Obesity is a disease in which fat has accumulated to the point where health is impaired. It is a rapidly growing problem not only in the western society but also more recently in the Asia Pacific region. Worldwide, the incidence of morbid obesity has doubled, and about 300 million people are now considered obese.

Obesity surgery started more than 50 years ago. Tremendous advances have been observed in this practice of surgery. New techniques, new procedures, minimally invasive access and improvements in preoperative management have transformed the system of obesity surgery into a subspecialty of its own. To date, there is no effective diet or drug therapy available to treat the morbidly obese. On the other hand, bariatric surgery has been proven to be effective, providing marked and lasting weight loss, ranging from 47.5% to 70.1% of excess body weight. These results are achieved in relative safety, with operative mortality equal or less than that for other major operative procedures (about 0.5%). The weight loss outcome results in dramatic improvement on the co-morbid conditions of morbid obesity.

The major medical co-morbid conditions can be divided into those where reversal or improvement has been proven such as type 2 diabetes, hyperlipidaemia, hypertension, obstructive sleep apnea, etc., and those where reversal or improvement are reasonable and presumed such as cardiac and peripheral vascular disease, incidence of thrombophlebitis and pulmonary emboli and various carcinomas.

The ameliorating effects of bariatric surgery are not limited to medical co-morbidities. Socially, quality of life is vastly improved, as are body image, personal hygiene, and sexual activity. Many of the economic deprivations of the morbidly obese are reversed after marked weight loss due to increased employment opportunities, advancement potential, and level of income. The sum total of these co-morbidity benefits is an increase in longevity.