



Keywords: bariatric surgery, weight loss, obesity, blood pressure, obstructive sleep apnea

Introduction

Obesity is a global health problem that has reached epidemic proportions. It is a major risk factor for many chronic diseases, including cardiovascular disease, type 2 diabetes, and certain types of cancer. Bariatric surgery, which involves surgically altering the stomach and/or intestines to reduce food intake and/or absorption, has emerged as a highly effective treatment for obesity and its associated comorbidities. This procedure has been shown to result in significant weight loss and improvement in many health outcomes, including blood pressure control and resolution of obstructive sleep apnea. The purpose of this study was to evaluate the impact of bariatric surgery on blood pressure control in patients with obesity and obstructive sleep apnea.

of obstructive sleep apnea, a common comorbidity of obesity, contributes to blood pressure control post-surgery. Furthermore, studies have shown that the magnitude of blood pressure reduction correlates with the degree of weight loss achieved following bariatric surgery. Patients with more substantial weight loss tend to experience greater

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Results and Discussion

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Conclusion

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Acknowledgement

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Conflict of Interest

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References

1. Umpierrez G, Korytkowski M (2016) Diabetic emergencies-ketoacidosis, hyperglycaemic hyperosmolar state and hypoglycaemia. *Nat Rev Endocrinol* 12: 222-232.
2. Cooper H, Tekiteki A, Khanolkar M, Braatvedt G (2016) Risk factors for recurrent admissions with diabetic ketoacidosis: a case-control observational study. *Diabetic Med* 33: 523-528.
3. Degan SD, Dubé F, Gagnon C, Boulet G (2019) Risk factors for recurrent diabetic ketoacidosis in adults with type 1 diabetes. *Can J Diabetes* 43: 472-476.
4. Dungan KM (2012)