

Introduction of laparoscopic vertical sleeve gastrectomy into bariatric practice

¹John Flynn Private Hospital ²Bond University Medical School

William V. Braun¹, Maree Kekeff², Donna Tanchev², Candice Silverman¹, Laurent Layani¹

Aim: LVSG has recently become popular as bariatric procedure, not only as first step in high risk or superobese patients or in cases of failed restrictive operations, but mainly as a stand alone operation in morbidly obese. Our aim is to investigate safety, efficacy and consistency of LVSG in both weight loss and remission of patients comorbidities

Methods: Retrospective and prospective analysis of all LVSG performed at John Flynn private in Gold Coast from January 2008 until August 2010 was performed. Patients telephone interviews were conducted to establish overall satisfaction with procedure and service

Results: 106 LVSG were performed from January 2008 to August 2010. Male to female ratio to 1:1.1. Median age and BMI were 47 (22 to 70), and 52 (35.5 to 81) respectively. 43 procedures were staged operations following failed LGB (40) and open stapling gastroplasty (3). Mean operative time was 79 min (38 to 133 min). There was no mortality. Postoperative complications included gastric leak (1), minor wound infection (4) and prolonged nausea (1). Median LOS was 2 (1 to 61 days). Follow-up was achieved in 97 patients (92%). Mean EWL was 69.1% (23 to 100%) at 6 to 12 months for primary VLSG and 38.5% (16.7 to 76.6) for staged operations. Major comorbidities subsided. 93 (88%) patients provided their feed back over telephone with overall satisfaction rate 100%

Conclusions: LVSG is safe and efficacious procedure. It achieves excellent results in weight loss and sustainable short and midterm improvement of overall patients health. Serious complications do however occur and pose high demands on care providers as well as patients and their families