

Sleeve gastrectomy tied to drop in GDM, excessive fetal growth

27 February 2018



4.2 percent) and low-birth-weight neonates (12.6 versus 4.2 percent). The study group had lower hemoglobin levels in early pregnancy (median, 12.6 versus 13.2 g/dL) and after delivery (10.5 versus 10.8 g/dL); during pregnancy, a higher proportion of patients were treated with intravenous iron supplementation (14.3 versus 0.8 percent). The study group had lower cesarean delivery rates during labor (10.1 versus 20.2 percent).

"In conclusion, in this study, laparoscopic sleeve gastrectomy had an overall positive effect on maternal and neonatal outcomes," the authors write.

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(HealthDay)—Laparoscopic sleeve gastrectomy is associated with a lower rate of gestational diabetes mellitus and excessive fetal growth, according to a study published online Feb. 5 in *Obstetrics & Gynecology*.

Amihai Rottenstreich, M.D., from the Hadassah-Hebrew University Medical Center in Jerusalem, Israel, and colleagues conducted a retrospective case-control study of deliveries that happened from 2006 to 2016. The study group included 119 women who had undergone laparoscopic sleeve gastrectomy, and the control group was made up of 119 women matched for preoperative body mass index, age, parity, delivery history, and delivery year.

The researchers found that the study group had lower rates of [gestational diabetes mellitus](#) (3.4 versus 17.6 percent), large-for-gestational-age neonates (1.7 versus 19.3 percent), and birth weight >4,000 g (0.8 versus 7.6 percent) than the control group. They also had a higher proportion of small-for-gestational-age neonates (14.3 versus

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APA citation: Sleeve gastrectomy tied to drop in GDM, excessive fetal growth (2018, February 27) retrieved 23 May 2019 from <https://medicalxpress.com/news/2018-02-sleeve-gastrectomy-tied-gdm-excessive.html>

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