Metabolic surgery has been established as the only effective treatment for patients with morbid obesity, providing long-term and substantial weight loss, remission of obesity-related comorbidities, improved quality of life, and longer life expectancy.\(^1\)\(^2\) During the COVID-19 pandemic, the surgical treatment of both obesity and obesity-related comorbidities was postponed. Early in the pandemic, obesity and its metabolic comorbidities (eg, type 2 diabetes) were implicated as a clinically significant risk factor for severe COVID-19 infection. This finding has been corroborated by many studies. A recent large prospective cohort study showed a linear increase both in risk of severe COVID-19 and in admission to the intensive care unit associated with body mass index.\(^3\)

In this issue of JAMA Surgery, Aminian et al\(^4\) found that in patients with obesity, substantial weight loss achieved through metabolic surgery was associated with improved outcomes of COVID-19 infection. In this large, retrospective matched cohort, which compared patients who underwent weight loss surgery with propensity score–matched patients who did not undergo surgical intervention, the rates of positive test results for SARS-CoV-2 were similar in both groups.\(^4\) Metabolic surgery was associated with a lower risk for hospitalization, need for supplemental oxygen, and severe COVID-19 infection.\(^4\) Although the study by Aminian et al\(^4\) was subject to the limitations of confounding factors, which have been noted for all retrospective, matched cohort studies, it supports the contention that obesity is a disease that predisposes a person to severe COVID-19 infection and is modifiable.

In many countries, during the ongoing COVID-19 pandemic, metabolic surgery has been evaluated merely as an elective surgery that can be postponed with minimal adverse consequences. This approach, however, overlooks severe obesity as a life-threatening and life-limiting disease and does not acknowledge the intertwined double pandemic of COVID-19 and obesity.\(^5\)

As the COVID-19 pandemic continues, health care professionals who make decisions regarding health care use must acknowledge the cumulating evidence of obesity as a modifiable disease that is a predisposing factor for COVID-19 infection,\(^3\) as supported by this current study.\(^4\) Rationing of scarce health care resources, such as access to the operating theater, should be modified accordingly. Instead of being considered as elective, metabolic surgery should be considered as medically necessary, as suggested by the American Society for Bariatric and Metabolic Surgery.\(^6\) Recent guidelines and consensus statements guide hospitals in resuming bariatric surgery in the COVID-19 era.\(^7\) These guidelines stress the need to promote improved access to bariatric surgery compared with access before the COVID-19 pandemic.

Metabolic surgery has been shown to effectively treat obesity and many comorbid diseases, resulting in improved health, quality of life, and long-term survival. COVID-19 should now be added to the long list of obesity comorbidities that can be mitigated by metabolic surgery.

### References


