





## Reply

# Reply to Papageorgopoulou et al. The Aftermath of Bariatric Surgery: Can the Average Emergency Surgeon Deal with Its Complications? Comment on “Zawadzka et al. Current Knowledge and Perceptions of Bariatric Surgery among Diabetologists and Internists in Poland. *J. Clin. Med.* 2022, 11, 2028”

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**Citation:** Zawadzka, K.; Więckowski, K.; Stefura, T.; Major, P.; Szopa, M. Reply to Papageorgopoulou et al. The Aftermath of Bariatric Surgery: Can the Average Emergency Surgeon Deal with Its Complications? Comment on “Zawadzka et al. Current Knowledge and Perceptions of Bariatric Surgery among Diabetologists and Internists in Poland. *J. Clin. Med.* 2022, 11, 2028”. *J. Clin. Med.* **2022**, *11*, 3533. <https://doi.org/10.3390/jcm11123533>

Academic Editor: Tigran Poghosyan

Received: 3 June 2022

Accepted: 14 June 2022

Published: 20 June 2022

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The World Health Organization (WHO) has identified obesity and overweight as an epidemic of the 21st century. As the number of obese people in the world increases, so does the amount of bariatric surgery performed. The most recent IFSO Worldwide Survey reported that 696,191 bariatric operations were performed worldwide in 2018 [1]. Therefore, a great need has arisen for surgeons, including those not performing bariatric surgery on a daily basis, to be familiar with the pathophysiological effects of these operations and to know the management of early and late complications that may occur after bariatric surgery.

We carefully read the comment by Papageorgopoulou et al. [2]. We appreciate raising interesting issues related to the subject of our article [3]. They show the surgeon’s perspective and suggest that similar education on bariatric surgery, as discussed in our article, should apply to general surgeons. According to the literature, up to 15% to 30% of patients will visit the emergency room or require admission within 3 years after bariatric surgery. Interestingly, nearly three-quarters of the emergency surgeons expressed concern when they were asked to treat the acute abdomen in those patients who had undergone bariatric surgery [4]. Therefore, we strongly agree with Papageorgopoulou et al., that there is a need to train all surgeons in bariatric surgery, especially to adequately treat emergencies resulting from complications after this type of surgery. It would certainly be useful to intensify the training in bariatrics, especially as part of any specialization in surgery.

**Author Contributions:** Writing—original draft, K.Z. and M.S.; writing—review and editing, K.W., M.S. and T.S. and P.M. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References

1. Angrisani, L.; Santonicola, A.; Iovino, P.; Ramos, A.; Shikora, S.; Know, L. Bariatric Surgery Survey 2018: Similarities and Disparities among the 5 IFSO Chapters. *Obes. Surg.* **2021**, *31*, 1937–1948. [[CrossRef](#)] [[PubMed](#)]
2. Papageorgopoulou, C.; Nikolakopoulos, K.; Seretis, C. The Aftermath of Bariatric Surgery: Can the Average Emergency Surgeon Deal with Its Complications? Comment on Zawadzka et al. Current Knowledge and Perceptions of Bariatric Surgery among Diabetologists and Internists in Poland. *J. Clin. Med.* **2022**, *11*, 2028. *J. Clin. Med.* **2022**, *11*, 3401. [[CrossRef](#)]
3. Zawadzka, K.; Więckowski, K.; Stefura, T.; Major, P.; Szopa, M. Current Knowledge and Perceptions of Bariatric Surgery among Diabetologists and Internists in Poland. *J. Clin. Med.* **2022**, *11*, 2028. [[CrossRef](#)] [[PubMed](#)]
4. De Simone, B.; Ansaloni, L.; Sartelli, M.; Kluger, Y.; Abu-Zidan, F.M.; Biffl, W.L.; Heyer, A.; Coccolini, F.; Baiocchi, G.L.; OBA trial supporters; et al. The Operative management in Bariatric Acute abdomen (OBA) Survey: Long-term complications of bariatric surgery and the emergency surgeon's point of view. *World J. Emerg. Surg.* **2020**, *15*, 2. [[CrossRef](#)] [[PubMed](#)]