Abstract

Introduction: Laparoscopic gastric bypass (LGBP) is the predominant technique in surgical treatment of morbid obesity. Objectives: To evaluate the results of LGBP and measure the validity of some hypothetical variables as predictors of these outcomes. Methods: We carried out a historical cohort study which included 50 morbidly obese patients operated with LGBP. The results were assessed by the Bariatric Analysis and Reporting Outcome System (BAROS), which measures the following parameters: the percentage of excess weight loss (EWL), changes in co-morbidities, quality of life and complications. The independent variables were age, body mass index (BMI), sex, history of depression and presence of more than one cardiovascular risk factor (CVRF). Results: Following LGBP, 11% of the results was classified as excellent, 54% as very good, 25% as good and 9% as fair (median follow-up period: 17 months, 7-37). The best scores were found among younger patients. The EWL (mean: 55.4 ± 16.6%) was higher in patients with lower BMI and with no more than one cardiovascular risk factor. We obtained rates of resolution of CVRF of 43.7 to 68.7%, complication rates < 10% and improvement of quality of life. Conclusions: We believe that, following LGBP in morbidly obese patients, when EWL, improvement in comorbidities and quality of life as well as complications are jointly assessed, the best results are obtained in younger patients.

Keywords
Morbid obesity, Gastric bypass, Weight loss, Cardiovascular risk factors.