

“Obese Workshop”: Retrospective Study of the Advantages, Disease Preventions and Weight Losses

José Humberto Cardoso Resende*, Murilo Calil Alves#, Aline Correia Barbosa#, Débora de Bortoli Verderio#, Nathália Lima Sanchez#, Sabrina de Castro Silva#, Alexandre Jorge Rodrigues#, Anthony Yuri Viana Pitanga#, Emídio Silva Falcão Brasileiro†

UNIFAN, Aparecida de Goiania, Brasil
Email: *jresen99@hotmail.com

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Abstract

Obesity is termed as the pathology defined by excess body weight due to the increase in adipocytes. It can be visceral, close to the omentum, mesentery, and subcutaneous, accumulated in the hypodermis. It is a disease that entails metabolic, respiratory, locomotor, and cardiovascular problems, type II diabetes, cancer, and even mental problems. Established by the Body Mass Index (BMI) and defined from the relationship between weight (kg) and height (m) of individuals. In numerical terms, a person is considered obese when the BMI is equal to or greater than 30 kg/m. This retrospective study took into account the more than 30 years that the coordinator of this work has devoted to morbidly obese people and all his 47 years of experience in medicine. The first obese person of his career was 41 years old and weighed 210 kg. As soon as she arrived at the hospital, she said: “Doctor, I am here, because I need to enter a ‘workshop’, to repair my body”. From that moment on, the name “workshop” became part of a fantastic project with obese people called “Obese Workshop”. Over time, the number of patients with this comorbidity has only increased, reaching, once, the point of speaking to 325 interested parties in a single day and in the same hall. In order to achieve satisfactory results, we have established a number of tests, by which we could diagnose several reasons that cause obesity. We selected randomly 20 patients of both sexes, morbidly obese, operated in 2013. We do not take into account age, race, creed, or social status.

*Publications Coordinator of the Faculty of Medicine of UNIFAN; Corresponding author

#Medical Students at UNIFAN

†General Coordinator of Research at UNIFAN

Keywords

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1. Introduction

During the anamnesis of the patients and in the analysis of the 100 selected medical charts (70 women and 30 men), we observed several significant changes, which affect the bodily health as a whole (body and soul), thus affecting the professional, social and emotional life of each individual. We selected 20 morbidly obese patients, between 20 and 60 years old. Normally, the obese person, upon arriving at his/her cardiologist's office, invariably hears: You have to lose weight! We know that, with years of experience, even though there are hundreds of diets, it is not easy to lose weight. One of the objectives of the "Workshops" was precisely the exchange of experiences among the obese themselves and the multi-disciplinary relationship among the specialists, showing the advantages of weight loss and the disadvantages of remaining obese. Within the "Workshops", we established healthy occupational therapies, which included everything from music and singing to physical exercises, even if the manual, the important thing was not to stay inert, just depending on the ingested calories. We also showed the consequences that being overweight could have on them. The most frequent and common changes found were:

- 1) Dermal: Acanthosis nigricans, cellulite, acne, fungi, stretch marks, hirsutism, dark spots in the skin folds, and furunculosis [1].
- 2) Orthopedic: Incorrect posture, limitations of many movements, genu valgum, femoral epiphysiolysis, osteochondritis, arthritis, and flat feet [2].
- 3) Lipids: Increased serum triglyceride levels, low HDL-cholesterol, and variations up and down in serum LDL levels [3].
- 4) Hemogram (FBC): Few changes in general, 50% with Typical Lymphocytes below the desired level; 10% with alterations in TGO, TGP, FAL, and the Gamma Glutamyl Transferase—GGT (hepatic enzymes), where the "T" stands for Transaminase, the "G" Glutamic, the "O" Oxalacetic, the "P" Pyruvic, the "F" Phosphatase. Depending on the result, it means hepatic changes [4]. It was noticed two cases of alcoholism in male patients.
- 5) Fasting Glycemia: Above 120 mg/dl in 70% of cases and above 300 mg/dl [5] in 4 cases.
- 6) Arterial Hypertension: In 70% of men, blood pressure was above 160×100 mm/Hg; and, in 60% of women, it was above 150×100 mm/Hg [6].
- 7) Obstructive Sleep Apnea: Sleep disturbance. Defined as a respiratory pause during sleep, it was observed in 22 patients; and, in most of them, with reports of snoring [7].
- 8) Thyroid (TSH and free T4): Decreased thyroid hormones, requiring very

high L-thyroxine doses, associated with hypothyroidism in 8% of cases, mostly women. Increased Peptin and Insulin levels were noted [8].

9) Renal Function: In these selected cases, we did not observe diabetic nephropathies or hypertensive nephrosclerosis. In addition, there was no case of nephrolithiasis (formation of stones inside the urinary system), which had already been observed in other patients not participating in this study [9].

10) Exercise Test: We observed the short time that patients endured doing the exercises. Some arrhythmias were detected; and, for this reason, in almost all cases, we opted to suspend the test in order to avoid disorders [10].

11) Cardiovascular: We are aware of the high rate of cardiovascular diseases (CVD) in obese people. In Framingham's works, during his 26 years of experience with this type of patient, the occurrence of cardiovascular events and strokes was verified [11]. In almost all cases, we find problems with hypertension and diabetes [12].

12) Social Behavior: In addition to compromising health and quality of life, obesity interferes substantially in the following sectors: psychological, social isolation, loss of self-esteem, less education, as well as emotional, economic, clothing, deambulation, and early mortality-related problems [13].

The degree of satisfaction of both the physician and the patient was very high. We had cases of weight loss voluntarily, without bariatric surgery, with the loss of 80 to 103 kg of body mass. Of course, the "Workshop" helped to lose a few more pounds, so that the patients could, subsequently, undergo bariatric surgery or plastic surgeries for body relief, removing excess breasts and/or abdominal tissues, each in their own surgical time, which greatly reduced the potential risks of bariatric surgery. Who does not like to do good to others? For this reason, we have great memories of the meetings, which were full of gratitude. Many true friendships were made in this period.

2. Method

We have already recalled, in this manuscript, the endocrine and metabolic changes caused by obesity [14] [15] [16], their consequences, and the degree of obesity defined by BMI. It is a retrospective study, based on the experience and routine of 47 years of medicine and 30 years of working with morbidly obese patients of the coordinator of this work. The 100 medical charts were selected from a group of more than a thousand patients, who sought the hospital with the objective of finding a treatment for their pathology or just wanting to prevent it. The lectures were given on dates previously scheduled by the project coordinator and disseminated by the participants themselves. All 20 morbidly obese patients included in this manuscript were operated on. The average audience was 325 people (**Figure 1**), including patients in the preoperative phase of body relief surgeries, pre and postoperative bariatric surgery, and pre and postoperative plastic surgeries, some guests, besides professionals from different areas of health. Those who had already been operated on gave testimonies about their

histories before and after the surgeries, the problems caused by obesity and the advantages of weight loss (**Figure 2**). In order to accomplish the bariatric surgeries, different techniques were chosen by the responsible team, according to the analyzed case [17].

We considered as patients with dyslipidemia the people who manifested an altered value of CT, HDL, LDL, TG and BMI between 35 and 39.9 kg/m and greater than or equal to 50 kg/m [18]. In the “Obese Workshops”, during the lectures, the participants were always reminded that wherever a scalpel passes, there will always be a scar. Even so, almost everyone preferred the scar rather than the excess fat and skin. After the preliminary Workshop, that is, the one with more than 300 participants, we selected those who were already at the ideal weight, to undergo the Reconstructive Plastic Surgery. This surgery was only accomplished after they underwent a series of tests and passed all of them. We indicated only one surgery at a time, that is, when we accomplished a mastoplasty, we did not associate it with abdominal dermolipectomy or liposuction. With this decision, we never had a death or serious infections, which could cause any harm to the patient. We are aware that, after six hours of the open wound, it is considered contaminated.



Figure 1. Hall fully crowded with participants in one of the “Obese Workshops”.



Figure 2. Dr. José Humberto Resende with their slimmer patients.

In the preoperative period, the following laboratory tests were requested: complete blood count, coagulogram, urea, glucose, creatinine, cholesterol, and triglycerides. As for cases of breast surgery, we asked for mammography and ultrasound for all operated regions. Electrocardiogram with surgical risk was also requested in all cases. In the event of any type of alteration, we would suspend the surgery and reschedule it only after written authorization from the clinician.

All surgical items were sent to the Pathology Service, regardless of any suspicion. Without exception, patients signed an informed consent form prior to the surgery, which contained all necessary authorizations and information, including the use of photographs for the purpose of scientific publications. The team was previously chosen and we gave preference to all size 3 surgeries to begin at the first time. In obesity, we always opt for general anesthesia, with two anesthesiologists in the room, one holder, and one auxiliary. At the beginning of the surgery, we used the drug named Keflin[®] 1 g (cephalothin), venous, every two hours, in order to avoid infections of the lungs, skin, soft tissues, urinary system, blood and bones, as well as during the procedures. We avoid antibiotics in the postoperative period, unless there were any disorders or signs of infection in the postoperative period. In the immediate postoperative period, for each case, we opted for an ideal position [19], always in the sense of protecting the operated region. Semi-occlusive dressings were used and changed every day, except for what we call “Brown”, used in graft protectors, generally open on the fourth postoperative day. Before discharge, we took one photograph; and, as a follow-up, we took other ones, monthly, until we completed one year of surgery, when we took the last photograph [20]. In cases of abdomen and hip gigantism, we performed the dermolipectomy in the form of an anchor; and, after three months, we completed with liposuction on the sides of the body (**Figure 3** and **Figure 4**). We cannot deny the explicit satisfaction on the patients’ faces after conquering all these stages (**Figure 5**).

In the postoperative period of the selected patients, we observed 2 cases of temporary hematomas, 1 case of corrected dehiscence and 1 case of drained lipolysis. There was no case of severe complication, because we chose to do one

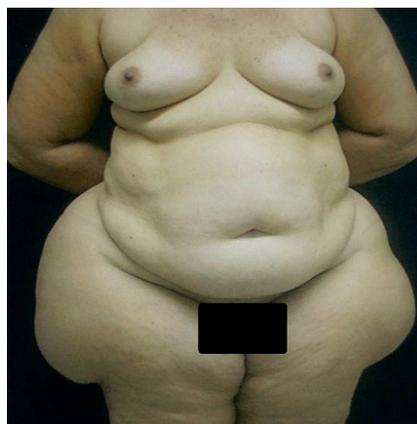


Figure 3. Preoperative front view.



Figure 4. Postoperative front view.



Figure 5. The joy on the participants' faces after their conquests.

operation at a time. Each surgical time was a maximum of 3 hours. Patients were followed up for one year [21].

3. Discussion

In addition to the fact that the obese person has various pathologies, interfering with the functioning of several organs, what we observed most were the physical discomfort caused by body deformity and the difficulty in social and intimate relationships. The main complaint varied from patient to patient, but the predominance of the verb “to be” was notorious, such as: “I am unhappy”, “I am fat”, “I am ugly”, “I am deformed”. These phrases were repeated over and over again in all anamneses. With very few exceptions, we heard: “I am happy, just like that”, “I am treated very well by my husband”.

In Brazil, we have few hospitals in which this pathology is treated as a priority. With all our experience in this specialty, we can say that it is very difficult to lose weight by any method. Perhaps, in the “Obese Workshops”, we find a degree of solidarity, encouragement and support, which has reached many people and

their dreams of wanting and being able to be thin and have facilitations wherever they go. We have been successful in many cases, but, among physicians, the question remains: Why, after being so close to victory, did so many give up? The suggestion of an open field for future multidisciplinary research remains.

4. Conclusions

The general observation is that, after losing 5 kg of body weight, all patients already had testimonies of significant improvement in arterial hypertension and diabetes. At the end of the tunnel, a light of hope appears that had already been forgotten by them. A simple act of wearing old pants, which had been tight before, or a brassiere that she (patient) had not worn in years, caused a high degree of happiness.

In this conclusion, we can say that if we do not decrease the amount of calories consumed in a day, we will never achieve weight loss. There are hundreds of theoretically tested regimes; however, in all of them, there must be a reduction in the consumed food. Furthermore, in order to achieve any goal, we have to say the phrase: "I want."

Our desire is to take the "Obese Workshop" to the whole world, where, with the truth, we can prevent the obese person from becoming the morbidly obese person, and society from rejecting them, even knowing the need for multiple reconstructive plastic surgeries.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- [1] Lotufo, P.A. (1998) Early Mortality from Heart Disease in Brazil. Comparison with Other Countries. *Arq Bras Cardiol*, **70**, 321-325.
<https://doi.org/10.1590/S0066-782X1998000500003>
- [2] Monteiro, C.A., D'A Benicio, M.H., Conde, W.L. and Popkin, B.M. (2000) Shifting Obesity Trends in Brazil. *European Journal of Clinical Nutrition*, **4**, 342-346.
<https://doi.org/10.1038/sj.ejcn.1600960>
- [3] Austin, M.A. (1999) Epidemiology of Hypertriglyceridemia and Cardiovascular Disease. *American Journal of Cardiology*, **83**, 13-16.
[https://doi.org/10.1016/S0002-9149\(99\)00209-X](https://doi.org/10.1016/S0002-9149(99)00209-X)
- [4] Halpern, A. and Mancini, M.C. (2001) Obesidade. *Revista Brasileira de Medicina do Esporte*, 57-77.
- [5] Sasson, Z., Rasooly, Y., Bhesania, T. and Rasooly, I. (1993) Insulin Resistance is an Important Determinant of Left Ventricular Mass in Obese. *Circulation*, **88**, 1431-1436. <https://doi.org/10.1161/01.CIR.88.4.1431>

- [6] Benotti, P.N., Bistran, B., Benotti, J.R., Blackburn, G. and Forse, R.A. (1992) Heart Disease and Hypertension in Severe Obesity: The Benefits of Weight Reduction. *The American Journal of Clinical Nutrition*, **55**, 586-590. <https://doi.org/10.1093/ajcn/55.2.586s>
- [7] Hla, K.M., Young, T.B., Bidwell, T., Palta, M., Skatrud, J.B. and Dempsey, J. (1994) Sleep Apnea and Hypertension: A Population Based Study. *Annals of Internal Medicine*, **120**, 382-388. <https://doi.org/10.7326/0003-4819-120-5-199403010-00005>
- [8] Maslowska, M.H., Sniderman, A.D., MacLean, L.D. and Cianflone, K. (1993) Regional Differences in Triacylglycerol Synthesis in Adipose Tissue. *Journal of Lipid Research*, **34**, 219-228. [https://doi.org/10.1016/S0022-2275\(20\)40749-7](https://doi.org/10.1016/S0022-2275(20)40749-7)
- [9] Montague, C.T., Prins, J.B., Sanders, L., Zhang, J., Sewter, C.P., Digby, J., *et al.* (1998) Depot-Related Gene Expression in Human Subcutaneous and Omental Adipocytes. *Diabetes*, **47**, 1384-1391. <https://doi.org/10.2337/diabetes.47.9.1384>
- [10] Ferreira, S.R.G., Franco, L.J., Gimeno, S.G.A., Iochida, L.C. and Iunes, M. (1997) Is Insulin or Its Precursor. Independently Associated to Hypertension? An Epidemiological Study in Japanese-Brazilians. *Hypertension*, **30**, 641-645. <https://doi.org/10.1161/01.HYP.30.3.641>
- [11] Rosenfeld, J. and Shohat, J. (1983) Obesity and Hypertension. In: Gross, F. and Strasser, T., Eds., *Mild Hypertension: Recent Advances*, New York, Raven Press, 197-208.
- [12] Dalsin, C., Schemes, C. and Pacheco, B. (2015) Women, Obesity and Fashion: A Case Study in the City of Carlos Barbosa, RS. <https://www.efdeportes.com/efd204/mulher-obesidade-e-moda-um-estudo.htm>
- [13] Dubois, J.C.L. (1978) Anorexia Nervosa in Men: Obsession with “Weith identity”. Some Nosological and Therapeutic Considerations. *Annalés Médico Psychologiques*, **136**, 619-624.
- [14] Cercato, C., Mancini, M.C., Arguello, A.M.C., Passos, V.Q., Villares, S.M.F. and Halpern, A. (2004) Systemic Hypertension, Diabetes Mellitus, and Dislipidemia in Relation to Body Mass Index: Evaluation of a Brazilian Population. *Revista do Hospital das Clínicas*, **59**, 113-118. <https://doi.org/10.1590/S0041-87812004000300004>
- [15] Kral, J.G. (1985) Morbid Obesity and Related Health Risks. *Annals of Internal Medicine*, **103**, 1043-1047. <https://doi.org/10.7326/0003-4819-103-6-1043>
- [16] Stubbs, R.S. and Wickremesekera, S.K. (2002) Insulin Resistance in Severely Obese Links with Metabolic Co-Morbidities. *Obesity Surgery*, **12**, 343-348. <https://doi.org/10.1381/096089202321088110>
- [17] Capella, J.F., Capella, R.F., Mandac, H. and Nath, P. (1991) Vertical Banded Gastroplasty Gastric Bypass: Preliminary Report. *Obesity Surgery*, **1**, 389-395. <https://doi.org/10.1381/096089291765560782>
- [18] Anderson, K.M., Castelli, W.P. and Levy, D. (1987) Cholesterol and Mortality. *JAMA*, **257**, 2176-2180. <https://doi.org/10.1001/jama.1987.03390160062027>
- [19] Resende, J.H.C. (2003) Gigantomasty. Plastic Surgery: Fundamentals and Art—Aesthetic Surgery. Medical and Scientific Publisher, Rio de Janeiro, 555-561.
- [20] Resende, J.H.C. (2008) Resende’s Technique for Correcting Gigantomasty—Body Relief Surgery, Treated Plastic Surgery in Obesity. Editora Rubio, Rio de Janeiro, 357-365.
- [21] Resende, J.H.C., de Moura, Á.I., Mariano, A.C.A., Silva, H.K., Silva, H.L., Campos, I.A., de Lima, L.C.F., Gabriel, M.B. and Silverio, W.O. (2019) Gigantomasty in Female Workers: “Public Health Cases”. *Modern Plastic Surgery*, **9**, 1-7. <https://doi.org/10.4236/mps.2019.91001>