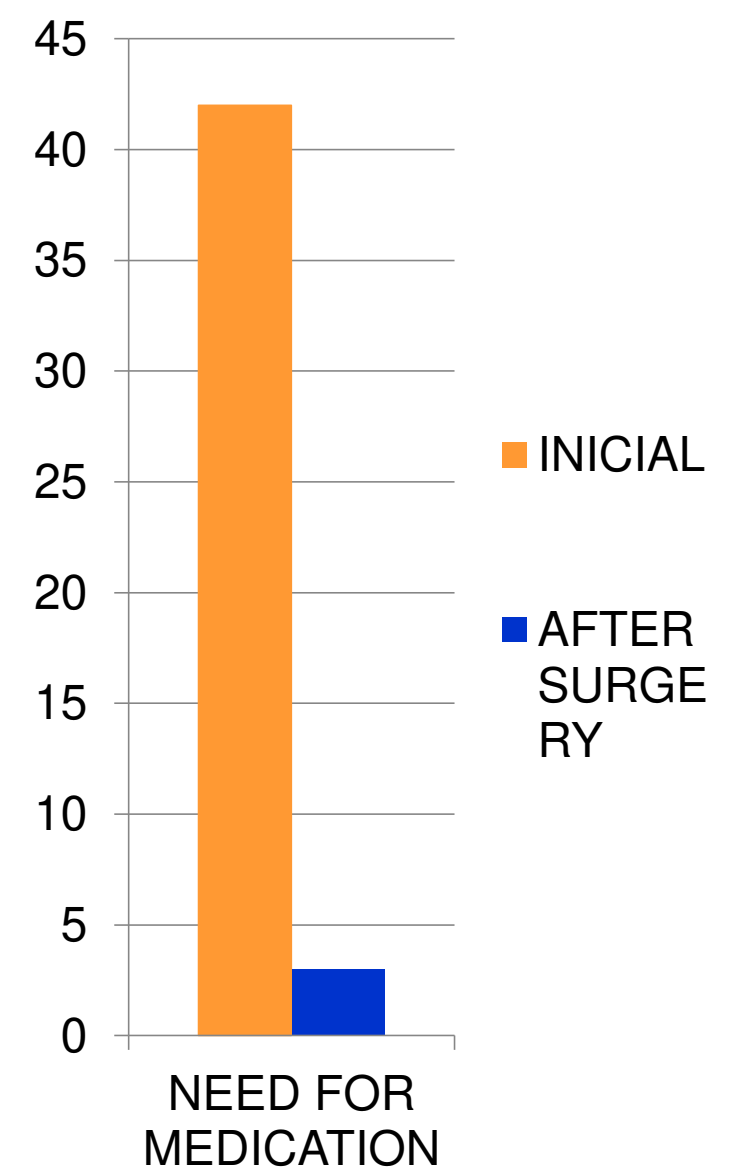
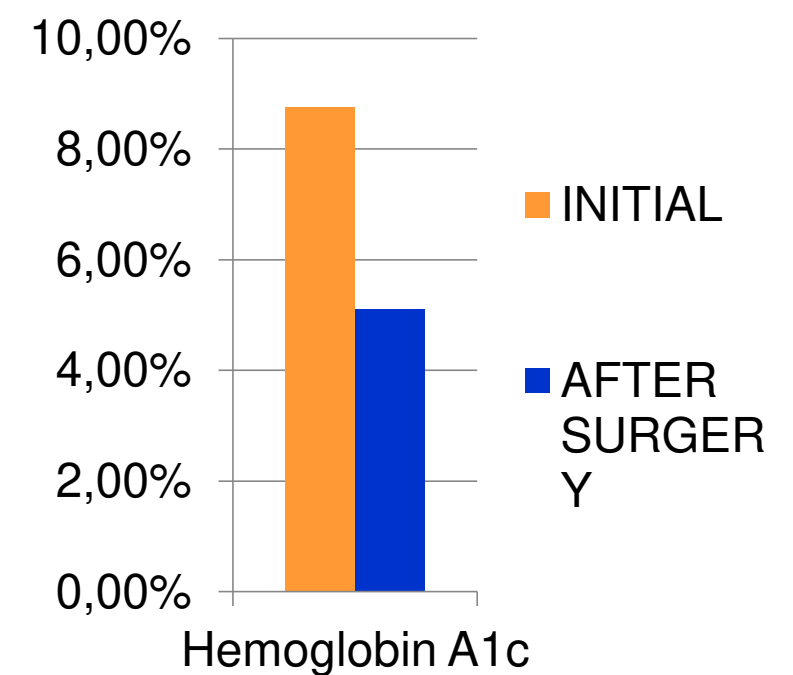


IMPACT OF LAPAROSCOPIC BILIOPANCREATIC DIVERSION (BPD) AND GASTROILEAL BYPASS ON GLICEMIC CONTROL IN TYPE 2 DIABETES

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N°	AGE	GENDER	INITIAL GLYCOSYLATED HEMOGLOBIN	GLYCOSYLATED HEMOGLOBIN AFTER SURGERY	MEDICATION	GROUP OF OBESITY
1	35	M	8	5	NO	3
2	40	M	14.4	5.5	NO	3
3	44	F	8	6.3	NO	3
4	48	F	11.5	4	NO	3
5	67	M	8.6	4.8	NO	3
6	34	F	7.2	4.1	NO	3
7	58	F	8.2	4.1	NO	2
8	46	M	7	3.8	NO	3
9	61	M	7.3	5.5	YES	3
10	41	M	7.7	3.8	NO	3
11	45	M	9.9	4.3	NO	2
12	23	F	6.4	5	NO	2
13	51	M	5.7	4	NO	3
14	51	F	7.2	95	NO	3
15	43	F	6.4	4.8	NO	3
16	48	M	5.7	4.8	NO	3
17	49	F	6.6	4.7	NO	3
18	39	F	6.6	4	NO	3
19	42	M	7.9	5.2	NO	3
20	46	F	12	5.1	NO	3
21	54	M	7.7	3.8	NO	2
22	46	F	7.5	4.8	NO	2
23	57	M	6.8	4.6	NO	1
24	60	M	6.6	5.3	NO	3
25	44	M	8.8	5.04	NO	1
26	66	M	8.7	6	NO	3
27	67	M	6.4	6.3	NO	2
28	33	M	11.7	5.3	NO	2
29	48	F	9.5	5.1	NO	3
30	47	M	8.6	5.7	NO	3
31	54	M	8.7	4.8	NO	3
32	56	M	13.2	5.2	NO	3
33	35	M	14.7	6	NO	1
34	71	M	11.6	6.3	NO	1
35	55	M	13.4	6.7	YES	1
36	50	M	7.8	5.8	NO	3
37	46	F	7.4	6.4	YES	1
38	56	M	15	5.9	NO	1
39	39	M	6.4	5.4	NO	2
40	59	M	10.4	5.2	NO	1
41	34	F	7.4	5.4	NO	2
42	59	F	7	5.9	NO	2

GROUP 1	GROUP 2	GROUP 3
BMI ↓ 35	BMI 30 - 35	BMI ↑ 35



Background and Aims

Metabolic surgery is accepted as part of the treatment of type 2 Diabetes. We aim with this study to establish the efficacy of the Biliopancreatic Diversion and Gastroileal Bypass to reach an adequate glycemic control and disease remission.

Methods

In this single center retrospective study, 42 patients were included with type 2 Diabetes who underwent a BPD (24) or a GIBP (18) between March 2007 and August 2018.

The average age in this study was 48.7 years (33 - 71). Initial BMI was 37 (22.1 – 63.9). 10 patients between 30 – 35, 24 patients with a BMI higher than 35 and 8 patients with a BMI lower than 30.

We compared glucose and glycosylated hemoglobin levels before surgery and after (1 moth, 6 moth and more than 1 year after surgery).

Results

We found an initial glycosylated hemoglobin of 8,75 % (5.7% - 14.7%) and a post BDP/GIBP glycosylated hemoglobin of 5.1% (3.8% – 6.7%). 92.8% of the patients (39) no longer require any medication. 7.1% (3) of the patients, continued using medical treatment but achieved a better disease control.

Conclusions

Biliopancreatic diversion and Gastroileal Bypass, are safe and effective techniques to treat type 2 diabetes. Good results in glycemic control and diabetes remission are more related with well-preserved pancreatic reserve and shorter time of disease than with a higher BMI.-