

Surgical outcomes after bariatric surgery: a medium-term follow-up of 80 patients

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Objective

Laparoscopic sleeve gastrectomy (LSG) and Roux en-Y gastric bypass (LRYGB) are confirmed procedures in bariatric surgery, but LRYGB represents still a big challenge. Three key-aspects of the LRYGB necessarily influence the patients' outcomes: the gastrojejunostomy, the closure of the mesenteric defects and the metabolic effects. We present our experience.

Methods

We retrospectively collected data of 80 patients, 53 females and 27 males, mean age 44.65 (+/-12.67) years, that underwent bariatric surgery in our clinic in 2014. Each patient had one surgical follow-up three months after surgery and attended periodical metabolic controls over four years. Weight loss outcomes were calculated at 3, 6, 12, 24 and 48 months after surgery. Adverse events were divided into major and minor, as well as into early and late onset. Albumin, parathyroid hormone, iron, vitamins A, B12 and D represented the metabolic outcomes.

Results

Nine LSG, 16 proximal, 43 intermediate and 12 distal LRYGB were performed without intraoperative complications. The mean hospital stay was 5.4 days (+/- 3.14).

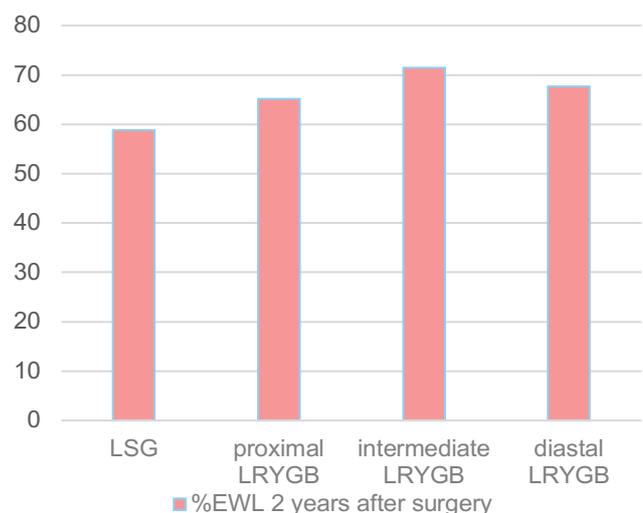
The peak of weight loss occurred between 1 and 2 years after surgery in all categories. At two years, the average percent of excess weight loss (%EWL) was 58.81 for LSG, 65.13 for proximal, 71.41 for intermediate and 67.62 for distal LRYGB. Six patients experienced an insufficient weight loss and three patients had a real weight rebound at four years (overall failure rate of 11.3%).

Seven early and eight late major complications, including 6 internal hernias and one stenosis of the gastrojejunostomy after LRYGB, were observed.

The occurrence of cholecystolithiasis was similar as reported in the literature (21.5%).

7/80 subjects developed a secondary hyperparathyroidism after LRYGB. No cases of malnutrition were observed.

%EWL 2 years after surgery



Conclusion

Our results are in accordance with the present literature, except for the large number of internal hernias, since we did not close the mesenteric defects in 2014. On the contrary, the anastomotic technique for the gastrojejunostomy (circular stapled) has proven to be successful.

Especially for distal and intermediate LRYGB the closure of the mesenteric defects is technically demanding but still should be achieved consistently.