Single centre results after 588 laparoscopic Roux–en-Y gastric bypass and 57 laparoscopic gastric sleeve resections performed in Hungary between 2010 and 2017

Mohos Elemer, Tornai Gábor, Sandor Gábor, Mohos Petra and Nagy Tibor
Veszprem County Hospital, Hungary

Introduction: The incidence of severe obesity and its comorbidities (diabetes mellitus type-2 DMT2, hypertension, chronic joint disease, etc.) is growing dramatically all over the world. At present the only long term and effective solution is the metabolic surgery.

Patients & Methods: 645 patients were operated on between 02/2010 and 02/2017. Preoperative data: Mean weight: 148 (92-231) kg, mean BMI: 46 (35-71) kg/m², mean age 43 (17-70) years. 16% of the patients suffered from DMT2, 35% from hypertension and 21% from gastro-esophageal reflux. BMI above 40 kg/m² was indication for metabolic surgery (with DMT2 above 35 kg/m²). Laparoscopic Roux-en-Y gastric bypass was our first choice operation (588 cases), when it was technically impossible laparoscopic gastric sleeve resection (57 cases) was performed.

Results: Postoperative data: Mean weight loss: 51 kg, mean reduction in BMI: 17 kg/m², mean extra weight loss: 85 %. 91 % of DMT2 and 74 % of hypertension were resolved. Inhospital mortality: 1 patient (0,2%; caused by gastrografin pneumonitis on the 5th postop. day). 4 patients (0,6 %) developed deep vein thrombosis, two of them were complicated with pulmonal embolism of mild clinical symptoms. In early postop. period 8 patients of us (1,2 %) were reoperated (2 patients had relaparoscopy because of intra-abdominal bleeding, 1 patient needed laparotomy due to bleeding from the Y anastomosis and another 5 jejunostomy). In the late postop. period 31 cases (5 %) of us had relaparoscopy and closure patients had relaparoscopy, suture and drainage indicated by leakage of the gastro- of Petersen's defect because of symptomatic Petersen's hernia. Five patients after sleeve resection were laparoscopically transformed to Roux Y gastric bypass as a consequences of weight regain.

Conclusion: Metabolic surgery is an effective and long term method for severe obesity, resulting efficient weight loss and resolution of the high proportion of co-morbidities. Our gold standard intervention is the laparoscopic Roux-en-Y gastric bypass. The high risk of the patients and the technically complex intervention can result different complications; that is why the correct patient selection, the regular control and performing the operations in high-volume centers are advised.

mohose@freemail.hu