As aesthetic surgeons, we have an interest not only in the appearance of our patients but also in their general health. Obesity undeniably has a great impact on both. As radical but effective procedures to treat obesity become more common, as is happening now, our surgical expertise in treating the after-effects of massive weight loss will be in greater demand. This is likely to foster the development of what might be dubbed the “new” field of bariatric plastic surgery.

The twin epidemics of obesity and diabetes continue to spread unchecked in the United States. The facts about obesity are alarming and their implications profound. A study by the Centers for Disease Control and Prevention, published in the Journal of the American Medical Association, reported that in 1991, 21% of the population — more than 44 million people — were obese (body-mass index > 30), 60% were overweight or obese, and 6 million were morbidly obese. Eight percent of the population — 16.7 million people — had diagnosed diabetes. This trend is likely to continue unabated, given the 95% failure rate among dieters and the alarming increase in teenage obesity.

The price exacted by this epidemic is staggering. Obesity is the second leading cause of preventable death in the United States, causing more than 300,000 deaths annually. It is more detrimental to the quality of life and medical well-being than alcohol abuse, drug addiction, poverty, or smoking.

Moreover, obesity imposes heavy economic and social costs on both patients and society as a whole. More than $100 billion is spent on treating obesity or medical conditions caused by obesity (compared with $30 billion spent treating heart disease and cancer). Obese people also tend to work less and therefore contribute less to the Social Security system and to economic productivity. Many will become permanently disabled at an early age. Finally, the adverse social impact of obesity, in a society that prizes fitness, youth, and attractiveness, is incalculable. Given the magnitude of this problem, it is not surprising that advances in the management of obesity have been and continue to be developed. In particular, bariatric surgery is becoming a major tool in the treatment of obesity. It is estimated that 60,000 to 100,000 bariatric surgery procedures will be performed in the United States in 2003 alone, up from 20,000 less than a decade ago. It can be expected that mortality associated with these operations will further improve from its current rate of 1 in 200 to 400 patients.

Many questions pertaining to bariatric surgery remain to be answered, including who should be treated, which procedure is best, who should perform procedures, in what kind of center are they best performed, and how to define “harmful obesity” (in addition to Body Mass Index guidelines). These questions are being addressed by a Bariatric Surgery Clinical Research Consortium, sponsored by the National Institute of Diabetes and Digestive and Kidney Disease.

The interdisciplinary management of obesity is an important arena for plastic surgeons. A team might include an internist treating medical problems, a weight-loss specialist, dietitians, psychiatrists, bariatric surgeons, plastic surgeons, and geneticists, all of whom have valuable and legitimate roles in the joint approach to patient care, similar to the development of multidisciplinary craniofacial centers in the 1970s and 1980s. Just as craniofacial programs became an essential element of many plastic surgery programs, bariatric surgery teams will likely become an integral component of 21st-century plastic surgery if the epidemic of obesity persists. If just half of those expected to undergo bariatric surgery this year seek plastic surgery treatment, it could significantly increase the number of abdominoplasties, face lifts, body lifts, thigh lifts, and brachioplasties that we perform.
Indisputably, plastic surgeons are the foremost practitioners of such procedures. Beyond the obvious economic impact bariatric surgery may have on our profession, it is incumbent on us to join our colleagues in sharing our expertise to help ensure enhanced patient well being and safety and additional therapeutic advances in this arena.

Numerous advances in medical genetics are contributing to our understanding of hereditary factors affecting the mechanism of obesity and may eventually allow manipulation of those factors in the future. However, with the exception of surgical intervention, severe caloric restriction remains the only proven method of improving health and extending life in obese patients. The integrated fields of bariatric medicine and bariatric plastic surgery may together provide properly selected patients with lifesaving treatment that not only increases longevity but also enhances the quality of life beyond these patients’ greatest expectations.

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