

Barriers and considerations in preoperative dental care for bariatric and metabolic surgery patients

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The treatment and quality of life of individuals living with obesity represent a significant challenge to global public health. This is due to the multifactorial etiology of the condition, its high prevalence, the exponential increase in incidence, the associated costs of therapy, and, most importantly, its broad impact on the general health of affected individuals (Caballero, 2019; Sharma et al., 2024). Oral health in this population may be adversely affected, directly compromising orofacial functions such as mastication and swallowing. The lifestyles and typical dietary patterns of individuals with obesity must be taken into account (Wang et al., 2021). When present, eating and anxiety disorders may promote compulsive, periodic consumption of ultra-processed, high-calorie foods rich in sugars, sodium, and saturated fats. Under these conditions, several oral manifestations are frequently observed, including dental erosion, caries, bruxism with incisal wear, xerostomia, gingival recession, periodontal disease, dentin hypersensitivity, aphthous ulcers, and oral lichen planus (Voß et al., 2024; Arbido-Vega et al., 2024). Drawing on clinical experience from dental evaluations of individuals with severe (Class III) obesity who are candidates for bariatric surgery at a public referral center in Northeastern Brazil, we reflect on the challenges involved in addressing oral health needs during the preoperative period for bariatric and/or metabolic surgery. The anticipation of surgical intervention and the expected changes in appearance (aesthetics), self-esteem (related to stigma), mobility, pain levels, and general health indicators often correlates with emotional distress among these patients, influenced by individual and cultural values. The waiting period prior to surgery can range from several months to years and involves a multidisciplinary approach, preoperative weight loss, and behavioral modifications, all of which are critical to achieving a successful treatment outcome. Although most literature on oral health in this context focuses on the postoperative period, optimizing masticatory function preoperatively particularly to improve chewing cycles and enhance satiety remains a major clinical challenge. Faster eating rates and insufficient mastication significantly reduce satiety, increase caloric intake, and alter enteroendocrine responses.

Oral processing including bite size and the number of chews per gram of food is influenced by food texture and complexity (Slyper, 2021). Even when patients are informed about the relevance of dental care in this context, additional barriers often arise. These include emotional responses to the proposed therapeutic approach, conflicts with other scheduled appointments, limited access to services, the need for consistent dental management and monitoring of individuals with severe obesity, the cost and time required for care, and the pursuit of satisfactory outcomes. These factors must be addressed without compromising the broader treatment goals or becoming obstacles within the multidisciplinary process. This sense of lack of control and professional ineffectiveness is frequently reported by oral health practitioners, particularly in the public healthcare system in Northeastern Brazil. The current scenario calls for the adoption of innovative approaches and strategic planning, enabling the full and effective integration of dentistry within the multidisciplinary care team.

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