

COMPARATIVE ANALYSIS OF THE IMMEDIATE AND LONG-TERM RESULTS OF LAPAROSCOPIC GASTRIC SLEEVE RESECTION IN PATIENTS WITH MORBID OBESITY

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Laparoscopic sleeve resection of the stomach remains one of the leading methods of surgical treatment of morbid obesity, however, the optimal technique of intervention — classical or enhanced (Hard) — remains a subject of debate. The study included 785 patients who underwent laparoscopic gastric sleeve resection followed by 36 months of follow-up. The classical technique of laparoscopic sleeve resection of the stomach, implemented using a 36 Fr caliber and moderate mobilization of the fundus of the stomach, is a widely tested and anatomically gentle technique. In the course of the present study, it was performed on 372 patients and showed a consistently low level of postoperative complications. The rate of early surgical complications was only 1.34%, while in the Hard group it was 2.41%. Suture failure, stenoses, and fistulas were almost nonexistent, due to lower intragastric pressure and preservation of the physiological parameters of the tube. Early metabolic disorders were also reported much less frequently: hypovolemia - 18.23%, metabolic acidosis - 14.75%, hypercoagulation - 2.41%, indicating a milder physiological response to the intervention.

Late surgical and metabolic complications were also characterized by minimal frequency. Thus, gastroesophageal reflux disease was detected in only 2.42% of patients, vitamin and micronutrient deficiency in 0.81%, and no micronutrition was detected at all. The Classic group had the lowest level of psychological disorders (15.05%), which can be explained by a lower degree of dietary restrictions and better adaptation to lifestyle changes.

Nevertheless, with all the favorable tolerability, the effectiveness of the Classic method for weight loss was lower, especially in the long term. By the 12th month, the proportion of patients who had reached a normal body mass index was 42.2%, and by the 36th - only 20.4%. Repeated weight gain was observed in 62.4% of patients, which is 2.5 times more common than in the Hard group (24.7%). Especially alarming is the fact that 25% of patients retained grade II–III obesity after three years, which indicates the insufficient stability of the effect when using this technique in some patients.

Thus, the Classic technique is appropriate in patients with high sensitivity to complications, in the elderly, with severe concomitant diseases, a low motivation index and a history of anxiety-depressive disorders. At the same time, to increase the effectiveness of the results, an emphasis is required on long-term multidisciplinary support, including a nutritionist, an endocrinologist and a psychologist. Classic LSG can also be recommended as a basic technique for step-by-step bariatric therapy, with the possibility of subsequent revision intervention with insufficient effect.