

## National Report on Bariatric Surgery from Japan

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Obesity among adults is defined as a BMI of 25 or higher in Japan. The obesity prevalence (BMI  $\geq$  25) has increased to 28.6% in male and 20.6% in female over the past decade. Obesity prevalence (BMI  $\geq$  30) is 3.2%.

The prevalence of diabetes mellitus with HbA1c  $>$ 6.5 or under treatment has increased from 6.9 million in 1997 to 8.9 million in 2007.

Recently, one of our bariatric societies (Japanese Society for Surgery of Obesity and Metabolic disorders) has announced a statement on BMI criteria for bariatric surgery in Japan. The criteria recommends bariatric surgery for people who have BMI  $\geq$  35 or BMI  $\geq$  32 with obesity-related comorbidities. But bariatric surgery for people with BMI between 32 to 35 remained to be positioned on a clinical trial.

From 2000 to 2009, totally, 340 laparoscopic bariatric procedures were performed in 9 institutes. The most popular procedure was laparoscopic Roux-en-Y gastric bypass (LRYGB, n=147), then the second one was laparoscopic sleeve gastrectomy (LSG, n=102) and the third one laparoscopic adjustable gastric banding (LAGB, n=55). However, the number of LRYGB has decreased and in contrast, the number of LSG has rapidly increased.

The medical cost of bariatric surgery is approximately 10,000–20,000 dollars. It depends on the types of procedures.

There are several problems to prevent and treat obesity. Modern lifestyle and foods are out of alignment with true health. Nation's recognition of obesity is an obstacle to civilization and enlightenment of bariatric surgery in Japan.

In conclusion, we are still ill-equipped to deal with the crisis of obesity and diabetes mellitus. It is essential to establish the international network in APC for development in this field.