



Outcomes in Super Obese Patients Undergoing One Anastomosis Gastric Bypass or Laparoscopic Sleeve Gastrectomy

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Abstract

Introduction The data on the role of OAGB in super obese patients and its direct comparison with LSG in super obese patients is scarce.

Objectives To compare weight loss, impact on comorbidities and nutritional parameters between LSG and OAGB in super obese patients.

Methods Prospectively collected data of 75 matched patients with BMI > 50, who underwent either laparoscopic sleeve gastrectomy (LSG) or one anastomosis gastric bypass (OAGB), was analyzed retrospectively. Percentage excess weight loss at 1 year and impact on comorbidities were compared in both the groups.

Results Both the groups were comparable for age, sex, BMI, and presence or absence of diabetes mellitus. Mean TWL% ± 2SD at 1 year was 30.09% ± 19.76 in patients undergoing LSG, while it was 39.9% ± 12.78 in patients undergoing OAGB ($p < 0.001$). In the LSG group, 85.7% and 66.67% of patients had remission of diabetes mellitus and hypertension, respectively, as compared to 77.77% and 78.5%, respectively, in the OAGB group. All the patients with OSA had a resolution of their symptoms in both the groups. Patients in the OAGB group became more folate deficient despite regular supplementation.

Conclusion Weight loss following OAGB was found to be better than LSG in the super obese patients in our study. There was a similar resolution of comorbidities and a lesser rate of major complications in the OAGB group.

Keywords Outcomes · Super obese · Sleeve gastrectomy · One anastomosis gastric bypass

Introduction

Super obese patients have been a challenge for management because of their associated comorbidities and large

liver size resulting in decreased workspace [1]. Laparoscopic sleeve gastrectomy (LSG) has been a preferred bariatric surgical option due to its ease and low morbidity in morbidly obese patients [2, 3]. However, there has been a concern regarding weight regain following LSG [4, 5]. One anastomosis gastric bypass (OAGB) is an upcoming and safe weight loss surgical option with reliable weight loss [6–8]. OAGB is a technically easier procedure with results comparable to Roux en Y gastric bypass (RYGB) [9, 10]. There have been only a few studies among super obese patients especially comparing outcomes among sleeve gastrectomy and OAGB, with no such study in Indian population [11–13].

Objectives

To compare weight loss, impact on comorbidities and nutritional parameters between LSG and OAGB in super obese patients.

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