Are all sleeves equal? Failures & Ruminations

Victoria Hall[1] MD, BSc (Hons First Class), DipGrad, Mathew Lyon[2] MBBS, Kamal Heer[3] MD, DNB, FRCS(Ed), FRCS, MS (Bio-ethics), Harish Kumar[2,4] MD, MS, FRCS(Ed), FRCS, MBA, FRACS

[1] University of Notre Dame, [2] University of Queensland, [3] Monash University, [4]Cairns and Hinterland Health Service

Introduction

Laparoscopic sleeve gastrectomy (LSG) has become a very popular bariatric procedure with no standardization of the technique. We present our experience with failed sleeves.

Method

114 cases of failed sleeves were revised to gastric bypass due to lack of weight loss, relapse of diabetes or other unbearable symptoms.

Results

Table 1

N	Age	Category/number	Sex	Initial BMI	BMI at revision	DM
64	19-52 years	Planned revisions because of BMI >60 [out of 138]	38 females [22-51y] 9 DM 26 Males [19-52y] 5DM	63-100	38-53 12months - 18 months post initial procedure	14 DM persisted
38	26-74 years	Regained weight from 9 months - 5 years	26F [26-68 y] 12M [30-74 y]	36-52	39-48	
6	36-43	Relapse of DM	5 Females 1 Male	35-44	36-47	DM relapse
1	38	Severe Vomiting Twisted sleeve Undernourished	1 Male	40	19	
5	34-48	Severe reflux Weight regain	3 Females 2 Males	38-47	36-43	
114			72 Females/ 42Males			20 DM

DM = type 2 diabetes mellitus

Table 2

Revisions	Average BMI at 1- 6 years	Additional outcomes
GBP 64	22-29	
GBP 38 weight regain	23-32	
GBP 20 with DM	24-31	Cessation of DM medications
GBP 1 with vomiting	23	Vomiting resolved
GBP 5 reflux	24-30	Cessation of reflux

DM = type 2 diabetes mellitus

64 Sleeves in our series were designated first stage procedures. The remaining sleeves were referred to us for revisions.

Sleeves referred to us were 38-40F with significant antrum being left ranging from 8-10 cm from the pylorus.

Conclusions

We found there was variability in the size of the bougie and the amount of residual antrum.

We believe it is time for standardization of LSG.