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Is BMI ≥ 50 kg/m² a predictor of higher morbidity during doing laparoscopic sleeve gastrectomy? An observational study at King Khalid University Hospital Saudi Arabian experience

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Objectives: This study was to assess operative and post-operative complications, of laparoscopic sleeve gastrectomy (LSG), in super-obese and compare it to morbid obese on in KKUH, Saudi Arabia.

Methods: We reviewed the 708 medical records of consecutive patients who underwent LSG surgery at KKUH from 2009 till 2015. Then, we compared our SMO (BMI ≥ 50 kg/m²) patients data results to (our /international reports) MO (BMI < 50 kg/m²) patients category who underwent LSG.

Results: Male sex was predominant in SMO (63.6%). Both groups had homogeneous baseline characteristics and comorbidities except sleep apnea which was higher in SMO. There was no significant difference in the duration of operation, length of stay, and recovery room time between the two groups. Mean number of trocars was 4 for both groups. HDU admission: 62 (28.6%) patients of SMO and 32 patients of MO. No conversion to open or documented intraoperative complications in both groups. For post-operative complications: has developed in 6% of patients in SMO included 1.4% of patients developed leakage, and 10 patients developed bleeding in the drain. On the other hand, 4.3% of patients in MO had developed complications, includes, (2.2%) patients developed leak, 2% patients developed bleeding that four patients only needed blood transfusion. There was no surgical mortality.

Conclusion: There's no significant difference in the duration of operation, number of trocars and intra operative complication between SMO and MO. The BMI ≥ 50 kg/m² is not a predictor of higher morbidity during doing LSG if done in a tertiary care center with dedicated bariatric center services.

Biography

Munira Alghafaily is a final year Medical student at King Saud University, Saudi Arabia. She is currently works in the areas of Cardiology, Gastroenterology and Laparoscopic Sleeve Gastrectomy.

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