

Special Issue on
Bariatric and Metabolic Surgery: How and Why?

CALL FOR PAPERS

The utilisation of surgery for the treatment of obesity started in the beginning of the 1950s. In the early 1980s, the medical community observed remission of type 2 diabetes in patients who underwent procedures based on rerouting of intestines particularly gastric bypass.

With the discovery of obesity surgery providing certain benefits for metabolic disorders, the "metabolic surgery" discipline started to evolve. From the 1980s, various techniques of bariatric/metabolic surgery for type 2 diabetes treatment have been developed with remarkable achievements. Currently, risks of bariatric/metabolic surgery have decreased, notably due to the growing number of laparoscopic interventions.

Every type of bariatric surgery has a biological impact on an organ or organs. Therefore, a bariatric surgery intervention can also be positioned in the scope of metabolic surgery. However, while bariatric surgery has a focus on weight loss, the main rationale of metabolic surgery is remission of or improvement in type 2 diabetes and certain metabolic disorders. Cholesterol and other lipid abnormalities, hypertension, and obstructive sleep apnea improve shortly after surgery and cardiometabolic mortality declines over time. Background mechanisms suggested for rapid improvement achieved by metabolic surgery indicated the role of hormones released from gastrointestinal cells and pancreatic peptides.

Bariatric/metabolic surgery can be considered a unique discipline in the armamentarium for obesity and metabolic disorders. Contributions within this scope will make this issue most outstanding.

We invite investigators to contribute original research articles as well as reviews focused on bariatric surgery epidemiology, etiology, pathogenesis, risk factors, diagnosis and treatment modalities, and prevention of obesity and metabolic disorders.

Potential topics include but are not limited to the following:

- ▶ Bariatric/metabolic surgery: targets and outcomes of surgical intervention techniques
- ▶ Changes in gut-brain signaling and autonomic CNS functions after bariatric/metabolic surgery
- ▶ The contribution of role of the bile acids and microbiota after intestinal diversions
- ▶ Surgery for type 2 diabetes in lower BMIs
- ▶ Sleeve gastrectomy and gastric bypass
- ▶ Biliopancreatic diversion and duodenal switch
- ▶ Ileal interposition and transit bipartition
- ▶ Cardiology and cardiovascular outcomes of bariatric and metabolic surgery
- ▶ Endocrine/metabolism: resolution/remission of T2DM, dyslipidemia, and PCOS
- ▶ Impact of bariatric surgery on liver complications (from steatosis and NASH to advanced fibrosis)
- ▶ Resolution/remission of diabetic nephropathy, retinopathy, and neuropathy
- ▶ Otorhinolaryngology: resolution/remission/improvement in snoring and tinnitus
- ▶ Pulmonary: resolution/remission/improvement in asthma, sleep apnea, and hypoventilation
- ▶ Urology: resolution/remission/improvement in stress incontinence
- ▶ Vascular: the risks of thromboembolism associated with bariatric and metabolic surgery
- ▶ Nutritional aspects and problems related to malabsorption after bariatric and metabolic surgery
- ▶ Bariatric surgery in adolescents and young adults

Lead Guest Editor

Alper Celik, Metabolic Surgery Clinic,
Istanbul, Turkey
doktoralper@hotmail.com

Guest Editors

John B. Dixon, Monash University,
Melbourne, Australia
john.dixon@bakeridi.edu.au

Surendra Ugale, Kirloskar Hospital,
Hyderabad, India
surenugale@gmail.com

Sergio Santoro, Hospital Israelita Albert
Einstein, Sao Paulo, Brazil
sergio@santoro.med.br

Manuscript Due

Friday, 16 December 2016

First Round of Reviews

Friday, 10 March 2017

Publication Date

Friday, 5 May 2017