



Sleeve Gastrectomy a Safe and Effective Procedure for Morbid Obesity and Diabetes Mellitus

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Editorial

Bariatric surgery is the only effective treatment for morbid obesity, able to offer long-term weight loss and remission or improvement of obesity co-morbidities. The International Federation for the Surgery (IFSO) of Obesity and metabolic disorders has created guidelines for the safe and effective management of patients suffering from obesity or metabolic disorders such as diabetes mellitus [1]. Institutions and surgeons fulfilling those requirements and able to prove that they offer safe and effective management of patients with morbid obesity, diabetes may receive the designation as Center of Excellence (CoE) in bariatric and metabolic surgery. The European Accreditation Council for Bariatric and Metabolic surgery (EAC-BS) administers the CoE program. It is an organization formed to examine surgeon's credentials, institutional facilities, services and the outcome of the surgical procedures to ensure optimal management of bariatric and metabolic patients in close cooperation with the European Chapter of IFSO (www.EAC-BS.com). Preoperative and postoperative data from all patients operated in Institutions participating at IFSO CoE program are entered into the International Bariatric Registry (IBAR™) in order to enable the evaluation of each surgeon and institution [2]. There are 4 operations most commonly used by the program participants. Sleeve Gastrectomy, Roux-en-Y Gastric Bypass, Mini/One anastomosis Gastric Bypass and Adjustable gastric Banding. The latest in progressively declining numbers. The following data are from patients who underwent sleeve gastrectomy for the treatment of morbid obesity at IFSO Centers of Excellence from January 2010 to May 2019. There were steadily increasing numbers of patients who underwent sleeve gastrectomy from the initiation of the program in 2010 to date. This operation represents today's mostly commonly used bariatric/metabolic procedure worldwide [3]. Until the end of May 2019 32,930 morbidly obese patients had a sleeve gastrectomy as primary one step procedure. There were 20,999 female patients (Male/Female ratio 1/1.8). Forty percent of the patients were below 40 years of age and 19.35% of them were super obese (BMI>50 kg/m²). Laparoscopic approach was used in 99.51% with a conversion rate of 0.05%. Early (30 days) post-operative complications of 3.02% were observed with bleeding-the most common complication-followed by general complications such as atelectasis, arrhythmia etc. Leak rate manifested before patient's discharge, was as low as 0.15% (49 patients). Median length of hospital stay was 3 days (0 to 38 days). Following hospital discharge, 530 patients (1.61%) required readmission in the first 30 post-operative days. Intra abdominal abscess in 0.30% and leak in 0.27% were the most common reasons for hospital return. It is interesting that from the readmitted patients 401 were re-operated (75.66%). Five patients died 30 days post-operatively (0.015% mortality). Weight loss was 66.7% at 12 post-operative months, 68% at two years and 63.8%, 61.4%, 60.3% at 3rd, 4th and 5th post-operative years respectively. Remission of diabetes mellitus occurred in 54% in the first post-operative year and 64%, 69%, 59%, 62% in the 2nd, 3rd, 4th and 5th year respectively. In conclusion, Sleeve Gastrectomy is a relatively simple, safe and effective operation for the treatment of morbid obesity and Diabetes. Recently, fear has been expressed that this procedure may aggravate existing gastroesophageal reflux or even creates de novo reflux with subsequent development of severe oesophagitis, Barret oesophagus and finally oesophageal carcinoma [4]. However, after 25 years of duodenal switch which includes a sleeve gastrectomy, there are still no reports of esophageal adenocarcinoma [5].

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