS score showed improvements in associated comorbidity and also in the QOL of these patients.

PALAVRAS-CHAVE
Brasil;
Cirurgia Bariátrica;
Obesidade Mórbida;
Qualidade de Vida

Impacto da Cirurgia Bariátrica em Pacientes de Goiás, Brasil, Usando Metodologia BAROS – Um Estudo Preliminar

Resumo
Introdução: Como a obesidade é atualmente um grande problema de saúde pública, a cirurgia bariátrica tem sido amplamente indicada devido às dificuldades envolvidas no manejo clínico de adultos obesos.
Objetivos: Avaliar a qualidade de vida (QDV) de pacientes submetidos ao Desvio Gástrico em Y-de-Roux (DGYR) no Estado de Goiás, Brasil, onde ainda não há estudos sobre a QDV de pacientes submetidos à cirurgia bariátrica.
Métodos: Um estudo retrospectivo, utilizando o *Bariatric Analysis and Reporting Outcome System* (BAROS), foi realizado em Goiânia e Rio Verde, Goiás, Brasil, com 50 pacientes com idade superior a 18 anos, de ambos os gêneros, que realizaram DGYR com tempo pós-operatório mínimo de três meses.
Resultados: Antes da DGYR, 48% dos indivíduos foram classificados como obesos mórbidos. A média de peso e índice de massa corporal (IMC) dos 50 pacientes entrevistados foram $119{,}37 \pm 18{,}44$Kg e $43{,}54 \pm 5{,}33$Kg/m^2, respectivamente. Em contrapartida, após a DGYR, esses parâmetros diminuíram significativamente para $78{,}01 \pm 11{,}06$ kg e $28{,}46 \pm 3{,}61$ kg/m^2, respectivamente, principalmente do 3° ao 85° mês de tempo pós-operatório ($p < 0.0001$). Além disso, 78% reportaram tendo apresentado comorbidades pré-operatórias, especialmente hipertensão (44%), reumatismo (34%), dislipidemia (24%) e diabetes (20%). Entretanto, após a cirurgia, as taxas de resolução foram de 77, 24, 100 e 100%, respectivamente, para essas mesmas condições clínicas. Em termos de QDV, alguns pacientes relataram se sentir melhor (8%) ou muito melhor (92%) após a DGYB. O resultado do método BAROS para esses pacientes foi classificado como insuficiente (2%), bom (8%), muito bom (24%) e excelente (66%).
Conclusões: Resultados preliminares indicaram que a DGYB pode ser um procedimento cirúrgico para promover com sucesso a redução satisfatória e sustentada nas medidas corporais de pacientes com obesidade mórbida provenientes de Goiás, Brasil. Além disso, a pontuação final do BAROS mostrou melhorias das comorbidades associadas e também na QDV desses pacientes.

1. Introduction

Obesity which is responsible for comorbidities such as diabetes, ischemic heart disease, hypertension and atherosclerosis, is currently a major public health problem of great prevalence. Furthermore, overall mortality due to this clinical condition has increased over the years.[1,2]

Consequently, dietary and pharmacotherapeutic treatments are undertaken for weight loss and maintenance. However, studies have shown that clinical and nutritional treatment present no significant result in the long term. Hence, bariatric surgery has been widely indicated due to the difficulties involved in the clinical management of severely obese adults.[3–7]

The main benefits accruing from this surgery are the resolution of comorbidities, weight loss and maintenance, all of which lead to an improvement in the quality-of-life.[8,9] Furthermore, expenditure involving medicines, health professionals and tests progressively decrease after the operation. This is more evident in patients with more comorbidity. Therefore, this surgery produces substantial economic benefits for health systems and/or patients, which, in turn, compensate for the considerable expenses involved in undergoing bariatric surgery.[10–12]

Resolution 1.942/2010 of Brazil's Federal Council of Medicine's[13] presents the accepted procedures for this surgical practice, in which the Roux-en-Y Gastric Bypass (RYGB) is widely recommended (40%).[14]