

## AB004. OP-4 Do complications end the effectiveness of sleeve gastrectomy?

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**Background:** Obesity is one of the most important health problems of our age in terms of its frequency and outcomes. It has been determined that approximately 650 million adults and 340 million children worldwide have significant health problems related to obesity. Obesity is an important risk factor that increases the incidence of hypertension (HT), type 2 diabetes mellitus (DM), stroke, gallbladder diseases, obstructive sleep apnea syndrome (OSAS) and some cancers. Bariatric surgery has been shown to provide effective weight loss, improve quality of life and improve survival-related comorbidities. Bleeding, rotation, abscess formation and anastomosis leakage are important postoperative complications seen after laparoscopic sleeve gastrectomy (LSG). In general, surgical complications of up to 10% have been reported. The aim of this study was to report the results of a single-center three-year outcome in patients who occurred complications after LSG. Excess weight loss (EWL) and body mass index (BMI) changes were identified as the primary endpoint. The secondary endpoint was the assessment of the remission of comorbid diseases.

**Methods:** Patients who were followed up after LSG due to complications (Clavian Dindo  $\geq 3a$ ) were included in the study to provide three-year results. The data collected prospectively were analyzed retrospectively. Demographic data, comorbid diseases and complication treatment methods were recorded. EWL (%) and BMI values were calculated to measure the effectiveness of the procedure. Remission results of comorbid diseases were evaluated.

Remission for DM: HbA1c  $\leq 6.5\%$  at least 1 year in the absence of anti-diabetic drugs. The remission for HT is that the blood pressure is  $<140/90$  mm Hg without any anti-hypertensive medication after surgery. It was defined as the termination of CPAP / B-Pap use for OSAS.

**Results:** Of the 413 patients who underwent surgery in 2015–2016, 19 developed complications. These, 14 (74%) were female and 5 (26%) were male. The mean age was 37 (21–61) years. Preoperative mean BMI was 45.6 (40–53)  $\text{kg}/\text{m}^2$ . Accompanying DM, HT and OSAS were present in 6, 5 and 6 cases, respectively. The mean hospital stay was 18.2 (8–37) days. The complication rate in our series was 4.6%. Percutaneous drainage was performed in 14 patients underwent interventional radiology. A total of 21 endoscopic procedures (stent: 10, clip: 5, dilatation: 4, double j catheter: 1 and septotomy: 1) were performed. While the mean BMI of the 1st, 3rd, 6th, 12th, 24th and 36th months were 41.8, 35.4, 32.2, 29.2, 28.9, 29.5%, the EWL values were 16.66, 45.06, 58.79, 71.77, 73.01 and 70.63%, respectively. Despite the complication after sleeve gastrectomy, HT remission rate was 60% (n=2) and 83.3% (n=5) for DM and OSAS.

**Conclusions:** The results of early complications after bariatric surgery have been reported in almost all articles. However, when the literature is reviewed, it is difficult to find data on the comorbidities of the patients with complications. Our single center series results; successful struggle with complications after sleeve gastrectomy; it provides effective weight loss and has a positive effect on the remission of comorbid diseases. Our study has some limitations: data are from a single center, follow-up period is only 3 years. The number of cases is small. No additional examination criteria such as quality of life scale and psychiatric evaluations were performed.

**Keywords:** Morbid obesity; sleeve gastrectomy; complications

*Provenance and Peer Review:* This abstract is included in “Abstracts from the 3rd Turkish National Congress on Bariatric and Metabolic Surgery, 21st-24th November 2019, Antalya-Turkey”, which is commissioned by the Guest Editor (Mehmet Mahir Özmen) for the series “Bariatric and Metabolic Surgery” published in *Annals of Laparoscopic and Endoscopic Surgery*. This abstract did not undergo external peer review.

*Conflicts of Interest:* Both authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/>

ales-2019-bms-15). The series “Bariatric and Metabolic Surgery” was commissioned by the editorial office without any funding or sponsorship. The authors have no other conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/ales-2019-bms-15

**Cite this abstract as:** Gemici E, Seyit H. Do complications end the effectiveness of sleeve gastrectomy? Ann Laparosc Endosc Surg 2020;5:AB004.