

SURGICAL TECHNIQUE FOR SLEEVE GASTRECTOMY: COMPARISON BETWEEN MEDIAL VERSUS LATERAL APPROACH – 3 YEAR OUTCOMES

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INTRODUCTION

No consensus exists in the literature for the best surgical technique when performing a sleeve gastrectomy (SG). Medial and lateral approaches have been described, but no study could identify if one technique is better in terms of clinical outcomes.

METHODS

Data from the Ontario Bariatric Registry was used for this retrospective study to compare the effectiveness and safety of SG using the medial approach versus the lateral approach, during a 3-year follow-up.

RESULTS

Between January 2010-2015, 564 patients underwent a SG surgery at St Joseph's Healthcare Hamilton. 229 patients underwent a medial approach (72.9% female, age 46.9, BMI 54.4) and 335 underwent a lateral approach (73.1% female, age 48.8, BMI 56.3). Both groups were comparable in terms of baseline comorbidities. Weight loss and complications are as follow:

		Medial approach	Lateral approach	p-value
Weight loss				
Decrease in BMI (SD)	1 year	15.9 (7.0)	15.0 (7.6)	NS
	3 years	14.5 (6.7)	13.7 (8.3)	NS
OR time minutes(SD)		70.4 (15.8)	95.3 (31.3)	p<0.05
Complications n (%)				
Mortality 30-day		0	0	NS
Overall complications		10 (4.4)	11(3.3)	NS
Wound infection		1 (0.4)	2 (0.6)	NS
Stricture		2 (0.9)	1 (0.3)	NS
Hospitalization		4 (1.7)	6 (1.8)	NS
Revision		3 (1.3)	4 (1.2)	NS

CONCLUSIONS

Both the lateral and medial approach are effective and safe for performing the SG. No significant differences were seen in weight loss and rate of complications at 3 years. The medial approach may decrease operative time. Further study is required to determine if a consensus can be obtained.