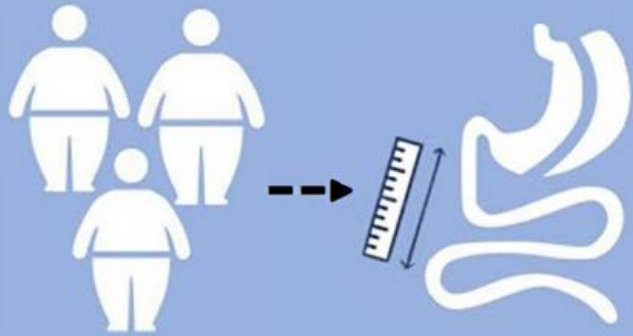


Variation in Small Bowel Length and Its Influence on the Outcomes of Sleeve Gastrectomy

METHODS



Patients undergoing laparoscopic sleeve gastrectomy (Mean BMI $38.9 \pm 7.6 \text{ kg/m}^2$, $n=620$)

Measuring the small bowel length during surgery

Study period: From March 2014 to August 2018

RESULTS

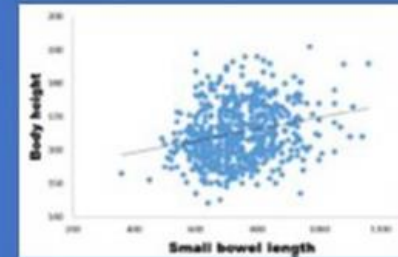
Key finding 1: small bowel length varied widely among patients



Mean of small bowel length:
 $739.8 \pm 115.7 \text{ cm}$



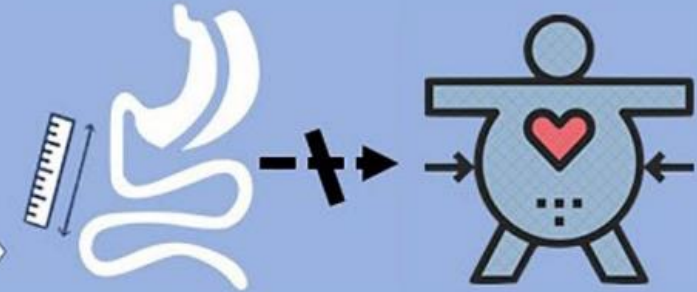
Key finding 2: small bowel length was strongly associated with body height and weakly with serum glycated hemoglobin levels



Key finding 3: small bowel length did not influence weight loss or the reduction of obesity related cardiovascular risk factors after LSG

1 year follow-up rate: 75.3%

CONCLUSION



Small bowel length has no significant role in weight loss or the resolution of cardiovascular risk factors after LSG.

Take home message

Pre-operative Predictors of Weight Outcome Following Roux-en-Y Gastric Bypass Surgery

METHOD

105 patients
undergoing RYGB were
prospectively enrolled

Pre-operative
demographic & blood
hormone levels recorded

Post-op weight
follow-up

Multivariate
regression analysis

RESULTS



Pre-op values	Greater Weight Loss	Less Weight Regain
Higher Ghrelin	✓	
Younger Age	✓	
Higher BMI		✓
Higher Glucagon		✓

In diabetic subgroup:
Higher pre-op Ghrelin & Glucagon → Greater Weight Loss

CONCLUSIONS

- There are variations in degree of post-operative weight loss after RYGB.
- Some of this variation can be explained by patient factors such as age and pre-operative BMI.
- Pre-operative hormones including ghrelin and glucagon however can also help predict post-operative weight outcome in patients.
- This highlights biological determinants of surgical outcomes which requires further studies.



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