



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %



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بعض الوثائق الأصلية تالفة



شبكة المعلومات الجامعية



بالرسالة صفحات

لم ترد بالأصل

تم قبول الرسالة من قِبل...
مادة مسمومة

**FOUR YEARS FOLLOW UP AFTER VERTICAL
BANDED GASTROPLASTY IN THE MANAGEMENT
OF MORBID OBESITY**

Thesis

Submitted to the Faculty of Medicine
University of Alexandria
In partial fulfillment of the
Requirements of the degree of

Master of 617, 5562

SURGERY

By

Mohamed Said Abd Elkereem
MBBCh, Alexandria, 1999

Department of Hepatobiliary Surgery
Faculty of Medicine
Alexandria University

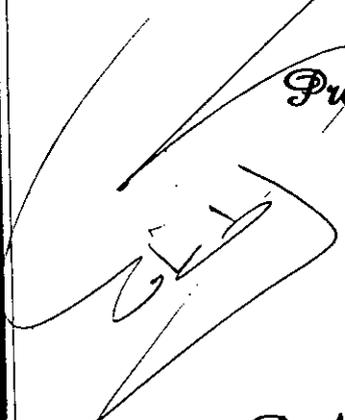
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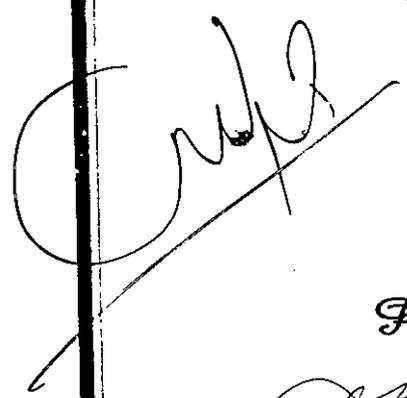
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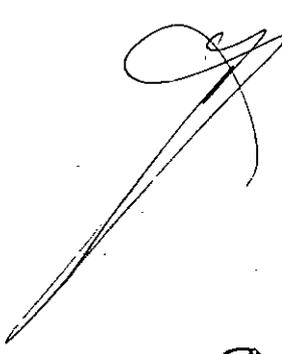
SUPERVISORS



Prof. Dr. Mostafa M. El-Henawy
Professor of General Surgery
Faculty of Medicine
Alexandria University



Prof. Dr. Ahmed El-Sayed Bassiony
Professor of General Surgery
Faculty of Medicine
Alexandria University



Prof. Dr. El Said Abbas El Kayal
Professor of General Surgery
Faculty of Medicine
Alexandria University

Co-Worker



Prof. Dr. Ahmed Mostafa Shawky
Professor of General Surgery
Faculty of Medicine
Alexandria University

EXAMINERS

Prof. Dr. Mostafa M. El-Henawy

Professor of General Surgery

Faculty of Medicine

Alexandria University

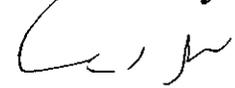


Prof. Dr. Nabil Abdel-Baki

Professor of General Surgery

Faculty of Medicine

Alexandria University

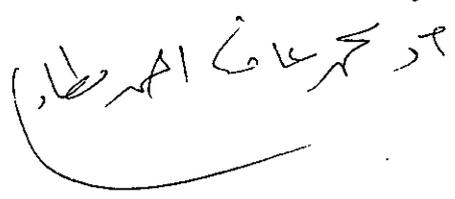


Prof. Dr. Mohamed Atef A. Motawei

Professor of General Surgery

Medical Research Institute

Alexandria University



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LIST OF ABBREVIATIONS

Acrp30	: Adipocyte complement-related protein 30
AGB	: Adjustable gastric band
ARDS	: Acute respiratory distress syndrome
ARE	: Acute renal failure
ASBS	: American Society of Bariatric surgery
BAROS	: Bariatric Analysis and Reporting Outcome System
BMI	: Body mass index
BPD	: Biliopancreatic diversion
CAD	: Coronary artery disease
CHD	: Coronary Heart Disease
CHF	: Congestive heart failure
CVS	: Cerebrovascular stroke
DVT	: Deep vein thrombosis
FAD	: Food and Drug Administration
GBP	: Gastric bypass
GIT	: Gastrointestinal tract
HDL	: High-density lipoproteins
HRQL	: Healthy-related quality of life
IBSR	: International Bariatric Surgery Registry
IVNAA	: In vivo neutron activation analysis
JIB	: Jejunio-ileal bypass
LASGB	: Laparoscopic adjustable silicone gastric banding.
LCD	: Low-calorie diet
LDL	: Low-density lipoproteins
LV	: Left ventricle

NIH : National Institutes of Health
NPO : Nothing per os
PCOS : Polycystic ovarian syndrome
PEWL : Percentage of excess weight loss
PTSD : Post-traumatic stress disorder
QOL : Quality of life
SD : Standard Deviation
TG : Triglycerides
US : United States
VBG : Vertical banded gastroplasty
VLCD : Very low calorie diet
WHO : World Health Organization

CONTENTS

<i>Contents</i>	<i>Page</i>
Introduction	1
Aim of the work	45
Patients and methods	46
Results	53
Discussion	107
Summary	127
Conclusions and recommendations	131
References	133

Protocol

Arabic summary

Introduction

INTRODUCTION

INTRODUCTION

Obesity is defined as an excess amount of body fat. In the normal young adult men, about 10-20% of body weight is fat. Normal young adult women are about 20-30% fat by weight. When fat content is significantly higher than these levels, it is defined as obesity.^(1,2)

Adipose tissue is the human body's major fuel reserve and is critical to survival during periods of food deprivation. However, excess adiposity is harmful, and almost every organ system is adversely affected by it. Therefore, obesity should be considered as a chronic disease that can cause serious medical complications, impaired quality of life, and premature mortality. As regards the medical complications, obesity can cause both structural and functional cardiac and coronary abnormalities as cardiac output increase, stroke volume increase, left ventricular hypertrophy, arterial hypertension and later on congestive heart failure. It can also cause sleep apnea, hypersomnolence, obesity hypoventilation syndrome, type 2 diabetes mellitus, gall bladder stones, menstrual irregularities and infertility, arthritis and arthralgias and peripheral vascular disease as varicose veins or non-pitting oedema of the legs. The marked increase in the prevalence of obesity in recent years has made it a major health problem in many countries. In fact, because of the lag between the development of obesity and that of obesity-related diseases, the full impact of the obesity epidemic has not yet been fully appreciated.^(1,2)

Weight status and associated disease risk

Currently, the most widely accepted classification of weight status-associated disease risk is based on body mass index (BMI), (Table 1). This classification scheme helps to identify patients who are

at increased risk of adiposity-related medical complications. Men and women who have a BMI between 25.0 and 29.9 kg/m² are considered *overweight*, and they have a higher risk of medical complications than do lean persons (those with a BMI between 18.5 and 24.9 kg/m²); those with a BMI \geq 30 kg/m² are considered *obese* and are at higher risk for illness than those who are classified overweight.^(3,4)

However, BMI value is only one component in assessing adiposity-related disease risk. Other factors, such as fat distribution, weight gain since young adulthood, level of fitness, and ethnic background modify BMI-related risk. Obese persons with excess upper body fat (abdominal subcutaneous and visceral fat) phenotype have a greater risk of developing diabetes, hypertension, dyslipidemia, and ischemic heart disease than obese persons with excess lower body fat (gluteal and femoral fat) phenotype.⁽⁵⁾ Waist circumference correlates closely with abdominal fat mass, and values greater than 102 cm (40 in) in men and 88 cm (35 in) in women are associated with an increased risk for metabolic diseases.^(3,6) Weight gain of 5 kg or more since the age of 18 to 20 years in lean or obese adults increases their risk of developing cholelithiasis, diabetes, hypertension, and coronary heart disease in both men and women.^(7,8,9,10,11,12) Aerobic fitness, defined as the ability to consume the maximum amount of oxygen during exercise, decreases the risk of diabetes, and cardiovascular mortality.^(13,14,15) In one study, obese persons who were aerobically fit had a lower prevalence of cardiovascular mortality than did lean persons who were unfit. Ethnic background can also affect BMI-associated disease risk.^(16,17) For example, southeast asian populations have a higher risk of developing diabetes and cardiovascular disease than do Caucasians who have the same BMI values.