

Metabolic Surgery in Hong Kong

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Asians have higher fat content and different indications for bariatric surgery as compared to western population. In response to DSS in Rome, Asia Consensus Meetings on Metabolic Surgery, endorsed by the Asia Pacific Bariatric and Metabolic Surgical Society were held at Trivandrum in India in 2008 and Taipei 2010 to discuss the situation in Asia. Most experts agreed that Asians are more prone to develop diabetes at lower BMI and early consensus for the use of metabolic surgery to treat Type II diabetes mellitus in Asia were laid and stated as the followings:

1. Bariatric/Gastrointestinal Metabolic surgery should be considered as a treatment option for obesity in people with Asian ethnicity with a BMI more than 35 kg/m² with or without co-morbidities.
2. Bariatric/Gastrointestinal Metabolic surgery should be considered as a treatment option for obesity in people with Asian ethnicity above a BMI of 30 if they have central obesity (waist circumference more than 80 cm in females and more than 90 cm in males) along with-at least two of the additional criteria for metabolic syndrome: raised triglycerides, reduced HDL cholesterol levels, high blood pressure and raised fasting plasma glucose levels or Type II diabetes mellitus patients who are inadequately controlled by life-style and medical therapy.
3. A surgical approach may also be appropriate as a non-primary procedure alternative to treat Type II diabetes mellitus patients with BMI >27 and central obesity (waist circumference more than 80 cm in females and more than 90 cm in males) who are inadequately controlled by life-style and medical therapy.

Most clinicians and patients in Hong Kong at present are not aware of the option of surgery for treating Type II diabetes. Increasing evidences demonstrate that gastrointestinal surgery including current bariatric surgery has a specific and independent effect on the disease. We have introduced metabolic surgery to treat Type II diabetes since 2008 in Hong Kong. At the moment, we limit our patients to BMI >27 with poorly controlled DM. Options would be sleeve gastrectomy vs. gastric bypass vs. sleeve gastrectomy with DJB.