

The Results of Early Postoperative Complication of the Laparoscopic Sleeve Gastrectomy: Our First Experiences

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Abstract

Objective: Is to retrospectively evaluate our first experiences at the patients who underwent laparoscopic sleeve gastrectomy.

Patients and Methods: 10 patients who had underwent laparoscopic sleeve gastrectomy were evaluated retrospectively.

Results: The median value for The body mass index of the patients were 45,84. There was not seen any early postoperative complication at the cases.

Conclusion: Careful preoperative preparation and evaluation are going to reduces postoperative early complications.

Keywords: Laparoscopy; Sleeve Gastrectomy; Complication

Introduction

Acknowledgement of morbid obesity as a disease has recently been adopted by the American Medical Association [1,2]. The surgical treatment of obesity has evolved to focus more specifically on the treatment of medical comorbidities associated with obesity than simply obesity itself [1]. The sleeve gastrectomy can lead to substantial and lasting excess weight loss. The aim of this study is to retrospectively evaluate our first experiences at the patients who underwent laparoscopic sleeve gastrectomy.

Material and Method

A retrospective analysis was performed for the patients who had laparoscopic sleeve gastrectomy (LSG) over a 2-year period (from January 2017 to December 2018) at Tekirdağ Namik Kemal University, Medical Faculty Hospital in Turkey. The median value for The body mass index (BMI) And demographic data (age, sex) were comparatively analysed.

Technique for obesity; In the preoperative period, patients, surgical preparation and infrastructure were carefully evaluated and prepared. LSG were performed to all patient.

Statistical analysis was processed with SPSS® ver. 21.0 (Chicago IL). $P < 0.05$ was accepted to be statistically significant.

Result

Of 10 patients, the majority were female ($n = 8, 80\%$), 2 male and 8 female patients. The age distribution was ranging between 30 and 65 years. The median value for the age of the patients is 42,3 years. A statistically significant difference was found between the genders ($p < 0.05$). The median value for The body mass index (BMI) of the patients were 45,84 (42 - 55,7). There was not seen any early postoperative complication at the cases. We are follow-up all patients for BMI long-term.

Discussion

Obesity is a very serious health problem. The epidemic in obesity has led to an increase in number of so called bariatric procedures [3]. The advent of modern bariatric surgery is increasingly recognized as an important therapeutic option for many patients with clinically significant obesity [4].

Surgical therapy is the only effective and proven therapy for patients with severe obesity (body mass index > 40 kg/m²) [2]. Bariatric operations prolong survival and resolve comorbid medical conditions associated with severe obesity. During the years 1999 to 2003, called the Bariatric Revolution in the United States, the availability of a laparoscopic approach for bariatric operations caused major changes in the field [2].

Bariatric operations involve either restriction of caloric intake or malabsorption of nutrients, or both. The Roux-en-Y gastric bypass is the most commonly performed bariatric procedure, whereas the sleeve gastrectomy is the most rapidly increasing procedure worldwide [2]. However, data regarding long-term results remain insufficient. we applicated sleeve gastrectomy all patients.

Sleeve gastrectomy achieves clearly better results than other restrictive techniques and is comparable in some aspects to the Roux-en-Y gastric bypass, the current gold standard in bariatric surgery [5].

In these cases, who underwent sleeve gastrectomy, morbidity and mortality risk of postoperative complications is high. Early complications were observed in 6.6% [6]. The most common complication after surgery is peritonitis due to anastomotic fistula formation [3]. This occurs typically as an early complication within the first 10 days post-operatively and has an incidence of 1 - 6% after gastric bypass and 3 - 7% after sleeve gastrectomy [3]. No any complications was observed in our cases. Therefore, careful preoperative preparation and evaluation are going to reduces postoperative early complications. Sleeve gastrectomy is a restrictive bariatric surgery technique that was first used as part of restrictive horizontal gastrectomy in the original Scopinaro type biliopancreatic diversion. Its good results as a single technique have led to a rise in its use, and it is currently the second most performed technique worldwide [6].

The systematic review suggests that sleeve gastrectomy can lead to substantial and lasting excess weight loss and significant improvement in obesity-related co-morbidities [7]. However, the lack of randomized clinical trials, low follow-up rates, and poorly reported data regarding co-morbidities and quality of life in many of the studies indicate that these findings should be interpreted with caution [7].

Informed Consent

Informed Consent was not received due to the retrospective nature of the study.

Author Contributions

Concept-, Design-, Supervision-, Resource-, Materials- FRP, YD; Data Collection and/or Processing-, Analysis- FRP; Interpretation-, Literature Search-, Writing-, Critical Reviews- FRP.

Conflict of Interest

No conflict of interest was declared by the authors.

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