

LAPAROSCOPIC ROUX-en-Y GASTRIC BYPASS SURGERY (LRYGB): INITIAL COMPREHENSIVE RESULTS OF 120 CONSECUTIVE PATIENTS AT A SINGLE BRITISH COLUMBIA SURGICAL CENTRE

David F Schaeffer¹, Conrad H Rusnak², Bradley J Amson²

From the ¹Department of Medicine, University of British Columbia, Vancouver, BC, Canada and the ²Department of General Surgery, Royal Jubilee Hospital, Victoria BC, Canada

INTRODUCTION: The prevalence of obesity is increasing globally and has emerged as one of the major health issues in Canada. With the proven cost effectiveness of bariatric surgery¹, it has become imminently important to treat patients in a timely manner. This study determined the safety and efficacy of LRYGB in morbid obesity and studied the operative learning curve associated with this procedure.

METHODS: 120 consecutive patients who underwent a LRYGB procedure (2004 to 2006), with a mean post-operative follow-up of 14 months were analyzed in a retrospective fashion. All procedures were performed at a single centre by two surgeons (CHR & BJA). To determine the effects of the learning curve groups were divided into two consecutive groups of 60 patients each.

RESULTS: Mean patient age was 40.4 (SD 5) years with a predominantly female population (82%); mean body mass index (BMI) was calculated at 44.4 (SD 7.2) kg/m². BMI increased slightly from Group 1 (mean 43.2, SD 4.7 kg/m²) to Group 2 (mean 46.4, SD 4.8 kg/m²), while operative time decreased from 151 (SD 26) min to 124 (SD 21) min ($p < 0.01$). Early and late complication rates were 21.4% and 14.3%, respectively. Leak rates decreased from 1.5% in the first group to 0.56% in Group 2. Overall excess weight loss for the entire series was 12.6% (SD 10.4%), 33.3% (SD 12.7%), 49.3% (SD 16.2%) and 80.1% (SD 14.3%) at 1, 3, 6 and 12 months, respectively.

DISCUSSION: LRYGB is a reproducible and safe technique, which can be performed with satisfactory morbidity. It requires the combination of bariatric and laparoscopic expertise and undergoes a surgeon dependent learning curve. With the current extended wait time [mean: 21.2 months] for bariatric surgery in British Columbia, it is important for general surgeons to become acquainted with this procedure.

¹ Birmingham CL, Muller JL, Palepu A, Spinelli JJ, Anis AH. The cost of obesity in Canada. CMAJ. 1999 Feb 23;160(4):483-8