

Bariatric surgery in 1119 patients with preoperative body mass index < 35 (kg/m²) : results at 1 year

Cita: Maiz, C., Alvarado, J., Quezada, N., Salinas, J., Funke, R. (2015). Bariatric surgery in 1119 patients with preoperative body mass index < 35 (kg/m²) : results at 1 year. *Surgery for Obesity and Related Diseases*, 11(5), pp. 1127-1132. <https://doi.org/10.1016/j.soard.2015.03.012>

Abstract

Background

The use of body mass index (BMI) as the only criterion to indicate bariatric surgery is currently under discussion. There is growing evidence that supports bariatric surgery in carefully selected patients with lower BMI.

Objectives

To report our experience in bariatric surgery in >1000 patients with BMI < 35 kg/m² and their results at 1 year.

Setting

University hospital (censored).

Methods

A retrospective analysis was performed in patients who underwent laparoscopic Roux-en-Y gastric bypass (LRYGB) or sleeve gastrectomy (SG) with preoperative BMI < 35 kg/m² from January 2008 to December 2011. Demographic and anthropometric data, preoperative co-morbidities, and perioperative variables were retrieved. Weight loss and co-morbidities progression were analyzed 1 year after surgery and compared among procedures. A *P* value < .05 was considered significant.

Results

We identified 1119 patients: mean age 38.8±11.4, 951 (85%) women, preoperative weight 87.5±9.3 kg and BMI 33.1 (31.9–34.1) kg/m². Preoperatively, 11.7% had type 2 diabetes mellitus, 25.9% arterial hypertension, 55.6% insulin resistance, and 53.2% dyslipidemia. In total, 283 patients (25.2%) underwent LRYGB and 836 (74.8%) SG. One year after surgery (follow-up: 66.67%) patients reached 24.5 (22.8–26.4) BMI and the percentage of excess of weight loss (%EWL) was 107.9±36.6%. Diabetes, hypertension, insulin resistance, and dyslipidemia remission/improvement rates were 54/39%, 58/29%, 72/17%, and 54/30%, respectively.

Conclusions

Bariatric surgery in selected class I obesity patients can safely be performed. We have observed good results in terms of weight loss and co-morbidity improvement/remission. Long-term follow-up is required.

