Weight-loss surgery provides benefit to high-risk, severely obese patients

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Among surgeries for obesity, a newer, increasingly popular procedure called sleeve gastrectomy provides more weight loss to high-risk, severely obese patients than adjustable gastric banding, a new study suggests.

The researchers followed 40 severely obese individuals who were considered high risk because of their body mass index (BMI), age and gender. Most were men over age 50 who also had diabetes or hypertension or both for two years.

The patients underwent one of two procedures to restrict the stomach size: sleeve gastrectomy or adjustable gastric banding. Regardless of the procedure, all surgeries were performed laparoscopically.

Two years after surgery, patients in both groups had lost substantial weight, but those who had had a sleeve gastrectomy shed, on average, 16 additional pounds.

The study is available online in the *Journal of the Society of Laparoendosopic Surgeons*.

“The gastric sleeve is an improvement in terms of total weight loss for these high-risk patients,” says study author Esteban Varela, MD, associate professor of surgery at Washington University School of Medicine in St. Louis and a bariatric surgeon at Barnes-Jewish Hospital. “There’s not a single type of obesity surgery that’s best for all patients.

We think the gastric sleeve provides solid, safe results for these severely obese, high-risk patients."
In a sleeve gastrectomy, a large part of the stomach is removed and the remaining is refashioned into a narrow tube to restrict food intake. Gastric banding involves placing an inflatable silicone ring around the upper stomach to limit food consumption.

Both procedures were safe and effective with no major complications. Patients in the sleeve gastrectomy group weighed an average 302 pounds before surgery and had a BMI of 45. These patients lost an average 65 pounds in the two years following surgery.

This compares with an average weight loss of 49 pounds for those in the gastric banding group. They began the study weighing an average 280 pounds and with a BMI of 43.

Varela conducted the study at the Dallas VA Medical Center before he joined the Washington University faculty.

Minor complications, while low in both groups, were slightly higher among patients who received the sleeve gastrectomy. They included nausea and vomiting and inflammation at the incision site. No patients in the study died, and none needed a second surgery because of complications.

One reason why sleeve gastrectomy may result in more weight loss is because hormones that induce hunger are produced in the part of the stomach that is removed, other studies have shown.

In his practice, Varela recommends sleeve gastrectomy to many of his severely obese, high-risk patients. But, he notes, every patient is different.

“The choice of weight-loss surgery begins with a conversation between patient and surgeon,” he says. “Overall health and surgical and medical history all play a role in determining the most appropriate procedure. Most experts in the field agree that there is no one-size fits-all procedure and that safety should be a priority.”

The Washington University bariatric surgery program at Barnes-Jewish Hospital is designated as a Bariatric Surgery Center of Excellence by the American Board of Bariatric Surgery.

Provided by Washington University School of Medicine in St. Louis

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