Is ethnicity affects the outcomes of Sleeve gastrectomy for weight loss when comparing Jewish vs Arabs? An Israeli prospectively maintained database results

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Introduction:

- Ethnic diversity affects clinical outcomes for many patients
- Morbid obesity prevalence is higher in Israeli-Arabs compared to Israeli-Jews
- This fact is contributed partially to lower socioeconomic status coupled with lower education levels

Aim of the study:

- Overall short and long-term postoperative outcomes
- Morbid obesity prevalence in Israeli-Arabs and Israeli-Jews

Materials and Methods:

- Prospectively maintained database, under IRB approval
- Elective Laparoscopic Sleeve Gastrectomy at Rabin Medical Center in 2009 and 2022
- Total patients 892,262 Israeli arabs vs 630 Israeli jews

Result:

- Most of the Israeli-Jews had tertiary education 52% vs to less than third of the Israeli-Arabs 30%
- The Israeli-Arab group was significantly younger 35 vs 45 the Jew group
- Feminine dominancy in Israeli-Arab group 82% vs 67% in Jews group
- Higher co-morbidities in the Arab population Diabetes mellitus (%, 20 vs 28), Hypertension (%, 21 vs 32), Dyslipidemia (%, 27 vs 39).
- BMI was higher for the Israeli-Arab group (mean, 45 vs 43)
- Higher Excess Body Weight (mean, KG, 54 vs 49)
- Perioperative period was similar in terms of 30-day complications rates , leak rates, re-operation and re-admission rates
- The long-term results shows similarity in term of 2 years % Excess weight Loss (EWL) (%, 78 vs 80) and 5 years %EWL (%, 65 vs 70).
- Co-morbidities remission was similarly high; Diabetes mellitus remission (%, 64 vs 67), Hypertension remission (%, 65 vs 65), Dyslipidemia remission(52 vs 56)

Conclusion:

Israeli demography leads to significant difference between the two groups, nevertheless, those noteworthy and important differences between the groups did not translated to more complicated perioperative course, nor to poorer long-term results. Both groups gain equally and significantly from this operation.

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