

Study suggests laparoscopic gastric bypass surgery appears to be safer than open procedure

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A study that examined national outcome differences between laparoscopic Roux-en-Y gastric bypass and open Roux-en-Y gastric bypass suggests that the minimally invasive laparoscopic procedure was associated with greater safety and used fewer resources because of shorter hospital stays and less cost, according to a report in the June issue of *Archives of Surgery*.

A major public health concern, obesity has been associated with such adverse [health conditions](#) as diabetes, [cardiovascular disease](#), [hypertension](#) and some cancers. Bariatric surgery has proven to be an effective option to treat those patients who are morbidly obese, although mortality and other complications are serious risks associated with the procedure, according to the study background.

Gaurav Banka, M.D., and colleagues from the Stanford University School of Medicine, California, used data derived from the 2005-2007 Nationwide Inpatient Sample (NIS), the largest publicly available, all-payer inpatient database in the United States, to examine the two procedures.

The open Roux-en-Y gastric bypass (ORYGB) group consisted of 41,094 patients and the laparoscopic Roux-en-Y gastric bypass (LRYGB) group consisted of 115,177 patients. The [median age](#) of patients was 42.7 years and the majority of patients were white and

female. A higher percentage of ORYGB than LRYGB patients were covered by Medicare (9.3 percent vs. 7.1 percent) and Medicaid (10.4 percent vs. 5.9 percent), according to the study's results.

More ORYGB patients compared with LRYGB patients were discharged with nonroutine dispositions (7.7 percent vs. 2.4 percent), died (0.2 percent vs. 0.1 percent), and had one or more complications (18.7 percent vs. 12.3 percent).

Patients who had ORYGB compared with LRYGB also had longer median lengths of hospital stay (3.5 vs. 2.4 days) and higher total charges (\$35,018 vs. \$32,671).

"The minimally [invasive approach](#) of LRYGB appears to allow greater safety and lower resource use than ORYGB," the authors conclude.

"This large, nationally representative comparison confirms and replicates prior randomized trial evidence supporting the laparoscopic approach, indicating safe dissemination of this technology. For bariatric surgery, patient safety may be further enhanced by appropriate application of the laparoscopic approach."

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