Masterclasses

M5.1

Metabolic and Bariatric Surgery in Hong Kong

14:30 Room 423 & 424

Paradigm Shift – from Bariatric to Metabolic Surgery Wong SKH

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Obesity and type 2 diabetes mellitus (T2DM) are ongoing healthcare problems in Hong Kong. Both diseases are closely related and very difficult to be controlled by current medical treatment. In a survey in 2012, 18.8% of the Hong Kong population has BMI>25kg/m2 and 3.4% has BMI>30kg/m2, which means that more than 150,000 people have severe obesity that required close attention. Since the first adjustable gastric banding was performed in the Prince of Wales Hospital in 2002, effort was made to raise the awareness for both patients and physician on the use of surgery to manage obesity and its comorbidities. Over the last decade, more than 1,000 cases of bariatric surgery were performed and according to the SOMIP database, the morbidity of surgery has significantly improved over the past few years.

On the other hand, T2DM is a more important epidemic health problem than obesity as about 10% of population has T2DM. However, less than 50% of our diabetic patients can achieve optimal glycaemic control of HbA1c<7%. As surgery is the most powerful ammunition for obesity treatment with strong evidence that surgeries can induce remission of T2DM in obese patients, the focus of bariatric surgery has slowly shifted as a treatment option for T2DM. In 2016, a new international guideline is published which recommends obese diabetic patients to consider metabolic surgery especially when their glycaemic control is suboptimal. In most recent International Federation for Surgery of Obesity global registry, Hong Kong has the highest proportion of DM patients who undergo operation and over 60% of our operation is aimed at diabetes resolution. More than 50% of our diabetes patients achieved remission after surgery and the result is encouraging. However, we noted that young-onset diabetes (onset<40 years) is common in Hong Kong. They have higher BMI with poor glycaemic control. Without optimal control, they are more likely to suffer from diabetic complications, which will increase the burden of our healthcare system in the future. We believe that by performing an effective and safe surgery, metabolic and bariatric surgery will be more widely accepted by patients, physicians and health administrators in the future.