

LONG-TERM OUTCOMES AFTER LAPAROSCOPIC ROUX-EN-Y GASTRIC BYPASS IN US VETERANS

*Hauser DL, Titchner RL, Wilson MA, Eid GM

Department of Surgery, University of Pittsburgh and VA Pittsburgh Healthcare System

Objective: To evaluate the long term outcomes following roux-en-y gastric bypass (LRYGPB) in veterans' patient population.

Background: The VA bariatric population differs from its counterpart in the private sector by the predominance of a male population, mostly from a lower socioeconomic background, a higher mean age and higher rate of obesity related co-morbidities.

Methods: A retrospective review with prospectively collected data was used to analyze post-operative changes of co-morbidities and percent of excess weight loss (%EWL) in consecutive patients who underwent LRYGPB between August 2003 and September 2006.

Results: Among 70 patients, 73 % were men with a mean age of 52 (29-66). Average pre-operative weight was 310 lbs (224-397) with an average BMI of 46 (36-60). All patients underwent LRYGB. The incidence of major and minor complications was 4 % and 11% respectively. There were no mortalities. Follow-up (f/u) was possible in all patients. At a mean f/u rate of 39 months, mean EWL was 56%. At 1, 3 and 5 years, EWL was 61, 53 and 59 % respectively. Thirty five patients (50%) had Type 2 Diabetes Mellitus (T2DM). Glycosylated hemoglobin concentrations returned to normal levels in 91 % of patients and improved in 6 % of T2DM cases. Only 7% of diabetic patients are still maintained on anti-diabetic medications. In patients with more than 1 year f/u, most other co-morbidities were improved or resolved.

Conclusion: Long term outcomes of LRYGBP in veteran patients resulted in significant and durable weight loss (56% EWL) with marked resolution or improvements in co-morbidities especially T2DM