

Editorial

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Behavior of Blood Glucose in the Postoperative Period of Bariatric Surgery of Patients with Diabetes Mellitus



Luiz Augusto da Silva*

Department of Physical Education, Brazil

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***Corresponding author:** Luiz Augusto da Silva, Department of Physical Education, Faculdade Guairacá, Guarapuava, Paraná, Brazil.

Abstract

Previous studies have shown that stopping stool and weight loss, and bowel disguise is the primary mediator. Therefore, an evolutionary and beneficial action to the human being would really be the reduction of the stomach and intestine by bariatric surgery, which would lead to a drastic improvement of the new secular epidemics. Thus, new studies should really follow the path of the consequences of bariatric surgery, such as life time, regulation and functioning of organs with nutrient reduction offered, and nutrient consumption and delivery to the body's regulatory mechanisms. The results show that bariatric surgery, even in the postoperative period, already demonstrates regulation or improvement of blood glucose in patients with diabetes mellitus. This response is important for treating the disease, which currently reaches alarming numbers for public health.

Keywords: Metabolism; Glucose; Obesity

Introduction

Até 2030, aproximadamente 654 milhões de pessoas com diabetes no mundo [1]. Ao longo do tempo, a comunidade científica tem sugerido mudanças na classificação dos estados de tolerância à glicose, à medida que novos conhecimentos, oriundos de pesquisas e da prática clínica, vêm sendo acrescentados. Com frequência ainda maior, tem revisto os critérios diagnósticos do diabetes mellitus. As manifestações clínicas desta doença ocorrem tardiamente, quando as manobras terapêuticas são menos eficazes em preservar a qualidade de vida e longevidade [2].

Previous studies have shown that stopping stool and weight loss, and bowel disguise is the primary mediator. However, it is unclear whether diabetes improves due to increased nutrient supply in the distal small intestine and increased signal of intestinal secretion, which improves glucose homeostasis, or due to changes in signs of the proximal bowel segment. Diabetic mechanisms may change after bariatric surgery. In relation to food intake, body weight or the difference between non-surgical nutrient absorption. surgical shield rats treated significantly better tolerated glucose levels relative to the control groups, as shown at a smaller peak, with the peak glucose curves being [3].

Buchwald et al. [4] demonstrated that type 2 diabetes, clinical and laboratory manifestations occurred or improved

in most patients after bariatric surgery. Responses are most pronounced in procedures related to body weight gain and percentage of surplus maintained for 2 years or more. Peterly et al. [5] Improved bariatric glucose metabolism after surgery: laparoscopic treatments for hands and hands comparing Japanese laparoscopic gastrectomy. Both treatments significantly improved glucose homeostasis: insulin, GLP-1 and PYY levels after the procedure also increased. The results do not support the idea that the proximal small intestine is a temporary improvement in homeostasis causes of glucose.

In another observational study, surgical treatment of obesity and its impact on diabetes was associated with hyperglycemia, hyperinsulinemia, and most patients who experienced blood disease, insulin resistance [6]. The results show that bariatric surgery, even in the postoperative period, already demonstrates regulation or improvement of blood glucose in patients with diabetes mellitus. This response is important for treating the disease, which currently reaches alarming numbers for public health.

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