CORRESPONDENCE

Clinical Practice Guideline: Bariatric Surgery

by Prof. Dr. med. Dr. h.c. Norbert Runkel, PD Dr. med. Mario Colombo-Benk-
mann, PD Dr. med. Thomas P. Hüttel, Dr. med. Harald Tigges, PD Dr. med. Oliver
Mann, PD Dr. med. Stephan Sauerland in volume 20/2011

Body Contouring Surgery

Professor Runkel and colleagues provided a detailed description of bariatric surgical options in obese patients (1). The authors summarized the new interdisciplinary S3 guidelines for bariatric surgery in a comprehensible fashion.

We wish to explicitly support the necessity of setting out an interdisciplinary treatment plan, as requested by the authors. However, we miss any mention of the role of the body contouring surgical interventions that are indicated after massive weight loss.

These interventions, which fall under the remit of plastic surgery, are required in nearly all patients because of their weight loss subsequent to bariatric surgery, since the excess skin constitutes a functional and psychological burden (2). Such procedures cannot be considered in isolation; they are a direct and immediate part of bariatric surgery since secondary inventions may have to be explained to patients even before the initial bariatric surgical intervention. Accordingly, it is desirable for such patients to be treated in surgical centers in collaboration with plastic surgeons. The body contouring does not actually treat overweight but has functional aspects—for example, reconstruction of the abdominal wall if a plicature of the rectus abdominis muscle has been done to stabilize the abdominal wall. Furthermore, excess skin makes it difficult to maintain a satisfactory body hygiene, leading increasingly to macerations and fungal colonization in the skin folds, which can be adequately treated with body lifting procedures. Additionally, such body shaping interventions have a positive effect on patients' physical and psychosocial rehabilitation (3) and quality of life (4). Accordingly, they are listed in the S3 guidelines for bariatric surgery as a crucial component of the interdisciplinary treatment regimen and should not be omitted in an article in this medical topic.

DOI: 10.3238/arztebl.2012.0078a

REFERENCES

1. Runkel N, Colombo-Benkmann M, Hüttel TP, Tigges H, Mann O, Sauerland S: Clinical practice guideline: Bariatric surgery. Dtsch Arztebl Int 2011; 108(20): 341–6.
2. Torio-Padron N, Stark GB: Körperformende plastisch-chirurgische Eingriffe nach massiver Gewichtsreduktion. Zentralbl Chir 2009; 134: 57–65.
3. Sarwer DB, Thompson JK, Mitchell JE, Rubin JP: Psychological considerations of the bariatric surgery patient undergoing body contouring surgery. Plastic and reconstructive surgery 2008; 121: 423e–34e.

4. Song AY, Rubin JP, Thomas V, Dudas JR, Marra KG, Fernstrom MH: Body image and quality of life in post massive weight loss body contouring patients. Obesity (Silver Spring) 2006; 14: 1626–36.

Dr. med. Steffen U. Eisenhardt, PD Dr. med. Nestor Torio-Padron

Prof. Dr. med. G. Björn Stark

Universitätsklinikum Freiburg, Abteilung für Plastische und Handchirurgie
steffen.eisenhardt@uniklinik-freiburg.de

Conflict of interest statement

Professor Dr Stark is a shareholder in the Erich-Lexer-Clinic for esthetic surgery in cooperation with the University of Freiburg Medical Center and has received financial funding from Baxter. Drs Torio-Padron and Eisenhardt declare that no conflict of interest exists.

In Reply:

The evidence based recommendations of the S3 guideline for surgery for obesity relate to indication, preparation, choice of procedure, technique, and aftercare of specific operations to reduce weight. Furthermore the guideline stipulates that plastic surgery after successful weight reduction should be integrated into an interdisciplinary treatment concept (recommendation grade B) and that the changes in the patients' appearance and the associated medical and psychosocial sequelae should be discussed with the patient before the bariatric surgery (recommendation grade A) (www.AWMF.de).

However, the evidence for plastic surgery is not high enough just yet for a consensus based therapeutic algorithm to be drawn up according to the formal requirements of an S3 guideline. Plastic surgery has to provide the data—by means of clinical analyses, comparative studies, and standardized surgical concepts—that are required for an interdisciplinary discussion between the specialist societies. On the background of the notably rising case numbers of obesity surgery, scientific discourse and quality assurance of the body contouring correctional interventions are central tasks for the specialist society of plastic surgery. The practical collaboration between surgeons specializing in obesity and plastic surgeons with expertise in postbariatric body contouring is being practiced in many places in certified obesity centers.

DOI: 10.3238/arztebl.2012.0078b

REFERENCES

1. Runkel N, Colombo-Benkmann M, Hüttel TP, Tigges H, Mann O, Sauerland S: Clinical practice guideline: Bariatric surgery. Dtsch Arztebl Int 2011; 108(20): 341–6.

Prof. Dr. med. Dr. h. c. Norbert Runkel

Schwarzwald-Baar Klinikum, Villingen-Schwenningen, norbert.runkel@sbk-vs.de

Conflict of interest statement

Professor Runkel has received honoraria from Smith and Nephew, expenses from Ethicon, Covidien, Storz, and Aesculap.