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**Quality of Life after Bariatric Surgery - 12 months results of New Zealand double-blinded Randomised controlled trial in Obese patients with type 2 Diabetes**

Category: Outcomes from Bariatric Surgery

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**Background:**

Recognised as a global epidemic by the World Health Organisation (WHO), morbid obesity and its associated comorbidities lead to increased morbidity and mortality. Bariatric surgery has been shown to improve glycemic control in diabetics, reduce cardiovascular risk and improve quality of life. We investigated the impact of Laparoscopic Sleeve Gastrectomy (LSG) compared to Roux-en-Y Gastric Bypass (RYGB) on health related quality of life.

**Methods:**

We performed a prospective, single center, double-blinded randomized controlled trial in New Zealand. 114 patients aged between 20-55 with BMI 35-65 with at least a 6 month history of type 2 diabetes were assigned via computer generated randomization protocol to undergo either a laparoscopic sleeve gastrectomy or a Silastic Ring Roux-en-Y gastric bypass. This randomization was performed after initiation of anaesthesia and therefore only the surgical team was aware of the treatment allocation. All patients were preoperatively administered two quality of life questionnaires, the Short Form 36 and the Hospital Anxiety and Disability Score. Patients were then followed up every 3 months for a year, then annually for up to 3 years. Primary investigative endpoint was remission of type 2 diabetes, defined by HbA1c of <42mmol/mol without medications. Secondary endpoints included change in quality of life, measured using the validated SF-36 and HADS scores, weight loss, and resolution of other comorbidities.

**Results and Conclusions:**

Patients who underwent either LSG or RYGB were shown to improve their HbA1c, with 40% of patients from both arms achieving the primary endpoint of HbA1c <42mmol/mol. Both LSG and RYGB patients demonstrated marked improvement in quality of life and reduction in BMI but with no statistically significant difference between the two procedures.