

Bariatric surgery outcomes in super obese Emirati patients

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Background

Efficacy of bariatric surgery (BS) in obesity management is well-established. The super-obese (BMI ≥ 50 kg/m²) as a subgroup may have specific phenotypic and genotypic characteristics. Prevalence of complications and risks of interventions may also be different in this group.

Aims

We have investigated BS outcomes and compared effects of different operations among the superobese in an Emirati population.

Methods

The ICLDC electronic database was accessed to identify super obese patients with previous bariatric surgery. Relevant pre and post surgical data including age at surgery and BMI were extracted from the database and from individual patient records. For patients who had undergone BS more than once, the last type of BS performed was considered in the analysis. Total weight loss following surgery was calculated from the lowest weight reported post BS. Data presented as median (inter quartile range-IQR).

Results

46 superobese Emirati patients (27 males and 19 females) who underwent BS (38 laparoscopic sleeve gastrectomy-LSG, 5 Roux-en-Y-gastric bypass-RYGB and 3 multiple surgeries) were identified. Age and BMI before surgery were 34.2 (16.6–57.2) years and 55.8 (50.0–89.9) kg/m², respectively. The super obese patients showed significantly higher weight loss compared to patients with BMI between 30-45 kg/m² [38.9 (31.9 – 46.1)% v (29.3 (24.0- 35.3)%, $p < 0.001$]. Patients who underwent LSG had significantly more weight loss in the first year compared to those who underwent RYGB. Weight regain was evident from 18 months onwards in the LSG group while the RYGB group continued to lose and maintain the lost weight up to five years ($p = \text{NS}$).

Conclusion

Our results suggest that among the superobese, BS is more efficacious for weight loss in relative and absolute terms and that RYGB was more effective than LSG for long-term weight loss and maintenance.