

FROM SLEEVE GASTRECTOMY TO MGB-OAGB SURGERY AS A REVISIONAL SURGERY AFTER T2DM FAILURE OR RELAPSE.

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Background and Aims:

Sleeve has been shown to be effective, in short term outcomes, for the treatment of T2DM. However, long-term complete remission occur infrequently.

The study was to assess the long-term metabolic effects (>10 years) of revisional surgery converting sleeve to MGB-OAGB after failure or relapse of T2DM, initial postoperative remission. We evaluated long-term T2DM remission (defined as a fasting glucose < 100, HbA1c < 6, without use of antidiabetic medications) and relapse.

Methods:

Data of 64 patients who underwent a revisional surgery from sleeve to MGB-OAGB and with obesity with failure or relapse of T2DM after LSG at single center during 2005 to 2010 and had at least 8 years of follow-up, were assessed.

Results

55 females (86%), with a mean age of 46±7 (range 27-54) with a mean BMI of 43 ± 14 kg/m² (range 39-52). The overall preoperative HbA1C was 8.4 ± 1.8%; in 14 patients (22%) had HbA1C ≥10%. 12.5% patients required insulin alone, 7.8% were taking oral antidiabetic medicine and insulin, and the remaining 80% patients were taking only oral antidiabetic medicines. Long-term glycemic control (HbA1c <7%) occurred in 52% of patients; diabetes remission in 16%; complete remission (HbA1c <6% off medications) in 19%, and "cure" (continuous complete remission for ≥5 years) was achieved in 13%. Long-term relapse of T2DM after initial remission occurred in 8%. In patients with T2DM relapse (5), 80% maintained glycemic control (HbA1c<7%).

Conclusions:

MGB-OAGB as a revisional surgery from sleeve can significantly improve long-term remission, complete remission and "cure" of T2DM with very low relapse.