

# **ROLE OF BARIATRIC SURGERY IN MANAGEMENT OF OBESITY & OBESITY RELATED CO-MORBIDITIES + CURRENT STATUS OF BARIATRIC SURGERY IN MALAYSIA**



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# HOW OBESE ARE MALAYSIANS ?

- 30 million population
- Malaysian is the **most obese** nation in **South East Asia**
- **Second most obese** nation in **Asia**
- 45% of our population is overweight and obese

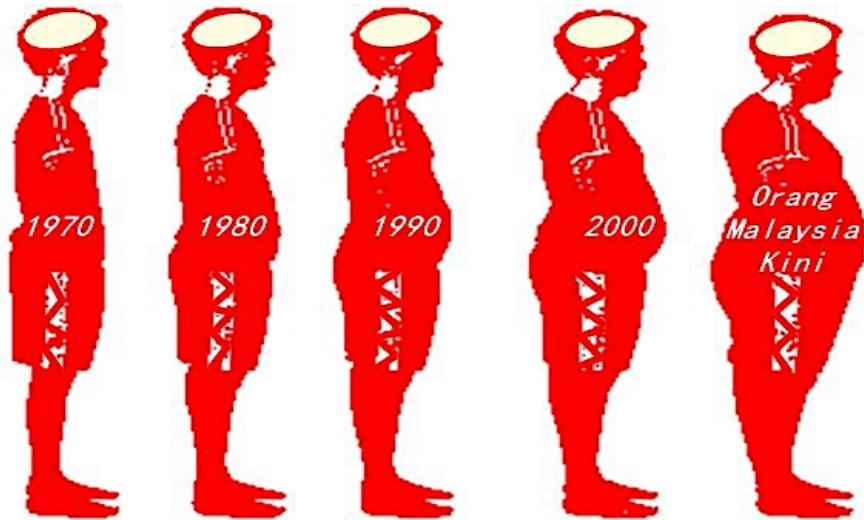
Rates of overweight and obesity among women aged 20 or older



Rates of overweight and obesity among men aged 20 or older



# THE MALAYSIAN PHYSIQUE



Who is fattest in ASEAN?



Source: WHO Non-Communicable Diseases Country Profiles, 2011



**8.5 million**

Malaysian adults are overweight

**4.4 million**

Malaysian adults are obese



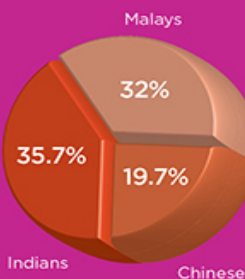
#### Malaysia's Favourite Foods And Their Calorie Content

Type of Food	Calorie (kcal) per serving
Nasi Lemak Rendang	600
Char Kuey Teow	332.4
Roti Canai Telur	357
Mee Bandung	519.1
Cendol	662.7
Ice Kacang	256
Teh Tarik	233
Curry puff	235

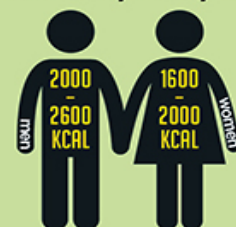
#### An Average Malaysian Adult's Daily Diet



#### Obese Malaysians



#### Average Calories Needed For A Sedentary Lifestyle



#### Ideal Serving On A Plate



#### Eating Habits Of Malaysian Women

In a study on Malaysian women and their eating habits, this was the relationship between food and stress for half the participants...



#### Many Local Delicacies Contain:

- Coconut milk
- Oil
- Refined carbohydrates
- High salt and sugar content

In 2010, **2004 food samples** were analysed by the Ministry of Health and **5.4%** were found to have **too much sugar**



#### No More Waiting!

I'll change my lifestyle tomorrow

**Today!**

**References**

\*Malaysia has highest obesity rate in S. Asia. "New Straits Times 14 Nov. 2011, Web. 21 Oct. 2013.

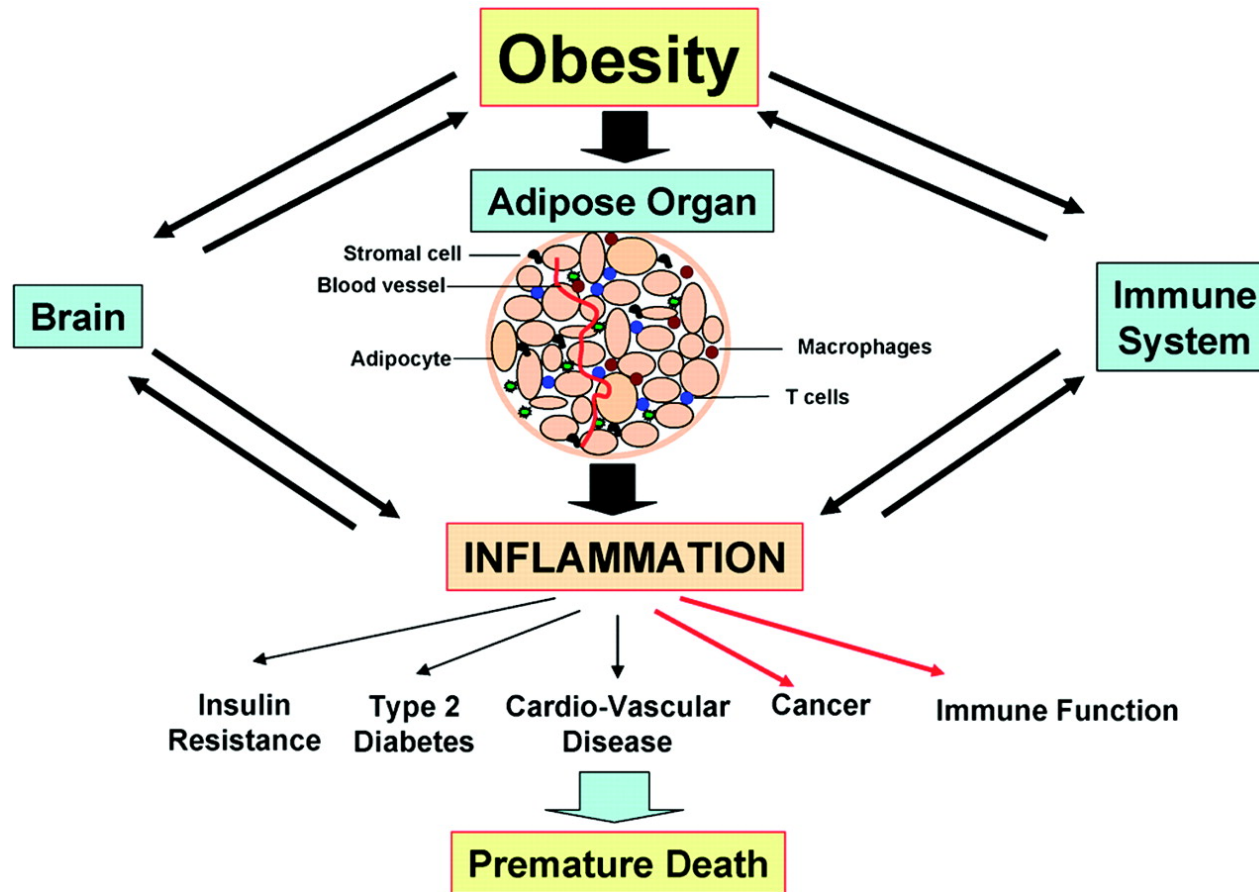
Ortega, Adriana, Heidegger, Abdullahi, Nohara, Ahmad, and Rafeela Ibrahim. "Socio Indicators and Eating Habits among Working Malaysian Women." Asian Social Science 9.7 (2013): 15-21. Web. 21 Oct. 2013.

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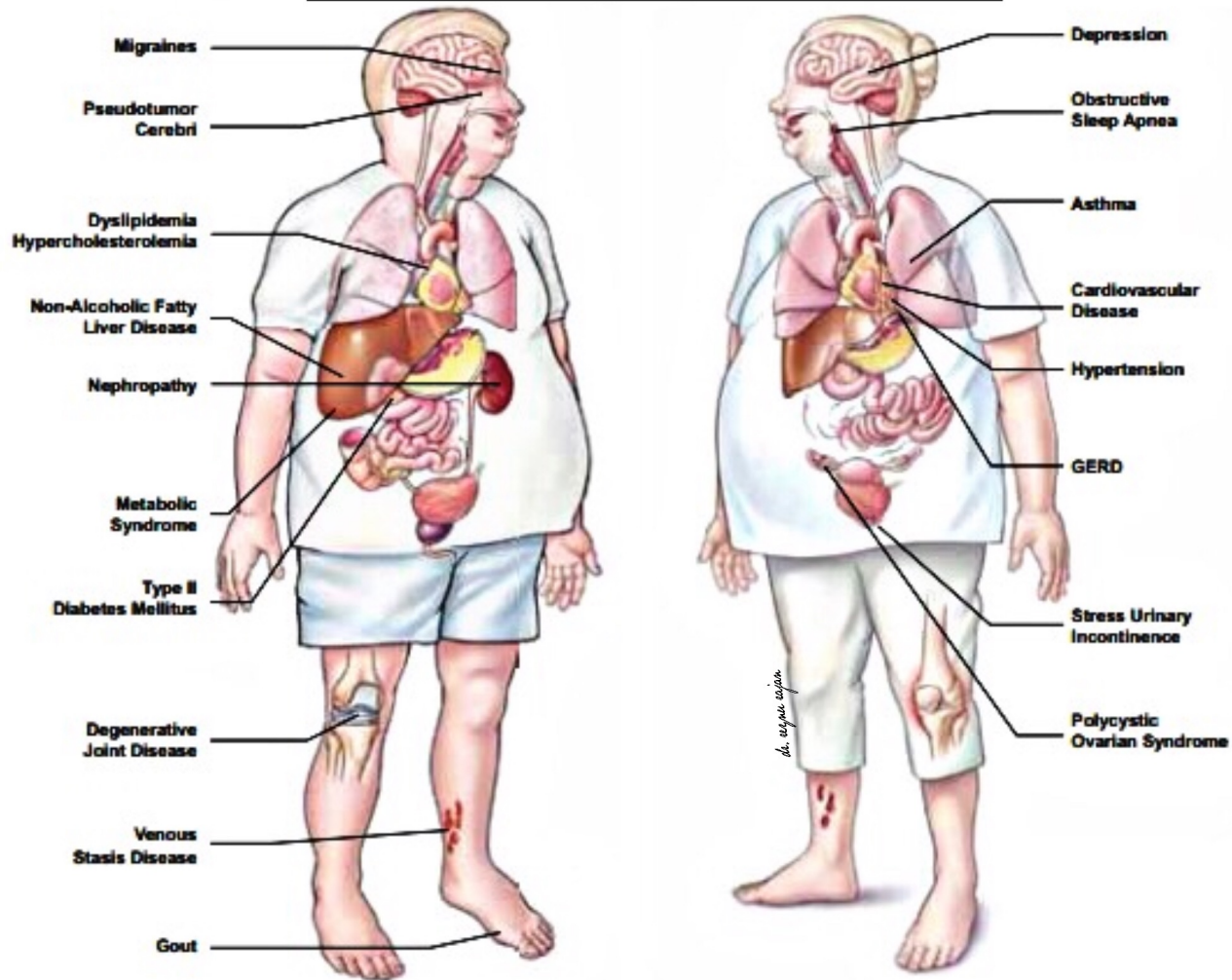
Aznan, Harish. "Record-breaking Malaysia!" The Star 1 Jan. 2012, Web. 21 Oct. 2013.



# OBESITY @ THE CULPRIT CAUSING MANY NCD'S



# COMPLICATIONS OF OBESITY

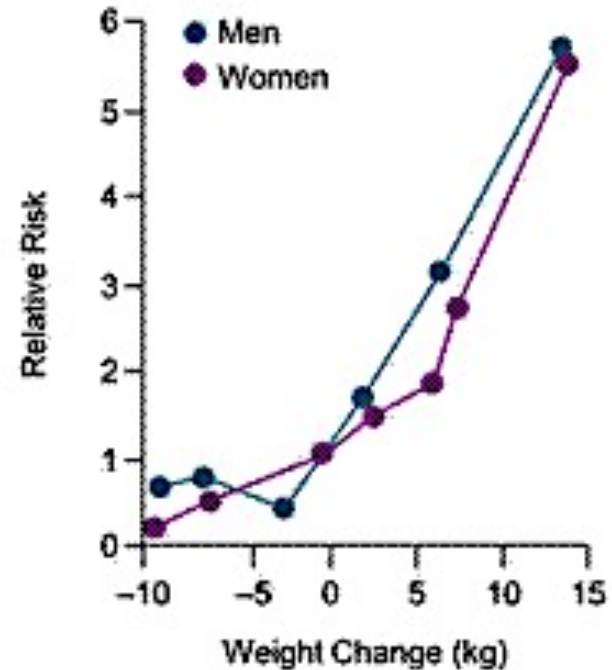


# DIABESITY : THE TWIN PANDEMIC

Relationship Between Increasing  
Body Weight and Diabetes  
Prevalence: 1990–2000



Relationship Between  
Weight Gain in Adulthood  
and the Risk of Type 2  
Diabetes in Men and Women



Haffner SM. *Obesity (Silver Spring)*. 2006;14(suppl 3):121S–127S.

# The Diabetes Epidemic is Out of Control : IDF 2009



“The diabetes epidemic is out of control. We are losing ground in the struggle to contain diabetes. No country is immune and no country is fully equipped to repel this common enemy.”

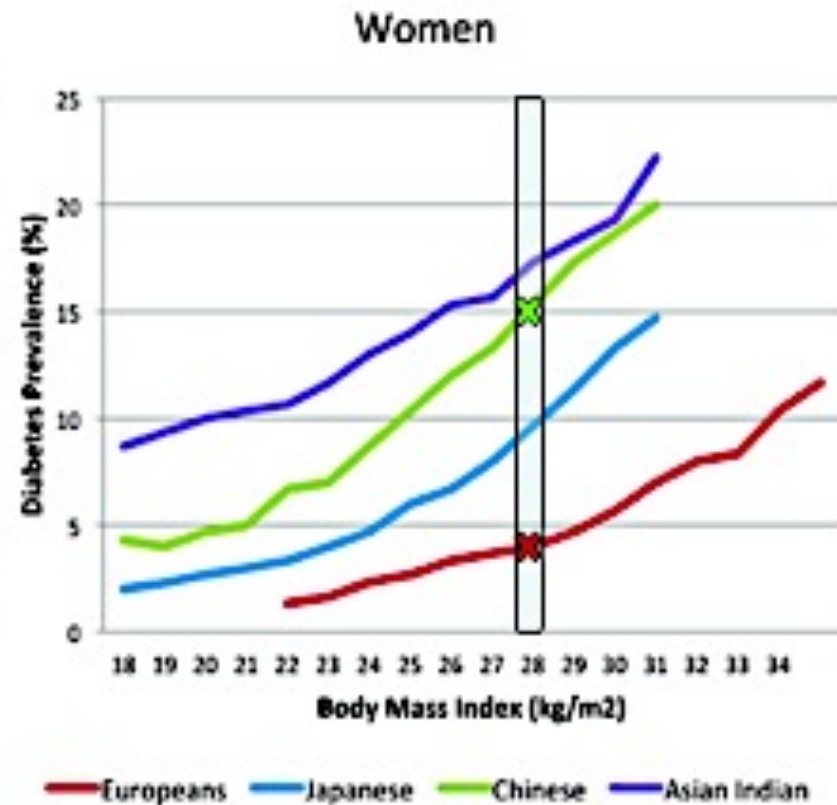
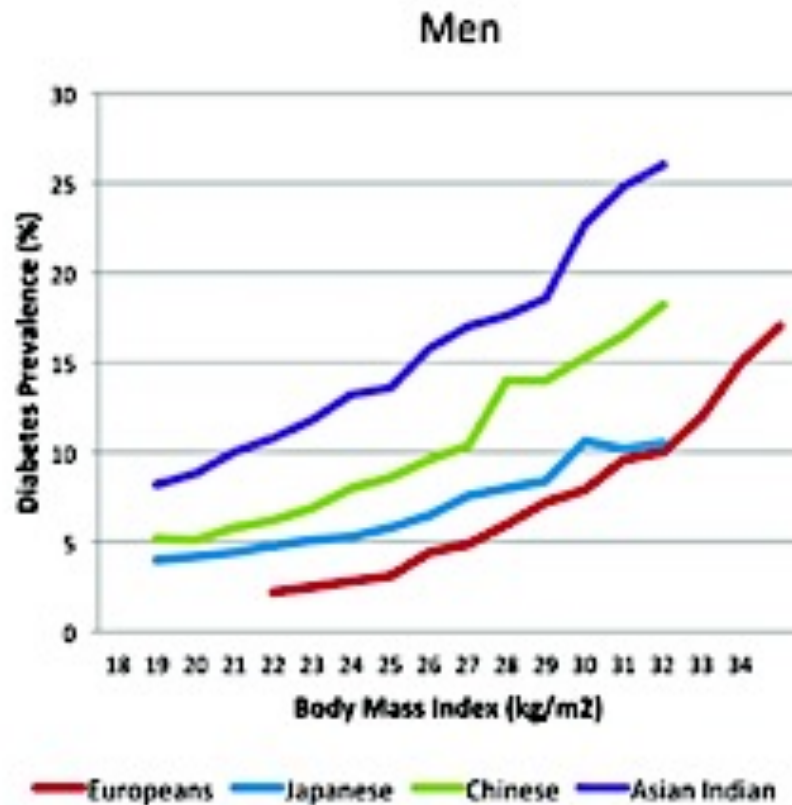
***The epidemic represents nothing short of a  
global health emergency***

Professor Jean Claude Mbanya- Past President IDF

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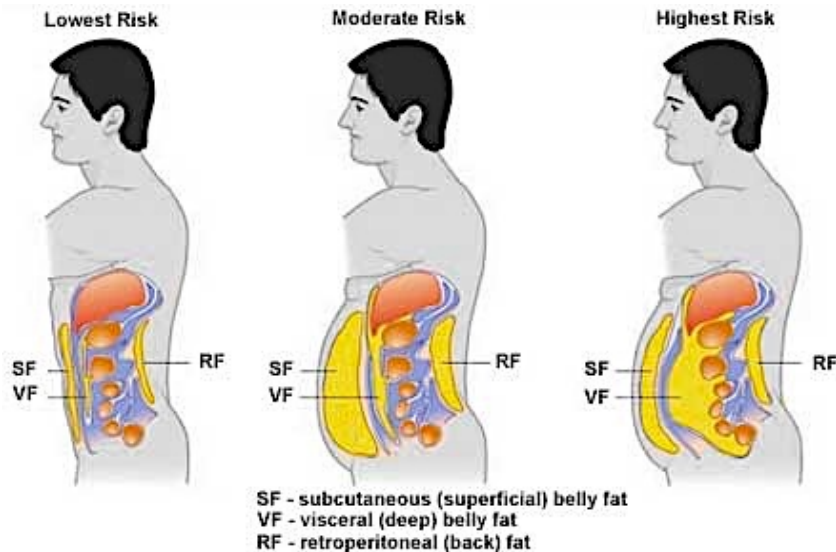


# HIGHER PREVALENCE T2DM IN LOWER BMI ASIANS

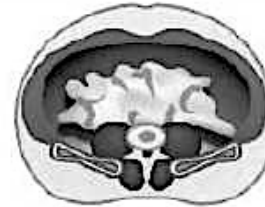


# VISCERAL FAT!!!

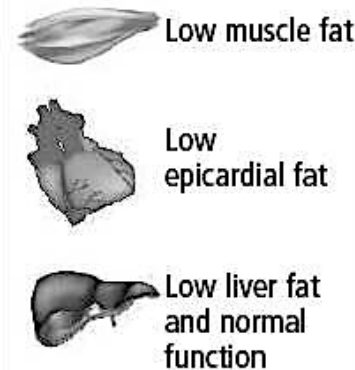
Reynu 2017



## Subcutaneous obesity 'Healthy' adipose tissue



### NO ECTOPIC FAT

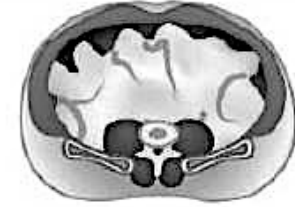


Normal metabolic profile



Absence of clinical criteria for metabolic syndrome

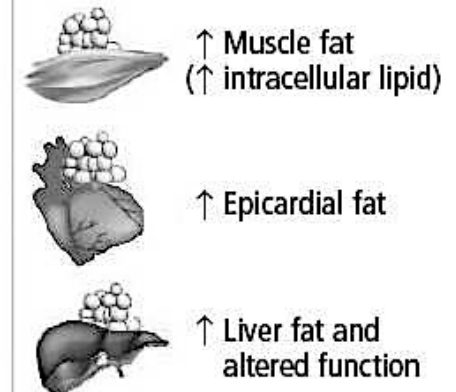
## Visceral obesity Dysfunctional adipose tissue



- Altered FFA metabolism
- Altered release of adipokines



### LIPID OVERFLOW-ECTOPIC FAT



Altered metabolic profile



Presence of clinical criteria for metabolic syndrome (including hypertriglyceridemic waist)

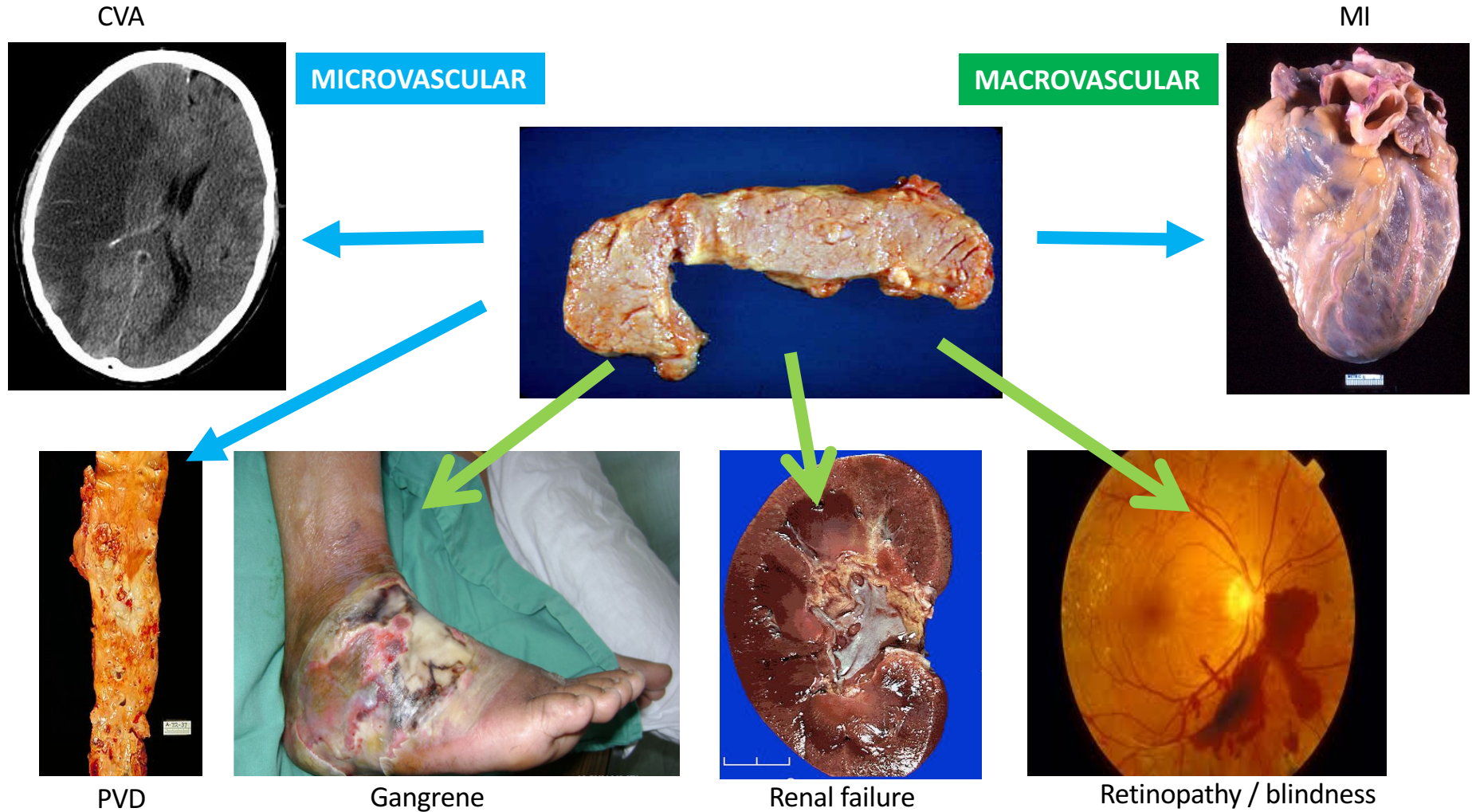
# OBESITY, DIABETES & US

- Prevalence of DM in Malaysia **22.9% in 2012**, double the prevalence seen in 2006 which was 11.6%.<sup>2</sup>
- **80% of obesity associated with T2DM**
- At the time of diagnosis, **50% of newly diagnosed DM will have evidence of end organ damage<sup>3</sup>**

[5] W. M. Wan Nazaimoon, S.H.MdIsa, W. B. Wan Mohamad, A. S. Khir , et al. Prevalence of diabetes in Malaysia and usefulness of HbA1c as a diagnostic criterion. Diabet Med 2013; DOI:10.1111/dme.12161

[6] Ruigomez, A., and LA García Rodríguez. "Presence of diabetes related complication at the time of NIDDM diagnosis: an important prognostic factor." European journal of epidemiology 14.5 (1998): 439-445.

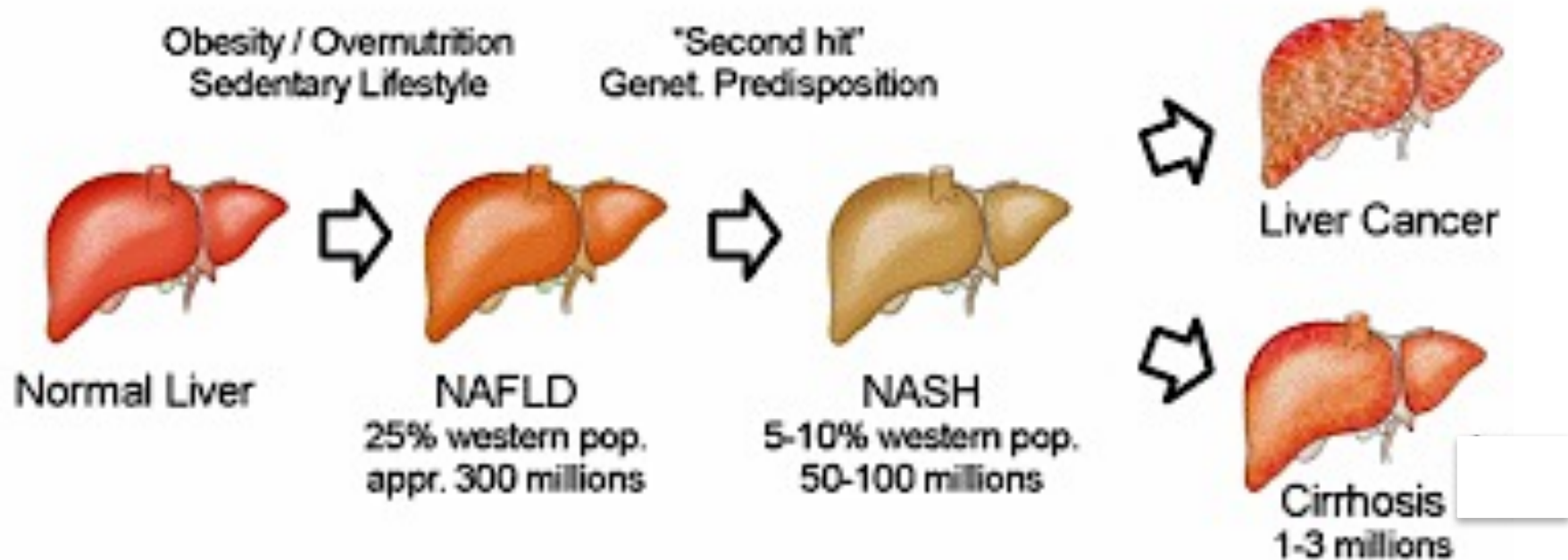
# OBESITY + DIABETES



**1% reduction in HbA1c results in 14% 37% 21% reduction  
in Macrovascular, Microvascular and Deaths  
(MOST SUSTAINABLE THROUGH BARIATRIC SURGERY)**



# OBESITY + FATTY LIVER



# FATTY LIVER IN CHILDREN

## Young, obese and at risk of disease

Experts estimate 2 to 5 percent of American children over age 5 have nonalcoholic fatty liver disease — nearly all of them significantly overweight.

### Progression of fatty liver disease

Liver can be scarred within 10 to 15 years.

#### Healthy



Cleans blood of bacteria, toxins and other foreign particles.

Liver enlarges with fat deposits; scar tissue forms.



Cells are injured, organ hardens and reduces in size.

Liver failure or liver cancer can follow.

#### Cirrhosis



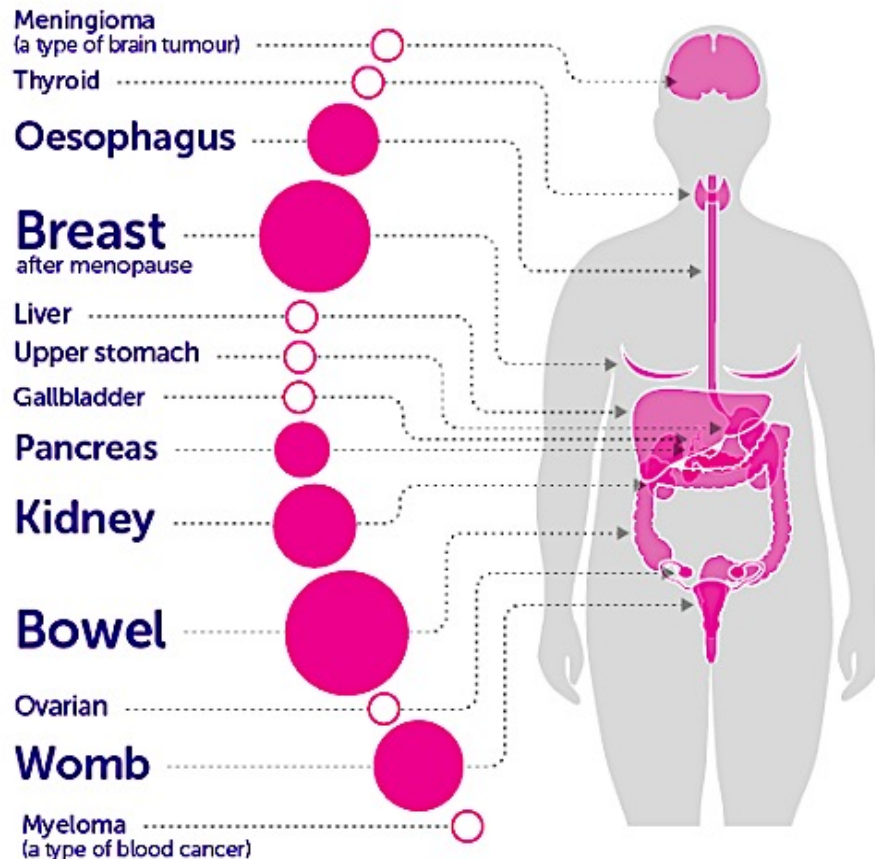
Some may need a new liver by their 30s or 40s.

# OBESITY + CANCER

## BEING OVERWEIGHT CAN CAUSE 13 TYPES OF CANCER

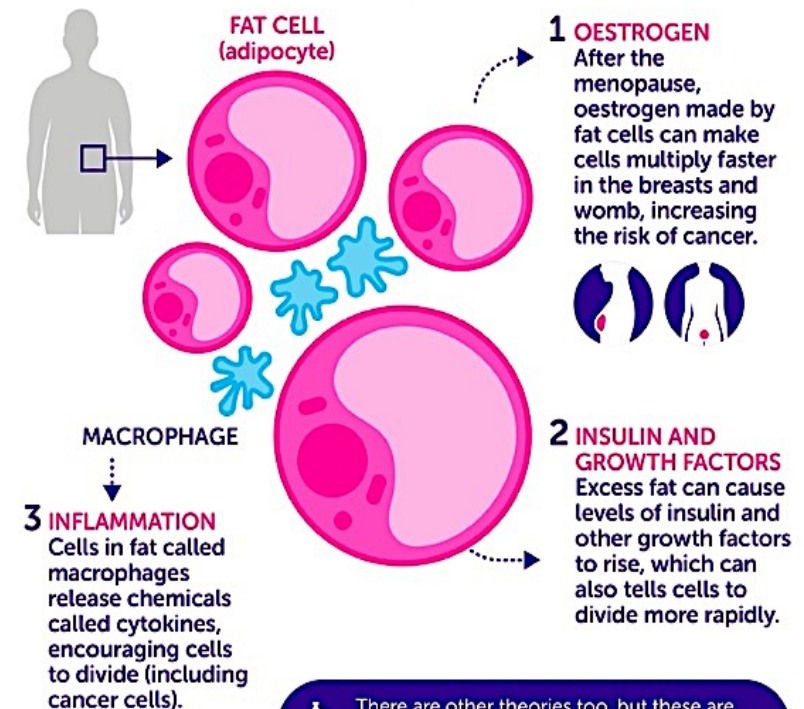
●●● **Larger circles** indicate cancers with more UK cases linked to being overweight or obese

○ Number of linked cases are currently being calculated and will be available in 2017



## HOW COULD OBESITY LEAD TO CANCER?

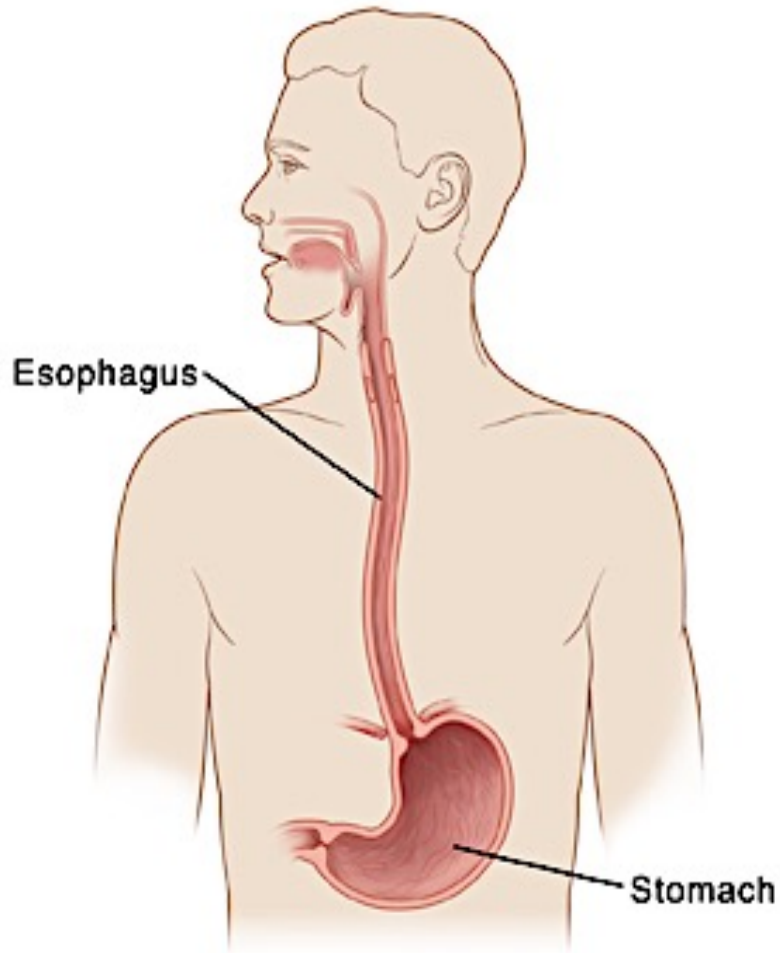
Research has identified three main ways



There are other theories too, but these are the main ideas being studied. More research is needed to understand this in more detail.



# ESOPHAGEAL CANCER



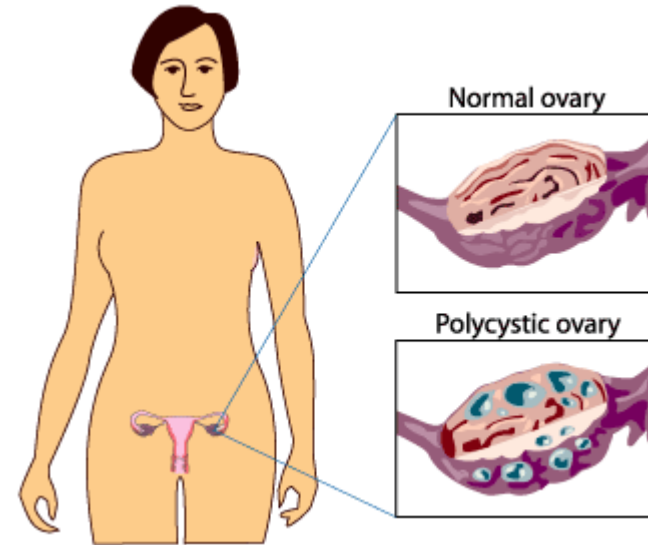


## HOW DOES OBESITY IN CHILDHOOD AFFECT CANCER RISK AS AN ADULT?



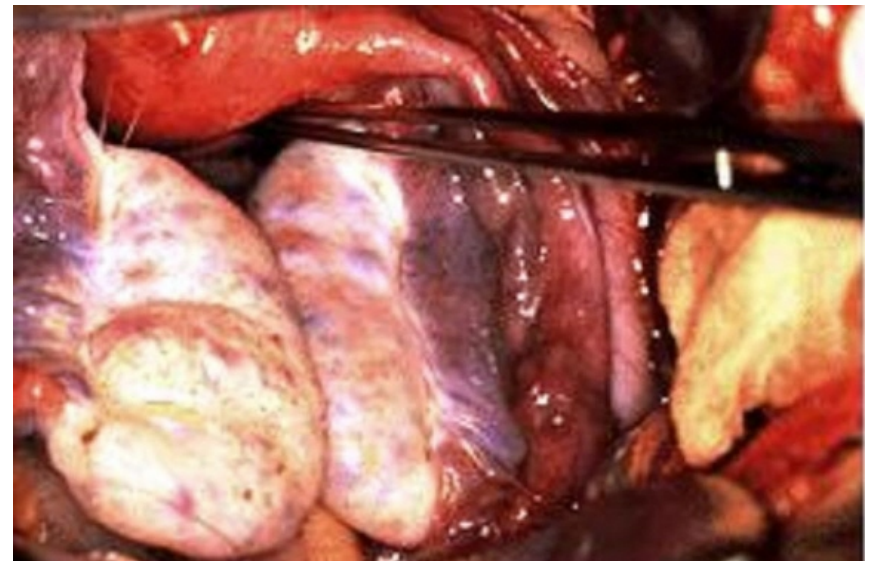
# OBESITY + FEMALE INFERTILITY

**OBESITY**  
IF ONE OF THE MAJOR  
CAUSES OF  
INFERTILITY  
AMONG WOMEN



- anovulation
- release of oocytes with reduced fertilization potential
- endometrial abnormalities

**“Both seed and soil defective”**



**ANOVULATION RISK** in obese women:

1.3x if BMI 24-31

2.7x if BMI &gt;32

**MISCARRIAGE RISK** in obese women:

1.7 x risk of spontaneous miscarriage

4.5 x risk of recurrent miscarriage

**FAILURE TO CONCEIVE DESPITE ASSISTED REPRODUCTIVE TECHNOLOGY:**

27% if BMI 30-34.9

50% if BMI &gt;35

Table 1

Pregnancy and childbirth complications associated with increased maternal BMI

	Health Outcomes
Pregnancy complications	Gestational diabetes Hypertension/preeclampsia Iatrogenic preterm birth Induction of labor Cesarean birth Postpartum hemorrhage Thromboembolic disease Infection
Infant outcomes	Large-for-gestational-age infants Neonatal intensive care unit admission Congenital anomaly Perinatal death Treatment of hypoglycemia and jaundice

# BRITISH FERTILITY SOCIETY GUIDELINES – 2007

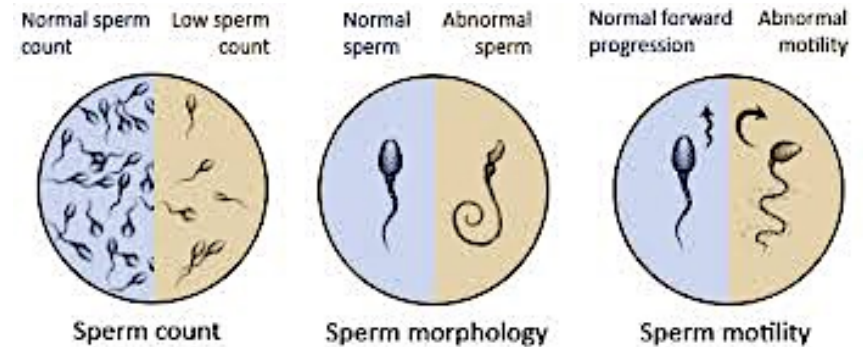
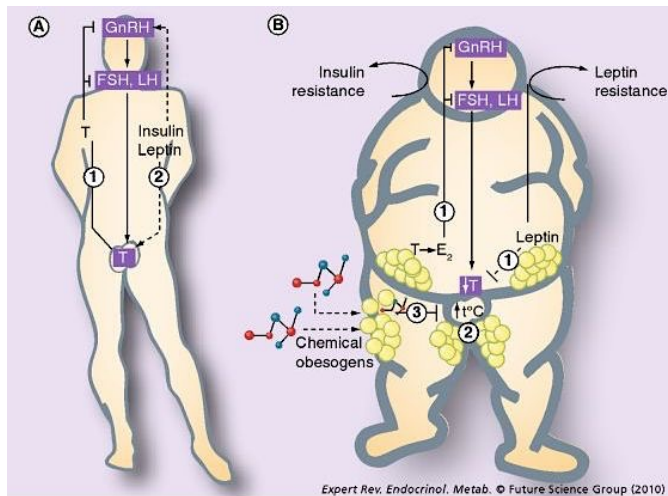
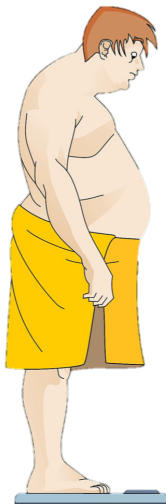
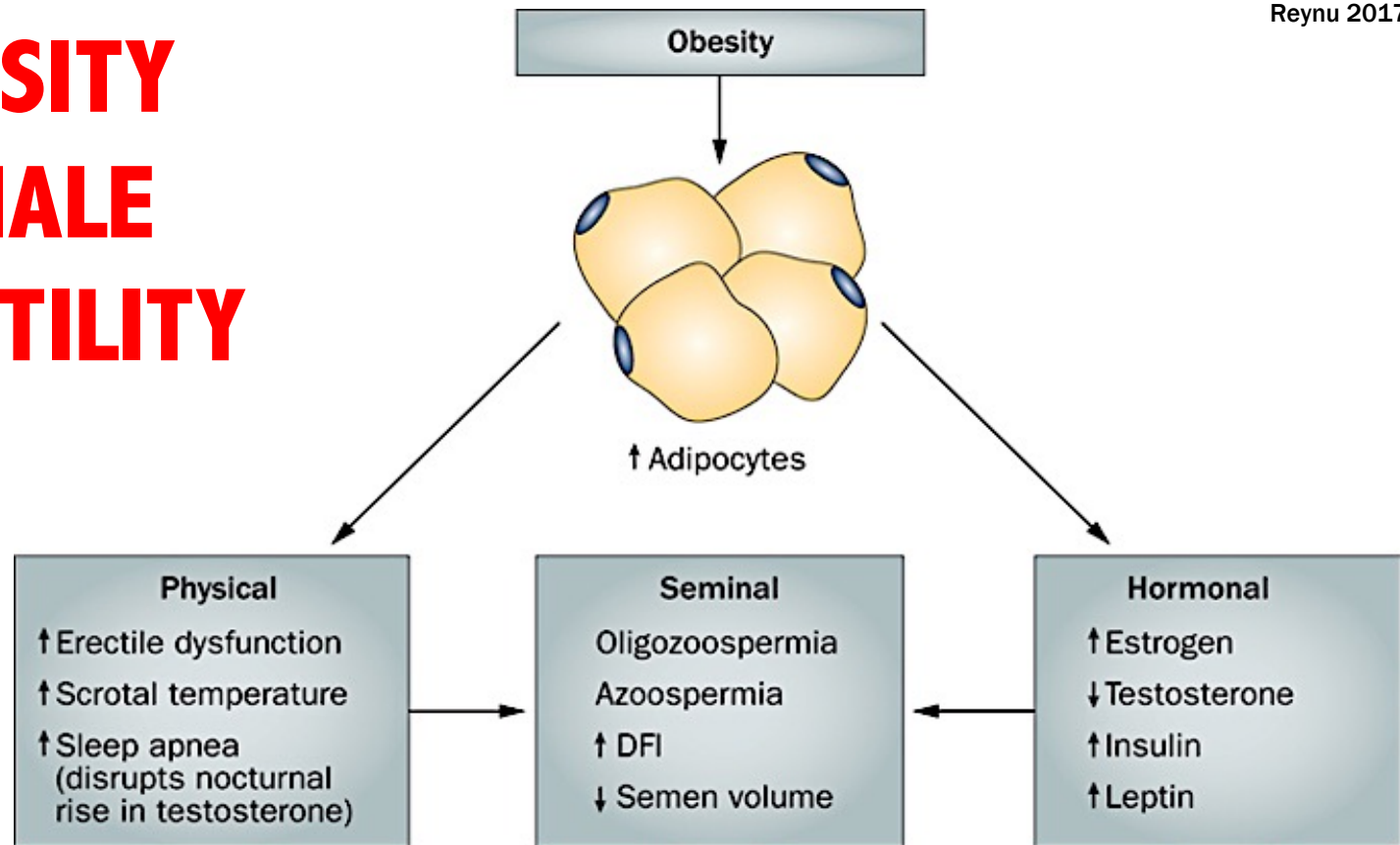


**Infertility treatment should be deferred if the BMI is  $>35 \text{ kg/m}^2$**

Patients below  $<37$  years of age should be encouraged to reduce their BMI  $<30 \text{ kg/m}^2$  to maximize effectiveness and reduce risks of treatment.



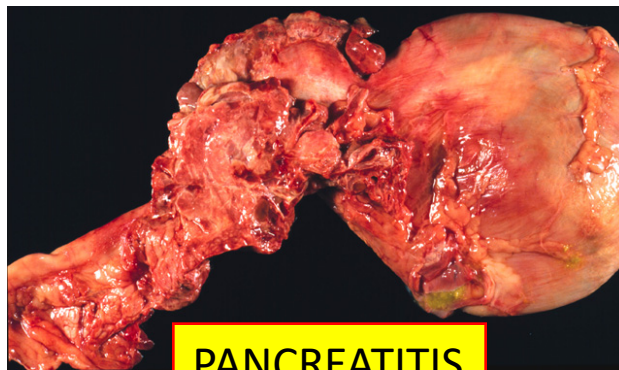
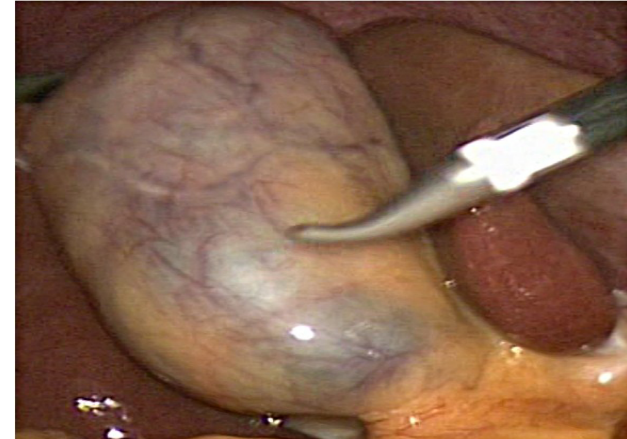
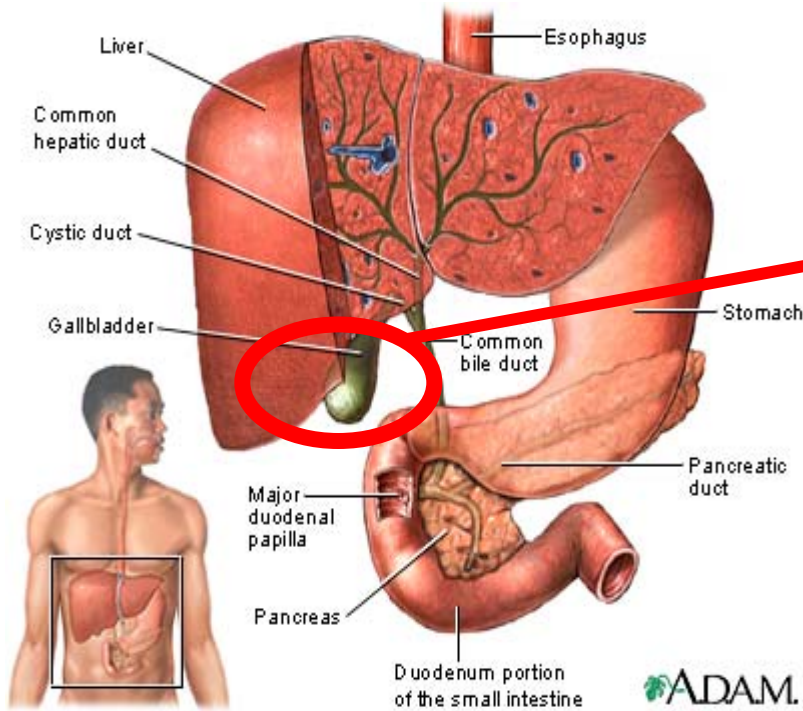
# OBESITY & MALE INFERTILITY



# OBESITY + POOR SPERM QUALITY

Marker	Outcome	Study
<b>Oxidative stress and DNA Integrity</b>	2-fold decrease in sperm mitochondrial activity (OS marker) and DNA integrity (Comet)	Fariello <i>et al.</i> BJU Int 2012
<b>Oxidative stress</b>	Direct relationship between levels of superoxide anion in seminal plasma and BMI	Tunc <i>et al.</i> Andrologia 2011
<b>DNA Integrity</b>	Decreased sperm DNA integrity (Comet and SCSA)	Kort <i>et al.</i> 2006; Chavarro <i>et al.</i> Fertil Steril 2011
<b>Apoptosis</b>	Increased % of sperm with phosphatidylserine externalization	La Vignera <i>et al.</i> J Androl 2012
<b>Proteomics</b>	Diabetes and obesity-associated proteomic changes	Kriegel <i>et al.</i> RBM online 2009

# GALL BLADDER, PANCREAS & OBESITY

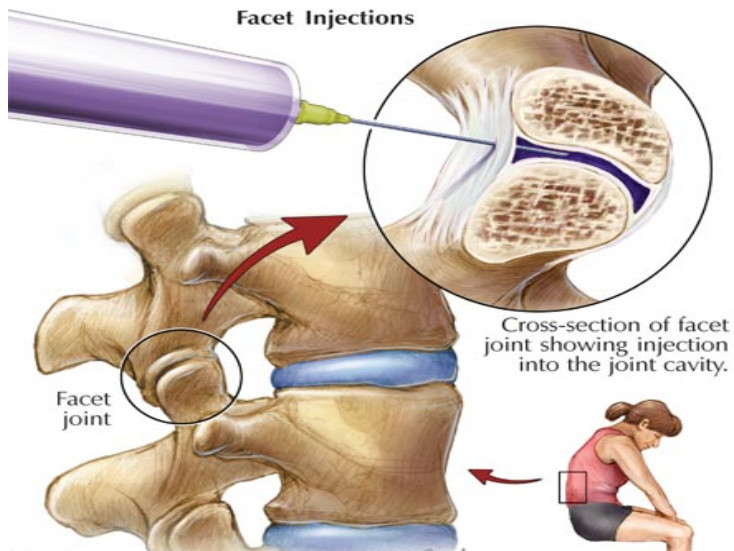
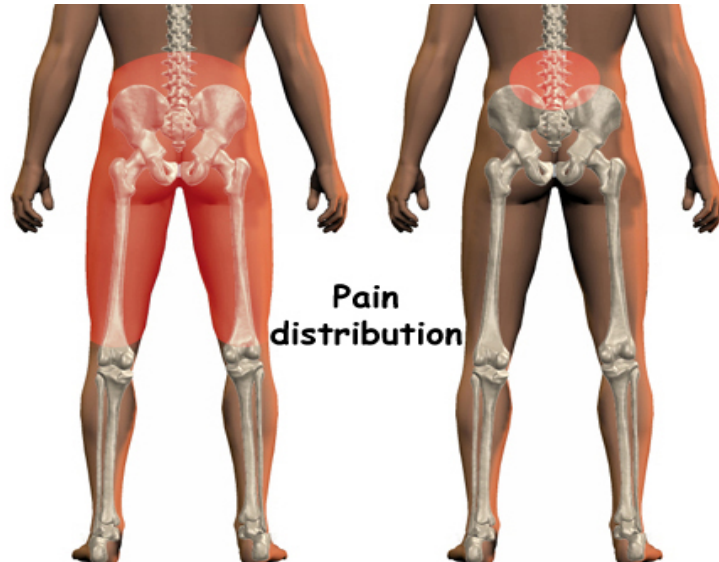


# PANCREATITIS





# OBESITY + ARTHRITIS/SLIPPED DISC





# OBESITY + VARICOSE VEIN



Sepuluh rakyat negara ini diancam obesiti 20 tahun akan datang

# 15% kanak-kanak Malaysia gemuk

## MUKADIMAH

JIKA tidak dibendung, Malaysia bakal mengikut jejak langkah Amerika Syarikat (AS), di huni oleh penduduk yang berat badannya berlebihan.

Dianggarkan 50 hingga 60 peratus penduduk negara Uncle Sam itu mengalami masalah tersebut.

Negara ini dikatakan berpotensi dan sedang menuju ke arah yang sama apabila bilangan penduduk dewasa yang memiliki berat badan berlebihan serta obes meningkat lebih 10 peratus dalam tempoh 10 tahun.

Ini bermakna dalam jangka masa antara 10 hingga 20 tahun akan datang, separuh daripada rakyat Malaysia berpotensi mengalami masalah obesiti.

Sekiranya tidak dikawal, Malaysia bakal menghadapi masalah serupa seperti yang berlaku di AS dan yang lebih membimbangkan masyarakat berbilang kaum negara ini turut terdedah kepada risiko pelbagai penyakit seperti kencing manis, darah tinggi dan komplikasi jantung.

Bagi mengupas isu tersebut wartawan **AIZAWATI AHMAD** dan jurugambar **ASMA-RUDDIN JAMALUDDIN** telah menemui beberapa orang pakar bagi mendapatkan pandangan mereka.

**SHAH ALAM** 14 April – Mungkinkah dalam tempoh 10 hingga 20 tahun akan datang majoriti rakyat negara ini akan terdiri daripada mereka yang mempunyai berat badan berlebihan atau obes?

Perkara itu tidak mustahil jika masalah berkaitan obesiti terutama kanak-kanak pada masa ini tidak diatasi segera.

Berdasarkan statistik kira-kira 15 peratus kanak-kanak di seluruh negara mengalami masalah obesiti yang mana mereka akan membesar sebagai orang dewasa yang obes.

Malah di kawasan bandar seperti di Lembah Klang angka itu mencecah 30 hingga 40 peratus.

Perunding Pediatrik Pusat Perubatan Darul Ehsan (DEMC), Dr. Fadzillah Ghazalli berkata, jika merujuk kepada laporan yang dikeluarkan oleh Kementerian Kesihatan, obesiti di kalangan kanak-kanak secara keseluruhannya ialah sebanyak 15 peratus.

"Kebarangkalian negara ini berpotensi memiliki lebih ramai penduduk yang gemuk dalam tempoh 10 hingga 20 tahun akan datang menjadi lebih tinggi sekiranya masalah ini tidak ditangani dengan baik," katanya ketika ditemui *Utusan Malaysia* di sini baru-baru ini.

Menurut Dr. Fadzillah, bagi membendung masalah tersebut, ibu bapa perlu membawa anak-anak mereka untuk mendapatkan rawatan pakar dan mengamalkan gaya hidup sihat.

Bagaimanapun, jelasnya, tidak ramai di kalangan ibu bapa yang melihat obesiti sebagai satu masalah yang perlu ditangani segera.

"Kanak-kanak yang gemuk berpotensi untuk kekal obes apabila dewasa



dan risiko itu menjadi lebih tinggi sekiranya ia disebabkan faktor genetik lebih-lebih lagi jika kedua-dua ibu bapa mereka gemuk," ujarnya.

Beliau memberitahu, bagi kanak-kanak yang gemuk disebabkan faktor pemakanan, peluang mereka untuk pulih adalah lebih tinggi.

Mengulas mengenai peringkat usia kanak-kanak yang terdedah kepada obesiti, beliau berkata, kadar peratusan kanak-kanak yang berusia enam tahun ke atas lebih ramai menghadapi masalah tersebut, namun lingkungan umur antara dua hingga lima tahun turut mencatatkan peningkatan.

"Sebenarnya masalah obesiti di semua peringkat usia semakin bertambah, sekarang pun ramai bayi yang dilahirkan besar melebihi empat kilogram.

"Kalau boleh kita hendak bayi berkenaan membesar secara normal mengikut carta tumbesaran agar proses pertumbuhan tidak naik secara mendadak untuk mengelakkan obesiti," tambahnya.

Menurut Dr. Fadzillah, kanak-kanak yang gemuk berpotensi untuk terdedah kepada pelbagai penyakit seperti kencing manis, darah tinggi dan masalah sendi.

Selain itu, beliau memberitahu, mereka turut berhadapan dengan masalah psikologi kerana diejek oleh teman-teman dan faktor itu juga mendorong kanak-kanak berkenaan enggan untuk ke sekolah.

Katanya, bagi mengatasi masalah

obesiti, ibu bapa perlu menukar gaya hidup dengan menentukan makanan seimbang untuk seluruh ahli keluarga dan mengehadkan waktu tontonan televisyen anak-anak tidak lebih dua jam agar mereka boleh meluangkan masa untuk aktiviti yang lebih sihat seperti bersukan.



KANAK-KANAK terdedah kepada pelbagai jenis penyakit. - GA

## SPOTLIGHT

# Pupils as young as 7 are obese

**ALARMING RATE:** Excessive food intake and low physical activity to blame

**ALIZA SHAH AND THARANYA ARUMUGAM**  
KUALA LUMPUR  
news@st.com.my

**C**HILDREN as young as 7 are suffering from obesity, no thanks to a combination of poor diet and an increasingly sedentary lifestyle.

Worse still, the number of obese children shows no sign of abating. The Survey on the Nutritional Status and Dietary Habits of Primary Schoolchildren in Malaysia revealed that as of 2008, 12.8 per cent of primary school pupils were obese. Experts believe that the figures are now even higher.

Obesity prevalence among schoolchildren is also believed to have increased from the 137 per cent recorded in the survey.

Prof Wansie Chee, president of the Malaysian Dietitians' Association, said the problems would be seen in the next generation.

trend that will result in children being exposed to chronic diseases. It requires urgent medical intervention."

Early childhood obesity is linked to many conditions in later life, such as cardiovascular diseases, diabetes and osteoarthritis, and could lead to premature death.

Based on the National Health and Morbidity Survey 2011, about 17 million Malaysians have non-communicable diseases, with 2.6 million suffering from diabetes, 5.8 million from hypertension and 6.2 million from high cholesterol.

The survey also showed that 18 million adults were overweight while 18 were obese.

Chee said environmental factors played a major role in the rise of an obese life of an obese person.

Excessive food intake, low physical activity, family eating habits and lifestyle were contributing factors, she said.



Obese children are susceptible to chronic diseases in later life and could lead to premature death. - Shamsudin

obesity in various age groups.

"Major efforts are taken to create a more supportive environment and to make healthier food available to children."

thus, allowing them to choose healthy food," said Dr Lokman.

He said for children to adopt a healthy lifestyle and eating habit, parents, teachers and canteen operators must become role models.

istry's guideline for believed that it cut parties on healthy fitness. She said for schools to be healthy, emphasis

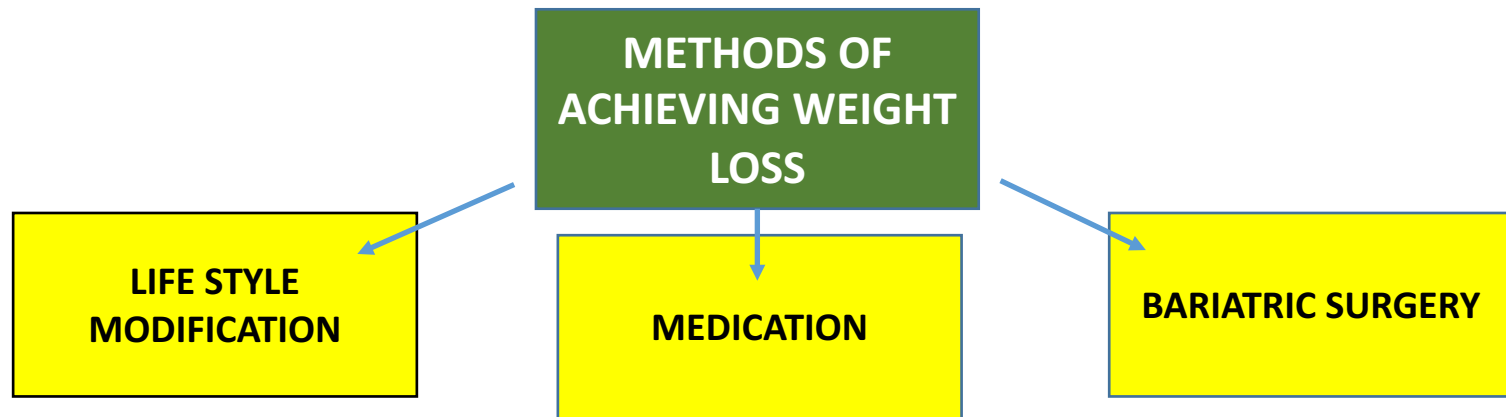
# OBESITY IS AFFECTING OUR CHILDREN

# MANAGEMENT OPTIONS FOR OBESITY

**WEIGHT REDUCTION – core component.**

Aims:

- **SUSTAINED LONG TERM** weight loss → Long term control of obesity related diseases.



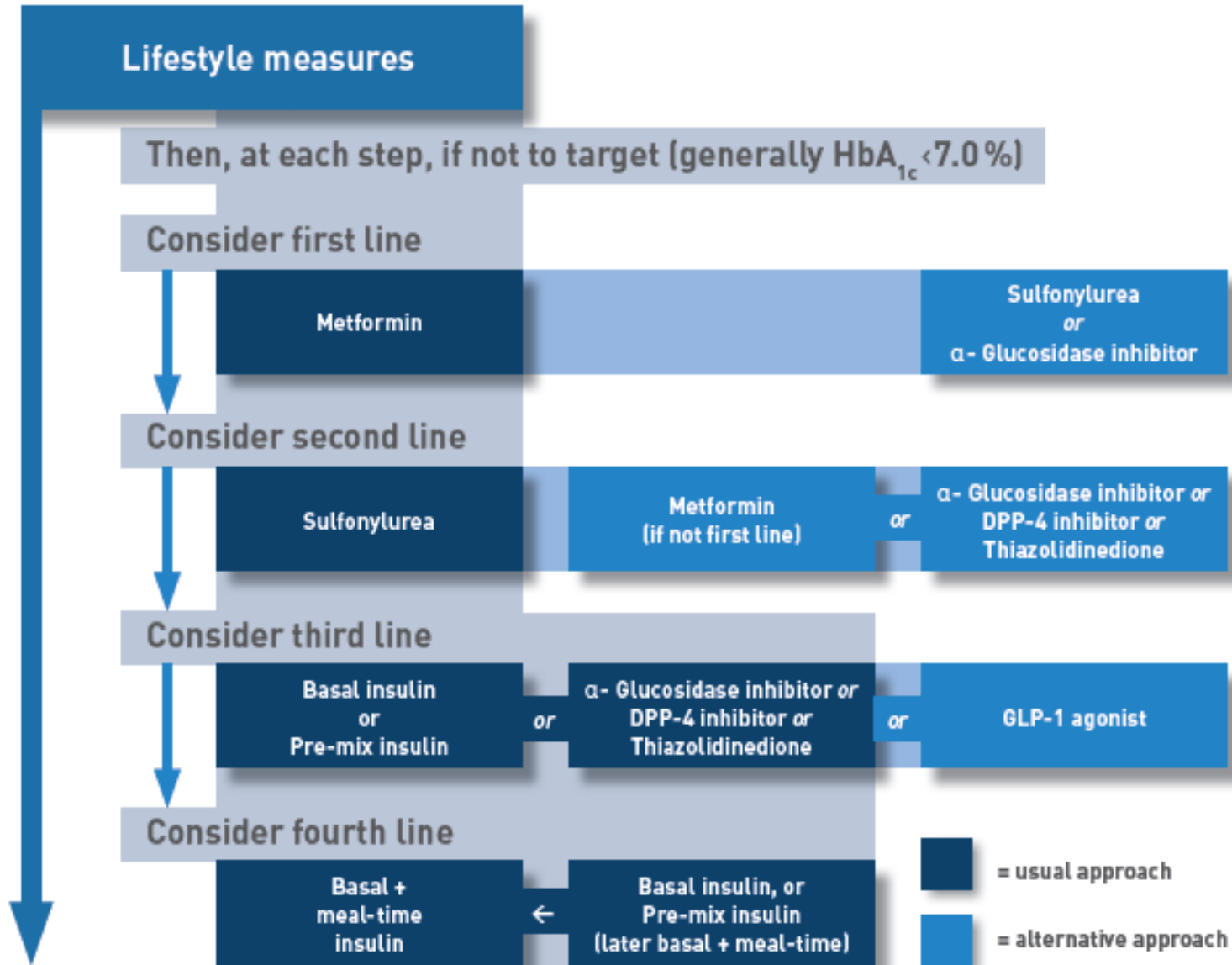


# CURRENT DRUGS FOR OBESITY





# CURRENT TREATMENT FOR DIABETES



# THE RISE OF BARIATRIC SURGERY

## 1953

### THE AMELIORATION OF DIABETES MELLITUS FOLLOWING SUBTOTAL GASTRECTOMY

MURRY N. FRIEDMAN, M.D., F.A.C.S., ANTONIO J. SANCETTA, M.D., and  
GEORGE J. MACOVERN, M.D., Brooklyn, New York

IN 1923, MURLIN noted the presence of a substance in extracts of the pancreas which could raise the blood sugar. Subsequently, this hyperglycemic factor was demonstrated

and duodenum. Therefore, when subtotal gastrectomy for duodenal ulcer resulted in marked amelioration of the diabetic state in 3 patients at the Brooklyn Veterans Hospi-

# TYPES OF BARIATRIC PROCEDURE



GASTRIC BALOON



GASTRIC BANDING



GASTRIC BYPASS



SLEEVE  
GASTRECTOMY

# Review of the key results from the Swedish Obese Subjects (SOS) trial - a prospective controlled intervention study of bariatric surgery.

Sjöström L<sup>1</sup>.

## ⊕ Author information

### Abstract

Obesity is a risk factor for diabetes, cardiovascular disease events, cancer and overall mortality. Weight loss may protect against these conditions, but robust evidence for this has been lacking. The Swedish Obese Subjects (SOS) study is the first long-term, prospective, controlled trial to provide evidence on the long-term effects of bariatric surgery on these objective endpoints. The SOS study involved 2010 patients undergoing bariatric surgery [gastric bypass (13%), banding (19%) and vertical banded gastroplasty (68%)] and 2010 matched obese control subjects receiving usual care. The age (mean) was 50 years (range 20-74) in both groups. The mean BMI was  $\geq 34$  kg m<sup>-2</sup> in men and  $\geq 38$  kg m<sup>-2</sup> in women. The study period was between 2004 and 2012. Follow-up periods varied from 10 to 20 years. The mean body weight after 2, 10, 15 and 20 years were -23%, -17%, -14% and -1% in the control group respectively. Compared with usual care, bariatric surgery resulted in a long-term reduction in overall mortality (primary endpoint) [adjusted HR = 0.54-0.92; P = 0.01] and decreased incidences of diabetes (adjusted HR = 0.71; P = 0.02), stroke (adjusted HR=0.66; P = 0.0008; men: n.s.). The diabetes remission rate was increased [OR = 8.42; P < 0.001] and 10 years (adjusted OR = 3.45; P = 0.0008). The baseline predicted favourable treatment effects, high baseline cardiovascular risk and the need for bariatric surgery need to be revised.

## SOS TRIAL

Prospective study 2010 patients

*Bariatric surgery vs medical therapy*

Bariatric Surgery %EWL 18% in 20 years

Medical Therapy %EWL -1% in 20 years

**Conclusion:**

***Bariatric surgery superior to IMT***



# Bariatric Surgery versus Intensive Medical Therapy in Obese Patients with Diabetes

[Philip R. Schauer](#), M.D., [Sangeeta R. Kashyap](#), M.D., [Kathy Wolski](#), M.P.H., [Stacy A. Brethauer](#), M.D., [John P. Kirwan](#), Ph.D., [Claire E. Pothier](#), M.P.H., [Susan Thomas](#), R.N., [Beth Abood](#), R.N., [Steven E. Nissen](#), M.D., and [Deepak L. Bhatt](#), M.D., M.P.H.

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## METHODS

In this randomized, nonblinded, single-center trial, we compared bariatric surgery plus Roux-en-Y gastric bypass with medical therapy plus Roux-en-Y gastric bypass with uncontrolled type 2 diabetes. The mean ( $\pm$ SD) age was 45.1 ( $\pm$ 7.1) years, and 75% were women. The average glycated hemoglobin level was 7.5%. The average glycated hemoglobin level of 6.0% of patients with a glycated hemoglobin level of 6.0%.

## RESULTS

Of the 150 patients, 93% completed 12 months of follow-up. The primary end point was 12% (5 of 41 patients) in the medical-gastric-bypass group ( $P = 0.002$ ) and 37% (18 of 49 patients) in the bariatric surgery group. Glycemic control improved in all three groups, with medical-therapy group,  $6.4 \pm 0.9\%$  in the gastric-bypass group,  $6.4 \pm 0.9\%$  in the gastric-bypass group ( $P = 0.003$ ). Weight loss was greater in the bariatric surgery group ( $-29.4 \pm 9.0$  kg and  $-25.1 \pm 8.5$  kg, respectively) ( $P < 0.001$  for both comparisons). The use of drugs to control blood glucose decreased significantly after both surgical procedures. The index for homeostasis model assessment of insulin resistance decreased significantly after bariatric surgery. Four patients underwent threatening complications.

## STAMPEDE TRIAL

Prospective study with 150 patients for 1 yr

***Bariatric surgery vs medical therapy  
Subanalysed RYGB vs LSG for the surgery arm***

Bariatric Surgery %EWL :

LSG 21% in 12 months

RYGB 24.5% in 12 months

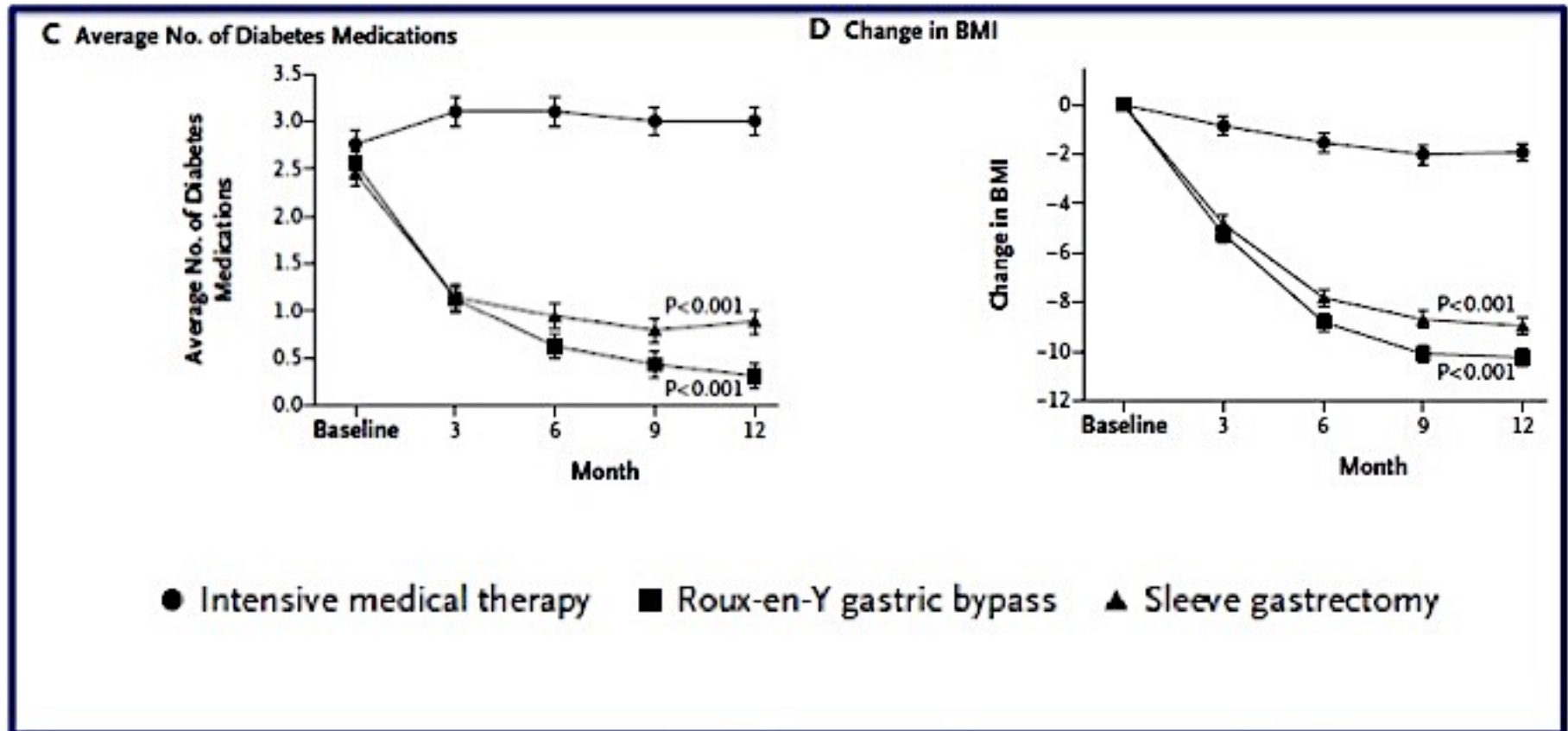
Medical Therapy %EWL :

4.2% in 12 months

***Conclusion:***

***Bariatric surgery superior to IMT***

# BARIATRIC SURGERY AS EFFECTIVE TREATMENT OPTION FOR OBESITY & DM

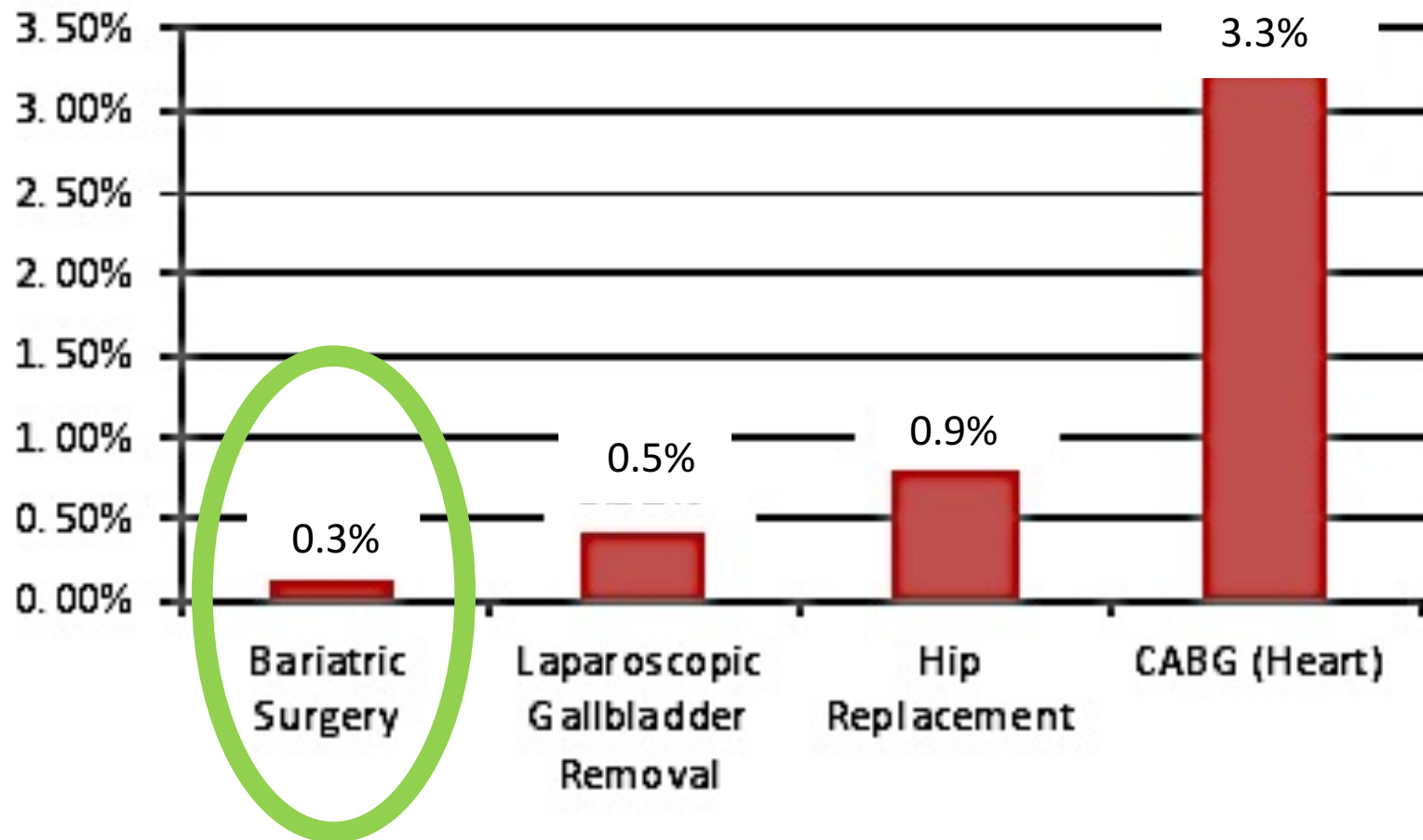


Bariatric Surgery versus Intensive Medical Therapy in Obese Patients with Diabetes  
 N Engl J Med 2012;366:1567-76 Schauer PR

# EFFECT OF BARIATRIC SURGERY ON NUMEROUS NCDs



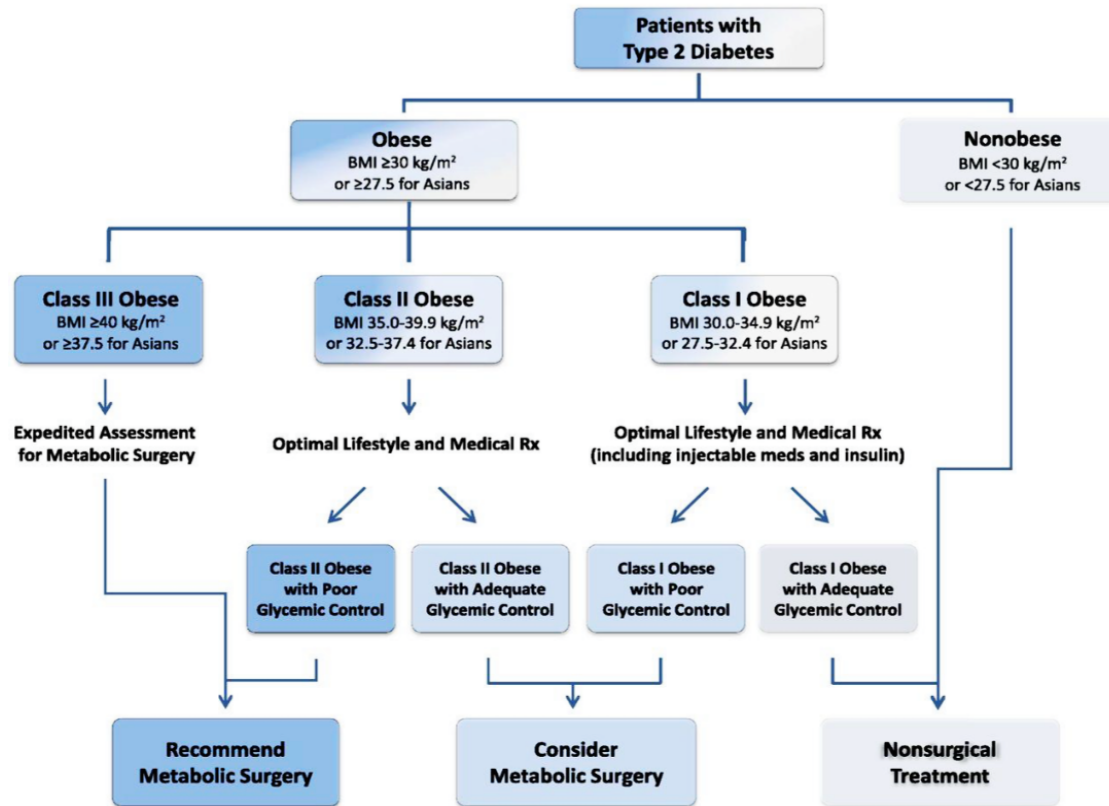
# MORTALITY RISK ASSOCIATED WITH BARIATRIC SURGERY





# REVISED INTERNATIONAL INDICATION FOR SURGERY FOR ASIANS

Reynu 2017



## DIABETIC SURGERY SUMMIT 2016 STATEMENT POSITION

## ADA GUIDELINES 2017

Table 7.1—Treatment for overweight and obesity in type 2 diabetes

Treatment	BMI category (kg/m <sup>2</sup> )				
	23.0* or 25.0–26.9	27.0–29.9	27.5* or 30.0–34.9	35.0–39.9	≥40
Diet, physical activity, and behavioral therapy	†	†	†	†	†
Pharmacotherapy		†	†	†	†
Metabolic surgery			†	†	†

\*Cutoff points for Asian American individuals.

†Treatment may be indicated for selected motivated patients.

**Weight loss is imperative for diabetes control in obese patients**

**The benefit of weight loss is derived early in the disease before insulin deficiency occurs**

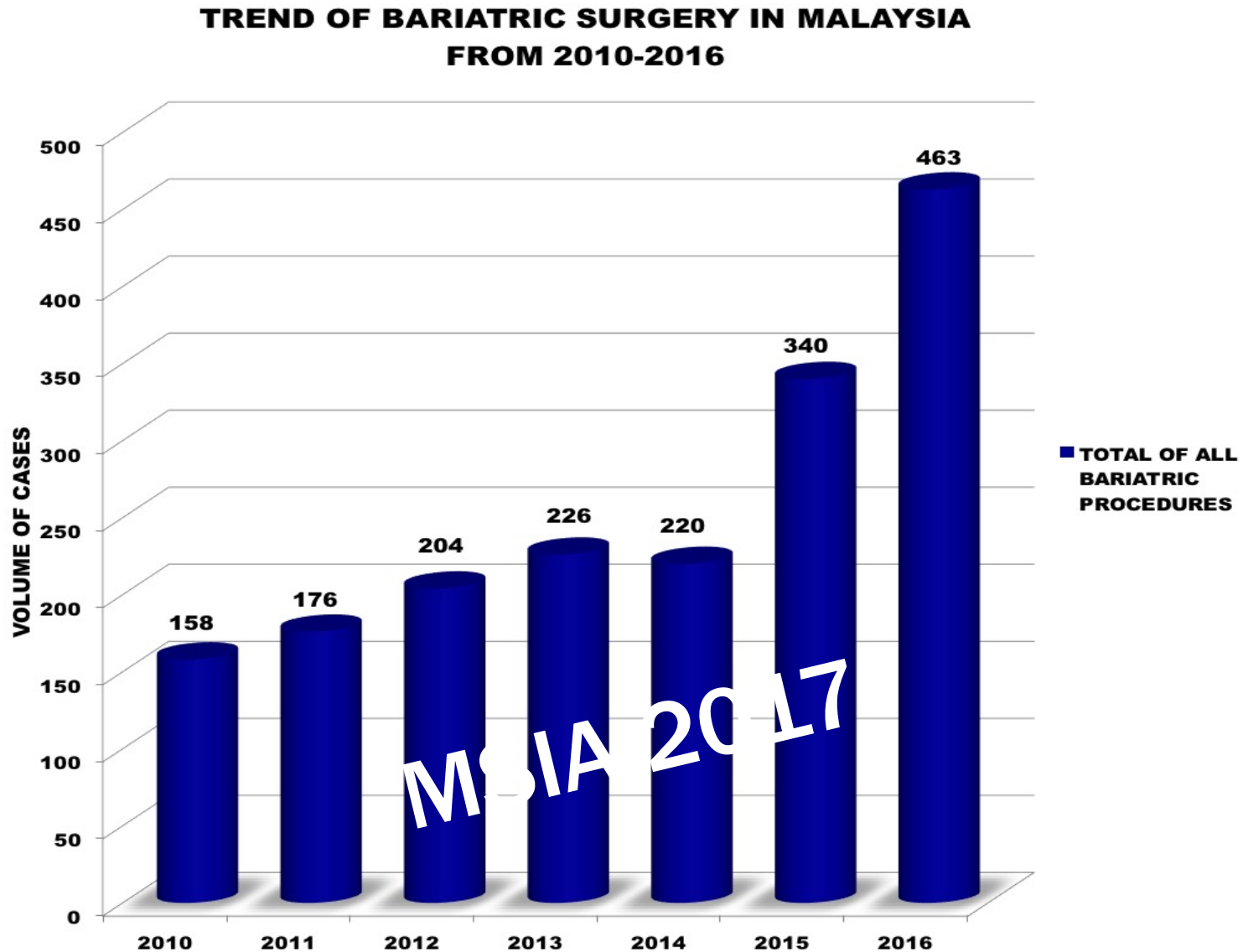
**Bariatric surgery is the only proven method for sustained weight loss in morbidly obese patients**

**Results of T2DM remission are better after bariatric surgery in obese diabetics as compared to medical therapy**

# PIONEER BARIATRIC SURGEONS IN MALAYSIA

- Professor Dr Freda Meah in **1996** performed the first open vertical gastropasty
- We are the 4<sup>th</sup> country in ASIA to start bariatric services
- Professor Dr Jasmi in **2001** performed the first LAGB
- Both served as Senior Consultant Surgeons at University Kebangsaan Malaysia Medical Centre (The National University of Malaysia)
- UKMMC remains Malaysia's leading referral centre with the largest volume of cases performed per annum (125)

# BARIATRIC SURGERY IN MALAYSIA 2010 - 2016





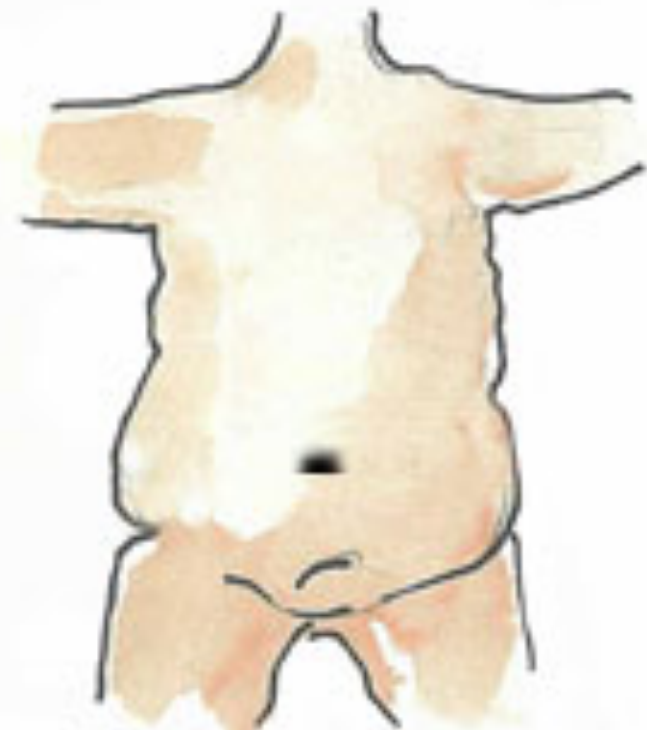
## Sleeve Surgery Based on Incision Types



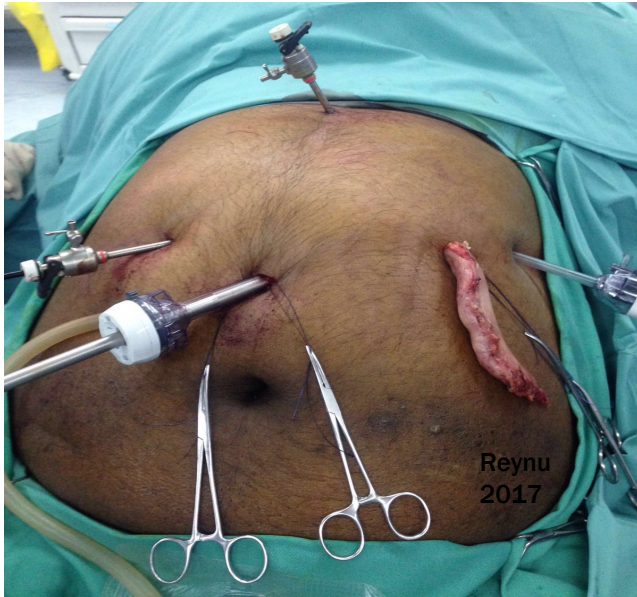
**Open**



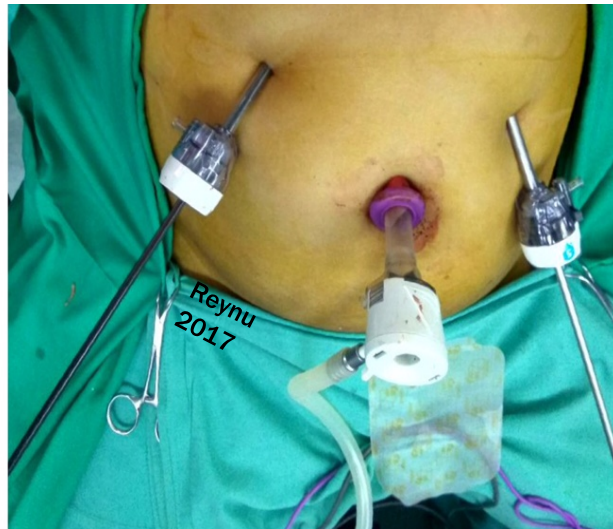
**Laparoscopic**



**Single Incision**



**CONVENTIONAL LAPAROSCOPY**

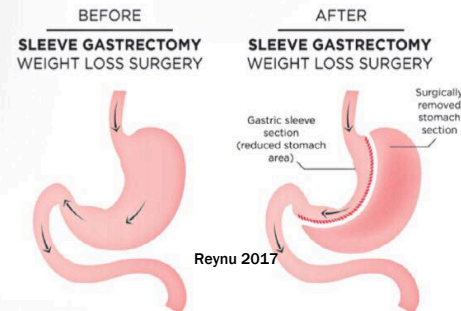


**REDUCED INCISION LAPAROSCOPY**

# *Malaysia's First* **SINGLE INCISION** **LAPAROSCOPIC SLEEVE GASTRECTOMY** (SINGLE PORT TECHNIQUE)



**WEIGHT LOSS SURGERY**  
**ONE INCISION ONLY**  
**HIDDEN SCAR**  
**ENHANCED RECOVERY**



Upper Gastrointestinal & Bariatric Surgery Unit, Department of Surgery, UKM Medical Centre  
(The National University of Malaysia)

**BARIATRIC SURGERY HAS BEEEN  
PROVEN TO BE HIGHLY EFFECTIVE**

**But bariatric surgery is not a MAGIC solution**  
**It's a lifetime commitment...**

**A second chance at a healthier life.**

**Thank you**

