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台灣代謝及減重外科醫學會

Taiwan Society for Metabolic and Bariatric Surgery

The rising prevalence of obesity in Taiwan, as evidenced by the National Nutrition and Health Status Survey, underscores the urgency of addressing this significant public health challenge. With over half of the population classified as overweight ($BMI \geq 24 \text{ kg/m}^2 = 50.6\%$) and nearly a quarter as obese ($BMI \geq 27 \text{ kg/m}^2 = 23.9\%$), coupled with a notable increase in morbid obesity ($BMI \geq 35 \text{ kg/m}^2 = 1.56\%$), the impact on health are profound.

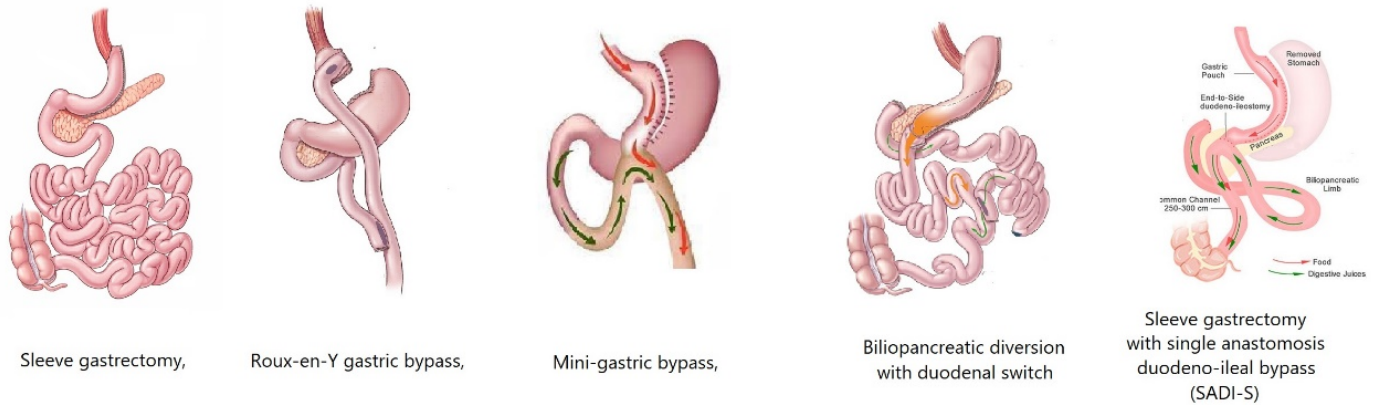
Obesity is increasingly recognized as a chronic disease associated with various cardiovascular and metabolic disorders, contributing significantly to mortality rates, as evidenced by its connection to eight of the top 10 causes of death in 2020 in Taiwan. And studies have shown that being overweight or obese can increase the risk of hospitalization and severe illness when suffering from COVID-19 infection.

In Taiwan, the first case of open bariatric surgery was performed in 1982, which marked the beginning of bariatric surgery in Taiwan. In 1998, Prof. Wei-Jie, Lee completed the first laparoscopic vertical banded gastroplasty, which launched Taiwan's bariatric surgery field onto the international stage. Through advancements in surgical techniques and the development of tailored guidelines, bariatric surgery has become increasingly accessible and effective for Taiwanese patients.

Taiwan Society for Metabolic and Bariatric Surgery (TSMBS) was established in 2012, and the first chairman, Professor Wei-Jie, Lee, formulated bariatric surgery guidelines suitable for Taiwanese based on the differences between Eastern and Western ethnicity. On May 1st, 2020, the National Health Insurance Bureau recognized the efficacy of bariatric surgery in Taiwan's healthcare policies, notably the revision of BMI criteria (32.5kg/m²) to accommodate the unique needs of Taiwanese patients. By lowering the BMI threshold for coverage and refining the criteria for bariatric surgery, Taiwan has demonstrated a commitment to ensuring equitable access to bariatric interventions for those in need.

Various types of bariatric surgeries have been developed and recognized by the American Society for Metabolic and Bariatric Surgery(ASMBS), including Sleeve

gastrectomy, Roux-en-Y gastric bypass, Mini-gastric bypass, Biliopancreatic diversion with duodenal switch, and Sleeve gastrectomy with single anastomosis duodeno-ileal bypass(SADI-S), as shown in Figure 1. Surgeons can select the appropriate operation based on the patient's comorbidities and overall condition.



Referred from <https://asmbs.org/patients/bariatric-surgery-procedures>

With the advancement of surgical instruments, almost all types of bariatric surgery can be performed under laparoscopy, reducing the possibility of serious postoperative complications and in hospital stay. The National Health Insurance Bureau has approved the payment of several items of auto-suture devices used in laparoscopy on October 1, 2022, under the concept of "equity in health" and the goal of reducing chronic diseases in the entire society. This not only reduces the burden on patients but also provides surgeons access to more advance devices.

Due to the maturity of bariatric surgery in Taiwan, the current chairman of the TSMBS, Prof. Weu Wang, has imposed accreditation of bariatric centers and

appraisal for specialist doctors to improve patient safety and care. Furthermore, TSMBS have also recognize the uniqueness of obesity patients, and have introduced and endorsed core bariatric nurse system and specialist dietitian to improve the professionalism and quality of patient care. Additionally, the association encourages many clinical research projects to improve the effectiveness of bariatric surgery.

Finally, to keep pace with the international bariatric field, the chairman and the board of directors have lead delegations to participate in international weight loss conferences every year and produces numerous publications, except during the epidemic period.