

Mohos Elemer, Tornai Gabor, Sandor Gabor, Mohos Petra and Nagy Tibor
Veszprem County Hospital, Hungary

The incidence of severe obesity and its comorbidities (diabetes mellitus type-2 DM2, hypertension, chronic joint disease, etc.) is growing dramatically all over the world. At present the only long term and effective solution is the metabolic surgery.

645 patients were operated on between 02/2010 and 02/2017. Preoperative data: Mean weight: 148 (92-231) kg, mean BMI: 46 (35-71) kg/m², mean age 43 (17-70) years. 16% of the patients suffered from DM2, 35% from hypertension and 21% from gastro-esophageal reflux. BMI above 40 kg/m² was indication for metabolic surgery (with DM2 above 35 kg/m²). Laparoscopic Roux-en-Y gastric bypass was our first choice operation (588 cases), when it was technically impossible laparoscopic gastric sleeve resection (57 cases) was performed.

Mean weight loss: 51 kg, mean reduction in BMI: 17 kg/m², mean extra weight loss: 85 %. 91 % of DM2 and 74 % of hypertension were resolved. Inhospital mortality : 1 patient (0,2%; caused by gastrogra n pneumonitis on the 5th postop. day). 4 patients (0,6 %) developed deep vein thrombosis, two of them were complicated with pulmonal embolism of mild clinical symptoms. In early postop. period 8 patients of us (1,2 %) were reoperated (2 patients had relaparoscopy because of intra-abdominal bleeding, 1 patient needed laparotomy due to bleeding from the Y anastomosis and another 5 jejunostomy). In the late postop. period 31 cases (5 %) of us had relaparoscopy and closure patients had relaparoscopy, suture and drainage indicated by leakage of the gastro- of Petersen's defect because of symptomatic Petersen's hernia. Five patients after sleeve resection were laparoscopically transformed to Roux Y gastric bypass as a consequences of weight regain.