

Sleeve Gastrectomy in the Super-Super Morbidly Obese (BMI >60 kg/m²): A Canadian experience

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Objectives

We report the outcomes of laparoscopic sleeve gastrectomy (LSG) in the super-super morbidly obese by a single surgeon in a Canadian center.

Methods

76 morbidly obese patients (BMI >60 kg/m²) underwent LSG between September 2005 and January 2012. A retrospective analysis of patient demographics, percentage of excessive weight loss, complications and resolution of comorbidities was conducted. After LSG, the patients were followed until their weight loss stopped. If further weight loss was necessary, they then underwent a second-stage duodenal switch procedure.

Results

The mean body mass index (BMI) was 69.2 kg/m² (range 60.1-98.4). Mean excess weight loss (EWL) attributed to the LSG up to 3 years are shown in the graph. Complications were seen in 5 patients (6.6 %), including one staple line leak, two post-operative pulmonary embolisms, one port site hernia, and one minor wound infection. There were no mortalities. A total of 33 patients underwent a planned second-stage duodenal switch procedure after the weight loss had plateaued at 1 year (n=7), 2 years (n=20), and 3 years (n=6).

Conclusion

In this highly selected group of super-super morbidly obese patients, LSG produced an effective and reliable weight loss with few perioperative complications. A second stage procedure can be added at a later date if further weight loss needs to be achieved.

