

Gastric bypass is best weight loss option for diabetes patients, study finds

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Bariatric surgery—either gastric bypass or sleeve gastrectomy—is recommended for people with type 2 diabetes and a body mass index of

40 or above. But the optimal treatment remains unclear and may depend on the severity of the patient's diabetes.

Using data from previous studies and databases, researchers at Columbia University's Vagelos College of Physicians and Surgeons, led by Chin Hur, MD, MPH, created a model to investigate the effectiveness, quality of life gains, costs, and complications of [gastric bypass](#), sleeve gastrectomy, and [medical therapy](#) among patients over a five-year period.

The study is the first to consider diabetes severity in a comparison of gastric bypass and sleeve gastrectomy, which are the two most popular forms of [bariatric surgery](#) in the United States.

Gastric bypass is a more complex procedure than sleeve gastrectomy, and previous studies show it is associated with more complications. Gastric bypass creates a small pouch in the stomach that is attached to the small intestine, so that food bypasses much of the stomach and some of the [small intestine](#). After the surgery, less food can be ingested and absorbed. In sleeve gastrectomy, the stomach is permanently reduced to about one quarter its original size, but no bypass is created.

The new analysis projected that gastric bypass leads to greater weight loss and a greater rate of remission of diabetes than [sleeve gastrectomy](#) or medical therapy, which involves lifestyle counseling and medication.

Gastric bypass surgery also was projected to produce the best results regardless of diabetes severity.

"Determining which groups may benefit from a specific strategy is an important step toward personalized medicine," says Hur.

"Our study suggests that in most cases, gastric bypass is the preferred

strategy when looking at a five-year time frame, despite higher upfront surgical costs and complications, and becomes even more cost-effective when considered over 10 or 30 years."

The study was published Feb. 14 in *JAMA Network Open*.

More information: Brianna N. Lauren et al, Estimated Cost-effectiveness of Medical Therapy, Sleeve Gastrectomy, and Gastric Bypass in Patients With Severe Obesity and Type 2 Diabetes, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2021.48317](https://doi.org/10.1001/jamanetworkopen.2021.48317)

Provided by Columbia University

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