

Implementation of the Bariatric Surgery Patients

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Description

The global pandemic has had a profound impact on almost every aspect of life over the past two years, including the process of surgical board certification. The public health measures implemented along with the restrictions on travel mandated cancellation of the Vascular Surgery Board (VSB) May 2020 Certifying Examination (CE). However, the VSB remained committed to continuing the certification process despite the challenges of the pandemic. They explored alternative options for both the Qualifying Examination and the CE, including a complete virtual format for the latter despite the inherent challenges of security and the increased Information Technology (IT) requirements. A series of pilot Virtual Certifying Examinations (VCE) were conducted by the ABS for the general surgery certification process in mid-2020. The success of these initial pilots and the lessons learned allowed the ABS to transition to a completely virtual format for General Surgery CE in the Fall of 2020.

The VSB built upon these initial experiences and implemented a complete VCE in January 2021, rescheduling the CE that had originally been slated for May 2020. This mandated a secure format to allow the candidates to review images, unlike the previous general surgery experience, given the image-based nature of vascular surgery. The virtual format was also used for the 2021 annual CE, although the exam was rescheduled from the traditional May time period to July. The purpose of this study is to present the experience with the first two vascular VCEs (VVCEs).

The surveys included 9 common questions regarding demographic characteristics, exposure to and perceived benefit of individual TSRA resources in preparing trainees for clinical practice as well as in-training and Board certification examinations, and format preferences for learning cardiothoracic educational content. Two questions for current trainees and 6 questions for recent graduates relate to American Board of Thoracic Surgery (ABTS) Written and Oral Board Exams, whereas the final question asks for open-ended feedback for improvement. All surveys were constructed using Qualtrics software.

Although minimally invasive surgery is becoming the standard technique in gastrointestinal surgery, implementation for small bowel neuroendocrine neoplasms (SB-NEN) is lagging behind.

The aim of this international survey was to gain insights into attitudes towards minimally invasive surgery for resection of SB-NEN and current practices.

An anonymous survey was sent to surgeons between February and May 2021 via (neuro)endocrine and colorectal societies worldwide. The survey consisted of questions regarding experience of the surgeon with minimally invasive SB-NEN resection and training.

About one-third of patients with epilepsy have a refractory form which is associated with important economic and psychosocial burden. Most of these patients also suffer from comorbidities. One of the most frequent is cognitive impairment. Resective surgery or neuromodulation techniques may improve seizure control. Several factors have been proposed as potential predictors of the success of surgery regarding seizure frequency. We aimed to study preoperative cognitive performance as a predictor of the epilepsy surgery outcome.

Although minimally invasive surgery has several generally acknowledged applications in the treatment of gastrointestinal malignancies, its use for small bowel neuroendocrine neoplasms (SB-NEN) is not yet widely accepted. This could be explained by the rarity which limits clinical exposure, and the fact that surgeons treating SB-NEN are not necessarily those with experience in advanced laparoscopic surgery. One of the technical challenges specific for SB-NEN are the nodal metastases, as these often extend to the mesenteric root and are present in more than 80% of patients. Dissection of the superior mesenteric vessels has the risk of bleeding, and there are concerns about inappropriate oncological clearance of all macroscopic tumour if using a minimally invasive approach.

Academic Hospitals

In this ambispective study we studied total intelligence quotients (IQ) measured before surgery with the Wechsler Adult Intelligence Scale (WAIS) as a potential predictor of Engel Class at 1 year after surgery. Then we included IQ in a multivariate model and tested its performance.

When pregnancy follows metabolic and bariatric surgery (MBS), there are many important considerations related to nutritional status that may impact maternal and infant

outcomes. Although evidence-based nutrition guidelines for pregnancy exist for the general population, there are limited practical recommendations that specifically address pregnancy after MBS. A literature search was conducted to investigate outcomes of women with a history of MBS and pregnancy. Search criteria focused on women 18 years of age and older who became pregnant after MBS. Search terms included "laparoscopic sleeve gastrectomy," "Roux-en-Y gastric bypass," "laparoscopic adjustable gastric banding," "biliopancreatic duodenal switch," and gestation terminology, and they were paired with the nutrition outcomes of interest. A total of 167 publications were identified; 46 articles were included in the final review. Data relating to gestation and fetal weight and nutrition and cardiometabolic data were extracted from the studies. Based on this review, women of childbearing age with a history of MBS should be evaluated and monitored for nutritional status before conception, during pregnancy, and postpartum.

Epilepsy Surgery

A low intelligence level may constitute a marker of worse prognosis after epilepsy surgery. However, other predictors

should also be considered when evaluating surgical candidates. The Thoracic Surgery Residents Association (TSRA) is a trainee-led organization established in 1997 under the guidance of the Thoracic Surgery Directors Association (TSDA). The mission of the TSRA is to provide peer-based resources and support for cardiothoracic surgery residents to succeed during training and beyond through endeavors in 5 primary domains: (1) education, (2) outreach, (3) diversity, equity, and inclusion, (4) wellness, and (5) community. To fulfill its educational goals over the past decade, the TSRA has published a series of review books, reference guides, and textbooks, as well as an online multiple choice question bank, podcast series, webinar series, and many additional educational resources. The creation of these resources has been previously described in detail and typically includes review by Board-certified cardiac and thoracic faculty, as well as multiple rounds of peer review by a section editor, primary editor(s), and copy editor before publication.