

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



SAFETY OF SLEEVE GASTRECTOMY WITH AND WITHOUT
PROPHYLACTIC ANTICOAGULATION (2022–2024), COPIAPO.
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IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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Disclosure Slide



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Background

- Thromboembolic disease is a recognized risk following bariatric surgery. However, the real impact of postoperative prophylactic anticoagulation in preventing thrombotic events remains debated, especially in regional centers with limited resources.

Objectives

- To evaluate whether the use of postoperative anticoagulants in patients undergoing sleeve gastrectomy reduces the incidence of thromboembolic complications.



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Methods

- A retrospective cohort study was conducted at Clinifit Bariatric Center in Copiapó, Chile, including 486 patients undergoing bariatric surgery between 2022 and 2024.
- Of these, 184 patients underwent sleeve gastrectomy and were divided into two groups:
 - 83 patients didn't receive postoperative anticoagulation
 - 101 patients received prophylactic postoperative anticoagulation with apixaban for 15 days since the third postoperative day
- Primary outcome: occurrence of thromboembolic events (deep vein thrombosis, portomesenteric thrombosis, pulmonary embolism).
A Fisher's exact test was applied to evaluate statistical significance between groups.



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Results

- Thrombotic events occurred in 2 patients (2.4%), both from the non-anticoagulated group (83 patients)
- These cases were portomesenteric thrombosis. one of them died due to complete intestinal necrosis
- No events occurred in the anticoagulated group (101 patients)
- Fisher's exact test yielded a p-value of 0.202, indicating no statistically significant difference between groups.



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Conclusions

- Although all thrombotic complications occurred in patients without anticoagulation, the difference was not statistically significant.
- These findings highlight a possible *protective trend* of anticoagulation in sleeve gastrectomy patients but underscore the need for *larger studies* to reach conclusive evidence, especially in regional resource limited settings.