

## National report of treatment of morbid obesity and metabolic disorders from Turkey

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### Slide-1

- \*Approximately 66% of whole Turkish population is under obesity risk.
- \*The incidence of obesity is 24% for males and 31% for females.
- \*The highest incidence is observed in Southeastern part of Turkey (61%), followed by mid-Anatolia (55%), Northern west (50%), and West parts (15%)
- \*The percentage of normal weight adults is 13.6% in females and 20% males.
- \*The incidence of overweight children is 24% for females and 31% for males.
- \*The incidence of obesity among children below age 15 is 9% for females and 12% for males.

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- \*The prevalence of T2DM in adult population (35-70 y) is 14.7%
- \*The prevalence of Glucose Intolerance in adult population is 9.6%.
- \*T2DM prevalence increases with age, 50 years being the cut-off point. After age 50, T2DM prevalence reaches 30%.

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- \*We have a national bariatric and metabolic surgery society in Turkey.
- \*I perform both metabolic and bariatric surgery.
- \*For bariatric surgery purposes my indication is BMI over 40
- \*For patients with T2 Diabetes or Metabolic Syndrome, BMI (unless over 20) is not a limitation in my surgical practice.

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- \*The annual number of bariatric operations is estimated to be around 500 cases.
- \*I performed 76 operations within 2 years on my own (7.6%).

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- \*There are no specified or certified bariatric surgeons in Turkey.
- \*The number of surgeons mainly doing bariatric surgery is around 10.

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\*There is no credential system in Turkey and bariatric surgery is not regarded as a specification.

#### Slide-6

\*There is no nationwide database for sharing the pre- and post-operative data of bariatric surgery.

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\*The average cost for bariatric surgery in Turkey varies between 5000 and 20000 USD, depending on the type and location of the operative procedure.

\*The government only pays 30-40% of the bill if the patient obtains a multidisciplinary council approval. (The council mainly consists of endocrinologists!)

#### Slide-8

\*For patients with T2DM, I operate on all patients with a BMI above 20, if they meet the metabolic criteria for the operation.

\*I did 4 revision bariatric surgeries. (1 anastomotic stricture, two band removals with sleeve and one band removal with BIB).

\*I work at a private university and its private hospitals in Istanbul. We accept and operate on overseas patients.

#### Slide-9

\*The main problem, also affecting my country from obesity pandemic is the so called "Coca-colonization", which refers to global standardization of refined or saccharified food.

\*From my (surgical) aspect, the main problem is internists and endocrinologists who are trying to discover America once again.

\*The main need is education and social awareness.

#### Slide-10

\*Protection is more important than treatment. I personally believe that we should worldwide keep away from refined and saccharified food. However, these products are easy to keep, suitable for overseas transport and unfortunately, they are tasty.

\*Each government should establish their policy for nationwide food supplies and consumption of childhood food products.

\*Turkish people like to eat bread with spaghetti and/or rice. I think that we should at first educate people, than we should raise a social awareness about the global food industry, metabolic syndrome and the importance of physical exercise.

\*For those with already settled metabolic syndrome, the importance and affectivity of surgical treatment should be emphasized, with particular notation on the advantages of laparoscopic surgery.

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\*From bariatric point of view, the importance of a team work has always been emphasized. I have recently moved to a new institute in Istanbul and am trying to settle my own team.

\*From metabolic point of view, I operate on T2DM patients with end-organ damage. I have operated on 46 non-obese, overweight or type 1 obese (BMI=30-35) patients with T2DM. I believe that we should also emphasize and try to produce a global awareness for surgical treatment of Diabetes.