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Development of Bariatric Surgery in France Issues and Challenges

*Gugenheim J**

Department of Digestive Surgery and Liver Transplant Unit, University of Nice Sophia Antipolis, France

Introduction

Obesity surgery has grown considerably in France: the number of interventions has increased four-fold in a decade, rising to 52,286 in 2018. At the same time, the number of centers performing bariatric surgery increased to almost 500 [1]. Bariatric Surgery has also developed in the other European countries: in England, the number of interventions has increased 10-fold since 2000. Finally, this explosion was observed on a larger scale: nearly 468,000 interventions were carried out in 2013 around the world [2], the first two countries being the United States and Brazil. At the same time, the type of intervention has been changed: sleeve gastrectomy became the most performed procedure in France since 2011, reaching 61.2% in 2018. The Gastric Bypass represents 25.4% of the procedures, and the adjustable Gastric Band 13.3% [1].

Why such a development of Bariatric Surgery?

The reasons explaining the increase of bariatric interventions is multiple. First of all, medical treatment has been shown to be ineffective and surgery is the most effective treatment of morbid obesity and metabolic complications associated with it [3]. In addition, the prevalence of type 3 obesity has increased four-fold in 15 years, according to Obepi stats [4]. The risk of mortality has decreased, due to the introduction of laparoscopy and the creation of centers of excellence. In France, post-operative mortality at 3 month is about 1 per 1,000 [5]. Postoperative amelioration of metabolic complications and the decrease of the mortality related to the metabolic consequences of the morbid obesity is now well demonstrated [6]. Finally, bariatric surgery can be covered by the health insurance, provided that the criteria set out by the High Authority of Health in France are met.

What does this development implies?

This exponential development of obesity surgery poses organizational difficulties and evaluation problems.

Centers with different scale: Although there is a trend towards the development of centers of excellence practicing the most of these interventions, there are still many centers in France that practice it on an occasional basis. One third of the 486 centers in France in 2014 carried out less than 30 interventions per year. It has been demonstrated that postoperative mortality was reduced by 3 in centers performing more than 100 procedures per year compared to those with less than 30 procedures. In addition, the success of these interventions requires the creation of a multidisciplinary team, including not only surgeons, but also anesthesiologists, nutritionists, psychiatrists, psychologists and dieticians. It is likely that centers with a small volume of activity cannot form such a team with specialized doctors. There is, however, a growing percentage of interventions carried out in high-volume centers during the last few years. In the centers practicing more than 100 interventions per year, the proportion of interventions performed increased from 64.9% in 2011 to 74.3% in 2014. On the other hand, the proportion of interventions carried out in small-volume centers [less 30 acts per year] has decreased from 5.3% in 2011 to 4% in 2014.

Significant variation of practices: There is a regional disparity in the practice of Bariatric Surgery. This disparity is not correlated with the differences of prevalence of obesity in France. For example, in the south of France, where obesity is less preponderant, the practice of bariatric surgery is more important. There is also a disparity between the different surgical interventions. Indeed, the three main types of interventions, the gastric band, sleeve gastrectomy and gastric bypass, are distributed unevenly according to the centers and regions. While, private centers practice the shorter and simpler interventions, like the sleeve, the public centers prefer the longer duration gastric bypass.

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Correspondence:
Gugenheim J, Department of Digestive Surgery and Liver Transplant Unit, University of Nice Sophia Antipolis, France,
E-mail: gugenheim.j@chu-nice.fr

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Difficulties with the follow-up: The follow up is important, both to remind people of the nutritional advices and the importance of physical activity, but also to detect complications related to nutritional or vitamin deficiencies. However, this follow up is poorly codified, both in its modalities and in its periodicity. A recent investigation revealed that two-thirds of patients operated were lost to follow up 2 years after the surgery.

Weight regain after Surgery: About 20% of patients regain weight after a gastric Bypass. This percentage is 30% for the sleeve and 40% for the gastric band. Many patients underwent a second or third revisional intervention in order to lose this weight regain.

It is essential to perform a complete comprehensive balance sheet, including, nutritional and psychiatric disorders, before considering any revisional surgery.

What solutions: The French Society of Obesity and Metabolic Diseases Surgery (SOFFCO) is aware of these problems and has proposed several ways to improve it. The first is an accreditation of surgical centers. In addition to the 37 Obesity Specialty Centers recognized by the Ministry of Health, SOFFCO has identified 150 surgical centers. It labeled them according to their activity [more than 30 interventions per year] and compliance with the recommendations of the HAS.

The second proposal is the training of general practitioners through the Continuous Professional Development, to raise awareness of the problems of vitamin and nutritional deficiencies.

The third solution proposed was to create a bariatric surgery registry, identifying all the bariatric interventions performed in France. This registry will allow the identification of the characteristics of the patients and the postoperative complications. It follows the strategy of the SOFFCO to ameliorate and control the security of bariatric surgery. With this in mind, SOFFCO-MM in collaboration with the Federation of Surgery Visceral and Digestive will make recommendations aimed at reducing the risk of bariatric surgery, which will be supervised by the HAS.

Conclusion

Obesity surgery has considerably developed during the last decade, essentially due to the decrease in postoperative mortality and the good mid-term results. However, the long-term success of this surgery is based on the eminence of preparation for the intervention and regular post-operative follow-up.

It has become indispensable to optimize the organization of the multidisciplinary teams in obesity centers, to maximize the activity in high-volume centers and to expand the involvement of GPs in the follow up.

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