LAPAROSCOPIC THREE –PORT SLEEVE GASTRECTOMY: FEASIBILITY AND SHORT TERM OUTCOMES

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Background

Laparoscopic sleeve gastrectomy (LSG) has become increasingly popular as a primary procedure because of its simplicity, low morbidity and mortality, and effectiveness in achieving sustained weight loss over time. Up till now, there is no standardized technique for performing LSG.

Aim

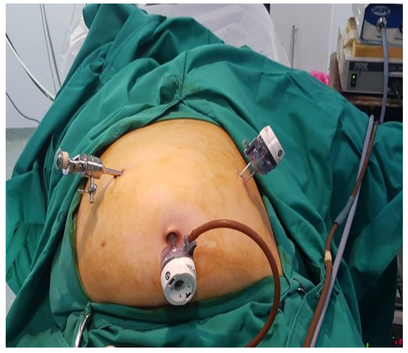
The aim of this study was to report our experience in LSG by means of three port technique taking in consideration safety, feasibility and short term outcomes.

Methods

This was a prospective study conducted in the Gastrointestinal Surgery Unit, General Surgery Department, Tanta University Hospital on Fifty morbidly obese patients (40 females and 10 males patients during the period between February 2016 to February 2018.

Surgical Technique

The patients were placed in the supine split-leg position (French position) and reverse Trendelenburg. The surgeon stands in-between the legs and the camera man stands on the patient's right. Three trocars were used. The whole gastric stapling was done through left 12 mm port except 1st one, through the umbilical port.









Results

All procedures were completed laparosopically. Mean operative time was 64.76 ± 24.29 minutes, mean hospital stay was 2.2 day Seven patients (14%) required one additional trocar. Mortality and the conversion rate to open surgery were 0%, however, Two patients (4%) had early postoperative bleeding. Regarding late complications, one patient (2%) developed a gastric stricture, Three patients (6%) developed symptoms suggesting gastroesophageal reflux. The %EWL during follow-up was 23.42, 40.47, 58,65, 69.31, 68.77, 64.75 at 1,2, 3, 6, 12, 24, 36, months, respectively. After LSG, 66% of patients with AHT presented resolution or significant improvement. As regards T2DM, 80% described resolution or significant improvement. Furthermore, all patients with preoperative OSAS reported resolution/improvement within a year from surgery. Cholecystectomy due to symptomatic gallstones was performed during the follow up in 3 patients (6%).

Conclusion

Three port LSG is safe, technically feasible, effective and offers better cosmetic results, however additional port may be necessary in selected patients.