

## The introduction of laparoscopic sleeve gastrectomy: initial three clinical experiences

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**Introduction:** Recently, Sleeve gastrectomy (SG) has been proposed as potential single restrictive bariatric procedure. In fact, clinical outcome in terms of weight loss and resolution of comorbidities encouraged and stimulated the diffusion of SG as a primary bariatric procedure. Based on the above, laparoscopic sleeve gastrectomy (LSG) was introduced for primary procedure for morbid obesity in our institution. The objective of this study was to evaluate the feasibility and safety of LSG at the time of introduction for initial three cases. **Objectives:** LSG was introduced in our institution in March 2010 and performed in 3 patients (1 male, 2 females). Case 1: 26 year-old male, BMI 48.1 kg/m<sup>2</sup>, his comorbidities with obesity were insulin dependent diabetes mellitus (DM), hyperlipemia, fatty liver, insomnia, and sleep apnea syndrome, Case 2: 24 year-old woman, BMI 44.1 kg/m<sup>2</sup>, with slight mental retardation, and her comorbidities were right cardiac failure and pulmonary hypertension, Case 3: 43 year-old woman, BMI 44.3 kg/m<sup>2</sup>, with psychiatric disorder, and her comorbidities were the same as case 1. **Results:** LSG was completed in 3 patients without conversion to laparotomy. Each operating time (minutes) was 150, 250, 176 and estimated blood loss (ml) was 20, 540, 30, respectively. No major postoperative complications directly related to LSG were noted. All patients showed uneventful postoperative recovery, with their oral intake resumed in 2 days and median hospital stay of 15 days. They showed expected effect on body weight loss, and remarkable improvement of DM in case 1 and 3 resulted in no need for insulin injection. **Conclusion:** LSG was safely introduced as primary procedure for morbid obesity in our institution.