



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



شبكة المعلومات الجامعية  
@ ASUNET



# شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم





شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

## قسم

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



## يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار

في درجة حرارة من ١٥-٢٥ مئوية ورطوبة نسبية من ٢٠-٤٠%

To be Kept away from Dust in Dry Cool place of  
15-25- c and relative humidity 20-40%

# بعض الوثائق الأصلية تالفة

# بالرسالة صفحات لم ترد بالاصل



Ain Shams university  
Faculty of medicine

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B4973

**VERTICAL BANDED GASTROPLASTY**  
**Thesis**

submitted for partial fulfillment of  
M.D.degree in  
General Surgery

**By**

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# Introduction



## INTRODUCTION

One definition of morbid obesity is that the patient is more than 100 percent over weight in relation to height, age and sex or that the ratio of weight (kg.) to height (m<sup>2</sup>) (the body mass index) over 40 (*Charles, 1995*).

Obesity has been shown to be an independent risk factor for coronary heart disease (*Hubert, 1989*) and to be associated with numerous other serious diseases. It is true that excess mortality and prevalence of co-morbid conditions increase exponentially with increasing weight (*Kral, 1983*). Mortality statistics unequivocally demonstrate a substantial increased risk of premature death at this weight level (*Son-Holm, 1983*).

Invariably obese patient will have tried every possible means to control weight gain and will have run the gamut of appetite suppressants, low calorie diet and medical advice but, it is obvious that non operative techniques are ineffective (*Mason, 1982*).

Surgical treatment of obesity by various procedures are effective in ameliorating and even curing manifest serious co-morbid diseases such as diabetes, hypertension and respiratory distress in the majority of patients (*Kral, 1989*).

Despite numerous short coming and limitations, surgical methods are the only viable alternative for achieving and maintaining substantial weight loss in dangerous obese patients and, therefore represent legitimate, often life-saving, intervention (*Eckhout, 1986*).

Intestinal bypass has produced satisfactory weight loss, but has been abandoned by most surgeons due to serious complications (*Eckhout, 1986*). In 1967, *Mason* and Ito introduced gastric bypass and produced satisfactory long term weight loss, but the



