



Obesity, Bariatric Surgery and COVID-19: The Internist-Nutritionist's Point of View

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Short Communication

The Coronavirus Disease 2019 (COVID-19) is believed to be transmitted by respiratory droplets from person to person [1]. COVID-19, caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), is now a global pandemic which affects many countries [2].

Those suffering from obesity are at greater risk of COVID-19 [3]. The most effective method of planning for COVID-19's return is recognizing who is at risk and securing them. We have learned that the elderly are at the greatest risk of infection. Yet enough evidence has shown that obese patients are still classified as a high-risk category [4]. A considerable number of patients needing ventilators with a BMI greater than 35. Not only is the weight endangering the severely obese population, but it is the obesity-related comorbidities (i.e., hypertension, sleep apnea, diabetes) that increase the risk. Obstructive sleep apnea, for example, causes respiratory dysfunction that leads to insufficient supply of oxygen in the body and needs a ventilator for treatment [5]. High blood pressure is a common comorbidity associated with severe obesity, resulting in more serious COVID-19 cases requiring hospitalization [6]. Similarly, type 2 diabetes with obesity is another risk factor for bad outcomes and viral complications [7].

If you don't come in contact with COVID-19 you won't get the infection. This is the entire premise behind the order to stay-at-home or the shutdown of states we've just witnessed. It works for some people but we also need to work outside the home for most of us. Therefore more social isolation you are capable of, and the less likely you would be subjected to, "safer at home". Some appropriate safeguards to stop the virus include staying away from the crowds, wearing a mask and frequent washing of your hands.

In treating obesity we can be able to lessen the severity of the infection. If you're obese, meaning a 30 to 35 BMI, look this summer for medical weight loss. Diet, exercise, and even medical therapy can reduce your risk of contracting a serious virus case. When you have a BMI of more than 35 and you have sleep apnea, high blood pressure or type 2 diabetes bariatric surgery is a good choice [8].

The risk factor for severe obesity can be overcome by bariatric surgery such as sleeve gastrectomy or gastric bypass. Certain obesity-related comorbidities with weight loss surgery may also strengthen or overcome. It includes sleep apnea (65%), hypertension (65%), and type 2 diabetes (60% to 80%) [9]. Since such comorbidities, the percentages reflect the number of people seeing improvement. Having a resolution of certain diseases linked to obesity will decrease the likelihood of developing a serious case of COVID-19.

It has become famous to go abroad for obesity surgery for a multitude of reasons including cost-saving. Nevertheless, the time has shifted and under the consequences of COVID-19's pandemic the entire world is reeling [11]. The novel coronavirus is causing social chaos, like health services. After imposing limits on accessibility to non-urgent medical services such as bariatric surgery, almost all countries have delayed the elective procedures.

Periodic support and diligent follow-up help avoid any complications with post-obesity surgery. Follow-up after bariatric surgery is absolutely essential and you need to discuss with the health care provider how things will work out after the procedure, particularly during the time of coronavirus restriction. Generally, patients have a follow-up rendezvous with a bariatric surgeon or nurse following two to six weeks of surgery. You'll still need to recommend a nutritionist to help you retain your smaller stomach.

The healthcare organization that provides bariatric surgery must ensure that you have accurate

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Received Date: 05 Jul 2020

Accepted Date: 31 Jul 2020

Published Date: 04 Aug 2020

Citation:

Finelli C. Obesity, Bariatric Surgery and COVID-19: The Internist-Nutritionist's Point of View. *World J Surg Surgical Res.* 2020; 3: 1241.

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and full information about the unique characteristics of this health emergency along with the risks involved in carrying out your preferred bariatric surgery during the COVID-19 crisis [10]. Special factors must also be considered for its pre- and post-operative development.

During the pandemic, people with diabetes or obesity were discontinued with their bariatric surgery. The backlog of operations could increase the risks of health deterioration according to the experts. Legislations on lockdown and social distancing may limit adherence to lifestyle measures such as physical activity and healthy diet.

However, sadly, history shows us that, before we create an effective vaccine, the virus will most likely be with us for another 12 to 18 months. Put together a strategy to prevent the virus from evolving. If you are obese, find a medication for weight loss. Treatment may be clinical or surgical. When you handle your obesity successfully, the risk of adverse results and complications associated with infection can be minimized.

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