The protective impact of concomitant gastritis when undergoing Laparoscopic Sleeve Gastrectomy on the perioperative course

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Introduction:

- The safety and efficacy of bariatric surgeries for patients with morbid obesity are well described
- In recent years, tailored medicine shifts the spotlight towards better identifying those benefits from those procedures and those with a higher risk for complications and long-term failure

Aim of the study:

- We sought to understand the impact of gastritis on short-and long-term results

Materials and Methods:

- Prospectively maintained database, under IRB approval
- dedicated bariatric surgeon's team operated on all patients, using a similar operative technique
- Elective Laparoscopic Sleeve Gastrectomy at Rabin Medical Center in 2009 and 2022
- Total patients 805
- 377 patients with gastritis and 428 patients with normal pathology

Result:

- The elderly group had a higher frailty index according to the Memorial Sloan Kettering Frailty Index (mean, 1.68 vs 0.77)
- Mean age was 64 vs 39 years.
- Co-morbidities rates were significantly higher for the elderly group: Diabetes mellitus (49% vs 24%), Hypertension (73% vs 25%), Obstructive sleep apnea (21% vs 10%), Dyslipidemia (66% vs 33%).
- Perioperative course was similar for both groups in terms of 30-day and long term complication rates
- Co-morbidities improved or resolved in the vast majority of patients; DM (100% vs 97%), OSA (100% vs 100%), HTN (93% vs 91%) Dyslipidemia (89% vs 93%).
- Excess Weight Loss were less favorable for the elderly group; 1 year (74% vs 82%), 2 years (72% vs 81%), 3 years (64% vs 76%) and 5 years (53% vs 70%).

Conclusion:

The long-term is similar when comparing patients with and without gastritis undergoing LSG, interestingly, gastritis seems to have a protective effect in the perioperative period, as those without gastritis have tree fold risk of perioperative major morbidities and leakage

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