Dear Editor,

The prevalence of obesity in Latin America is increasing at a faster rate than in the rest of the world and even more so in low-income people. In a 2016 consensus statement, the Latin American Federation of Obesity Societies compiled the most recent data on the prevalence of obesity in all Latin American countries, of which Bolivia, Mexico, and Guatemala ranked at the high end, each with a prevalence above 30% [1]. In Colombia, there is a prevalence of adults aged 18 to 64 years with overweight of 37.7% and obesity of 18.7%, according to the 2015 National Nutritional Health Survey [2, 3].

Considering the above, there are multiple treatments that have been proposed to combat this epidemic: pharmacological, nutritional, and sports, among others. However, many patients do not achieve the goal, which is why bariatric surgery in recent years has become one of the most effective treatments for weight loss quickly and safely, in addition to a decrease in comorbidities secondary to obesity.

Internationally, there are multiple surgical techniques used in bariatric surgery. However, their performance depends on the health center where it is performed, the technology, and the type of training received by the bariatric surgeon [4].

Currently in Colombia, the two most performed procedures are the sleeve gastrectomy (SG) and laparoscopic Roux-en-Y gastric bypass (LRYGB). The SG is considered a restrictive procedure, and the LRYGB is a mixed procedure (restrictive and malabsorptive) [5, 6].

Bariatric surgery, besides being a surgical procedure, involves a series of entero-hormonal changes that favor not only the reduction of body weight but also serve as a therapeutic measure for diseases that are directly related to obesity, such as arterial hypertension, diabetes mellitus, and dyslipidemia, which together are part of the metabolic syndrome (MetS) [7]. For this reason, bariatric surgery should also be considered an effective mechanism in the remission or partial resolution of the MetS.

In Colombia, we are happy to celebrate the inclusion of metabolic surgery in the obligatory health plan (POS), a situation that will undoubtedly improve the opportunity and speed of having this procedure, especially for people with limited resources. However, despite this good news, it is important to clarify to the health-promoting entities the importance of multidisciplinary management (psychology, nutrition, sports medicine, bariatric surgery, and internal medicine) of this patient, both preoperatively and postoperatively, since this determines the success of the procedure.

Another important point that should be discussed is the cost of the procedure, since on many occasions when the procedures enter the POS, the health-promoting entities together with the Ministry of Health decrease the already established rates, which generates an inconformity in the surgical guild. This generates an inconformity in the surgical guild since the money and time invested in training to perform. Taking into account the above, we also consider the importance of the direct participation of the national association before the Ministry of Health in order to establish a minimum in the rates. Additionally, this is a great advance
for bariatric surgery since few countries through their medical insurance cover the totality of the surgical procedure. Finally, we want to emphasize the importance of performing these types of procedures quickly and effectively to combat this epidemic called obesity, which generates so many complications, reduces the quality of life, and becomes a predictor of poor prognosis, as happened in recent years with SARS-CoV-2 infection.

**Declarations**

**Conflict of Interest** The authors declare no competing interests.

**References**

1. Halpern B, da Costa Louzada ML, Aschner P, et al. Obesity and COVID-19 in Latin America: a tragedy of two pandemics—official document of the Latin American Federation of Obesity Societies. Obes Rev. 2021;22(3):1–12.
2. Obesity, a risk factor in COVID-19 [Internet]. [cited 2022 Feb 9]. Available at: https://www.minsalud.gov.co/Paginas/Obesidad-un-factor-de-riesgo-en-el-covid-19.aspx
3. Domínguez Alvarado GA, Serrano Mesa K, Toloza Calvache MP, et al. Bariatric and metabolic surgery in Colombia during COVID-19, is it a risk? - Correspondence. Int J Surg. 2022;103: 106700. https://doi.org/10.1016/j.ijsu.2022.106700.
4. Phillips BT, Shikora SA. The history of metabolic and bariatric surgery: developing standards for patient safety and efficacy. Metabolism [Internet]. 2018;79:97–107. Available at: https://doi.org/10.1016/j.metabol.2017.12.0104.
5. Phillips BT, Shikora SA. The history of metabolic and bariatric surgery: development of standards for patient safety and efficacy. Metabolism [Internet]. 2018;79:97–107. Available from: https://doi.org/10.1016/j.metabol.2017.12.010
6. Treaty “the stomach” volume 1 [Internet]. [cited 2022 Oct 14]. Available at: https://www.ascolcirugia.org/component/k2/item/118-estomagotomo1.html
7. Acocib Guides Update 2018. © 2016 Distribuna Ltda Isbn: Eds: César Ernesto Guevara P, MD Rami Mikler L, MD Proofreading: Ligia Yamila Villarraga Peña Design and layout: Arley Bácares Tique Printed in Colombia Printed in Co.

**Publisher’s Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.