Long Term outcomes of Bariatric surgery - A single center 10 years average follow-up

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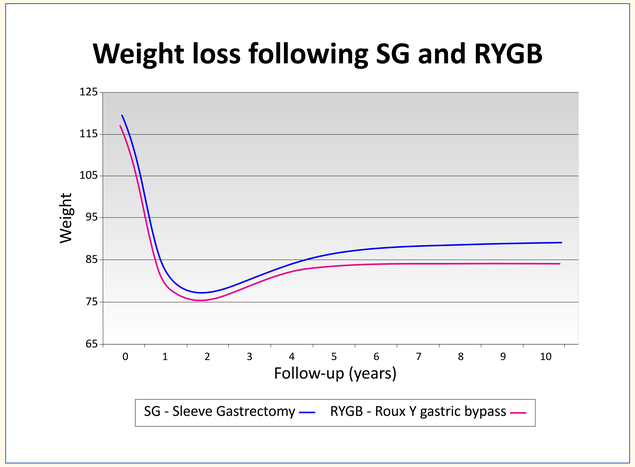
INTRODUCTION: Bariatric surgery has been established as the most effective treatment for morbid obesity and its associated comorbidities. Furthermore, it has demonstrated enduring efficacy over an extended period. However, long-term follow-up studies have cast doubt on its effectiveness compared to the initial years post-surgery. This study aimed to present our findings regarding the sustained weight loss achieved through laparoscopic sleeve gastrectomy (SG) and Roux en Y gastric bypass (RYGB) over an extended duration.

METHODS: We conducted a retrospective analysis of patient data for individuals who underwent SG and RYGB at our institution between 2008 and 2014 (with a follow-up of more than 8 years). Data was extracted from electronic medical records, encompassing both in-person and telephone encounters. We collected and analyzed demographic information, pre-operative medical conditions, and weight loss parameters. Patients with incomplete long-term follow-up data were excluded from the study.

RESULTS: A total of 433 patients underwent either SG or RYGB during the 7-year period. Out of these, long-term data was available for 103 patients (23.7%), with 77 (74.7%) being female. SG was performed on 83 patients, while RYGB was performed on 20 patients. The mean age, initial weight, and body mass index (BMI) of the patients were 40.0±13.5 years, 117.7±16.7 kg, and 42.6±5.1 kg/m², respectively (Table 1). Following a mean follow-up of 10.7±1.4 years, the patients' nadir weight, long-term follow-up weight, percentage total weight loss (%TWL), percentage excess BMI loss (%EBMI), and percentage excess weight loss (%EWL) were 73.0±13.4 kg, 86.9±19.2 kg, 26.1±12.2%, 63.4±31.0%, and 64.4±30.0%, respectively (Table 2). Younger age, higher pre-operative weight, higher BMI, and the primary operation were significant factors associated with greater long-term weight loss. There was no statistical difference between SG and RYGB weight loss (p=0.67).

Table 1	
Data achieved	N= (103 23.7%)
Age (years)	40 ± 13.5
Sex, f	77 (74.7%)
Weight (kg)	117.7 ± 16.7
Height (cm)	165.0 ± 8.4
BMI (kg/m²)	42.6 ± 5.1
HTN	43 (41.7%)
HPL	34 (33.0%)
DM	28 (27.1%)
FATTY LIVER	48 (46.6%)
SLEEP APNEA	8 (7.7%)
Primary Surgery	97 (94%)
SG	83 (80.0%)
RYGB	20 (19.4%)

Table 2	
Follow-up (y)	10.7±1.4
Nadir Weight (kg)	73.0±13.4
Last weight (kg)	86.9±19.2
% TWL	26.1±12.2
% EWL	64.4±30.0



CONCLUSIONS: Despite ongoing debates about the long-term efficacy of bariatric surgery, our study has demonstrated that although there is some weight regain from the nadir to the final follow-up, the weight loss achieved during the first decade after bariatric surgery remains consistent and sustainable.