10 Years Follow-Up after Bariatric Surgery: Body Composition, Weight and Diabetes

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Introduction

Bariatric surgery for grade III obesity is considered the most e ective method of achieving signi cant weight loss and maintaining a reduced weight over time [1,2]. In general, at 12 months, changes in weight are greater in the gastric bypass than in the clinical treatment [3]. In addition, grade I-II obese patients a er bariatric surgery usually show better glycemic control or even Type 2 diabetes mellitus (T2DM) remission [4-6].

Moreover, in addition to loss of fat mass a er bariatric surgery, there is a degree of skeletal muscle loss that also occurs, approximately 31%, raising the possibility of a negative e ect on muscle strength, quality of life and physical performance. Fatigue and functional impairment also occur [2,7-11]. Besides that, muscle is involved in post-prandial glucose disposal and is a major determinant of insulin sensitivity [11]. For this reason, a er bariatric surgery, it is important to evaluate, besides the amount of weight loss, changes in body composition. is can be estimated through ultrasound (US) measurements of muscle and fat thickness in the thighs. It is a practical, high cost-bene t, safe, reproducible, accurate and validate method for fat and muscle evaluation in obese and bariatric surgery patients [2,12].

us, the primary aim of the present study was to describe muscle and fat mass thickness of right and le thigh changes a er 30 days, 90

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 $0.5(\pm 0.2 \text{ cm})$.We evaluated 12 patients, who did not answer our call, either (Table1).

e reduction of muscle and SAT thickness and weight 10 years

activity or protein intake in these participants; both of which could have a ected the time course of changes in muscle and fat thickness a er surgery. ird, US is an accurate method to evaluate visceral fat, despite the fact that we did not use it.

Conclusion

A er 10 years of surgery a signi cant reduction in quadriceps SAT and muscle thickness, evaluated by US, was observed.

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