

## Midterm metabolic outcomes following laparoscopic roux en y gastric bypass

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### Abstract

#### Introduction:

Metabolic syndrome is a conglomeration of high risk factors that accelerate the onset of cardiovascular disease and diabetes and increase the chances of suffering from acute MI and stroke. The syndrome is closely linked to excess body weight and is known to improve and resolve following weight loss.

#### Objective:

Our aim was to evaluate morbidly obese patients with metabolic syndrome undergoing laparoscopic roux-en-Y gastric bypass (LRYGBP) for its effect on various components of the syndrome over a period of 3 years.

#### Methods:

A retrospective analysis of 458 patients having undergone LRYGBP from 01-01-2007 to 31-12-08 was done. Selected patients were diagnosed to have metabolic syndrome according to IDF guidelines. Sixty percent were females, the mean age of the patients was 40.25 years (range 17- 62 years), the mean BMI was 44.78Kg/m<sup>2</sup> (range 36.73- 62.3 Kg/m<sup>2</sup>). Patients having any two criteria positive apart from morbid obesity were selected for the study. A hundred and eighty two patients were diagnosed with MS at time of surgery. These patients were evaluated on the status of the MS criteria at 12 month intervals following surgery.

#### Results:

Preoperatively 182 patients (39.9%) were diagnosed with MS. The number of patients at followup decreased from 155 (85%) at 12 months, 152(83%) at 24 months, to 143(78%) at 36 months. The mean reduction in BMI at 12months, 24 months and 36 months was 28.3Kg/m<sup>2</sup>, 27.7kg/m<sup>2</sup> and 27.8Kg/m<sup>2</sup> respectively. The number of patients with MS decreased to 12 (7.7%) (p < 0.01) at I year follow up , this improvement persisted in patients at 24 months and 48 months follow up. The various components of MS vis-à-vis HT, DM, low HDL and raised Triglycerides were evaluated by measuring the blood pressure and drug dosage, HbA1C levels and drug dosage, Serum HDL and S Triglycerides respectively. All showed improvement or resolution.

#### Conclusion:

The incidence of MS is high in the obese population. Following laparoscopic Roux-en-Y gastric bypass MS is seen to resolve or significantly improve. This improvement correlates well with the weight loss of patients. There is also improvement seen in all components of MS.

### Biography

Rajesh Khullar, graduated from Armed Force Medical College, Pune, India (AFMC) in 1979 and MS in General Surgery from PGI, Chandigarh in 1983. Dr. Rajesh Khullar is a Senior Consultant Surgeon at Institute of Minimal Access, Metabolic and Bariatric Surgery at Max Healthcare, New Delhi (India). He is Honorary Secretary - Hernia Society of India (HSI) - National Chapter of Asia Pacific Hernia Society (APHS), Treasurer – Obesity & Metabolic Surgery Society of India (OSSI) and Executive Member & Past Vice-President – Indian Association of Gastrointestinal Endosurgeons (IAGES). He has been actively involved in training of young surgeons from India and abroad. He has contributed his profession expertise in compiling, streamlining and editing the scientific content of the manual titled “Minimal Access Surgery – Guidelines & Recommendations” and Co-author of the text-book on “Endohernia repair”. He is accredited faculty of National Board of Examinations for post-doctoral fellowship in minimal access surgery and Ethicon Institute of Surgical education, New Delhi. He is a member of various national and international societies. He has been conducting conference and workshops in Minimal access surgery in various cities. He is actively involved in publishing articles in National & International journals.