

Consensus of Diabetic Surgery Summit (DSS)

Impact on Asian population

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Background: The purpose of the Summit, led by Prof. Rubino is to formulate new consensus for surgical intervention for Type II diabetes mellitus in western population. It created tremendous impact on Asian population and in response to DSS guidelines, ADSS and ACOMOMS guidelines were developed specifically for Asian population.

Method: Multidisciplinary voting delegates around the world gathered at Roma in March 2007 for the 1st DSS. During the meeting, available scientific evidence were examined and discussed by the entire group. Consensus for diabetic surgery for western population was established.

Results and Conclusions:

1. GI surgery should be considered for the treatment of T2DM in acceptable surgical candidates with BMI $>35\text{kg/m}^2$ who are inadequately controlled by lifestyle and medical therapy.
2. A surgical approach may also be appropriate as a non-primary alternative to treat inadequately controlled T2DM in suitable surgical candidates with mild-to-moderate obesity (BMI 30–35 kg/m^2). RYGB may be an appropriate surgical option for diabetes treatment in this patient population.
3. Although novel GI surgical techniques (eg, duodenal-jejunal bypass, ileal interposition, sleeve gastrectomy, endoluminal sleeves) show promising results for the treatment of T2DM in early clinical studies, they should currently be used only in the context of IRB-approved and registered trials.
4. To improve quality of medical evidence, the development of standards for measuring clinical and physiological outcomes of surgical treatment for T2DM is a high priority.
5. Randomized controlled trials are strongly encouraged to assess the utility of GI surgery to treat T2DM.
6. Development of a standard registry/database is a high priority for research in this area. In addition to clinical trials, animal studies can provide useful information about the efficacy and mechanisms of GI metabolic surgery to treat T2DM.