



What is the role of plastic surgery in the health of post-bariatric patients?

Qual é o papel da cirurgia plástica na saúde de pacientes pós-bariátricos?

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Dear Editor,

The benefits of bariatric surgery in the treatment of morbid obesity have been widely presented and include significant weight loss, remission of obesity-related comorbidities, and improved quality of life. Nevertheless, treatment for obesity should be multidisciplinary, and the benefits of post-bariatric plastic surgery are important and have been well documented.

The common sequelae of successful weight loss remain stigmatized in the form of excess skin and soft tissue. Post-bariatric plastic surgery helps to promote the social and psychological reintegration of these patients, who have already endured the long-standing effects of obesity. In addition, after gastroplasty, these plastic surgery procedures are aimed at optimizing the functional results obtained from bariatric surgery by removing excess skin¹.

Bariatric patients' quality of life stabilizes or even declines after the second year of gastric bypass surgery. This can be attributed to the changes in their physical appearance and the decline linked to their dissatisfaction of their own body image. Reconstructive plastic surgery plays an important role in the long-term stabilization of the quality of life of patients with massive weight loss after bariatric surgery².

Like generalized dermatochalasis resulting from expressive weight loss, bariatric surgery also leads to other medical implications such as intertrigo, fungal infections, and functional limitations to locomotion, urination, and sexual activity.

Post-bariatric plastic surgery may also improve functional results and increase physical activity, as observed in patients who had undergone reduction mammoplasty. In connection to this benefit, significant evidence suggests that post-bariatric plastic surgery helps maintain the weight loss achieved with bariatric surgery³. Inadequate weight control or regain is associated with the recurrence of comorbidities and negative impact on patient health; therefore, maintaining weight loss is of utmost importance.

The American Society of Plastic Surgeons reports that post-bariatric body contouring procedures correspond to the fastest growing sector in plastic surgery. Similarly, studies show that 75% to 84.5% of post-bariatric patients wish to undergo plastic surgery

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procedures. However, the percentage of patients who actually undergo a reconstructive surgical procedure is <21%, even in developed countries such as Austria, where the public health system funds the procedure. In this country, 14.9% of 622 post-bariatric patients underwent reconstructive plastic surgery. Therefore, only 1 (14.9%) in 6 post-bariatric patients underwent plastic surgery procedures⁴.

In the United States, Altieri et al.⁵ demonstrated that only 6% of patients who had undergone bariatric procedures (gastric bypass or band, or sleeve) subsequently underwent reconstructive plastic surgery within the first 4 years after the bariatric procedure. Of these post-bariatric patients who underwent plastic surgery, 93% underwent only one reconstructive procedure.

The reasons why many post-bariatric patients do not undergo plastic surgery procedures include the lack of disclosure of the benefits of post-bariatric plastic surgery, the lack of coverage by health insurance plans for body contouring procedures, the patients' inability to pay for such procedures, and fear of complications from such surgeries. In Brazil, we can add to these reasons the inability of the Unified Health System to meet the huge and growing demand for these procedures.

The benefits of plastic surgery procedures for post-bariatric patients are significant and need to be documented and presented so that patients, health professionals, health insurance plan managers, and the

public health system are made aware of the importance of plastic surgery in the multidisciplinary treatment of morbid obesity.

COLLABORATIONS

JLSM Analysis and/or data interpretation, Final manuscript approval, Writing - Original Draft Preparation, Writing - Review & Editing

SCR Analysis and/or data interpretation, Conception and design study, Methodology, Writing - Review & Editing

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