

Surgical glue reinforcement OK for lap sleeve gastrectomy

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(HealthDay)—Surgical glue is safe and cost-effective, compared to

standard stapling, during laparoscopic sleeve gastrectomy, according to a study published online March 21 in the *Journal of Evaluation in Clinical Practice*.

Gregoire Mercier, M.D., Ph.D., from CHU de Montpellier in France, and colleagues compared clinical and [economic outcomes](#) in consecutive [patients](#) undergoing laparoscopic sleeve gastrectomy (2011 to 2012) who received standard stapling (99 patients; group 1) or surgical glue reinforcement (94 patients; group 2).

The researchers found that the duration of intervention was significantly shorter in group 2 (68 versus 82 minutes; $P = 0.001$). Complications were not significantly different between the groups, although leaks in group 1 were more severe. Group 2 had a reduced initial length of stay (4.8 versus 5.2 days; $P = 0.01$), as well as fewer six-month readmissions and shorter total length of stay (5.5 versus 6.1 days; $P = .003$). Initial inpatient cost was significantly reduced with surgical glue (€5,488 versus €6,152; $P = 0.005$), as was six-month total inpatient cost, which included readmissions (€6,006 versus €6,754; $P = 0.005$).

"Surgical glue might be a safe and cost-effective intervention in laparoscopic sleeve gastrectomy," the authors write.

More information: [Abstract](#)
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