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Weight loss, symptom and micronutrient deficiency outcomes for OAGB versus RYGB.

Category: Outcomes from Bariatric Surgery

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Background

One anastomosis gastric bypass (OAGB) is often viewed as a simpler procedure than Roux-en-Y gastric bypass (RYGB) due to shorter operating time and fewer operative complications. OAGB has been associated with greater incidence of bile reflux and increased likelihood of vitamin/ micronutrient deficiencies. OAGB has become more prevalent in our centre with a limb length of approximately 100-150cm, to minimise malabsorptive consequences, compared to 300cm described elsewhere.

Method

A single surgeon's prospective data for a high volume bariatric centre was analysed for all patients who underwent OAGB and RYGB as a primary procedure over 2 years. Pathology screening was conducted pre- and post-operatively. Outcome data included: subjective patient symptom reporting, supplementation compliance, pathology/nutrient deficiencies and weight.

Results

64 patients underwent gastric bypass between January 2014 -April 2016 (61% OAGB, 39% RYGB). Mean pre-operative BMI was 48.4kg/m² for OAGB and 41.7kg/m² for RYGB. %EWL at 12 months was 71% for OAGB and 85% for RYGB. Exclusion criteria for OAGB were chronic severe reflux or hostile small bowel. 10 patients reported reflux post-OAGB. Only one reported reflux not resolved by standard PPI dose and was converted to RYGB after 4 months.

The most prevalent pre-operative deficiency was vitamin D. Small numbers of iron and vitamin B12 deficiencies were detected. Deficiencies were resolved with supplementation and all nutrients were improved at 12months post-op. Vitamin A was the most prevalent post-operative deficiency amongst those tested.

Conclusion

OAGB accounts for approximately 60% of bypasses performed in our centre. %EWL was over 70% after both procedures. Any vitamin/ micronutrient deficiencies after gastric bypass were resolved simply but their presence should encourage vigilance in follow up. Compliance with pathology testing and follow up attendance decreased over time. With shorter limb length our OAGB patient group did not exhibit increased incidence of reflux.