

# Four Decades of Bariatric Surgery in a Community Hospital of Spain

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## Abstract

**Introduction:** Bariatric surgical practice changes in the community setting may be under-reported. We present the developments in a Spanish bariatric surgical practice in the community setting of Alcoy from its origin in 1977 through the present.

**Methods:** Bariatric surgical techniques employed in a country community setting over the course of nearly four decades were reviewed retrospectively and qualitatively.

**Results:** Surgeons and medical professionals from Alcoy, Spain were involved in the evolution of bariatric surgery patient management and surgical technique from 1977s through 2017. During the last 40 years, 1,475 patients were treated in our clinics. Spanish bariatric surgeons contributed to advances in gastric bypass in the 1970s, vertical banded gastroplasty in the 1980s, bilio-pancreatic diversion/duodenal switch in the 1990s, and innovations associated with laparoscopy from the 1990s onward. Outcomes and approaches to prevention and treatment of bariatric surgical complications are reviewed from a community perspective. Contributions to the bariatric surgical nomenclature and weight-loss reporting are noted.

**Conclusions:** The practice of bariatric surgery in the community setting must be updated continuously, as in any human and surgical endeavor. Medical professionals in community bariatric practices should contribute their experiences to the field through all avenues of scientific interaction and publication.



were very influential as surgeons and book publishers [31-34]. Deitel's acclaimed 1989 book inspired AB to specialize in bariatric surgery field [31].

#### **Mid-1990s—laparoscopic BS and SECO**

Wittgrove and Clark [35-37] lead the transition from laparotomic to laparoscopic BS. We were impressed by their 1993 1<sup>st</sup> RNY LGBP experience. In early 1996 they published their second paper. In the summer of 1996 AB was asked to review their third paper for Obesity Surgery, which summarized outcomes in 75 patients [37]. AB visited them in San Diego and they told him that he was the 1<sup>st</sup> visiting surgeons to do so.

Our group in Alcoy performed the 1<sup>st</sup> LGBP on January 14, 1997, and reported it in the second SECO meeting in December, 1998, and then published the results of 16 cases [38]. At the 1998-IFSO Bruges, Belgium meeting, there were only 2 surgical films



Recently, Serra et al. [86] recommended 2 new technical improvements in SG, including the "sliding self-locking stitch" and the Aberdeen knot. Also, in Baltasar et al., we have described our recommendation of antrectomy starting at the pylorus plus an omental patch to cover the staple line and prevent rotation of the sleeve [87].



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