

PRELIMINARY RESULTS FROM VERY RESTRICTIVE LAPAROSCOPIC SLEEVE GASTRECTOMY IN 120 PATIENTS AND 18 MONTH FOLLOW-UP, IN MORBIDLY OBESE PATIENTS

Jose Vicente Ferrer MD; Angel Sanahuja MD, Jose Eduardo Perez-Folques MD, Nieves Saiz-Sapena MD, Diane Cester: Clinica Obesitas, Hopsital 9 de Octubre, Valencia, Spain

Background: Although laparoscopic sleeve gastrectomy (LSG) is becoming a new surgical option for the control of obesity, there are still many key aspects of surgical technique and the profile of the most adequate patients for this intervention. Our aim is to make known our experience and results influencing really restrictive surgical method and patient selection.

Methods: An observational and prospective study made on 120 patients who consecutively underwent LSG from February 2007 with a maximum follow-up of 18 months. Patient selection was done by a multidisciplinary team and of between 35 to 72 kg/m² BMI excluding those excessive nibblers and cake and pastry eaters.

We included as candidates all patients with a BMI superior to 35-60 kg/m². A sleeve gastrectomy with a 32 FR catheter 4cm from the pylorus and within vaginated non-reabsorbable suture of the line of clips (final stomach size was 60-80cc) was carried out.

We obtained a true tubular gastric form without dilations of the fundus or gastro-atrium body.

Results: Of 120 patients who were operated on, we obtained a reduction of 72% and 71.2% EWL, at 12 and 18 months. No nutritional deficiencies were encountered. There was a 40% mild functional disorders in the first month, 2 cases of intra-abdominal hemorrhage and 1 gastric leak were resolved with reoperation.

There was no mortality. Comorbidity resolved with a similar weight loss as in gastric bypass.

Conclusion: LSG is a safe and efficient method of controlling morbid obesity and associated pathologies in the hands of expert teams. Sleeve gastrectomy must be most restrictive and in tubular form and without more expanded areas and these are key conditions for good medium-term and possibly long-term results. Multidisciplinary team support in the prior selection and post-operative follow-up is important.