

SURGERY

Laparoscopic sleeve gastrectomy as the first-line surgical option for morbid obesity

The results of a study published in the *Annals of Surgery* suggest that laparoscopic sleeve gastrectomy should be regarded as the procedure of choice in a selected group of patients with morbid obesity. “The main implication as to the future of obesity surgery is that laparoscopic sleeve gastrectomy must be considered as the first step to a duodenal switch in 50% of cases,” states investigator Jacques Himpens (Dendermonde, Belgium).

Numerous surgical procedures are now available to treat obesity. Laparoscopic sleeve gastrectomy introduces a vertical division of the stomach to create a narrow pouch; the excess stomach is then removed. The aim is to restrict the amount of food eaten, without altering absorption of vitamins and minerals. Promising short-term data had previously indicated that this procedure might potentially represent the definitive operation for people with obesity. The aim of the current

study was to evaluate the long-term efficacy and safety of laparoscopic sleeve gastrectomy as the intended first (and final) surgical intervention in patients with morbid obesity.

“...the first operation (for example, band gastroplasty) should not jeopardize a possible second procedure...”

The researchers evaluated 53 consecutive patients (median BMI 39 kg/m²) selected for restrictive surgery according to the 1991 NIH guidelines and an empirically established algorithm. Eligible participants were nondiabetic, large-volume eaters, who were not subject to marked episodes of acid reflux. All participants underwent laparoscopic sleeve gastrectomy and were assessed postoperatively at years 3 and 6.

The percentage of excess weight loss after surgery was 72.8% at 3 years; however, this

measure had dropped to 57.3% after 6 years. In addition, postoperative morbidity, such as the incidence of self-reported acid reflux, increased over time. By year 6, several participants had been lost to follow-up and 11 patients had undergone a second procedure (duodenal switch) or a ‘resleeve’ operation. Overall objective failure rates of laparoscopic sleeve gastrectomy were 47% and 64% at years 3 and 6, respectively.

“I think it is important surgeons realize that the first bariatric operation in a patient very likely will not be the last one, and therefore the first operation (for example, band gastroplasty) should not jeopardize a possible second procedure,” Himpens concludes. “With our present knowledge, laparoscopic sleeve gastrectomy fulfils this prerequisite.”

Vicky Heath

Original article Himpens, J. *et al.* Long-term results of laparoscopic sleeve gastrectomy for obesity. *Ann. Surg.* 252, 319–324 (2010)