

## LETTER TO THE EDITOR

### Initial One Year Pioneering Experience in Advanced Laparoscopic Bariatric Surgery

Sir,– I read with interest the article “Initial One Year Pioneering Experience in Advanced Laparoscopic Bariatric Surgery” by Mirza Faraz Saeed et al which has been published in the December 2015 issue.

I am very glad to see such a study done in Bahrain and especially in KHUH, which is the only hospital in Bahrain recognized by the European Accreditation Council of Bariatric Surgery.

However, I have a few comments on the methodology of the study:

1. As I am employed at the same hospital, I am aware that not all patients during the study period have been assessed by a psychiatrist. The psychiatry service in the hospital has been established only after June 2013; therefore, any referral to a psychiatrist would be only in the last two months of the study period.

Even after the recruitment of a consultant psychiatrist in the hospital, only suspected cases of mental illness have been referred and not all cases.

The authors’ statement should have been more precise in explaining this process.

2. Regarding Obstructive Sleep Apnea (OSA), authors used subjective means to assess the symptoms. This method has led to overestimation, as the study stated that 100% improvement was found in OSA and Post Biliopancreatic Diversion patients while Sarkhosh et al found approximately 75% improvement only<sup>1</sup>.

A more objective method should be used, such as Polysomnography (PSG), a validated survey, such as apnea–hypopnea index (AHI) or assessment by an ENT surgeon or a sleep specialist<sup>2</sup>.

However, I appreciate that authors have identified this as a limitation of the study.

3. Regarding Osteoarticular Disease/Degenerative Joint Disease, authors did the same by using subjective means to assess symptoms, while weight loss is considered a first-line treatment for Osteoarthritis; there is no doubt that bariatric surgery would result in significant symptomatic relief by reducing the pressure on joints<sup>3</sup>. However, a more objective tool is needed, such as Western Ontario and McMaster Universities’ (WOMAC) OA index<sup>4</sup>.

Finally, I am very glad to see this type of study regarding bariatric surgery and I appreciate the efforts of the authors.

AHMED MOHAMED ALGHAREEB

King Hamad University Hospital  
Kingdom of Bahrain

### REFERENCES

1. Sarkhosh K, Switzer NJ, El-Hadi M, et al. The Impact of Bariatric Surgery on Obstructive Sleep Apnea: A Systematic Review. *Obes Surg* 2013; 23(3):414-23.
2. Bittencourt LR, Suchecki D, Tufik S, et al. The Variability of the Apnoea-Hypopnoea Index. *J Sleep Res* 2001; 10(3):245-51.
3. Christensen R, Bartels EM, Astrup A, et al. Effect of Weight Reduction in Obese Patients Diagnosed with Knee Osteoarthritis: A Systematic Review and Meta-Analysis. *Ann Rheum Dis* 2007; 66(4):433-9.
4. Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)-General Description. American College of Rheumatology 2012. <http://www.rheumatology.org/I-Am-A/Rheumatologist/Research/Clinician-Researchers/Western-Ontario-McMaster-Universities-Osteoarthritis-Index-WOMAC> Accessed on 04 January 2016.

### Reply to the Editor Regarding: “Initial One Year Pioneering Experience in Advanced Laparoscopic Bariatric Surgery”

Dear Sir,– Thank you for your keen interest in our research.

Firstly, to clarify the concern regarding the psychiatric assessment of the study sample, the patients were initially assessed during clinic visits by our surgical team. Any patients already diagnosed with psychiatric illnesses or patients at risk for conditions such as depression due to divorce or other issues were referred to a psychiatrist. Furthermore, all pediatric patients were also referred to the psychiatrist. As mentioned in the article, obese patients with major psychiatric disorders which would have affected outcomes were excluded.

We agree that a more scientific measurement could have been used in diagnosing patients with Obstructive Sleep Apnea (OSA) and would suggest this as an important implementation for future clinical practice and research. We used a survey to assess the presence and severity of OSA within our sample, and we have the data available for reference.

We realize in retrospect that a similar issue occurred in deciding the presence and post-operative improvement in patients with Osteoarthritis (OA). A survey was used to assess patients’ symptoms and quality of life during clinic visits. The improvement was assessed by questioning the patients and monitoring their increased mobility and ability to carry out physical activity following weight loss. While a standardized scale would have been the best way to prove symptom resolution, our patients confidently reported a reduction in pain and increased ambulation.

ABDULMENEM ABUALSEL

King Hamad University Hospital  
Kingdom of Bahrain