

## **In mildly obese patients, sleeve-it surgery may increase weight loss and glycemic control**

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In mildly obese ("class I") patients, sleeve with ileal transposition (sleeve-IT) surgery results in better glycemic control than either gastric bypass or clinical treatment, a new study from Brazil suggests. The results will be presented Friday, April 1, at ENDO 2016, the annual meeting of the Endocrine Society, in Boston.

"This recent technique that combines sleeve gastrectomy with ileal transposition was an effective and safe choice for treating patients with mild obesity," said lead study author Ana Priscila Soggia, MD, endocrinologist in the Division of Clinical Research at the Hospital Sirio-Libanês in São Paulo.

Bariatric surgery for weight loss has been performed for many years, and in 80 percent to 90 percent of patients with moderate or severe obesity, [bariatric surgery](#) leads to remission of Type 2 diabetes.

But not much is known about the corresponding impact of bariatric surgery on mildly obese patients who have diabetes.

"Although in 2010, the International Diabetes Federation recommended surgery for diabetic patients with mild obesity if clinical treatment is not successful, few related studies on this topic have been published," Soggia said. "The first surgical choice is gastric bypass. However, sleeve-IT, a recent technique not yet approved, increases the beneficial effects of traditional surgery, due to intestinal physiological mechanisms, without increasing the risk of side effects."

Soggia and her colleagues explored the possibility of bariatric surgery as a treatment for diabetes in patients with mild obesity (body mass index 30 to 35) by comparing two different types of surgery for weight loss with clinical treatment for diabetes in their hospital patients.

The 42 mildly obese study participants with poorly controlled Type 2 diabetes were, on average, 51 years of age and 62 percent were women. The researchers randomly assigned them to receive one of three treatments: sleeve-IT surgery, [gastric bypass surgery](#), or clinical diabetes treatment.

After one year of treatment, 100 percent of patients having sleeve-IT and 46 percent of those having gastric bypass weight-loss procedures reached [glycemic control](#) (glycated hemoglobin 6.5 percent or less), compared with 8 percent of those treated clinically for diabetes. And overall, 75 percent of patients having sleeve-IT and 30 percent of those having gastric bypass reached remission (glycemic control without medication).

Weight loss was greater in the sleeve-IT and gastric bypass than in the clinical group. On average, participants in the sleeve-IT group lost 18.6 kg (40.9 lb), and those in the [gastric bypass](#) group lost 22.5 kg (49.5 lb), while those treated clinically lost only 4.7 kg (10.3 lb).

Four patients experienced serious adverse events, but no deaths or life-threatening complications occurred.

The research team plans to continue to assess the results during 24 to 36 months of follow up.

The Hospital Sirio-Libanês, through its philanthropic program PROADI, sponsored the study.

Provided by The Endocrine Society

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