

Five-year outcomes following bariatric surgery in patients with BMIs of 50 to 60

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The bariatric surgical procedure biliopancreatic diversion with duodenal switch resulted in more weight loss and better improvement in blood lipids and glucose five years after surgery compared with usual gastric bypass surgery but duodenal switch was associated with more long-term surgical and nutritional complications and more adverse gastrointestinal effects, according to a report published online by *JAMA Surgery*.

Duodenal switch and Roux-en-Y gastric bypass are surgical procedures used to treat severe obesity, although there is no consensus on the preferred procedure.

The article by Hilde Risstad, M.D., of Oslo University Hospital, Norway, and coauthors reports on the five-year outcomes from a clinical trial that included 60 patients between the ages of 20 and 50 with a body mass index (BMI) of 50 to 60 (31 underwent gastric bypass and 29 underwent duodenal switch).

Five years after surgery, the average reductions in BMI were 13.6 after gastric bypass and 22.1 after duodenal switch, according to study results. Remission rates of type 2 diabetes, metabolic syndrome, changes in blood pressure and lung function were similar between the two groups. However, reductions in total cholesterol, [low-density lipoprotein cholesterol](#), triglycerides and fasting glucose were greater after duodenal switch compared with gastric bypass. Health-related quality of life was similar for both groups but nutritional complications and adverse gastrointestinal effects were more common with duodenal switch.

Patients who underwent duodenal switch also had more surgical procedures related to the initial procedure and more hospital admissions compared with patients who underwent [gastric bypass](#).

"We recommend that duodenal switch be used with caution owing to a higher rate of additional surgical procedures and risk of nutritional complications," the authors conclude.

In a related commentary, Oliver A. Varban, M.D., and Justin B. Dimick, M.D., M.P.H., of the University of Michigan, Ann Arbor, write: "Given the high complication rates of duodenal switch in the study by Risstad et al, it is difficult to recommend duodenal switch as a first-line [weight loss](#) procedure. At the very least, patients seeking this procedure should receive ample warning regarding the very high risks of adverse nutritional outcomes and the high reoperation rate. Patients with poor compliance and poor follow-up should not be offered this procedure because they could be at risk of fatal complications if postoperative problems are not addressed in a timely fashion."

More information: *JAMA Surgery*. Published online February 4, 2015. [DOI: 10.1001/jamasurg.2014.3579](https://doi.org/10.1001/jamasurg.2014.3579)
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