Title	Surgery for Morbid Obesity
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Aim

To assess the effects of different surgical techniques for people suffering from morbid obesity. The clinical endpoints were weight loss, impact on comorbidity factors, quality of life, mortality, and complications of surgery.

Conclusions and results

Gastric bypass, biliopancreatic diversion, and duodenal switch yield the greatest weight loss. However, these methods are comprehensive, and biliopancreatic diversion is associated with serious malabsorptive disorders. In comparison, gastric banding yields lower weight loss, but fewer short-term complications and reoperations.

Surgery should be undertaken only after comprehensive, multidisciplinary assessment. A center of expertise in the surgical management of obesity should be established, and include healthcare professionals such as psychologists, physicians, a specialist surgeon, a specialist anesthetist, physiotherapist, endocrinologist, and dieticians.

People considering surgery to achieve weight loss should discuss, in detail and with appropriate healthcare professionals, the potential benefits and long-term implications of surgery. This includes associated risks, complications, and postoperative mortality.

Methods

The report is based on systematic reviews and guidelines. An additional search for literature (randomized controlled trials, controlled trials and meta-analyses) was performed for 2001–2002 to identify more recent studies on topics about which the systematic reviews yielded little information.

The following databases were searched: the Cochrane Controlled Trial Register, Database of Abstracts of Reviews of Effectiveness (DARE), International Network of Agencies for Health Technology Assessment (INAHTA) database, MEDLINE, EMBASE, National Guideline Clearinghouse, PRODIGY Guidance, NICE (National Institute for Clinical Excellence), and SIGN (Scottish Intercollegiate Guidelines Network). The literature search identified seven systematic reviews and three guidelines. The search for primary literature yielded 175 hits (MEDLINE) and 129 hits (EMBASE), 13 possibly relevant studies were assessed, and 6 of these studies were included.

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