Bariatric surgery significantly resolves the incidence of the metabolic syndrome. Insulin resistance is reduced, insulin secretion is improved, and the glucose tolerance is altered. This is most likely due to a reduced volume of adipose tissue although in Bilio Pancreatic Diversion with or without Duodenal Switch, (BPD/DS) and Roux-en Y Gastric Bypass (RYGB), insulin resistance and DM II resolves prior to significant weight loss. In a metaanalysis of bariatric surgical procedures (Bucwald et al JAMA 2004) DM II resolved or improved in 86.0% of the patients. Purely restrictive procedures such as Laparoscopic Adjustable Gastric Banding results in lower rates of DM II remission (48%) compared to RYGB (82%) and BPD (98%). In the same study the resolution of hypertension and hyperlipidemia was above 90% and 65%, respectively after RYGB. In our material at Aker University Hospital the resolution of DM II after RYGB is more than 90%. The antidiabetic effect of bariatric surgery is long lasting as documented in large series with up to 16 years follow up.