TYPE 2 DIABETIC REMISSION AND PREVENTED LONG TERM VOMITING AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY WITH IMPROVED QUALITY OF LIFE (VERTICAL AND BUTTRESS TECHNIQUE)(PRELIMINARY REPORT)

THANAKORN LIKIDKARNCHANAKORNKIJ, MD,FRCST
PORNTHEP PRATHANVANICH, MD,FRCST,FACS,FASMBS

INTRODUCTION

Overweight and obesity are significant risk factors for the development of type 2 diabetes. Laparoscopic sleeve gastrectomy is effective surgery for treatment of obesity and diabetic patients. And the clinical nausea/vomiting and GERD are most common symptom after laparoscopic sleeve gastrectomy for treatment the morbid obesity patients and impaired to quality of life. We observed the other technique, laparoscopic vertical sleeve gastrectomy, is less in clinical nausea/vomiting and quality of life is better than classical laparoscopic sleeve gastrectomy.

OBJECTIVES

The primary end point was diabetic remission after operative treatment and secondary end point was % total weight loss, clinical vomiting, GERD and Gastrointestinal quality of life index(GIQLI).

MATERIALS & METHODS

This retrospective cohort study includes patients morbid obesity who underwent laparoscopic vertical sleeve gastrectomy (50 patients) at King Taksin Memorial Hospital Thailand(between January 1st 2023 - January 1st 2024, average follow up 9 months).

RESULT

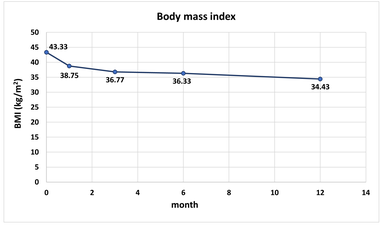
The morbid obesity patients who underwent laparoscopic vertical sleeve gastrectomy was female 74.24%, average age 37.71±9.06 years old. There was diabetic 16 patients and the HbA1C was decrease from 7.76±1.25 to 5.98±0.72 within 1 years.The remission of diabetic mellitus was 61.54%.

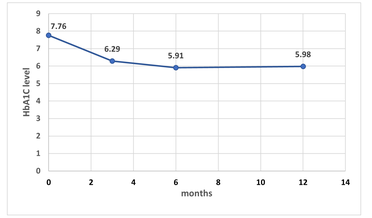
The body weight 117.68±23.26 kg and BMI 43.33±6.79 kg/m2.
There was no clinical vomiting and only 11.86 % had clinical GERD (GERDQ score).

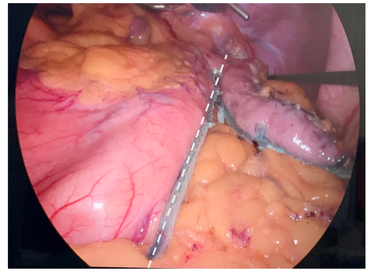
The average % total weight loss was 21.93±6.56 kg, total weight loss was 25.72±7.04kg within 1 year (comparable to other standard technique). There were no perioperative complications, reoperation and readmission. The total score gastrointestinal quality of life was 73.38%.

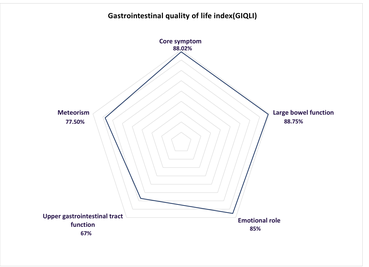
Baseline characteristics		
Sex	Male 18 (25.71)	Female 52 (74.29%)
Age	37.71 ±9.06	
Variable	**Preoperative**	**Postoperative**
BMI	43.33 ± 6.79	34.43 ± 5.15
Body weight (kg)	117.68 ± 23.26	89.46 ± 19.28
Total weight loss	25.72 ± 7.04	
% Total weight loss	21.93 ± 6.56	











CONCLUSION

There was diabetic 16 patients and the HbA1C was decrease from 7.76±1.25 to 5.98±0.72 within 1 years. The remission of diabetic mellitus was 61.54%. The % total weight loss comparable to other standard technique. There was 0% of the patient had clinical vomiting and only 13.33% of the patient had GERD. In this study, laparoscopic vertical sleeve gastrectomy is less in clinical vomiting and GERD. However, the data comparison between laparoscopic vertical sleeve gastrectomy with laparoscopic classical sleeve gastrectomy in nausea/vomiting, gastrointestinal quality of life with long term outcomes and randomized controlled studies are still needed.

Department of Surgery, King Taksin Memorial Hospital, Bangkok, 10600 Thailand