CHIRURGIA DI PARETE NEL PAZIENTE AFFETTO DA OBESITÀ: PREVENZIONE E GESTIONE DELLE COMPLICANZE.

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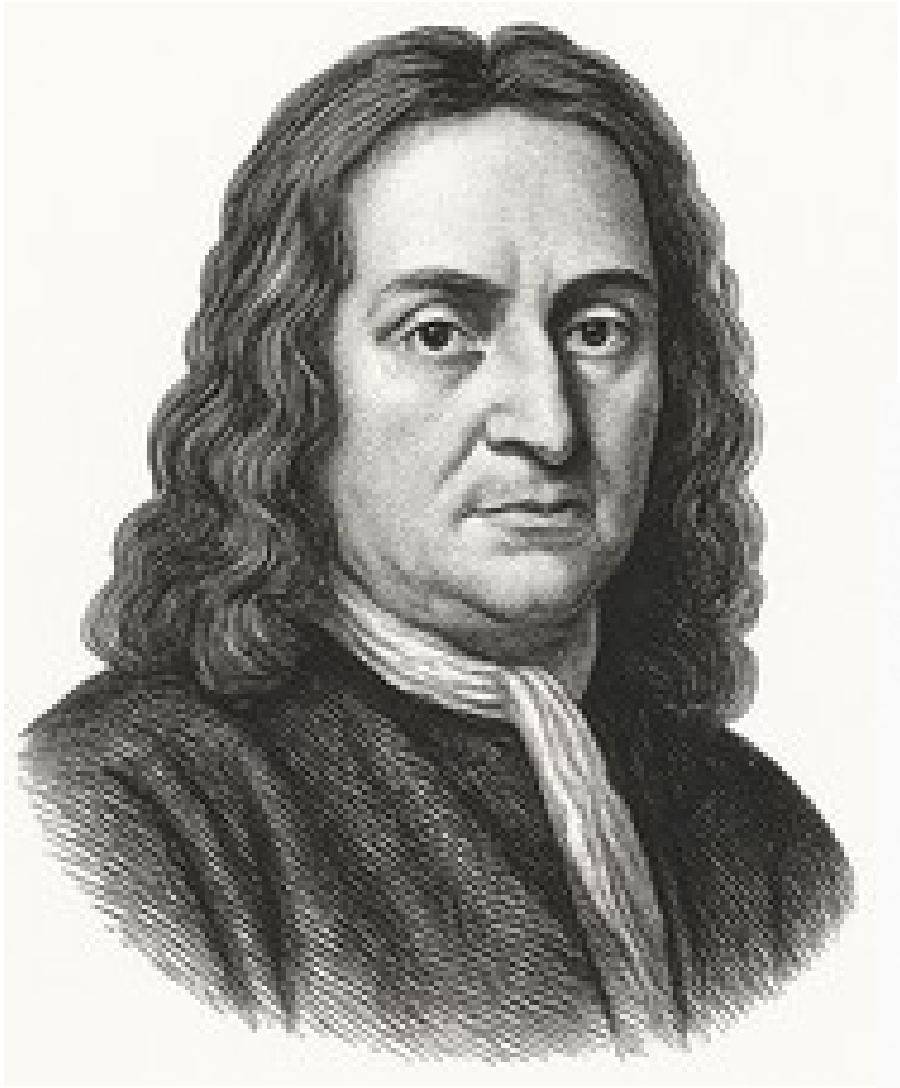
OSPEDALE DI CIVITA CASTELLANA - VITERBO



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Neque enim satis est aegrotos curare,
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De Morbis Artificum Diatriba (1713)

SCENARI DI RISCHIO IN CHIRURGIA DI PARETE

MECCANISMI:

- ↑ Pressione addominale
- ↑ Spessore del sottocutaneo
- ↓ Perfusione e drenaggio linfatico
- ↑ Tempo operatorio

ESITI (BMI ≥ 35):

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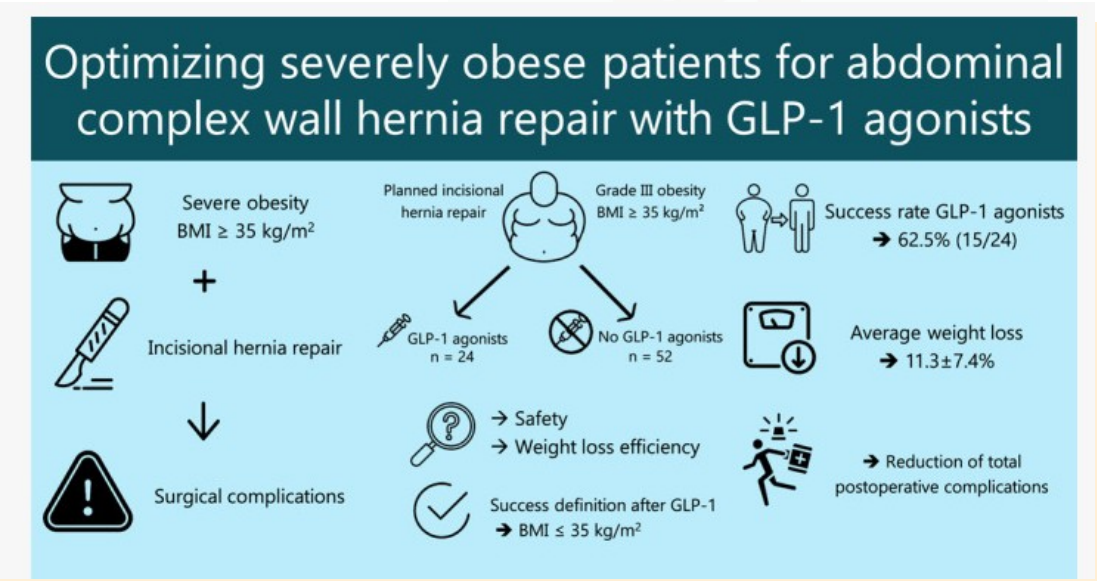
DUE STRATEGIE

OTTIMIZZAZIONE DEL PAZIENTE

OTTIMIZZAZIONE DELLA PARETE ADDOMINALE

OTTIMIZZAZIONE DEL PAZIENTE

GLP-1 SEMAGLUTIDE



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- There is an increased risk of complications in patients with HbA1c > 6.5%, and elective repair should not be undertaken without individualized preoperative intervention. Grade B[1]
- _x000f_Avoid elective surgery on patients with HbA1c > 8.0%. Grade B[1]

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- Assessment of malnutrition should be based upon clinical evaluation. Grade D[1]
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- Farmacoterapia e counseling [1,2]
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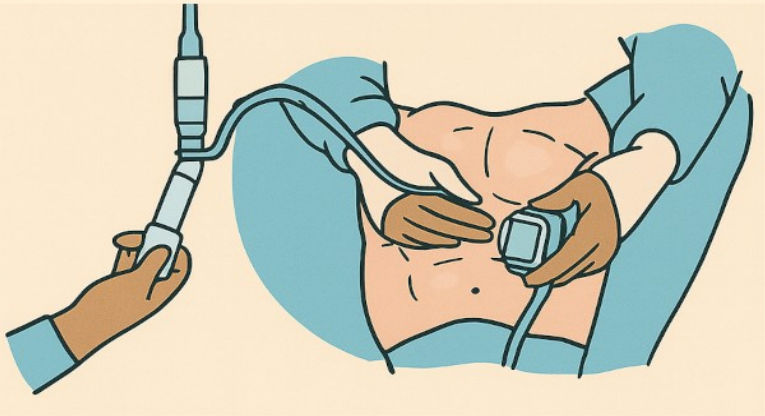

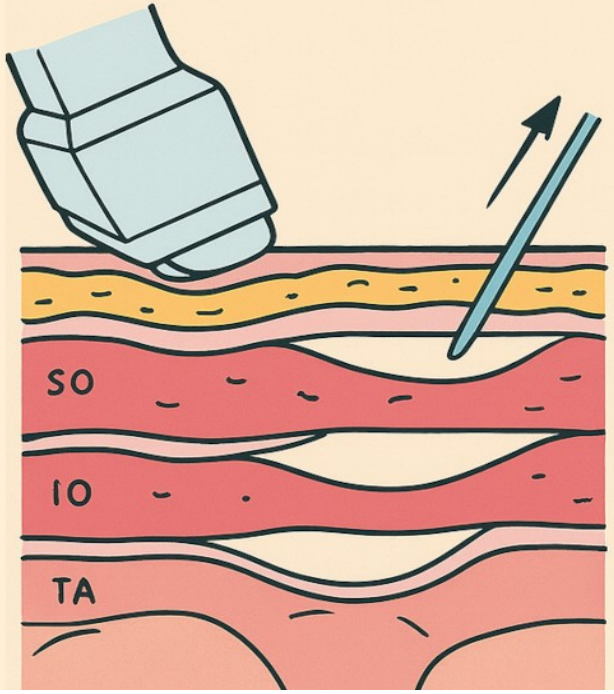

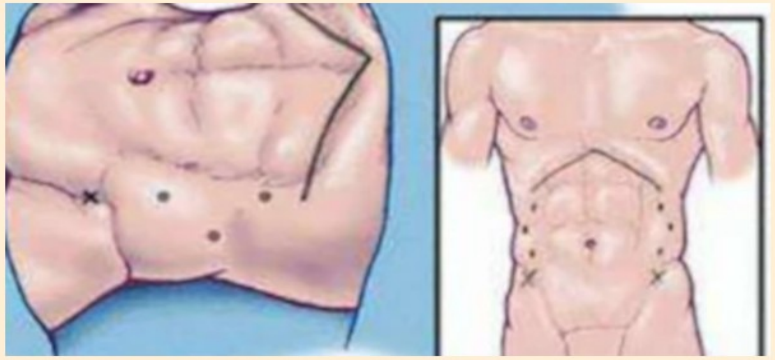

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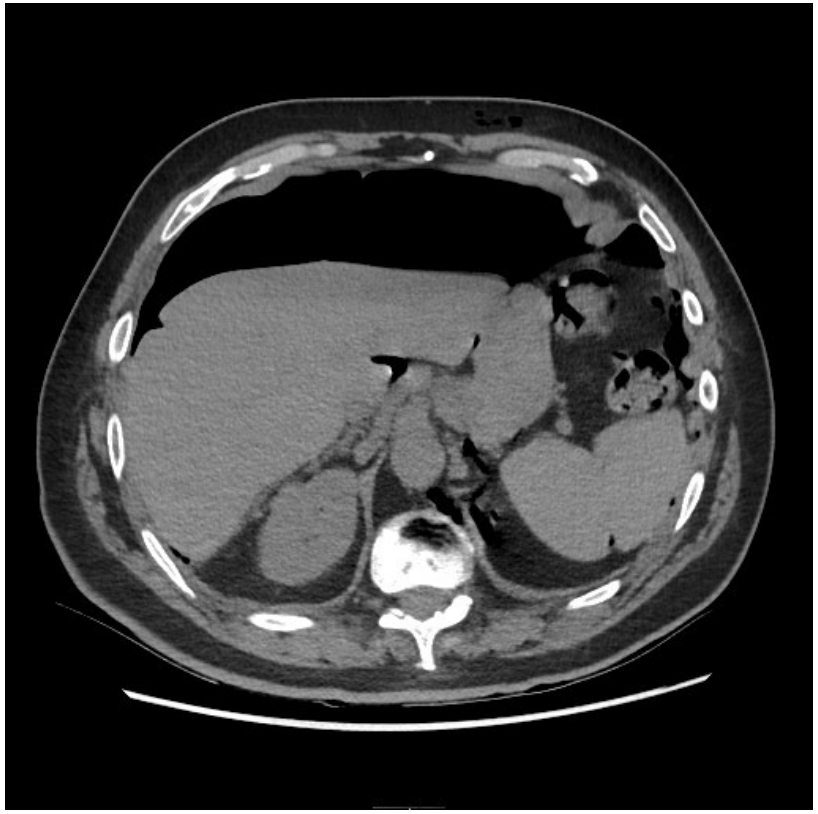

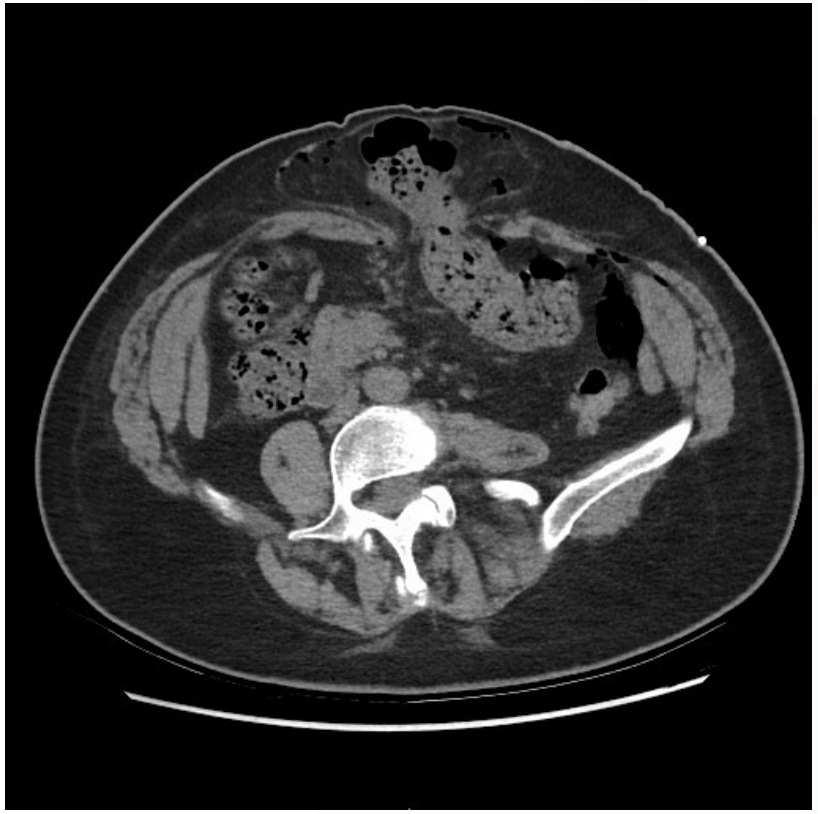

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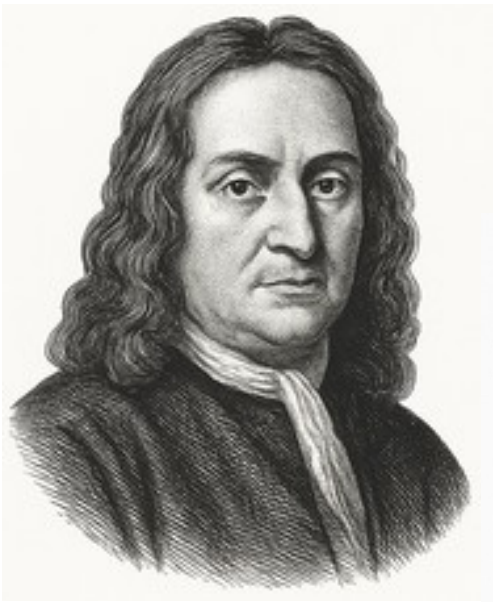

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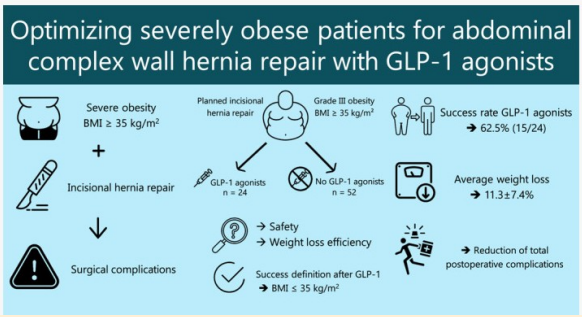

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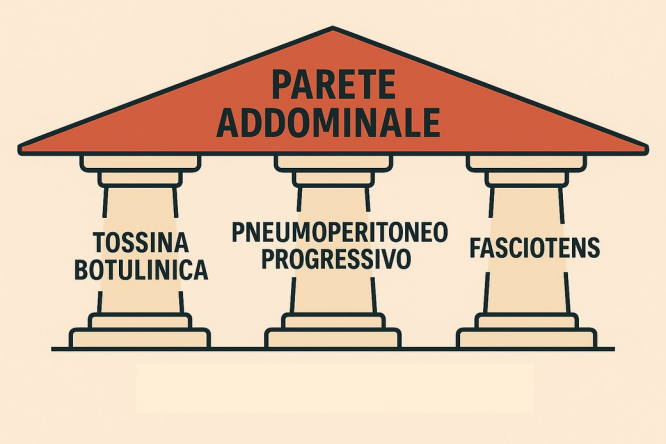

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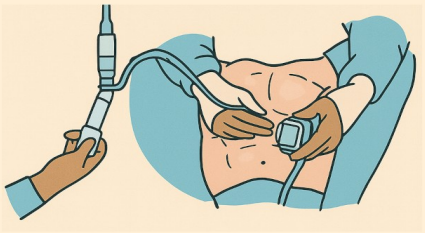

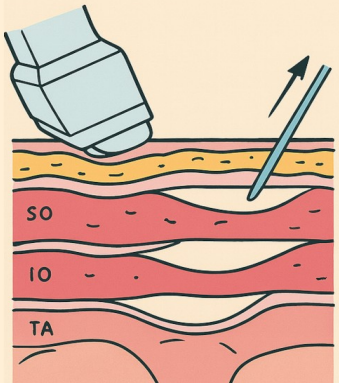

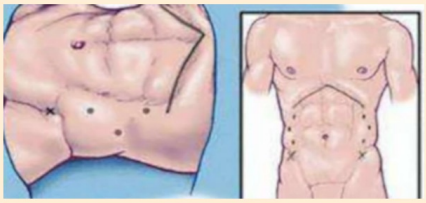

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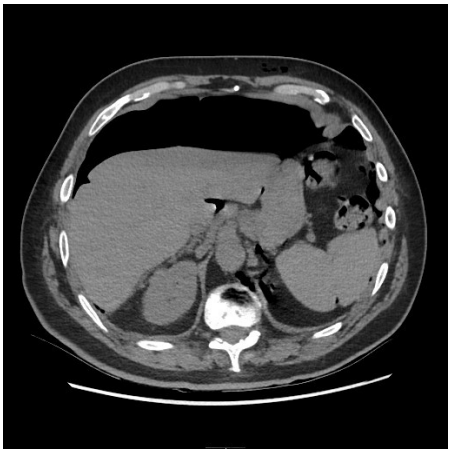

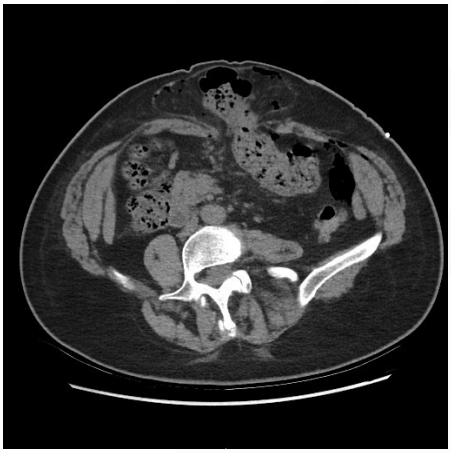

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