INTENSIVE GASTRIC REDUCTION: A BALANCE BETWEEN THE EFFECT AND SAFETY OF LAPAROSCOPIC SLEEVE RESECTION

Teshaev O.R.
Ruziev U.S.
Tashkent Medical Academy

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In the context of the global spread of morbid obesity and the limited effectiveness of conservative therapy, laparoscopic sleeve resection of the stomach remains one of the most sought-after surgical interventions. However, in the long term, the effectiveness of the standard technique is often reduced due to repeated weight gain and the development of metabolic disorders. In this regard, a clinical dilemma arises: to follow a gentle but moderately effective tactic, or to use more aggressive techniques that ensure maximum effect, but are associated with an increased risk of complications.

The purpose of this study was to compare two technical variants of laparoscopic sleeve gastric resection — classic and modified with enhanced restrictive component (Hard) — in terms of effectiveness, complication rate and long-term sustainability of results.

The study included 785 patients who underwent laparoscopic gastric sleeve resection in 2019-2022. The Classic group included 372 patients, the Hard group - 413. All interventions were performed according to uniform standards and followed up for at least 36 months.

The results demonstrated that the Hard technique provides a more pronounced and sustained weight loss: after 12 months, 70.7% of patients reached a normal body mass index (versus 42.2% in the Classic group), and after 36 months, 59.3% maintained a stable result (versus 20.4%). However, high efficacy was accompanied by a significant increase in the incidence of complications: in the Hard group, the total number of patients with adverse outcomes was 49.4% versus 35.2% in the Classic group ($p=0.0001$). The differences were particularly pronounced in the incidence of metabolic complications (6.8% versus 1.3%), functional disorders (gastroesophageal reflux disease, stenosis) and psychological disorders (21.5% versus 15.1%).

Thus, the more aggressive Hard LSG technique provides a significant advantage in short- and medium-term weight loss and body mass index control, but requires increased attention to the prevention of complications, especially in the early postoperative period and during long-term follow-up. The classical LSG technique,

despite a lower reduction in body weight, demonstrates a more favorable safety profile, which makes it preferable in patients with high somatic or psychoemotional risk.

The findings of the study emphasize the need for a personalized approach to choosing the tactics of laparoscopic sleeve gastric resection, in which the balance between efficacy and safety should be determined not only by the initial anthropometric data, but also by the functional reserve, the level of compliance and the overall risk profile of the patient.