Conclusion

We do not have a single ideal bariatric procedure , but we have an ideal procedure for every patient ,procedure choice should be individualized per patient.

LRYGB is more successful than LSG and LAGB specially among sweet eaters, with no significant increase in both early and late postoperative complication rates inspite of having a higher operative time and postoperative hospital stay.

Sweet eating is the most common cause of failed weight loss among LAGB and LSG, and they respond well to malabsorpative procedures.

Females above 50 years of age are usually very poor complaint patients and they should be offered malabsorpative procedure.

Superobese patients with BMI>50 kg/m2 usually fail with the simple restrictive procedures and should be directed to malabsorpative procedures namely RYGB or BPDS.

Poor patients in need for bariatric procedure can not afford the more expensive malabsorpative procedures nor their need for postoperative long term vitamin and mineral supplementation and should be offered the less expensive restrictive procedure LSG or LAGB.

Patients with sever reflux should have RYGB as the ultimate cure for reflux oesophagitis associating morbid obesity.

In terms of comorbidities resolution most of our patients are either improved or completely cured after one year and most of patients are discontinued from from medication.

Rate of improvement of comorbidities not necessarily equivalent to clinical effect .

Literature has been incomplete in reporting comorbidity changes. Standardization of the definitions of co morbidity response is required the 1st step in that is the AORC score.

As a community of bariatric surgeons ,we need to define a meaningful clinical responses for comorbidities following bariatric surgery.

Until accurate definitions are developed it will be inaccurate to compare the results of various bariatric operations. Such comparisons will be vital as they will form the basis of the future of bariatric surgery specially matching each patient to the most appropriate procedure.