40 Years of Bariatric Surgery in Romania – Keeping up in Trend

Catalin Copăescu

¹Ponderas Academic Hospital Bucharest, Romania

²“Grigore T Popa” University of Medicine and Pharmacy, Iasi, Romania

Corresponding author:

Catalin Copăescu, MD PhD

Associated Professor of Surgery

Ponderas Academic Hospital

Nicolae Caramfil Street, no. 85 A

district 1, Bucharest, Romania

E-mail: catalin.copaescu@ponderas-ah.ro

By the time of performing the first procedures dedicated to weight loss in Romania, the jejuno-ileal shunt was dominating the field. Proposed as a concept in the '50s by Kremen, Linner and Nelson (1), it has been modified to better balancing efficiency with safety and became the most popular procedure in US in the '70s (2).

Four decades ago, the jejuno-ileal shunt was introduced in Romania by the team of Professor Iuliu Suteu (1973) and, the largest experience with this weight loss procedure has been concentrated in Floreasca Emergency Hospital, Bucharest, in the mid '80s (3). Al. Bucur, continued to operated obese patients in this hospital and later he published the results his experience concluded in his PhD Thesis, presented in 2004.

The procedure was attractive for the Romanian surgeons due to its relative simplicity and the limited rate of early postoperative complications and, other surgical departments, such the one chaired by Professor Burlui started to perform jejuno-ileal shunt to morbidly obese patients (1985-1987) (4). However, the mid- and long-term malabsorptive effects were difficult to manage, as expected. World-wide, strict rules were imposed at the time, for a still considered investigative procedure such as, “it should not be undertaken unless facilities are available to handle long-term complications and to conduct significant research into the mechanism of obesity” (5). Moreover, due to the high cost and difficult to control complications, the operation was restricted (6).

One of the Romanian surgeons who experienced the challenge of taking care of obese patients who underwent

jejuno-ileal shunt in Iuliu Suteu's department was Florin Galea (4). He noticed the rise of the restrictive procedures for weight loss and their superiority in terms of safety, as compared to the malabsorptive ones. He had a grant at Sackler Medical Faculty and the opportunity to work with Professor Ilan Charuzi in Tel Aviv and learn how to perform Silicon Ring Vertical Gastroplasties (7). "It was Professor Charuzi who helped me to get the necessary materials for the operation and the right to perform it in Romania" was later mentioning Professor Florin Galea in his book (4).

The experience of surgically treating and managing obese patients in Second Surgical Clinic in Cluj-Napoca was not only a premiere for Romania, but for the entire Eastern Europe and it was very consisted. Florin Galea successfully performed Silicon Ring Vertical Gastroplasty in more than 1100 obese patients and, in many of them, plastic reconstructive surgery, too. He managed to introduce the idea of a dedicated team and center for the obese patients, being considered the father of bariatric surgery in our country (7).

During the last decade of 20th century, laparoscopic approach was introduced in almost all the gastrointestinal surgical procedures and, the obese patients were the most to benefit on the reduced invasiveness of this technique. A new era was open for weight loss procedures in Romania, as laparoscopic bariatric surgery was introduced. Under the proctorship of Bernd Leopold, from Villach, Austria, the first laparoscopic adjustable gastric banding procedures in our country were performed by C. Copaescu and N. Iordache, on January 2002, in St. John Hospital, Bucharest (8). The procedure demonstrated to be less associated with operative morbidity but, the weight loss was highly depending to the patient's compliance (9).

The coming years were very successful for Romania as new regional premieres were launched in our country such as, laparoscopic gastric bypass in 2002 (10), laparoscopic sleeve gastrectomy in 2005 (11), Gastric Roux Y Gastric Bypass in 2006 (12) or laparoscopic gastric plication in 2009 (13).

More significant for our patients was the increase of the Romanian community of bariatric surgeons who managed to set up and develop country-wide centers where obese patients could be operated. Beside Bucharest, Timisoara, Cluj-Napoca, Iasi, Targu-Mures, Oradea or Constanta are only a part of the list of the active bariatric surgery centers where more than 3000 obese patients are yearly operated. Moreover, the first Bariatric Surgery Center of Excellence (IFSO & SRC) in Romania was set-up in 2012 and it is still the only one designated in the region. Maybe this is not much relative to the needs of our patients, but it is significant for a not covered by the public insurance surgical treatment and of a great effort for the medical teams.

The interest of the Romanian medical community for bariatric surgery significantly rose up over the last decade, to the best of our patients. The National Symposium of Bariatric Surgery, since 2009 yearly organized by the Romanian Association of Endoscopic Surgery (ARCE) and endorsed by the International Federation of Surgery of Obesity (IFSO), successfully demonstrate to be an attractive multidisciplinary forum with distinguished international participation.

Metabolic surgery, as this constellation of procedures is properly called today is not any more the exclusive job of the surgeons. Aiming to improve the quality of life and the life expectancy of the metabolically affected patients, a strong team consisting of surgeons, anesthetists, nutritionists, diabetologists, cardiologist, pneumologists, gastroenterologist, radiologists as well, scientists and researchers are working together and share their expertise as never before!

This issue of *Chirurgia* exclusively consisting of high-quality articles dedicated to outstanding problems of metabolic surgery is the best proof that, in Romania, 40 years after the first initiatives, bariatric surgery is getting mature, more closely connected to the world-wide progress in the field.

I was honored to coordinate the present issue dedicated to bariatric and metabolic surgery! I am grateful to the outstanding

contribution of all the authors, and for the great support of the Romanian Society of Surgery and ARCE.

Looking forward to stimulating the interest of the readers,

Catalin Copaesu

Conflict of Interest

The author declare no conflicts of interests.

References

1. Kremen AJ, Linner JH, Nelson CH. An experimental evaluation of the nutritional importance of proximal and distal small intestine. *Ann Surg.* 1954;140(3):439-48.
2. Buchwald H, Buchwald JN. Evolution of operative procedures for the management of morbid obesity 1950-2000. *Obes Surg.* 2002;12(5):705-17.
3. Suteu IB, Al. *Tratamentul Chirurgical al Obezitatii Morbide.* Chirurgia (Bucur). 1983;XXXII(2).
4. Galea RF. *Tratamentul Chirurgical al Obezitatii Morbide - Gastroplastia.* Cluj, Romania: Casa Cartii de Stiinta; 2000. p. 7-8.
5. Payne JH, DeWind LT. Surgical treatment of obesity. *The American Journal of Surgery.* 1969;118(2):141-7.
6. Ravitch MM, Brolin RE. The price of weight loss by jejunoileal shunt. *Ann Surg.* 1979;190(3):382-91.
7. Galea RF, Shikora S. Professor Romeo Florin Galea. *Obesity Surgery.* 2017;27(4):845-6.
8. Copaesu C. Laparoscopic gastric banding. *Chirurgia (Bucur).* 2007;102(4):447-53.
9. Iordache N, Vizetiu R, Iorgulescu A, Zmeu B, Iordache M. Laparoscopic adjustable gastric-banding treatment for morbid obesity our first year experience. *Chirurgia (Bucur).* 2003;98(2):135-42.
10. Copaesu C, Munteanu R, Prala N, Turcu FM, Dragomirescu C. [Laparoscopic mini gastric bypass for the treatment of morbid obesity. Initial experience]. *Chirurgia (Bucur).* 2004;99(6):529-39.
11. Copaesu C. Laparoscopic sleeve gastrectomy for morbid obesity. *Chirurgia (Bucur).* 2009;104(1):79-85.
12. Copaesu C. Laparoscopic Roux-en Y gastric bypass. *Chirurgia (Bucur).* 2012;107(3):379-88.
13. Copaesu C. Laparoscopic gastric plication at the greater curvature (for treatment of morbid obesity). *Chirurgia (Bucur).* 2011; 106(1):91-7.