THE MAGAZINE FOR INTERNATIONAL HEALTHCARE & MEDICAL TOURISM

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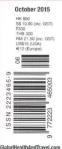


Malaysia's private hospitals open their doors to Vietnamese insurers

HONG KONG
PREGNANCY WOES

City's first miscarriage clinic aims to put mothers back on track

EGG FREEZING
CAN IT SLOW THE
TICK TOCK OF A
WOMAN'S CLOCK?



THE PROGNOSIS

Doctors from around Asia weigh in on medical topics of the day

IS BARIATRIC (WEIGHT LOSS) SURGERY A SAFE AND EFFECTIVE **OPTION FOR SEVERELY OBESE** CHILDREN OR ADOLESCENTS?

eight loss surgery among adolescents (aged 11-17) is becoming increasingly common in Europe and the US, but is still rare among Asian patients. According to estimates from U.S. News and World Report, about 1,500 to 2,000 teenagers receive bariatric surgery in the US each year, out of an estimated 180,000 overall cases including adults. In Asia, statistics show a monumental rise in child obesity: 46 million children were characterised

as obese and 300 million described as overweight in China alone, according to a 2014 study. Meanwhile, in Malaysia, often described as Southeast Asia's 'fattest' country, over a quarter of children were reported to be overweight or obese. In light of this trend, Global Health and Travel asked bariatric surgeons across the region if they see weight loss surgery as a viable, safe option for dangerously obese teenagers who cannot lose weight by conventional means.



Dr. Dennis Wong SPECIALIST IN BARIATRIC SURGERY AND GENERAL SURGEON, HONG KONG

t the moment in Hong Kong, the guidelines for bariatric Asurgery currently exclude patients who are under 18. We have had, in the past, a few cases that we did surgery for adolescents, but they were under experimental trial settings in university hospitals.

Recently there's been quite a bit more attention in particular from the US, in performing bariatric surgery for obese children or adolescents, with some pretty good results. However, the current consensus is that it's not really for the average bariatric surgeon to apply this in Asia yet.

Currently there are just a few operations that have been studied for adolescents, like laparoscopic sleeve gastrectomy, laparoscopic gastric band, and gastric bypass. There are, of course a whole range of other surgeries that are available, but they might not be suitable for adolescents.

I think you have to look at this differently from adults. When we're talking about bariatric surgery for adolescents or children, we're talking about a different group of patients - these are the patients who are in development, in terms of growth, in terms of maturity. Particularly we're concerned whether [bariatric surgery] would affect their growth - at the moment, in terms of evidence, there hasn't been a lot of evidence to show that bariatric surgery does stunt growth or reduce the maturity of these patients.

> But having said that, there haven't been a lot of cases. There's been a recent meta-analysis researching all the current evidence that does not really support the fact that adolescents or children who receive bariatric surgery have abnormal growth. Some selective

studies have shown that bariatric surgery has improved heights of children - that's a very interesting concept, but these are

one-off studies.

Whether or not the surgery is reversible is also a major concern. If you provide a child or an adolescent with a surgery that's irreversible - so

in a number of years time when they become adults they wouldn't have the option to reverse the surgery – that's something needs to be discussed, because currently there are a number of surgeries that are reversible.

I think if an [adolescent] patient turns up at my clinic asking for surgery, I, unfortunately, might turn them down; but in a few years' time, when there is more evidence, more trials, and more data, obviously that might change. With the epidemic of obesity, particularly with the rise of obesity in adolescents and young children, this will eventually become a problem, and we see that coming. We've applied various

conservative methods to try to deal with obesity in terms of dietary, exercise and medication, with limited results.

Given the current literature – there's been quite a few larger scale studies with good results from patients who have received bariatric surgery – I expect that in the future, there will be more children coming to see me for considering bariatric surgery, having failed other means of trying to lose weight. If more turn up, at this point in time I'd have to tell them that this is not currently the standard practice in Hong Kong [outside the university hospital setting] and that would be frustrating.