

International Federation for the Surgery of Obesity and Metabolic Disorders Newsletter



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Note from the President: MAL Fobi, MD FACS 2008–2009



Obesity is a condition that is recalcitrant to long term treatment, particularly non surgical treatment. Surgery offers the only viable treatment for morbid obesity. The incidence of obesity and its current rate of increase makes surgical operation, even as effective as it may be, not the solution to the problem. Prevention through education and regulations are the only hope. However for those morbidly obese,

surgery is the only viable long term solution. And, until an alternate path is found, we have to make it safe. It is better to build a wall at the edge of this path than to place an ambulance at the base of the hill to take the injured to the hospital.

Surgery has brought the plight of the obese to light. It has given hope to a problem that appeared hopeless. Surgery has exposed how the disease of obesity works. As we learn, examine, and understand how surgeries effect the changes in the milieu of the fat person we will someday develop chemical analogs or products that will control obesity and type 2 diabetes via genetic engineering.

In the meantime, it has been a wonderful ride as a participant in the evolution in the field of obesity surgery. I joined the field of pioneers when the operations were considered investigational. I was there when those who performed obesity operations were made fun of and despised. I was there during the castigation, when any complication from a Bariatric operation was a guaranteed liability case. We were a club of interested individuals, a group of surgeons who found the satisfaction from the outcome of our work. It was the adoring patients who understood what we did for them and the benefit from our work which only they could appreciate. This is what held us together. That is what gave us the strength to march on. Often, as I attend the large conferences with the extensive exhibits related to obesity surgery I cannot help but think about the time when only a few of us knew and believed in our work while we were questioned by all around us.

We congregated in auditoriums at campuses to share our outcomes and seek solutions to the problems we encountered. We traveled to different parts of the globe at our own expense to share our outcomes and innovations and spend time with colleagues who had become friends. We knew each others' families and had receptions at each others' houses. We argued loudly during our meetings but during recreation we were like a family.

We have come a long way. The 1985 and 1991 NIH Consensus Statements gave us and the operations we

performed some level of acceptance. Then came the laparoscopic approach to surgery and the involvement of the pharmaceutical companies. Obesity Surgery is now a mainstream surgery. It may not be the best solution to the problem of obesity but until a better solution is reached, the purpose of our organization, IFSO, is to strive to make it effective and safe.

IFSO has evolved from the rapid growth of the field of obesity with members in forty different countries and more requesting to join. IFSO was started by a group of surgeons and has grown to become a world organization. When I was elected, my commitment was to build from the efforts of all the previous Presidents a firm organizational foundation to manage the more than five thousand members and to enhance interaction within its member societies. I was invited and attended all the regional chapter meetings during my term in office. I met most of the National Presidents and their other office members. I also invited and attended some national Societies annual congresses. I must report that Obesity surgeons, no matter where, are a hospitable and caring bunch. I am glad to report that, there is a responsive IFSO Secretariat in place, managed by Khagen Consulting. This is at the service of the President and the Executive Committee. If you have any questions about IFSO contact the Secretariat. The IFSO website is interactive and running. More than ninety five percent of the members are receiving their journals on a timely basis. We know who is in each member society, in each regional chapter and the roles of the President, the Executive Committee, The Board of Trustees and the General Council have been well defined.

The next President will have my support and guidance in completing the tasks started.

I look forward to talking to each and every member at the Paris Congress which I believe will set a new record in attendance. I will take this opportunity to have you save the date September 3-7, 2010 for the 14th IFSO Congress in Los Angeles/ Long Beach, California, USA.



History of IFSO

An international obesity surgery meeting was held annually in various countries throughout the world under the leadership of Nicola Scopinaro. At the Stockholm meeting in 1995, the International Federation for the Surgery of Obesity (IFSO) was formed. The first International Congress of IFSO was held in Prague in 1996, followed by Cancun in 1997, Bruges in 1998, Salzburg in 1999 and Genoa in 2000. The first President was Nicola Scopinaro of Italy, followed by George Cowan of U.S.A. and Emanuel Hell of Austria.

The Annual Congress includes the International Symposium on Laparoscopic Obesity Surgery and the allied health meeting, followed by 2 1/2 days of papers, posters, scholarly presentations, commercial exhibits, and a spectacular social program. The function of this organization is international communication, education, standards and surgical means to treat morbid obesity and its grave co-morbidities.

The official Journal of IFSO is OBESITY SURGERY Including Laparoscopy and Allied Care, which publishes the world literature on the field of massive obesity and helps to bind these Societies together. OBESITY SURGERY has attained the 26th highest impact-rating out of 131 surgical journals, according to the annual study of the Institute of Medical Sciences in Philadelphia. The Journal, published 6 times per year, is indexed in the Index Medicus of the National Library of Medicine of U.S.A., going back to 1991.

IFSO is financed by dues from Members, 50% of the profit from the annual international meeting, and donations from industry. In particular, the American Society for Bariatric Surgery has been very supportive financially. The official language is English. Annual payment of dues and subscription to the IFSO Journal are requirements for Membership, as stated in the IFSO Bylaws.

ABOUT IFSO

The International Federation for the Surgery of Obesity and Metabolic Disorders is a federation composed of national associations of bariatric surgeons. Currently, there are 40 official member associations of IFSO. There are also individual members from countries that thus far have not formed a national association.

IFSO has been mainly a scientific organization, bringing together surgeons and allied health professionals, such as nurse practitioners, dieticians, nutritionists, psychologists, internists and anesthesiologists, involved in the treatment of morbidly obese patients, but in the upcoming years, IFSO will maintain and extend its roll in the challenge of bariatric surgery.

IFSO is growing into a professional organization, with the goal to support its members in aspects directly related to their profession. IFSO's main activity is currently the organization of the yearly World Congress, which provides a forum to exchange knowledge on surgical treatment of severely obese patients, to present new techniques, research and concepts, and to meet the experts in the field.

IFSO has also produced a number of guidelines, such as selection criteria for patients, minimal requirements for bariatric surgeons, and Statements on morbid obesity, its treatment, and innovation and is committed to the creation of a system for

accreditation of individual surgeons and bariatric centers around the globe. The main goal of IFSO is optimization of the treatment of severely obese patients.

IFSO MEMBERSHIP Who is a member of IFSO?

Individual Members are those Surgeons or Allied Health Practitioners who are members of IFSO national societies and their dues of \$US20 have been paid to the IFSO Treasurer either through their society or individually. So if you are a financial member of these societies you are a member of IFSO.

Affiliated Individual Members are those from countries who do not have their own Societies at this time. These members pay their dues directly to IFSO.

The big advantage of IFSO Membership is reduced registration at IFSO sponsored meetings (much more than \$20) and a significant reduction in subscriptions to the Obesity Surgery Journal of \$80. IFSO members also receive the journal SOARD at a discounted rate of \$90.



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IFSO-European Chapter



The different IFSO chapters were created to make it easier for everyone to attempt every year at least one important international meeting on metabolic and bariatric surgery.

These chapter meetings are very important, not only because of the scientific value, but also to meet the colleagues from the different countries belonging to the same chapter. We can exchange strategies for having better acceptance and reimbursement in the different countries.

Europe was also the cradle of IFSO with the foundation meeting in Prague in 1996, and the 1st International Symposium on Obesity Surgery in Sestri Levante, Italy, already 25 years ago. Of course, the highest numbers of bariatric procedure are performed in the US, but the highest numbers of these procedures pro capita are performed in some European countries! We have the knowledge and perseverance to do the best metabolic and bariatric surgery. Thanks to these meetings we can help the starting countries to develop faster.

What did we realize?

IFSO-EC contains countries from Europe, Middle-East and Africa. 23 countries are members of IFSO-EC, with about 600 till 700 surgeons in total.

An official IFSO-EC logo was approved at the IFSO-EC General Council meeting in Capri in 2008.

Presidents:

2004 – 2006 Nicola Scopinaro

2006 – 2008 Jerome Dargent

2008 – 2010 Luc Lemmens

President Elect: 2010 – 2012 Rudolf Weiner

Congresses:

May 2004, Prague, Czech Republic:

1st Congress of IFSO-EC

April 2006, Lyon, France:

2nd Congress of IFSO-EC

April 2008, Capri, Italy:

3rd Congress of IFSO-EC

April 2010, Lausanne, Switzerland:

4th Congress of IFSO-EC: Up-coming congress

Board:

Honorary President: Nicola Scopinaro

President: Luc Lemmens

Past President: Jerome Dargent

President Elect: Rudolf Weiner

President of the upcoming IFSO-EC/IFSO World

Congress in Paris: Jean-Marc Chevallier

President of the 2010 IFSO-EC Congress: Michael Suter

Executive Director: Martin Fried

Treasurer: Karl Miller

EC Representative to IFSO: Antonio Torres

Thanks to the effort of John Melissas, the **European Center of Excellence program** is finalized. Within a very short period of time more than 50 Institutions and 80 Surgeons have applied for evaluation as COEs by the European Accreditation Council for Bariatric and Metabolic Surgery (EAC-BS). At the moment, 35 Centres and 52 Surgeons have already been approved as Provisional Status participants. We are convinced that IFSO-EC Centers of Excellence of bariatric and metabolic surgery program will be spread and adopted throughout Europe. For more information, I refer to the webpage: www.EAC-BS.com

We are also working on an **international register for bariatric and metabolic surgery**. The idea is to have this register in every county, owned by the national society, but which can be linked between the different countries under the auspices of the IFSO EC. In this manner we can have one of the biggest international registers in the world. This can permit us to make very interesting studies comparing different surgical procedures in different countries.

A **new European Journal of Obesity**, the “**Obesity Facts**” was established, thanks to the efforts of Martin Fried and Nicola Scopinaro. The Journal is published bi-monthly by Karger. Obesity Facts Editor-in-Chief is Johannes Hebebrand, Essen.

There are 5 Editorial representatives, Martin Fried being one of them on behalf of IFSO-EC. Out of 25 Associate Editors, there are the following IFSO-EC representatives: Jean-Marc Chevallier, Paris, Martin Fried, Prague, Karl Miller, Salzburg, Rudolf Weiner, Frankfurt/Main. Antonio J. Torres, Madrid serves as Obesity Facts Editor.

I would like to thank the previous presidents and board members of the IFSO-EC. Thanks to their efforts the IFSO-EC is now a mature society with growing interest in the world.

Our next appointment will be in Paris during the IFSO world / IFSO-EC congress August 26-29, 2009. The presidents, or their substitute, of the different IFSO-EC societies are invited for the **General Council meeting** on Tuesday August 25. See final program for location details.

Luc Lemmens

President of IFSO EUC 2008 – 2009.



NORTH AMERICAN / CANADA CHAPTER



The American Society for Metabolic and Bariatric Surgery (ASMBS) is the largest society for this specialty in the world.

The vision of the Society is to improve public health and well being by lessening the burden of the disease of obesity and related diseases throughout the world.

Founded in 1983, foremost American surgeons have formed the society's leadership and have established an excellent organization with educational and support programs for surgeons and integrated health professionals. The purpose of the society is to advance the art and science of bariatric surgery by continued encouragement of its members to carry out the following mission:

- To improve the care and treatment of people with obesity and related diseases.
- To advance the science and understanding of metabolic surgery.
- To foster communication between health professional on obesity and related conditions.
- To be the recognized authority and resource on metabolic and bariatric surgery.
- To advocate for health care policy that ensures patient access to high quality prevention and treatment of obesity.
- To be a highly valued specialty society that serves the educational and professional needs of our diverse membership.

ASMBS EXECUTIVE COUNCIL



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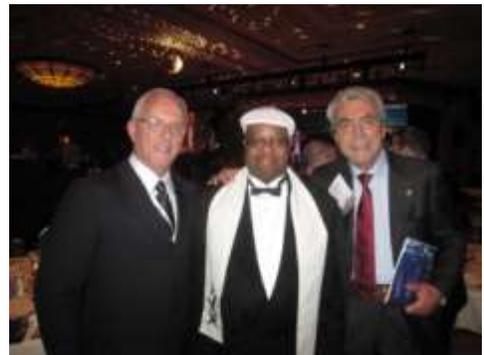


American Society for Metabolic and Bariatric Surgery 26th Annual Meeting

The Annual Meeting of the American Society of Metabolic and Bariatric Surgery was held on June 21-26, 2009 at the Gaylord Convention Center in Grapevine, Texas. More than 1800 people attended this annual meeting. This year's meeting had "all the fixins" (a Texas term) to be the best yet. Under the leadership of Dr. Nicholas Christou and the Program Committee, a world-class caliber program was presented with value and interest to all clinicians involved in the care of obese patients.



As expected, there was a wide variety of post-graduate courses, industry-sponsored symposia, workshops, papers and poster presentations, and invited speakers. The Plenary Session was chocked full of leading edge research, videos, and the distinctive Medical Specialties Track. This year, we highlighted new courses such as the Single Port Incision Laparoscopic Surgery, Flexible Endoscopy and Emerging Endoluminal Procedures Course, the Evidence for Bariatric Surgery vs. Best Medical Therapy Course, and the Controversies in Restrictive Procedures Course. We are also introduced a new video session on Complex and Intraoperative Complications. Furthermore, we are proud to announce that Michael Cowley, PhD presented the Basic Science Lecture.



For our Integrated Health Members, we had three full days of learning including the Main Session containing new research, interactive workshops, and expanded Behavioral Health and Postgraduate Courses.

Highlights from the ASMBS 26th Annual Meeting including highlight videos and abstracts are available on the website www.ASMBS.org.



ASIAN PACIFIC CHAPTER



Dear Colleagues,

This is the first official regional report on APC-IFSO. This is to keep the update of current affairs in Bariatric surgery in this region. IFSO-APC was founded in September/October 2008 and had its constitution passed by the Executive and Council at the meeting in Argentina.

Formation of this regional chapter will help having IFSO meetings in this part of the world and hence new researches and findings would surface. Along with this, this would also encourage multi-cultural transfers. By enlarging the awareness about Bariatric procedures is on the high all over the Asia-Pacific region. The growing number of societies and Bariatric procedures has been evident.

The founding president was Harry Frydenberg. The committee consisted of two representatives from each founding country, which were:
India - Sanjay Borude and Shirhari Dhorepatil (OSSI),
Australia - Harry Frydenberg and Rob Fris (OSSANZ) and
Japan - Isao Kawamura and Iwao Sasaki (JSSOM).

Subsequently Council members from the United Arab Emirates, South Africa, Saudi Arabia and Philippines became affiliated to the APC and the first meeting was held in March 2009 together with the Australian OSSANZ meeting in Cairns, Australia. This was attended by 150 people, of which 30 were from elsewhere in the Asia Pacific area.

Elections were held and the Executive consisted of:
President - Isao Kawamura,
President-Elect - Pradeep Chowbey,
Founding-President - Harry Frydenberg,
Secretary-Treasurer - Lilian Kow and
APC representative on the Executive of IFSO, Sanjay Borude.

Other Council members who attended were Fawaz Torab and Faruq Badiuddin (United Arab Emirates), Tess Van der Merwe and Gary Fetter (South Africa). It was then decided that the next meeting will be held in March 2011 in Japan, to be organized by Prof. Isao Kawamura and his colleagues.

It has been a constant endeavor with all the societies and

established Bariatric Surgeons to promote this specialty to our colleague surgeons. Soon we are going to work on having registry, formation of multiple centers of excellence, training centers for necessary ancillary services like specialized nursing, dietitian, psychologists and physical trainers. This will be in concurrence with the international committee guidelines.

Regards,
Dr. Sanjay Borude, APC
Representative



Thank you! On behalf of the IFSO-APC OSSANZ committee, we would like to thank you for your participation at the IFSO-APC OSSANZ Conference, held from the 25th – 27th March 2009 at the Hilton Cairns, Queensland.

The IFSO-APC OSSANZ Conference 2009 was a highly successful one with over 230 surgeons & allied health professionals attending together with exhibitors and sponsors from around Australia, New Zealand, Asia Pacific and around the globe.

The scientific program included over 40 presentations exploring Obesity as a global phenomenon, poster presentations, a breakfast session, additional meetings, the Young Scientific investigator prize, the poster prize and workshops on Obesity surgical practice.

The IFSO-APC OSSANZ committee were delighted to host this event in tropical Cairns and trust that you enjoyed your experience and the learning & networking opportunities that the Conference provided.

We would like to thank you again for your contribution to making it such a successful conference. We look forward to seeing you at the next OSSANZ Conference in 2010.

Kind regards,
Rob Fris – OSSANZ President
Harry Frydenberg – IFSO-APC Founding President



IFSO LATIN AMERICAN CHAPTER

Last April took place the III IFSO LATINAMERICAN CONGRESS in Viña del Mar, Chile. This congress congregated 388 health professionals, including bariatric surgeons, dietitians, nutritionists, physical therapists and psychologists.

This meeting was especially dedicated to discuss interesting topics involving the multidisciplinary team and highlighted the importance that the patients are treated from an integrated view. The "Case Clinical Discussion" session gave the opportunity to generate interaction among health care professionals from different countries and cultures.

Surgical topics were very provocative with an excellent update on new techniques in metabolic and endoscopic surgery. There was an intense debate on the indications and results of the increasingly performed sleeve gastrectomy.

Also during this event a new Directory took over the Chapter:

President Luis Ibañez, MD Chile

Secretary Camilo Boza, MD Chile

In the meeting the members of the society agreed on the following points:

- To make a Latin American Data Base, with all the IFSO accredited members. Currently we are working in collecting the most accurate information, to be published in a Web Page, which is also under construction.
- IFSO Latin American Congress will take place every 2 years. The next congress will be held in Cartagena de Indias, Colombia.



President Luis Ibanez, MD Chile

IV LATIN- AMERICAN IFSO CONGRESS -- MARCH 2011

Dear Colleagues,

It is a great pleasure for me to be able to invite you to the **IV LATIN- AMERICAN IFSO CONGRESS**; to be held in the City of Cartagena de Indias, Colombia, from the 16th to the 19th of March 2011 at the Hilton Hotel.

In this event, which is of the utmost importance for our region, we will have the opportunity to listen to the most outstanding figures in the field of Metabolic and Bariatric Surgery in our continent, as well as visiting scholars from other parts of the world. We will focus on discussions and round tables in order to learn from our Latin-American experience.

Already Bariatric Surgery is recognized throughout the scientific community as the best therapeutic option in the management of severe obesity; however, we still have a long way to go in order to achieve this same goal with metabolic diseases.

The beautiful Caribbean beaches of Colombia and its warm weather will allow us to share pleasant moments where we can exchange views on this subject that fascinates us so.

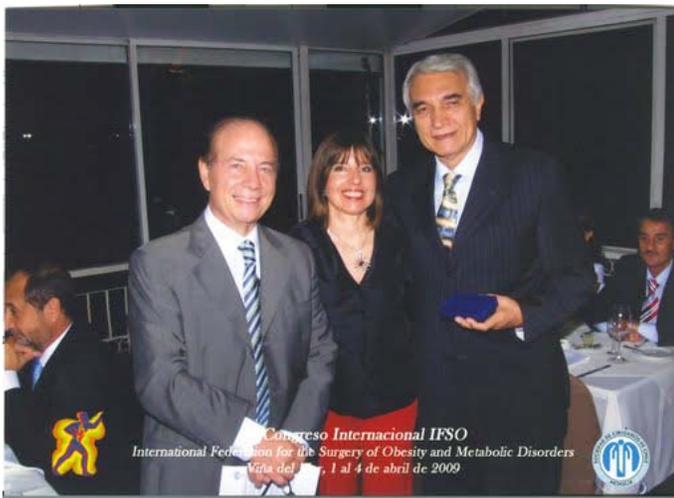
We invite you to come visit and enjoy our country while attending the most important regional gathering of the continent about Metabolic and Bariatric Surgery.

Dr. Rami Mikler
President
IV IFSO Latin American



III LATIN-AMERICAN IFSO CONGRESS * VINA DEL MAR, CHILE

Reminiscences of the Congress IFSO Latin-American 2009 from the 1 to April 4 the III was carried out Congress IFSO Latin-American, in Vineyard of the Sea with a great assistance of national professionals and some 120 foreigners, of Argentina, Peru, Bolivia, Brazil., Dominican Republic, Colombia, Equator, Venezuela, Costa Rica, Panama, United States, Spain and Portugal. We had a very tight agenda whose fundamental motive, the controversy in surgery bariátrica, complied exactly. Themes of discussion were presented at the highest level,



achieving some very valuable consensora. A worthy point to emphasize is that for the first time in these congresses developed a course of multidisciplinary management of the morbid obesity that very was concurred and of some way sat down the bases to perform similar courses in future congresses. Also we should emphasize the excellent course precongreso "Integral Nutrition in Surgery for the Obesity and Metabolic Illnesses", that had a high assembly and instigated great interest. Do neither we neglect the social part that seems us fundamental to tighten ties of friendship and professional contacts among the participants; this aspect culminated with a pleasant supper dance number in the Sporting Club of Vineyard, after be run the cup IFSO Latin-American, in which winner resulted the horse Sleeve. All in all, we have had an event that left a pleasing environment and of great satisfaction of all the concurrent. The IV Congress IFSO Latin-American will be performed in Cartagena of Indies Colombia.

William Awad President



(View more photos on www.IFSO.com)



European Accreditation Council for Bariatric Surgery

IFSO European Chapter Centre of Excellence Program

Current status in Europe, Middle East and Africa

In the new era of evidence-based medicine, the establishment of a Centre of Excellence (COE) program under the guidance of the European Chapter of our Federation (IFSO-EC) would certainly succeed. Within a very short period of time more than 50 Institutions and 80 Surgeons have applied for evaluation as COEs by the European Accreditation Council for Bariatric and Metabolic Surgery (EAC-BS). At the moment, 35 Centres and 52 Surgeons have already been approved as Provisional Status participants. There are good reasons why the IFSO-EC Centre of Excellence program, rapidly gained popularity among the bariatric surgical community in Europe, Middle East and Africa:

In Europe, the prevalence of obesity has increased three-fold in the past two decades, and currently affects 150,000,000 adults and 15,000,000 children and is responsible for approximately 1,000,000 deaths annually. The cost of this epidemic is enormous. Many European governments having realized that the management of obese patients should be undertaken by surgeons and institutions with the necessary qualifications and resources, are promoting the establishment of networks of Centres of Excellence in Bariatric Surgery. This policy is considered by the European Union not only beneficial for the health and well-being of the obese European patients, but also for the health care system, reducing the direct and indirect cost of the disease.

As a result of obesity epidemic in this geographic area in all countries within the responsibility of IFSO European Chapter (Europe, Middle East and Africa) bariatric surgery has become the therapy of “common use” for morbid obesity. Therefore, the number of surgeons and institutions dealing with this highly demanding and challenging surgical discipline is continually increasing due to the enormous demand for this service. Many bariatric surgeons are, therefore, seeking for accreditation for them and their institution to objectively prove that they are able to undertake the management the morbidly obese patients with safety and efficacy.

IFSO requirements for excellence in bariatric surgical practice

The International Federation for the Surgery of Obesity (IFSO) in 1997 made the first statement on bariatric surgeon qualifications and institutional requirements for safeness and effectiveness in the management of the morbidly obese patients. In September 2007 at Porto IFSO Council meeting, an official document was unanimously accepted indicating IFSO's views on surgeon's credentials and institutional requirements for the safe and effective bariatric surgery practice. In this official document, published at

Obesity Surgery 2008;18:497-500, the intention of the Federation to support and endorse Centres of Excellence programs around the World was clearly stated. (..... In an effort to improve the quality of service offered to bariatric patients worldwide, IFSO elected to form an international board that will advise and endorse national and regional ‘centers of excellence’ programs.....Obes Surg 2008;18:497-500).

IFSO European Chapter Centre of Excellence Program

In the area of Europe, Middle East and Africa, the geographic region of IFSO European Chapter, the creation of a COE program was embraced immediately and with enthusiasm by leading surgeons and the National Bariatric Societies constituting IFSO's European Chapter.

As a result of the above, in Capri Italy, during the general assembly of IFSO-EC the idea of a regional COE program was unanimously accepted by the representatives of all European National Bariatric Societies that were present at this meeting.

Shortly thereafter, all ex IFSO Presidents from the geographic region of Europe, Middle East and Africa (N. Scopinaro, M. Fried, A. Baltasar and J. Melissas) together with the current President of IFSO European Chapter decided to proceed in forming the European Accreditation Council for Bariatric Surgery. In that company the vast majority of leading Bariatric Surgeons from that region are also participating. Most Presidents and General Secretaries of IFSO – EC National Bariatric Societies are either members of the Scientific Board or the Review committee of EAC-BS having approved the need for such an IFSO-EC Centre of Excellence (COE) program in this area.

The European Accreditation Council for Bariatric Surgery (www.EAC-BS.com)

The European Accreditation Council for Bariatric Surgery (EAC-BS) is a company situated in the European Union that was formed to examine surgeons' credentials and institutional facilities in order to ensure outstanding management for bariatric and metabolic patients, within the region of Europe, Middle East and Africa in close collaboration with IFSO-EC. These surgeon and institutional's requirements set by IFSO (see Obes Surg 2008;18:497-500) have been slightly modified according to the European situation. Therefore, for participation at IFSO COE program, a surgeon must perform annually at least 25 cases requiring stapling of the gut or 50 lap band cases and for institutions the numbers are 50 and 100 cases respectively.

cases requiring stapling of the gut or 50 lap band cases and for institutions the numbers are 50 and 100 cases respectively.

Procedure for surgeon and institution's evaluation as COE by the EAC-BS.

The process of accrediting surgeons and institutions is initiated by the application of both through the web site www.EAC-BS.com. The accreditation as a COE includes 2 stages: (a) Provisional Status (b) Final Approval as Centre of Excellence.

The application is firstly evaluated by 2 reviewers, members of the EAC-BS Accreditation Review Committee and their reports are submitted to the EAC-BS Scientific Board. The institution will be either: (i) *accepted* as a provisional status COE (ii) placed on *monitoring status* when more information will be required or (iii) the application could be *denied* by the EAC-BS Scientific Board.

Institutions accepted as provisionally status IFSO-EC COE Program participants will, then, begin prospectively entering all operated bariatric patient's data in the International Bariatric Registry (IBAR®).

As soon as, sufficient data has been gathered to allow evaluation of patient's outcome, provisional status COEs can apply for final approval as Centre of Excellence. A site-visit from an experienced auditor will follow to verify the reported data and a report will be submitted to the EAC-BS Scientific Board. If everything is in order, final approval as COEs will be granted together with a certificate by the EAC-BS and the IFSO-EC.



Nicola Scopinaro
Honorary IFSO President
EAC-BS Scientific Board Chairman



Luc Lemmens
IFSO-EC President
EAC-BS Review Committee Chairman



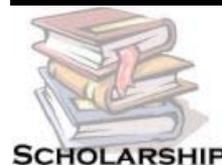
Martin Fried
IFSO President 2001-2002
IFSO-EC Executive Director
EAC-BS Scientific Board Member



Aniceto Baltasar
IFSO President 2002-2003
EAC-BS Scientific Board Member



John Melissas
IFSO President 2006-2007
EAC-BS Scientific Board Member



Each year IFSO provides two of its members from developing countries, residents and research fellows a scholarship to attend the upcoming Congress.

The scholarship consists of a travel reimbursement for the upcoming world congress and free entrance to the Congress. Election of the candidates is made by the executive board of IFSO.

This year's recipients of the IFSO Scholarship are Evgeny Semenov from Ufa (Russia) and Nikolsky Anton from Smolensk, (Russia).



International Centers of Excellence for Bariatric Surgery

To ensure that the safest, highest quality care is delivered consistently to bariatric surgery patients worldwide, Surgical Review Corporation (SRC) created the International Center of Excellence for Bariatric Surgery (ICE) program. ICE establishes guidelines and criteria for evaluating bariatric surgery excellence around the world and employs a systematic approach to ensure these standards are upheld.

But what does the ICE designation signify? What are the requirements? And why should you apply? The following provides an overview of ICE and answers these fundamental questions.

History

In 2003, SRC was formed as an independent, non-profit organization to develop and administer the Bariatric Surgery Center of Excellence® (BSCOE) program on behalf of the American Society for Metabolic and Bariatric Surgery (ASMBS). More than 650 surgeons and 350 hospitals and freestanding outpatient facilities in the United States, its territories and Canada have now earned the BSCOE designation. The program has quickly become synonymous with the highest quality care, indicating compliance with best practices and providing assurances to bariatric surgery patients. The Centers for Medicare & Medicaid Services (CMS) and leading quality organizations endorse the BSCOE program, and the designation is recognized by most major health plans.

Following the success of the BSCOE program, SRC launched ICE in response to numerous requests from around the world. SRC operates the program independent of any country or society but welcomes the opportunity to collaborate with these groups to establish excellence guidelines for bariatric surgery in their region. Two centers have already achieved ICE designation, and numerous others are currently in the application process.

Every surgeon, hospital and freestanding outpatient facility that is committed to providing excellent care to bariatric surgical patients should consider participating in the ICE program. Providers performing bariatric surgery outside of the U.S., its territories and Canada are eligible for ICE designation; surgeons and facilities within these countries should apply to the BSCOE program.

Requirements

Truly excellent patient care is the result of the surgeon and the facility at which the surgery is performed. Therefore, the ICE designation is awarded to both the surgeon and the facility in which they perform the surgeries. This ensures that everyone involved is dedicated to caring for the obese and meets the requirements for providing safe bariatric surgical care – as well as perioperative care – with excellence. This approach differs significantly from other center of excellence programs that only certify the facility.



Given that the designation is awarded to both surgeons and affiliated facilities, the ICE requirements are the most robust in the industry. SRC's commitment to long-term patient care and success necessitates that the qualifications be comprehensive and research-based.

The 10 requirements for ICE designation echo those of the BSCOE program:

1. Institutional commitment to the highest level of bariatric surgical care
2. Surgical experience and volume
3. Dedicated medical director
4. Interdisciplinary team, including consultants and critical care support
5. Equipment and instruments

6. Surgeon dedication, board certification and qualified call coverage
7. Standard operating procedures and clinical pathways
8. Bariatric coordinator, nurses and physician extenders
9. Support groups
10. Process for long-term follow-up

Feedback received thus far from bariatric surgeons and facilities around the world indicates that the 10 BSCOE requirements have universal application and relevance. In other words, there is consensus regarding what the building blocks of bariatric surgical excellence are. However, when it comes to designating centers of excellence for bariatric surgery internationally, SRC understands that one size does not fit all. For example, board certification varies from country to country.

To understand issues specific to international applicants, SRC has recruited a large number of surgeons from Latin America, Europe and Asia-Pacific to serve on regional International Bariatric Surgery Review Committees (IBSRC).

These regional IBSRCs, which govern ICE and review applications, make the necessary accommodations to ensure that SRC's standards have universal applicability and that they are appropriately modified for each region.

Process

The ICE process and program are fully supported by an expert team that includes dedicated clinicians, trainers, IT developers and SRC Support. All ICE applications are Web-based for ease of use.

There are four main steps to achieving the ICE designation, which must then be renewed every three years.

- Initial consultation
- Registration
- Provisional ICE application and approval
- Full ICE application with site inspection, and designation
- Renewal application with site inspection, and approval



Benefits

By achieving the ICE designation, hospitals, freestanding outpatient facilities and surgeons throughout the world will join hundreds of other bariatric surgery programs that have already earned an excellence designation from SRC. As the ICE initiative grows, this network of excellence will spur improvements in patient referrals, data exchange and overall care.

Health insurers and governmental entities applaud quality designations and typically recommend only accredited hospitals to their patients. SRC anticipates that its ICE program will not only boost patient confidence in bariatric surgery worldwide, but coverage as well.



The ICE program is the most rigorous center of excellence program for the bariatric surgical specialty – but it is achievable, and those who have successfully gained the designation will tell you that it can be done and it's worth it. If you're up to the challenge, SRC encourages you to apply for ICE designation today.

For more information or to schedule your initial ICE consultation, contact SRC Support at +1.919.792.3770 (international) or srcsupport@surgicalreview.org.

“OBESITY – AN EMERGING MENACE IN ASIAN COUNTRIES”

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The Asian continent comprises predominantly of developing nations. It has India and China, the 1st and 2nd most populated countries in the world. Seventy percent of the population resides in rural areas and has a predominantly agricultural source of income. According to WHO, nearly all Asian countries fall in the low income class. This situation is further compounded by illiteracy and under nutrition. Yet the problem of obesity has been observed to be on the rise in the entire Asia Pacific region. This paradox may be explained on the basis of lack of knowledge and understanding about healthy, nutritious foods and the consumption of foods which are cheap and easily available, coupled with changing lifestyles.

The problem is felt most acutely in the cities and urban areas[1]. In fact urbanization has been implicated as the strongest risk factor for obesity. This observation is based on studies showing the incidence of obesity in urban areas to be nearly three times that of rural regions. People are fast adopting a less physically active lifestyle and consuming more “energy dense, nutrient poor diets.”

There are certain features unique to the type of obesity observed in the Asian population with implications towards the approach to its management.

How is obesity different in Asia?

BMI is not considered to be a good estimate of obesity in Asians. Asians have a small body frame compared to the large framed Europoid populations. There is a characteristic obesity phenotype of ‘a low BMI but with central adiposity[2,3,4]. There is a higher ratio of body fat to other body tissues for any given weight and for any given body fat, they have increased insulin resistance[5,6]. This phenomenon is referred as the Asian Indian Phenotype or Paradox.

In the Asian region the socioeconomic strata expressing the highest prevalence is the affluent class. The risk of obesity is highest in the 20% population that consumes 80% of the available dietary fat. This is opposite to the situation in the west where obesity is a disease of the lower socioeconomic groups. This has been described as the ‘reversal’ of socio-economic gradient.

The metabolic and vascular events due to obesity occur at much lower BMI values in Indians and other Asians[3,7]. A large cross-sectional study by the National Urban Diabetes Survey in India showed that a BMI >23kg/m² was associated with increased risk of diabetes[8]. A large community based study (Coronary Risk of Insulin Sensitivity in Indian Subjects – CRISIS) came up with some startling revelations. It showed that in rural men with a mean BMI of 21kg/m², ~ 33% were adipose (i.e. body fat > 25%) and 80% of urban men with a mean BMI of 24.1kg/m² were adipose. Only 7% of these urban men would be classified as obese by the WHO criteria.

What then are the factors predisposing to the genesis of obesity in Asians?

Lifestyle changes, increasing affluence and genetic predisposition (thrifty gene hypothesis) are well known causes of obesity. A relatively lesser known factor may be the intrauterine environment. The fetal origin of obesity is based on the concept of an inverse relationship between birth weight and prevalence of diabetes, insulin resistance and CHD in later life. This may arise due to altered body composition, appetite, physical activity pattern and changes in energy metabolism[9,10,11,12].

Some other contributing factors unique to this region are the social and cultural mindset of the people. A diet high in saturated fat content is considered a more nourishing diet compared to a balanced diet comprising salads, vegetables pulses, fruits and grains. In fact the consumption of fruits and vegetables in India are abysmally low. Social practices such as prolonged immobilization post partum compounded with a high fatty diet predispose to weight gain. Women are often home bound and have limited access to physical activity. The availability of cheap domestic labor limits energy expenditure of household activities too. The rapid urbanization and nuclear families have resulted in an ‘eat on the run’ lifestyle and intake of junk food. The incidence of obesity in children is also on the rise as shown by school surveys in Indian cities, where nearly 30% of adolescents from India’s higher socioeconomic groups are overweight similar reports have also appeared from other Asian countries. A

National survey has shown that a fifth of adults are overweight and 6% are obese.

Financial implications

A recent article in the paper mentioned that due to the increasing incidence of diabetes, India was likely to lose US\$ 330 billion in economic growth over the next decade. That's a staggering amount for a developing country. These observations indicate the need for urgent action to control this trend before it gets too late.

Treating obesity

One of the biggest hurdles to be overcome in Asia is that of ignorance regarding obesity as a disease. What needs to be done therefore is:-

Create awareness about obesity being a life threatening disease.

Bridge the divide between patients suffering from obesity and its ill effects and treatment centers.

Make state of the art Bariatric surgical services available initially in all major cities.

Work with government organizations at various levels to initiate preventive and cost effective treatment programs.

Formation of the Obesity Surgery Society of India (OSSSI) in March 2003 followed by Asia Pacific Bariatric Surgical society (APBSS) was a major step in this direction. There is no dearth of surgical talent and infrastructure in Asia and we are keen to join hands with the international community in tackling this problem.

MOS GUIDELINES

(Metabolic & Obesity Summit, Theme: "consensus in diagnosis management of obesity and metabolic syndrome" held on 15-16 November, 2008)

Based on evidence of early onset of obesity related comorbidities in Indians coupled with documented information on resolution / improvement of such comorbidities following Bariatric surgery a revision of guidelines for indications of Bariatric surgery have been proposed.

These recommendations are :

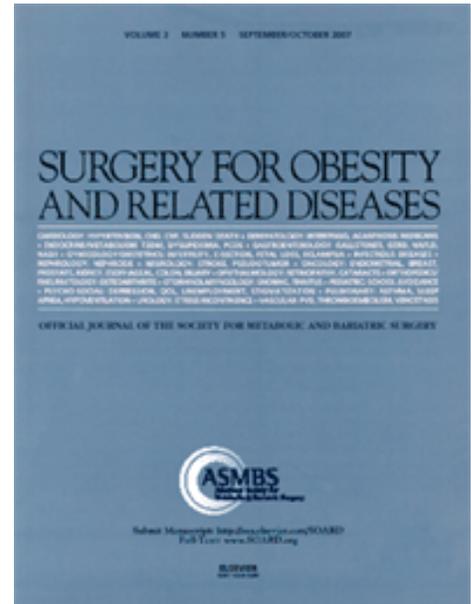
1. BMI of $\geq 37.5 \text{ Kg/m}^2$ without comorbidities.
2. BMI $\geq 32.5 \text{ Kg/m}^2$ with comorbidities.

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SOARD AVAILABLE FOR IFSO MEMBERS AT A REDUCED RATE

The Official Journal of the American Society for Metabolic and Bariatric Surgery (ASMBS) and the Brazilian Society for Bariatric Surgery, is an international journal devoted to the publication of peer-reviewed manuscripts of the highest quality with objective data regarding techniques for the treatment of severe obesity. Articles document the effects of surgically induced weight loss on obesity physiological, psychiatric and social co-morbidities. The Editorial Board includes internationally prominent individuals who are devoted to the optimal treatment of the severely obese and include internists, psychiatrists, surgeons, and nutritional experts. Manuscripts are blindly reviewed without the reviewers knowledge of the authors, institution or country of origin.
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An Adhering Body is any national or regional association, society, academy, or other appropriate group whose aims meet the objectives of the IFSO and which the General Council duly recognizes as an Adhering Body. There shall be only one such Adhering Body designated for a country or region. Each regional body representing more than one country will be an Adhering Body only if none of the countries of its region are represented individually.



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XV World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders September 3 – 7, 2010



IFSO 2010

California, USA

TENTATIVE PROGRAM

Friday, September 3

Pre-Congress Courses and Meetings

- Basic and Advanced Bariatric Surgery Courses
- Allied Health Courses

Saturday, September 4

Pre-Congress Courses and Meetings

- Basic and Advanced Bariatric Surgery Courses
- Allied Health Courses

Technical Exhibits

Welcome Reception and Dinner

Sunday, September 5

Scientific Program

- General Sessions
 - Allied Health Sessions
- Moderated Poster Sessions
Technical Exhibits

Monday, September 6

Scientific Program continues

- General Sessions
- Video Session

Technical Exhibits

Congress Gala Dinner

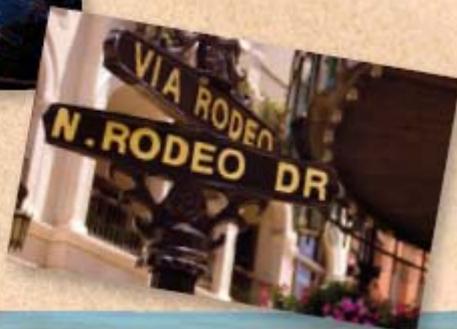
Tuesday, September 7

Scientific Program continues

Technical Exhibits

Visit www.IFSO2010.com

for more information as it becomes available.



Long Beach/Los Angeles, California, USA



Reduced *Obesity Surgery* Group Subscription Rates for IFSO Member Societies

The International Federation for the Surgery of Obesity and metabolic disorders (IFSO) encourages all IFSO National Member Societies to take advantage of the reduced group subscription rate to *Obesity Surgery*, IFSO's official journal. The benefits of subscribing to the journal through IFSO include:

- A full year's subscription (12 issues) at the low rate of only US \$80 (including shipping and handling)
- Online access to the current year's subscription as well as all previous years Individual members interested in subscribing through IFSO are asked to contact their National Society for further details.

National Society representatives interested in the group subscription rate are asked to contact Ngwebifor M. Fobi, of the IFSO Executive Secretariat, for further details (secretariat@ifso.com).

Not Yet a Member of IFSO?

The reduced subscription rate to *Obesity Surgery* is only one of the many benefits of IFSO membership.

Further benefits include:

- An official IFSO Certificate of Membership
- Use of the new website to advertise national society activities
- Links to national society websites on the IFSO website
- Reduced entrance fees to international and regional meetings
- Membership in a professional global network
- Regular e-newsletters
- Listing in the surgeons registry on the IFSO website

For details on how your National Obesity Surgery Society can become a member of IFSO, please contact

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