

NON-TRANSECTIONAL OPEN GASTRIC BYPASS AS THE DEFINITIVE BARIATRIC PROCEDURE FOR 61 PATIENTS WITH BMI 70 AND GREATER

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Background: Technical difficulties in laparoscopic gastric bypass for severely obese patients have led surgeons to do sleeve gastrectomy first, and then gastric bypass as a second stage, with reduced body mass. Rather than commit these fragile patients to two operations, we have done open gastric bypass as a definitive surgical treatment for extreme obesity.

Methods: Office records of 61 patients with BMI of 70 and higher were reviewed. All underwent non-transectional open gastric bypass with a 150 cm Roux limb. Data included age, sex, weight, BMI, comorbidities, operative information, length of stay (LOS), surgical morbidity, and % excess weight loss (%XSWL). Quantitative data were tabulated as median (range).

Results: Patients were 21 (34%) men and 40 (66%) women. Age: 37 years (19-53). Pre-operative weight: 468 lbs. (300-650). Pre-operative BMI: 77 (70-95). Co-morbidities: diabetes mellitus 26 (46%); hypertension 26 (43%); sleep apnea 61 (100%); GERD 20 (33%); hypothyroid 9 (15%). Incision length: 15 cm (12-20). Abdominal wall fat thickness: 8 cm (5-13). Operative time: 150 minutes (100-210). EBL: 100 ml. (25-750). ICU post-operatively: Yes 16 (26%); No 44 (74%). LOS: 3 days - 44 (74%); 4 days - 11 (18%); 5 days - 5 (8%); 7 days - 1 (1.6%). Post-operative morbidity: zero mortality, splenectomy, stoma leak, DVT, pulmonary embolus, or fascial dehiscence; wound infection: 1 (1.6%); skin wound separation 6 (10%); pneumonia 1 (1.6%); anemia 9 (14.8%); Vitamin B12 deficiency 6 (10%); incisional hernia 17 (28%); gastric staple line disruption 2 (3.3%). %XSWL: 1 year 51% (28-84); 2 years 60% (27-97).

Conclusions: Nontransectional open gastric bypass for patients with BMI 70 and greater is safe and effective as a one-stage operation for severe obesity. This is manifested in zero mortality, stoma leak, DVT, and PE, minimal LOS and morbidity, and high %XSWL.