

IS LAPAROSCOPIC VERTICAL SLEEVE GASTRECTOMY (LVSG) SUITABLE FOR ALL OBESE PATIENTS?

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Background: Although laparoscopic vertical sleeve gastrectomy is becoming an interesting surgical option for the control of obesity, there are still many key aspects regarding surgical technique and patient selection for this technique. We present our results after LVSG in patients with different initial degrees of obesity.

Methods: We made a retrospective review of the patients who underwent LVSG (209 patients), from February 2007 to November 2010. Patient selection was conducted by our multidisciplinary team (surgeons, anesthesiologist, psychologist, dietician-nutritionist). BMI ranged between 32 and 72 kg/m². Excessive nibblers and cake/pastry eaters were excluded, except for those with BMI > 60, where LVSG was indicated. LVSG was performed over a 32-F catheter, 4cm from the pylorus. The stapled line was plicated with a non-absorbable suture. Final stomach size was 60-80cc. We obtained a true tubular gastric form without dilations of the fundus or gastro-atrium body.

A 12-month multidisciplinary team support was scheduled for all patients, although only 41,2 % completed it.

Results: Patients were distributed into three groups according to their preoperative BMI: less than 40, between 40-50, or greater than 50Kg/m². The results at 12 months in terms of weight loss, BMI and %EWL for each group are detailed in the attached table.

Patients groups	Initial BMI	12 m. BMI (n, %)	12 m. WL	12 m. EWL
IMC<39 (n)	36,7 (65)	25,46 (29, 44,6%)	32,07	88,8
IMC 40-50 (n)	44,3 (98)	31,1 (34, 34,7%)	38,3	66,3
IMC>50 (n)	58,1 (27)	35,7 (12, 44,4%)	59,6	65,3

There was no marked difference in postoperative morbidity amongst the three groups, with a mean hospital stay of 2,3 days and no mortality.

Discussion: LVSG is a safe technique in obesity surgery. But according to our experience it is not equally effective for all patients, as a final BMI of 35 kg/m² is not a good result.

For patients with BMI > 50 (or even > 45) another technique should be considered, as LGBP in our protocol.

Reference: Gluck B, Movitz B, Jansma S, Gluck J, Laskowski K. Laparoscopic sleeve gastrectomy is a safe and effective bariatric procedure for the lower BMI (35.0-43.0 kg/m²) population. *Obes Surg.* 2011 Aug;21(8):1168-71.