



ABSTRACT BOOK



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LAPAROSCOPIC SLEEVE GASTRECTOMY FOR THE TREATMENT OF MORBID OBESITY

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Introduction. Surgical treatment of morbid obesity is a long and complex process, including preoperative examination and long postoperative follow-up of the patient in the period, aimed to ensure long-term effectiveness of the operation.

The range of operational methods of treating obesity is quite wide, and the indications for these interventions and evaluation of their effects are not universally accepted and agreed. Laparoscopic sleeve gastrectomy (SG) is one of the most effective operations for treating this pathology, along with gastric banding and gastric bypass.

Materials and methods. From 2012 to 2016, 17 SG operations were performed in the clinic. The mean age of the patients was 43.5 years. Gender composition: 64.7% (11) - females, 35.3% (6) - males. As an indication for the operation the morbid obesity with a body mass index (BMI) > 35 was considered. Contraindications were: age <20 and > 60 years, pregnancy, 2-3 stages peptic esophagitis, stomach and duodenal peptic ulcer. The observation period was from 4 to 36 months. The duration of SG was 76 minutes on average. The operation was performed using a standard laparoscopic technique, the stomach is resected using the linear stapler. To evaluate the results of treatment, we used BMI and percentage excessive weight loss (EWL%).

Results of research. In our study, we observed no serious complications and postoperative mortality in the study group. The short-term postoperative period was satisfactory. In 1 case (5.9%), the formation of subcutaneous seroma of the postoperative suture was noted. All patients were discharged from the hospital in a satisfactory condition for 5-7 days. The initial BMI of patients was 47.3 + -6.1. During the first three years of observation, there was a tendency for progressive weight loss. EWL% for the 12th month of postoperative follow-up averaged 54%, for the 24th month - 59%, for the 36th month - 62%. The average BMI for the 12th month of follow-up was 35.2, for the 24th month - 34.1, for the 36th month - 33.5.

In 11,8% of the observed (2 cases) during the postoperative period gastro-esophageal reflux was diagnosed, which required conservative treatment.

Conclusions. Laparoscopic SG is a minimally invasive surgery that provides a reliable reduction in body weight in patients with morbid obesity. SG demonstrates marked reduction in body weight in patients with morbid obesity in the first three years of postoperative follow-up. This group of patients requires further monitoring to determine the dynamics of weight loss and possible complications in the long-term treatment period.