

# Adjustable gastric banding, sleeve gastrectomy and Roux-en-Y gastric bypass by laparoscopy : long term outcomes and laparoscopic solutions in case of failure

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# Propositions

regarding the dissertation

## **Adjustable gastric banding, sleeve gastrectomy and Roux-en-Y gastric bypass by laparoscopy:**

long term outcomes and laparoscopic solutions in case of failure

**Jacques Himpens**

1. None of the presently available bariatric operations provides a fool proof final solution for the treatment of obesity. (*this thesis*)
2. Unsatisfactory clinical results after bariatric surgery can be addressed by conversion to a different strategy by laparoscopic approach. (*this thesis*)
3. The Roux-en-Y gastric bypass cures diabetes but might generate this condition as well, when patients do not adhere to the mandatory strict dietary restrictions. (*this thesis*)
4. The outcome of bariatric surgery is highly dependent on adequate patient follow-up and continued dietary counseling. (*this thesis*)
5. Gastro-esophageal reflux is an important clinical symptom after bariatric surgery as it constitutes a warning sign for pending failure in terms of weight loss. (*this thesis*)
6. In general surgery, use of the robot appears to be more beneficial to the surgeon than to the patient. (*Cadière GB, Himpens J, Germy O, Izizaw R, Degueldre M, Vandromme J, Capelluto E, Bruyns J. Feasibility of robotic laparoscopic surgery: 146 cases World J Surg. 2001 Nov;25(11):1467-77*)
7. The use of proton pump inhibitors, which is usually not mentioned in the studies on sleeve gastrectomy, may at least partly explain the discrepancy in results in terms of gastric emptying. (*Sanaka M, Yamamoto T, Kuyama Y. Effects of proton pump inhibitors on gastric emptying: a systematic review. Dig Dis Sci. 2010 Sep;55(9):2431-40*)
8. Body Mass Index (BMI) is an unsatisfactory parameter in the decision making concerning bariatric surgery. (*Livingston EH. Pitfalls in using BMI as a selection criterion for bariatric surgery Curr Opin Endocrinol Diabetes Obes. 2012 Oct;19(5):347-51*)
9. The division of diabetes mellitus into 2 categories (type 1 and type 2) appears to be inadequate considering the geographical variations in adult onset diabetes that appear to mandate different treatment modes. (*Shah SS, Todkar JS, Shah PS, Cummings DE. Diabetes remission and reduced cardiovascular risk after gastric bypass in Asian Indians with body mass index <35 kg/m<sup>2</sup>. Surg Obes Relat Dis. 2010 Jul-Aug;6(4):332-8*)
10. Remarkably more can be accomplished when it does not matter who gets the credit. (*Harry Truman*)

Maastricht, February 22<sup>nd</sup> 2013