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## Effect of Laparoscopic Sleeve Gastrectomy vs Laparoscopic Roux-en-Y Gastric Bypass on Weight Loss in Patients With Morbid Obesity

The SM-BOSS Randomized Clinical Trial

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**Conclusions and relevance:** Among patients with morbid obesity, there was no significant difference in excess BMI loss between laparoscopic sleeve gastrectomy and laparoscopic Roux-en-Y gastric bypass at 5 years of follow-up after surgery.

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### Review

## Comparative analysis of weight loss and resolution of comorbidities between laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass: A systematic review and meta-analysis based on 18 studies

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**Conclusions:** The present meta-analysis indicated that both Laparoscopic Roux-en-Y gastric bypass and laparoscopic sleeve gastrectomy had the same effectiveness in resulting in excess weight loss and type 2 diabetes mellitus resolution. However, patients who received laparoscopic sleeve gastrectomy experienced fewer postoperative complication and reoperation rates than those who received Laparoscopic Roux-en-Y gastric bypass. Laparoscopic Roux-en-Y gastric bypass was superior in the management of dyslipidemia, hypertension and gastroesophageal reflux disease.



## Objectives

- ✓ **RYGB vs GS** in a real clinical setting of a second care center
- ✓ Main goal: to compare **weight loss between the two groups at 12m PO time**.
- ✓ Secondary goals: compare **post-operative complications** and **remission of obesity-related comorbidities**.

## Design, setting and participants

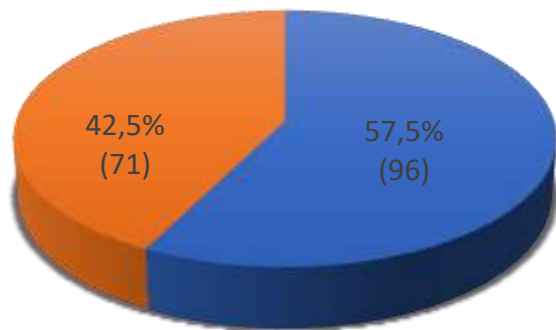
- ✓ Restrospective and descriptive analysis of all patients submitted to **RYGB and GS** at **Unidade Local de Saúde de Matosinhos** between **January 2018 and September 2021**.
- ✓ Data analysis: IBM SPSS v27





## Results

n = 167



■ RYGB ■ GS

Mean age: **46,5** (20-67)

15% (25)



85% (142)

	GS	RYGB	GS vs RYGB
Gender	86% ♀	84% ♀	.783
Comorbidities	75%	75%	.959
Age (mean)	47,9	45,5	.143
Hypertension	48%	52%	.592
Diabetes	32%	30%	.763
ASA 3 or 4	47%	70%	<b>.002</b>
BMI (mean)	42	44	<b>.018</b>
OSA	10%	23%	<b>.028</b>
GERD	13%	35%	<b>&lt;.001</b>
Dyslipidemia	51%	34%	<b>.034</b>

Length of stay: **3** (median), GS vs RYGB: **p.252**

Overall complications at PO day 30: **p.313**

	GS	RYGB
CD <3	1,4% (1)	6,3% (6)
CD ≥3	2,8% (2)	3,1% (3)

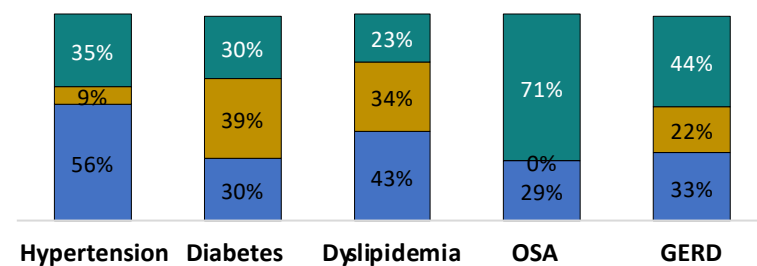


# Results

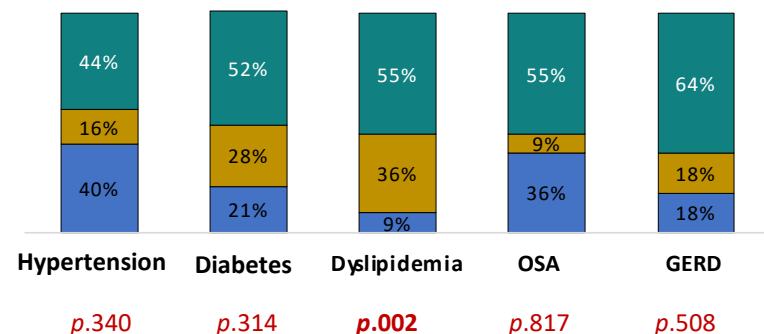
## Remission of obesity-related comorbidities

### Gastric Sleeve

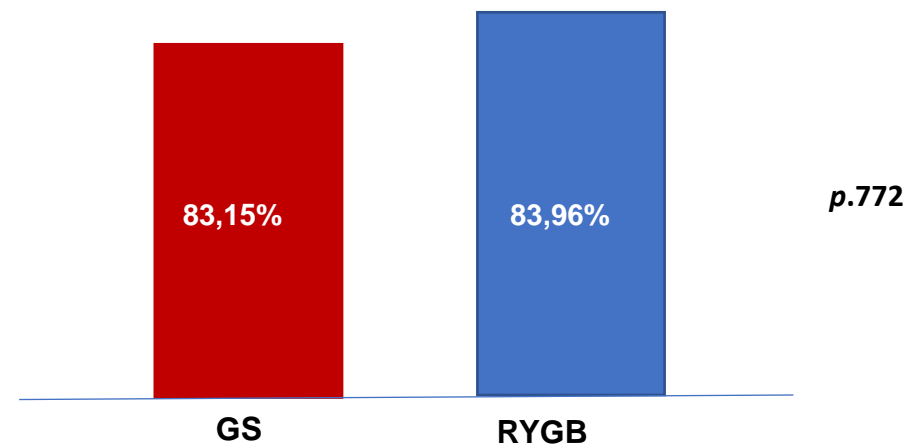
■ No difference ■ Improvement ■ Remission



### RYGB



## % EBmil 12m PO time (Excess Body Mass Index Loss)





## Discussion

### Limitations

- ✓ Retrospective study
- ✓ Small population
- ✓ Short follow-up time
- ✓ Selection bias



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### Effect of Laparoscopic Sleeve Gastrectomy vs Roux-en-Y Gastric Bypass on Weight Loss, Comorbidities, and Reflux at 10 Years in Adult Patients With Obesity

The SLEEVEPASS Randomized Clinical Trial

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**Conclusions and relevance:** At 10 years, %EWL was greater after LRYGB and the procedures were not equivalent for weight loss, but both LSG and LRYGB resulted in good and sustainable weight loss. Esophagitis was more prevalent after LSG, but the cumulative incidence of BE was markedly lower than in previous trials and similar after both procedures.





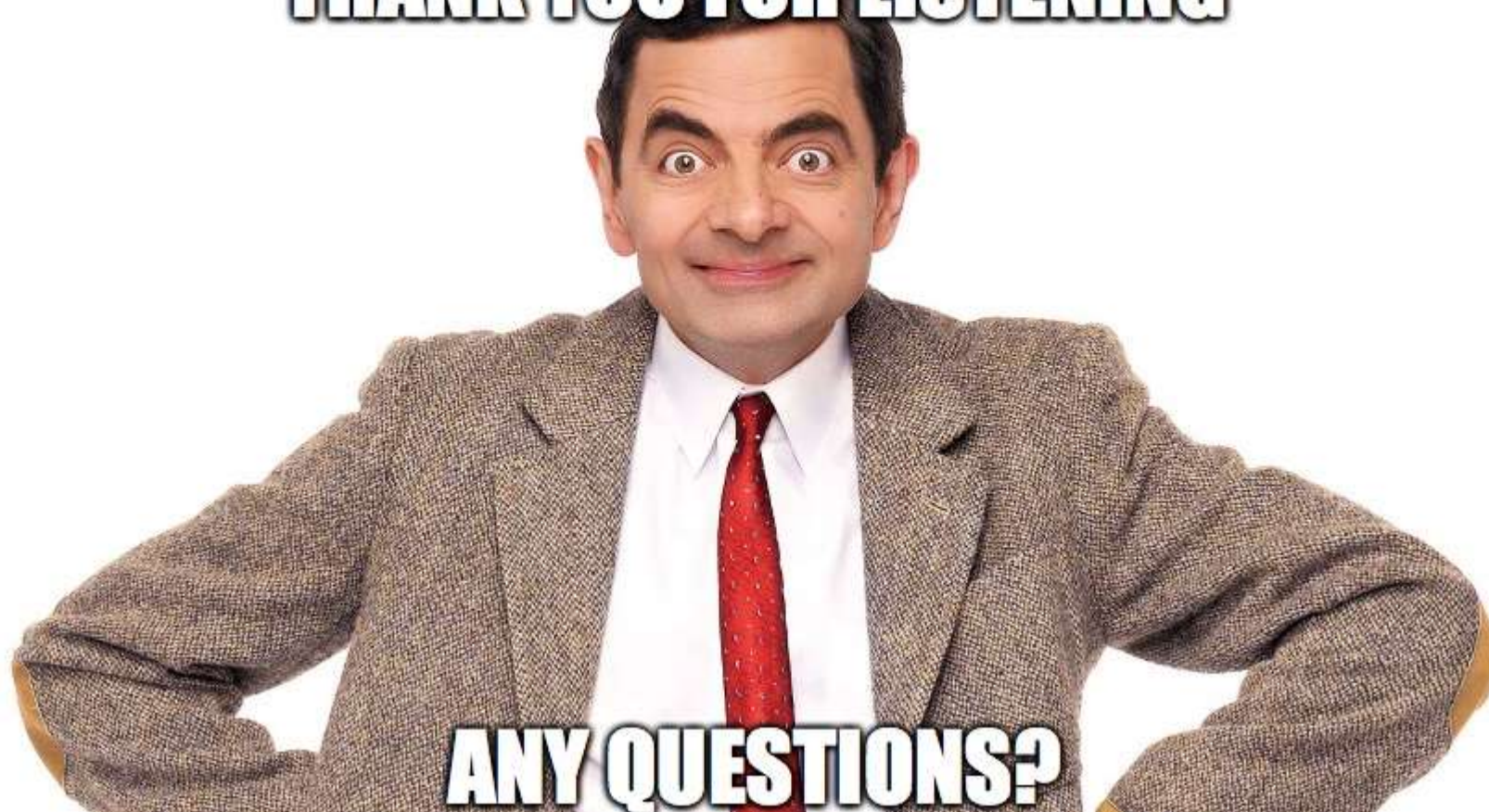
## Conclusions

Despite the heterogeneity of the population studied and selection bias, the data of the present study confirm the findings of clinical trials such as the SM-BOSS. **Up to 12 months of follow-up there was no significant difference between both techniques in terms of weight loss.**





**THANK YOU FOR LISTENING**



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