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Single Anastomosis Gastric Bypass: Initial 2-year Australian Experience

Category: Outcomes from Bariatric Surgery

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Introduction: Single anastomosis gastric bypass (SAGB) is an increasingly popular bariatric surgical technique, with fewer complications and equivalent weight loss when compared to Roux-en-Y gastric bypass (RYGB). The purpose of this study was to review weight loss outcomes, morbidity and mortality in a single surgeon's initial experience in Australia.

Methodology: A review of a prospectively maintained database of the first 50 SAGB was performed.

Results: 50 SAGB were performed between June 2014 and April 2016. There were 37 females, with a mean age of 46 years and median preoperative BMI of 44.4kg/m2. Type-2 diabetes was present in 19 patients and significant gastro-oesophageal reflux disease in 16 patients. 12 cases were revisional following prior gastric banding. Eight patients had concomitant posterior hiatal hernia repair, and there were no conversions to open surgery. Median operating time was 106 mins (range 61-256), and mean hospital stay was 2.2 days (range 2-3). Complications occurred in 3/50 patients, including one staple line leak requiring prolonged readmission, one hepatic abscess and one patient with marginal ulceration. No mortality occurred, and no internal hernias or clinically apparent bile reflux has been diagnosed to date. Mean excess weight loss was 58.3%, 81.9%, 80.3% and 75.3% at 6, 12, 18 and 24 months respectively. One patient was lost to followup.

Conclusion: SAGB is a safe and efficacious option in both the primary and revisional setting. Short term weight loss outcomes are comparable to sleeve gastrectomy outcome data previously reported from our unit. Complication rates, particularly due to internal hernias, are lower than those published for RYGB, but with a faster operating time. In our practice SAGB has become the first choice operation for revisional cases, patients with T2DM or significant GORD.