Currently there is little doubt that the body mass index (BMI) is not an appropriate tool to grant access to metabolic surgery, especially in type 2 diabetics (T2D). Several studies are pointing towards other parameters that should go along with BMI in the treatment decision tree in non morbidly obese diabetics. Insulin resistance, fat distribution among others are considered good tools to predict favorable outcomes in medically non controlled diabetics if sent to surgery. The bottom line in good T2D control is to decrease cardiovascular mortality. Using adequate tools to screen patients to the appropriate surgical treatment may favour patients that are not under control after lifestyle changes and best medical treatment, thus decreasing longterm cardiovascular mortality secondary to type 2 diabetes.

Keywords
Metabolic surgery. Selection criteria. BMI. Insulin resistance. Fat distribution.