OUTCOMES FOLLOWING SLEEVE GASTRECTOMY IN THE OBESE POPULATION.
AN OBSERVATIONAL CANADIAN SINGLE CENTER'S EXPERIENCE.

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BACKGROUND

Since 2014, sleeve gastrectomy has been the most common bariatric surgery performed in North America. Accordingly, we have noticed a marked increase in the number of sleeve gastrectomy performed at the Medico-Surgical Clinic for the Treatment of Obesity (CMCTO) of the CIUSSS de l'Estrie - Centre Hospitalier Universitaire de Sherbrooke (CHUS).

AIM AND PRIMAIRY OUTCOMES

Evaluate weight loss and patients' outcomes following sleeve gastrectomy at the CMCTO of the CHUS.

The primary outcomes are the percentage of excess weight loss (%EWL) at 12, 24 and 36 months postoperatively (PO).

METHODS



Extraction of archived files of patients who underwent a sleeve gastrectomy at the CHUS between 2014-01 and 2018-12 (n=135)

Analyzed files (n=135)

Included files in the study (n=113)

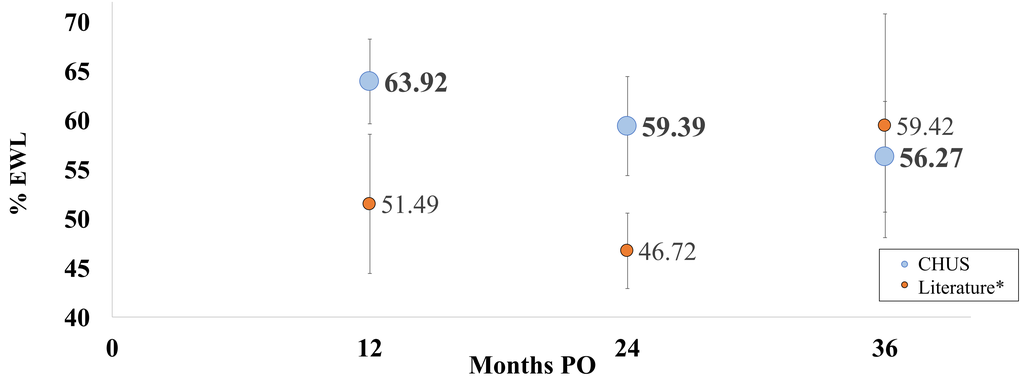
Excluded files (n=12)

Pregnancy during follow up (n=3)
Loss to follow-up before 12 months PO (n=3)
Conversion in gastric bypass/ duodenal switch before 36 months PO (n=5)
Past bariatric surgical history (n=1)

RESULTS

The main objective at the CMCTO is to change and consolidate lifestyle habits in expectation of bariatric surgery. During the preoperative follow-ups, patients will meet with the surgeon thrice (at 0, 6, 12 months) and meet with the dietician and kinesiologist every 6 weeks.

Significant differences in %EWL in CHUS when compared to data from literature



The rates of acute renal failure (p<0.001), cardiopulmonary complications (p=0.019), and wound infections (p<0.001) were higher than the compared data, while other complications were comparable.

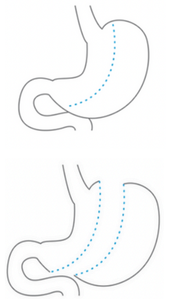
However, patients operated at the CMCTO were more obese than the literature average, with a mean preoperative BMI of 49.3 kg/m^2, and had higher rates of preoperative SAHS (p<0.001) and a trend toward higher dyslipidemia (p=0.069).

* Chang S-H, Stoll CRT, Song J, Varela JE, Eagon CJ, Colditz GA. The effectiveness and risks of bariatric surgery: an updated systematic review and meta-analysis, 2003-2012. JAMA Surg. mars 2014;149(3):275- 87.

CONCLUSION

Even though this is a smaller cohort, weight loss incurred at 12 and 24 months PO in our institution surpasses results found in the literature.

These numbers make a case for **early multidisciplinary longitudinal management** and **close follow-up** like the one provided to our patients at the CMCTO. Neverthless, it is difficult to compare the follow-up at the CMCTO with those used in the study references since it is a meta-analysis that did not report the preoperative process of each included study.



FURTHER AIMS

The next step will be to recruit patients in a long-term prospective cohort. This will allow us to evaluate if the results showcased in the pilot project are sustained in time and in a bigger cohort.