Safety and Efficacy of Laparoscopic Sleeve Gastrectomy in Elderly Morbid Obese Egyptian Patients

Hossam Barakat Elbohoty MD, Mohamed A Mlees MD, General Surgery Department, Tanta University, Egypt

Background

The incidence of obesity is increasing progressively worldwide even among geriatric populations. Controversy exists regarding the safety of Laparoscopic sleeve gastrectomy (LSG) in elderly patients

Aim

The aim of this study was to assess the safety and efficacy of LSG in elderly morbid obese Egyptian patients.

Patients and Methods

This was a prospective study conducted in the Gastrointestinal Surgery Unit, General Surgery Department, Tanta University Hospital from December 2018 to February 2020. Twenty six morbidly obese patients (17 females and 9 males) were included. Mean age of 62 years, median preoperative body mass index (BMI) of 43.2 kg/m2. This study discussed the demography of the patients, the technique of the procedure, early and late complications and excess weight loss results. Follow up was done at 1, 3, 6, 12, and yearly thereafter.

Results

All procedures were done laparosopically with no conversion. We recorded one mortality 4 month post-operative with unrelated surgical cause.

The total 30 d postoperative morbidity rate was 7.7% (2/26 patients). Mean operative time was 68.43 minutes, mean hospital stay was 2.8 days The %EWL during follow-up was 19.9%, 31.37%, 43.35%, 56.63%, at 1,3, 6, 12 months, respectively. After LSG, 30% of patients with hypertension presented significant improvement. As regards type 2 diabetes mellitus, 60% described resolution or significant improvement, 41.1% of patients with chronic joint pain experienced improvement. As regard early complications, two patients (4%) had early major postoperative bleeding that required blood transfusion and laparoscopic re-exploration. As regard late complications, symptoms suggesting of gasto-esophageal reflux developed in four patients.

Conclusion

LSG is safe, feasible and effective in elderly obese patients with low morbidity rate.