

## JOINT EVENT

10<sup>th</sup> International Conference on **Childhood Obesity and Nutrition**  
&  
2<sup>nd</sup> International Conference on **Metabolic and Bariatric Surgery**

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**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 Gabor, Sandor Gabor, Mohos Petra and Nagy Tibor**  
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**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/m<sup>2</sup>, 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/m<sup>2</sup> was indication for metabolic surgery (with DMT2 above 35 kg/m<sup>2</sup>). 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/m<sup>2</sup>, 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.

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