

EARLY EXPERIENCE WITH A NOVEL PROCEDURE FOR OBESITY: LAPAROSCOPIC SLEEVE GASTRECTOMY

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BACKGROUND: Bariatric surgery offers the morbidly obese substantial and sustainable weight loss and reduction in obesity-related co-morbidities when other conservative treatments have failed. Laparoscopic sleeve gastrectomy is a new restrictive procedure in bariatric surgery.

AIMS: To evaluate our experience with laparoscopic sleeve gastrectomy (LSG), a new bariatric surgical procedure, with regards to safety and feasibility of the procedure and early weight loss.

METHODS: All patients who underwent LSG were studied in terms of their complications and early clinical results. Patients' clinical data were retrieved from a prospective database.

RESULTS: Twenty-three patients underwent laparoscopic sleeve gastrectomy between the period of December 2008 and June 2010 with a mean age of 38 years (Range: 23 - 64). The mean pre-operative weight was 112kg (range 78-170) and body mass index (BMI) 42.1kg/m² (33 - 60). Diabetes mellitus was present in 39%, hypertension in 43% and hyperlipidemia in 35% of the patients. Majority of patients had two or more obesity-related co-morbidities (52%). The stomach was tubularised over a 38French calibration tube using endoscopic staplers. Mean operative time was 142 mins (80 - 220). There were no conversions. 1 patient required re-laparoscopy on the 1st post-operative day for bleeding from the gastric staple line. She subsequently recovered well but developed a wound infection from one of the laparoscopic port sites. There were no other morbidities. Median postoperative stay was 3 days (1-9). Mean weight 1, 3 and 6 months post-operatively was 102, 90 and 79kg, a loss of 9, 20 and 30% respectively.

CONCLUSION: Laparoscopic sleeve gastrectomy is a promising procedure for surgical treatment of obesity with good early weight loss and low morbidity.