The Outcome of bariatric surgery in patients ≥ 65 years old

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Background

Both obesity and life expectancy is increasing worldwide. The aim of the present study was to report the outcomes of bariatric surgery in patient's ≥65 years of age.

Methodology

A retrospective review of prospectively collected data from patients aged ≥65 years who underwent LRYGP and LSG in our institute from 2006 to 2016. The data analyzed included age, preoperative and postoperative weight and body mass index, postoperative complications, and co-morbidities.

Results

Table (1): Types of procedures

Procedure	N %
LRYGP	21(44.7%)
LSG	20 (42.5%)
CONVERSION TO RYGP	6(12.7%)
• Maison procedure	1(2.1%)
• AGB	5(10.6%)

LRYGP = laparoscopic Roux-en- Y gastric bypass; LSG = laparoscopic sleeve gastrectomy; AGB= adjustable gastric band.

Table (2): Baseline characteristics of the study cohort

Patient Characteristics	cohort (N=47)
Age, yr, mean ±SD	66.5 ± 0.2
Sex (female) n %	34(72.3%)
BMI, kg/m2, mean ± SD	40.9±0.74
Metabolic co-morbidity	n, (%)
DM2	20 (42.5%)
Hypertension	29(61.7%)
OSA	21(44.7%)
Dyslipidemia	21(44.7%)
GERD	5(10.6%)
Arthritis OTHERS	18(38.2%) 20 (42.5%)

SD = standard deviation; BMI = body mass index; DM2= diabetes mellitus type2 ; OSA= Obstructive sleep apnea ;GERD = gastro- esophageal reflux disease .

Table (3) : peri operative outcome

	n, (%)
Length of hospital stay (median+ range)	**6 (3-41)**
• More than two weeks	3 (6.3%)
Major complications n (%)	**6 (12.7%)**
• Leakage	3
• Occlusion	3
Minor complications n (%)	5 (10.6%)
• Wound infection	1
• Parietal hematoma	1
• Basal atelecsasis ,pneumonia	1
• Leg cellulitis	1
• Pleural effusion	1
Readmission	5(10.6%)
Reoperation	2 (4. 2 %)
Mortality n (%)	(0%)

Table (4): Resolution of co morbidities

Metabolic co-morbidity	cohort (N=21) n,(%)	complete resolution	improvement
DM2	10	7 (70%)	2 (20%)
Hypertension	14	8 (57%)	5(35. 7%)
OSA	8	6(52.3%)	-
Dyslipidemia	13	-	7(66.6%)
GERD	2	2(100%)	-
Arthritis	9	-	8 (88.8%)

Conclusion

For patients 65 years old or more, laparoscopic bariatric procedures (LRYGP and LSG) provides safe and effective option for treatment of morbidly obesity and favorable resolution and improvement of co morbidities.