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Editorial

Nutritional Profile and Weight Loss of Patients Undergoing Roux-en-Y Gastric Bypass Surgery

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Obesity is a multifactorial disease of increasing prevalence and that has been acquiring alarmingly epidemic proportions. Despite being invasive, bariatric surgery has achieved satisfactory results, with a reduction of more than 50% of excess weight or 30% to 40% of the initial weight. The technique of gastroplasty with gastrojejunal bypass, known as Roux-en-Y gastric bypass (RYGB) is the most used currently. The choice of bariatric surgery for the treatment of obesity should be evaluated very carefully, as individuals after the surgical procedure may have nutritional deficiencies, including deficiencies in iron, calcium, vitamin B12, vitamin D, folic acid, zinc and albumin. It is observed that the greatest demand for the surgery is female. Resulting after 6 months of surgery an improvement in body composition and weight loss according to the needs of each patient. Current weight, current BMI, AC and HC, body composition and weight loss, improvement in comorbidities showed a positive association with surgery time. When comparing weight before and after surgery, it also showed statistical significance. Thus, it is concluded that bariatric surgery can reduce or eradicate the comorbidities inherent to obesity, as well as promote a satisfactory reduction in body mass index, in addition, there was a reduction in body fat and an increase in lean mass and water. These results prove the effectiveness of bariatric surgery in weight reduction and consequent change in nutritional status. In view of this, surgery appears as a form of treatment for severe obesity and has been considered the most effective method for weight loss, provided that the patient is well guided by the multidisciplinary team, in order to avoid possible nutritional deficiencies, therefore it needs Follow up closely with the nutritionist [1-7].

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