

An Individual Surgeon versus a Team Approach: Surgical Outcomes of Laparoscopic Roux-en-Y Gastric Bypass

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Purpose: Laparoscopic Roux-en-Y gastric bypass (LRYGB) has been shown to improve both the health and quality of life of morbidly obese patients. We studied to compare the efficacy and safety of using a team approach to LRYGB versus an individual surgeon. **Materials and Methods:** Data were retrospectively collected from 200 consecutive patients undergoing LRYGB for morbid obesity between August 2005 and February 2008. Group I (GI) and Group II (GII) included 50 patients who underwent surgery and were cared for by the same surgeon. Group III (GIII) included the next 100 consecutive patients, who underwent LRYGB by the same surgeon, but were cared for by a dedicated bariatric team. **Results:** Among the 76 males (38%) and 124 females (62%) in the study, excess weight loss at 1 and 3 months follow-up did not differ; however, it was significantly different at 6 months and 12 months. At mean follow-up, 30% in GI, 6% in GII, and 8% in GIII experienced complications. Most complications in the GI group occurred early and were related to surgical technique, while in groups GII and GIII, complications related to technique were markedly reduced. Males were 4.57 times as likely as females to have complications related to bariatric surgery. **Conclusions:** A team-based approach is a better option for patients undergoing LRYGB than is cared for by a single surgeon. With an experienced bariatric surgeon, the team approach resulted in shorter operative times and hospital stays, better weight loss without increased complications.