Comparing the Safety and Efficacy of Sleeve Gastrectomy vs. Roux-en Y Gastric Bypass in Elderly

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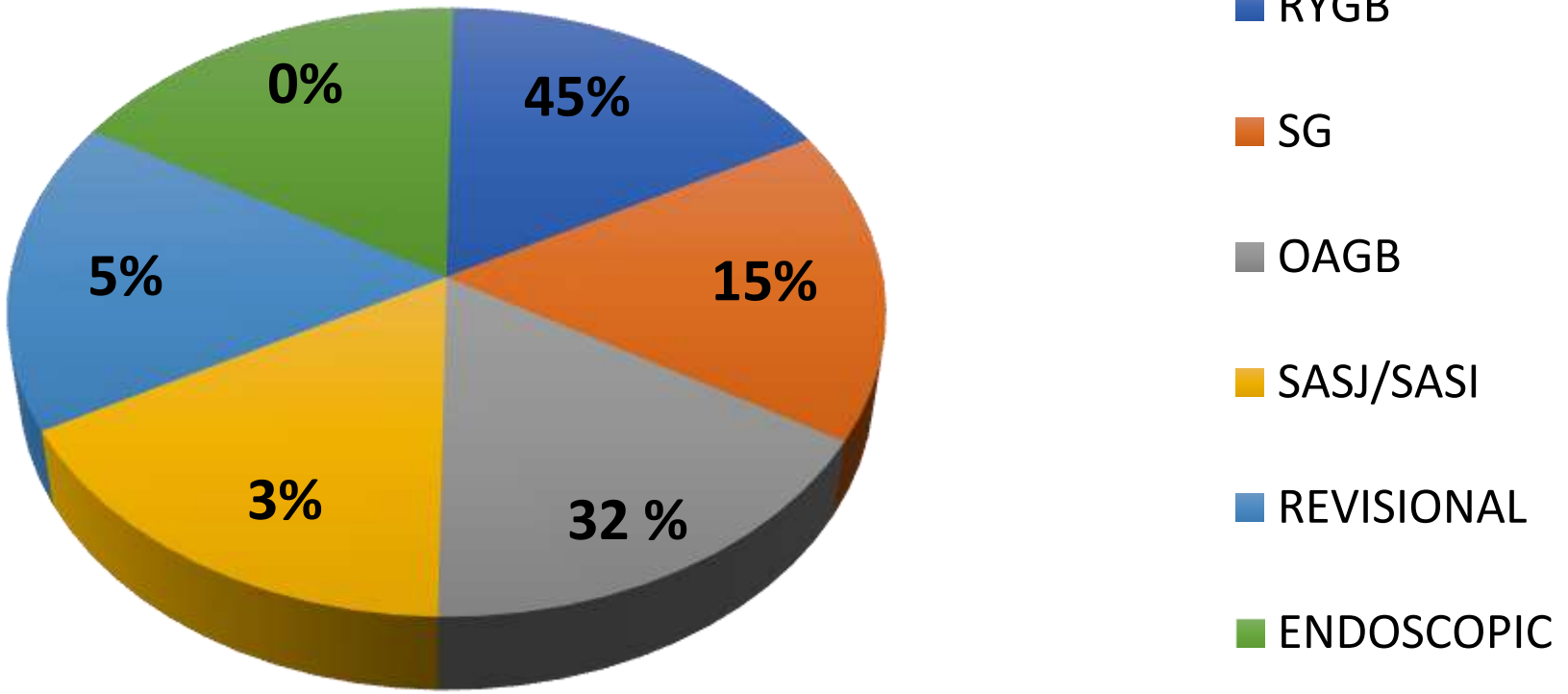
CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report


0%
45%
5%
15%
3%
32 %
RYGB
SG
OAGB
SASJ/SASI
REVISIONAL
ENDOSCOPIC

Aging:

- Lowering muscle proteins
- Increasing visceral fat and resistance to insulin
- Atherosclerosis
- Nutritional deficiency
- Cognitive decline, and frailty
- Less physical activity

BMS appears to be the most promising solution to the comorbidities inflicted upon different age groups, especially geriatric populations with class III obesity.

Concerns:

Higher mortality?

Less weight loss outcomes?

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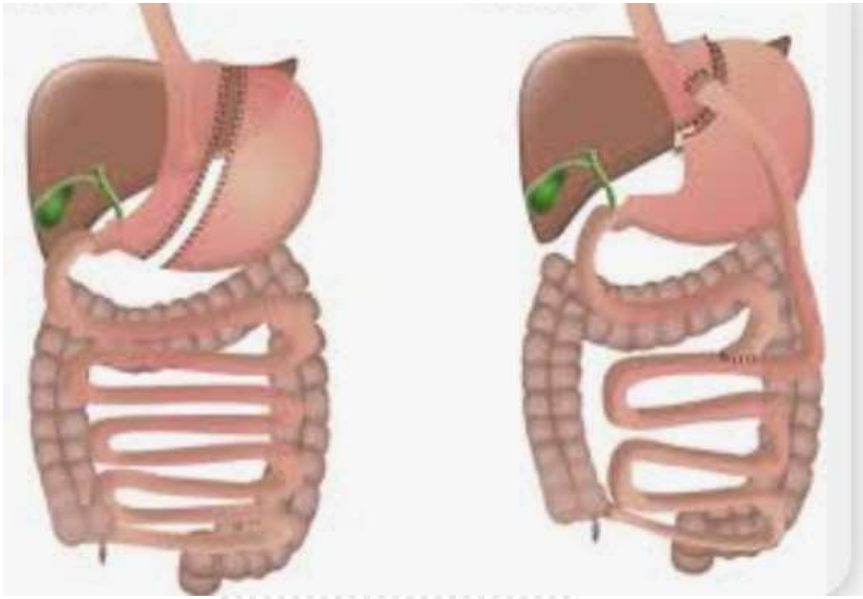

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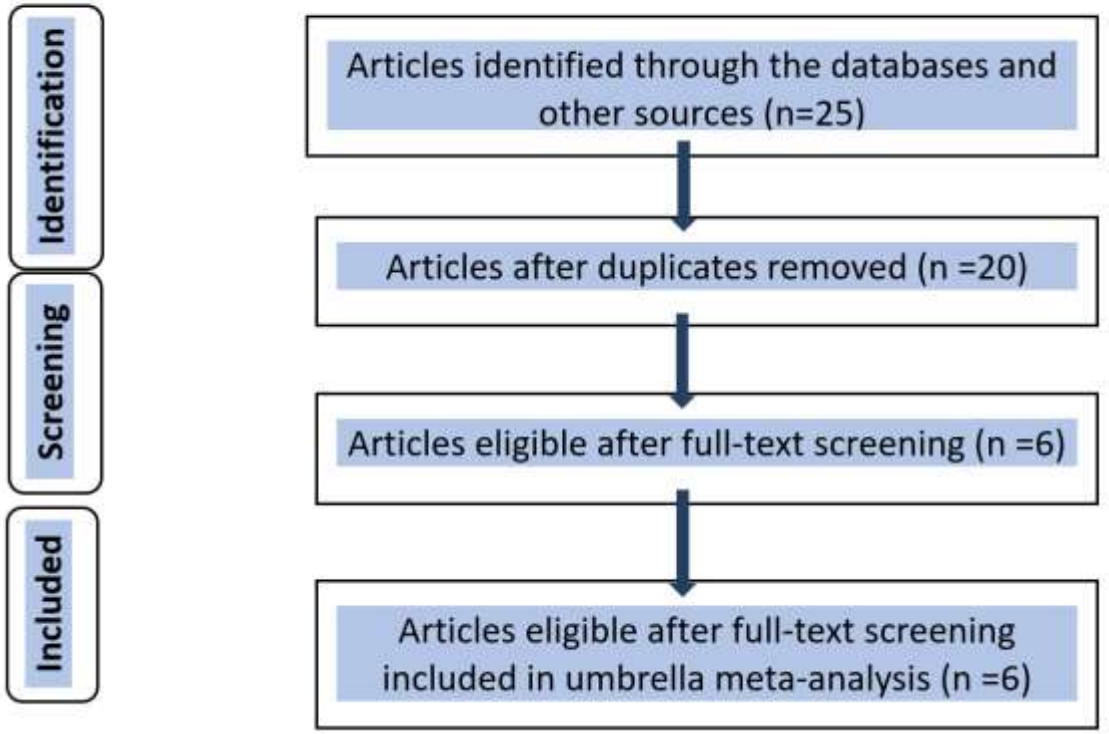
Comparing the Safety and Efficacy of Sleeve Gastrectomy vs. Roux-en Y Gastric Bypass in Elderly (>60 Years) with Severe Obesity

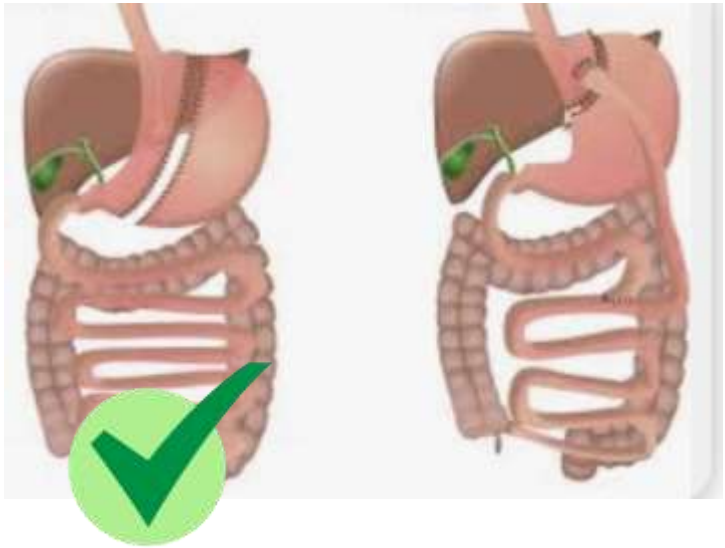
Methods

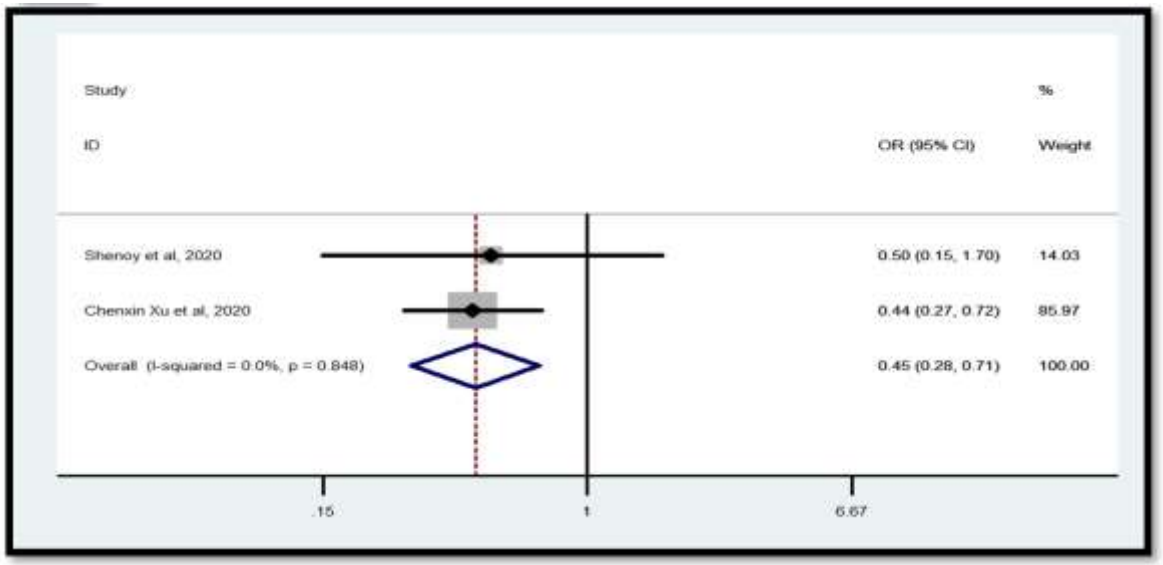
PubMed, Web of Science, and Scopus were searched to retrieve systematic reviews/meta-analyses published by March 1, 2022. The selected articles were qualitatively evaluated using A Measurement Tool to Assess Systematic Reviews (AMSTAR).

PRISMA CHART



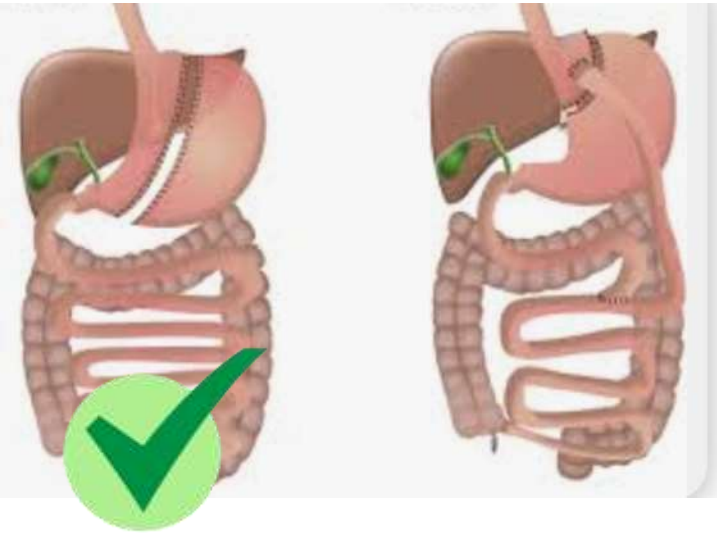
Early complications for SG vs. RYGB in elderly

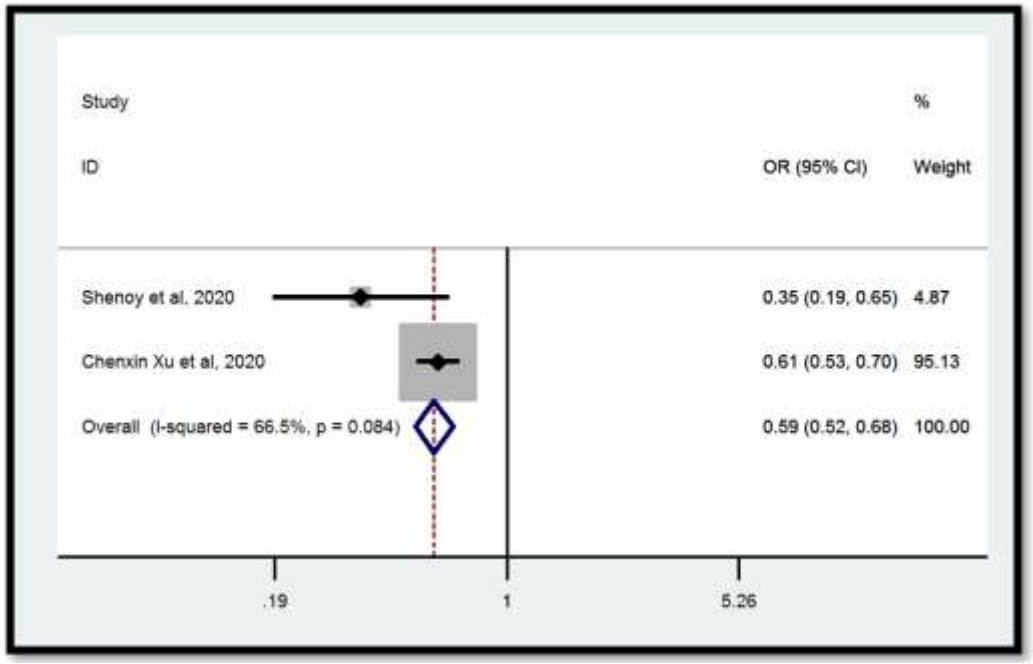




Pooled estimation of a meta-analysis of OR studies reported an OR of 0.45, i.e. in patients undergoing **SG**, the chance of early complications decrease by 55% (OR: 0.45, CI95%: 0.28-0.71) compared to RYGB

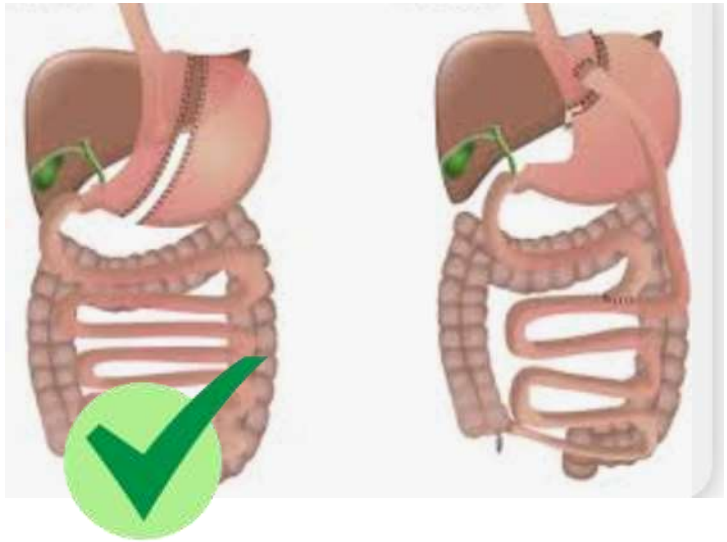
Late complications for SG vs. RYGB in elderly

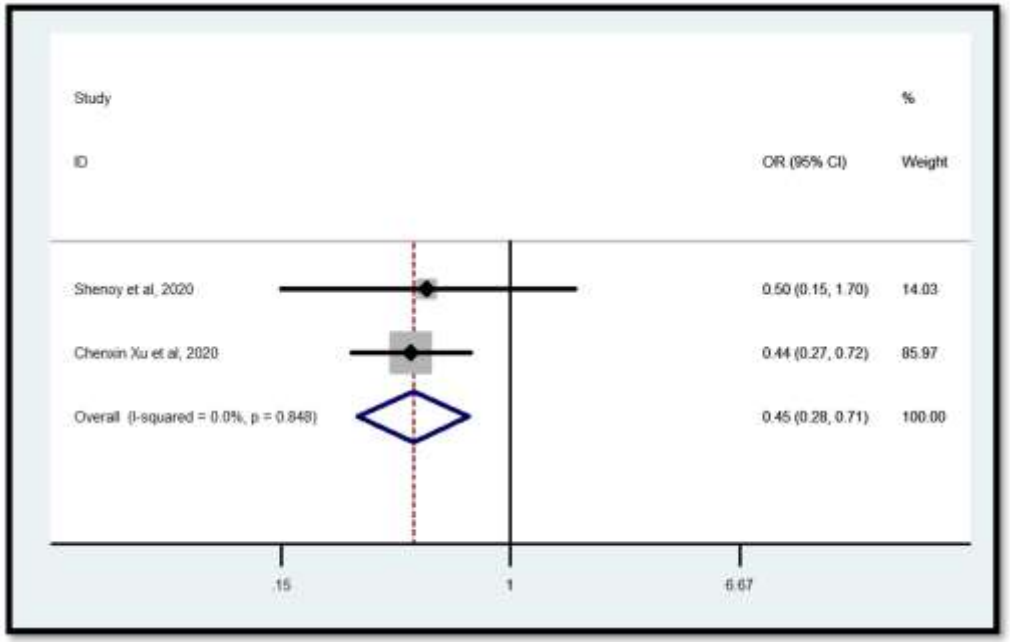




Pooled estimation of a meta-analysis of odds ratio studies reported an OR of 0.59, meaning that in patients undergoing **SG**, the risk of late complications decreases by 41% (OR: 0.59, CI95%: 0.52-0.68) compared to RYGB

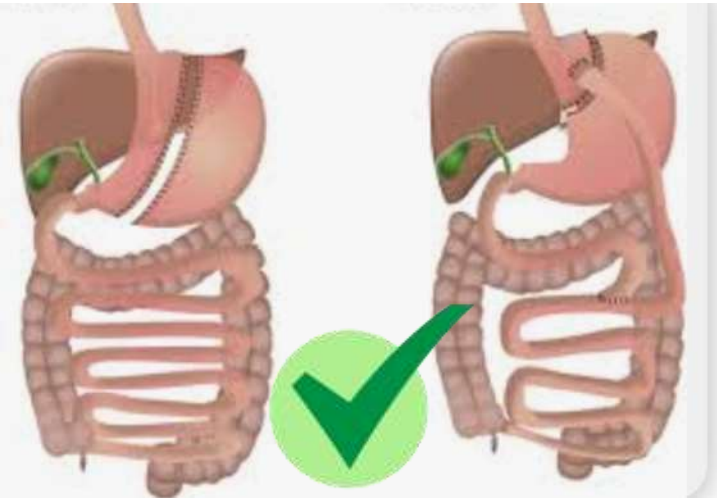
Mortality for SG vs. RYGB in elderly

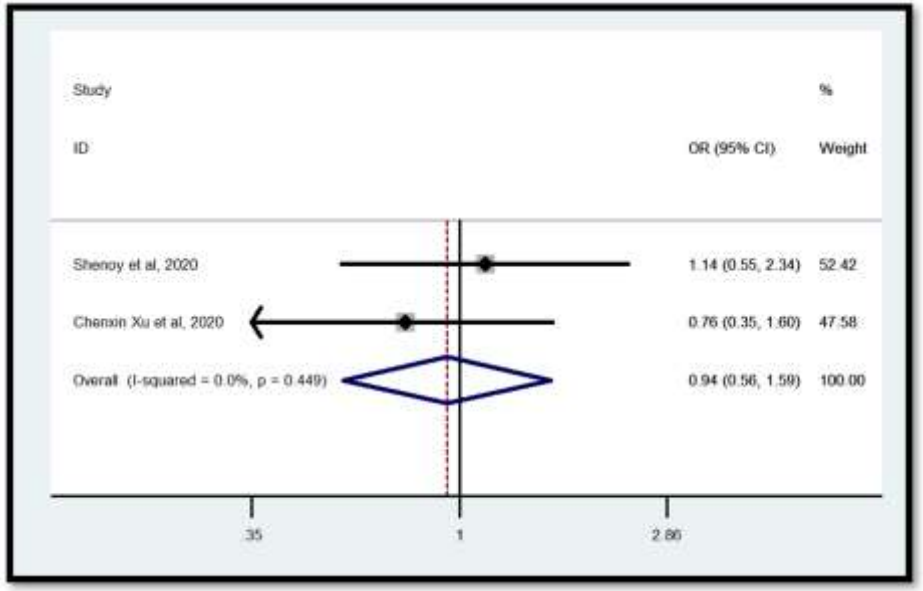




Pooled estimation of a meta-analysis of odds ratio studies reported an OR of 0.45, i.e. in patients undergoing **SG**, the chance of mortality decreased by 55% (OR: 0.45, CI95%: 0.28-0.71) compared to RYGB

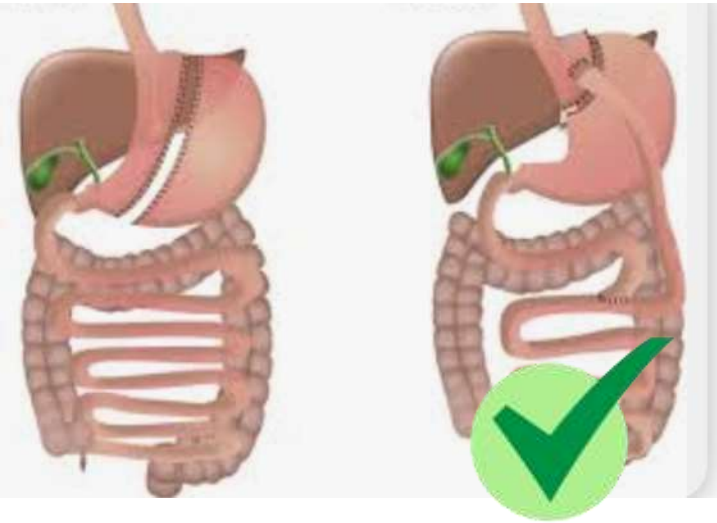
OSA remission after SG vs. RYGB in elderly

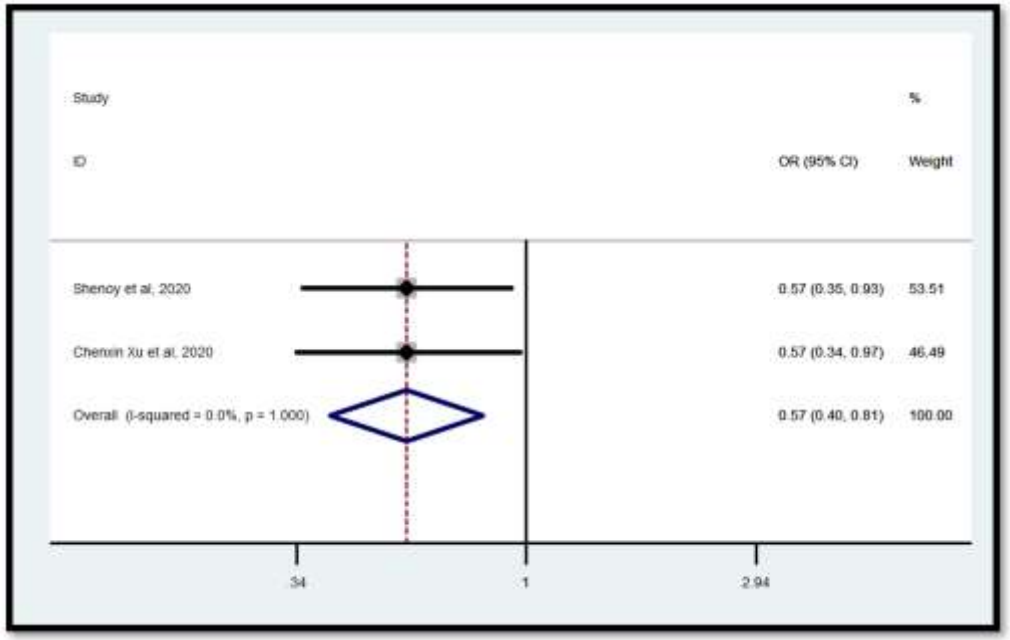




Pooled estimation of a meta-analysis of odds ratio studies reported an OR of 0.94, i.e. in patients undergoing SG, the chance of OSA remission decreases by 6% (OR: 0.94, CI95%: 0.56-1.59) compared to **RYGB** but it was not significant showing no difference between SG and RYGB on OSA remission

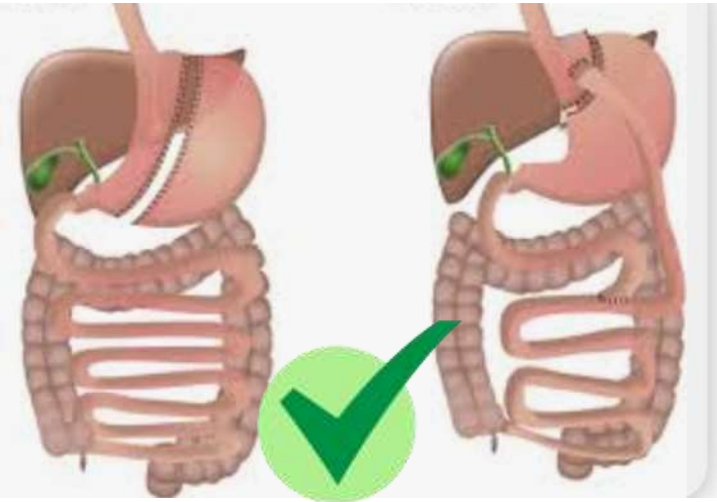
HTN remission after SG vs. RYGB in elderly

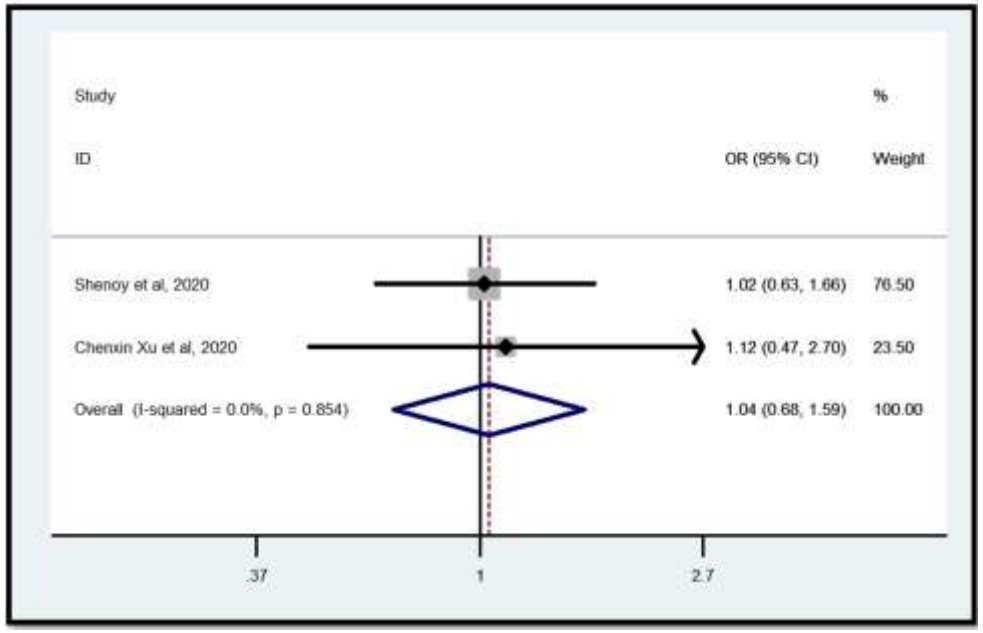




Pooled estimation of a meta-analysis of odds ratio studies reported an OR of 0.57, i.e. in patients undergoing SG, the chance of HTN remission decreases by 43% (OR: 0.57, CI95%: 0.40-0.81) compared to **RYGB**

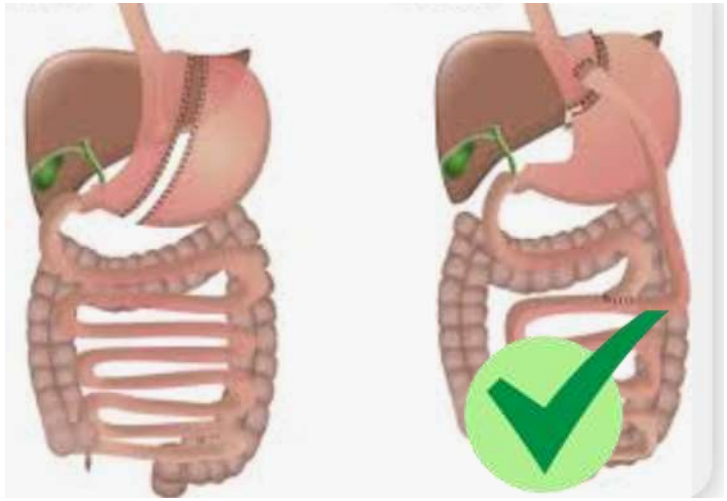
T2DM remission after SG vs. RYGB in elderly

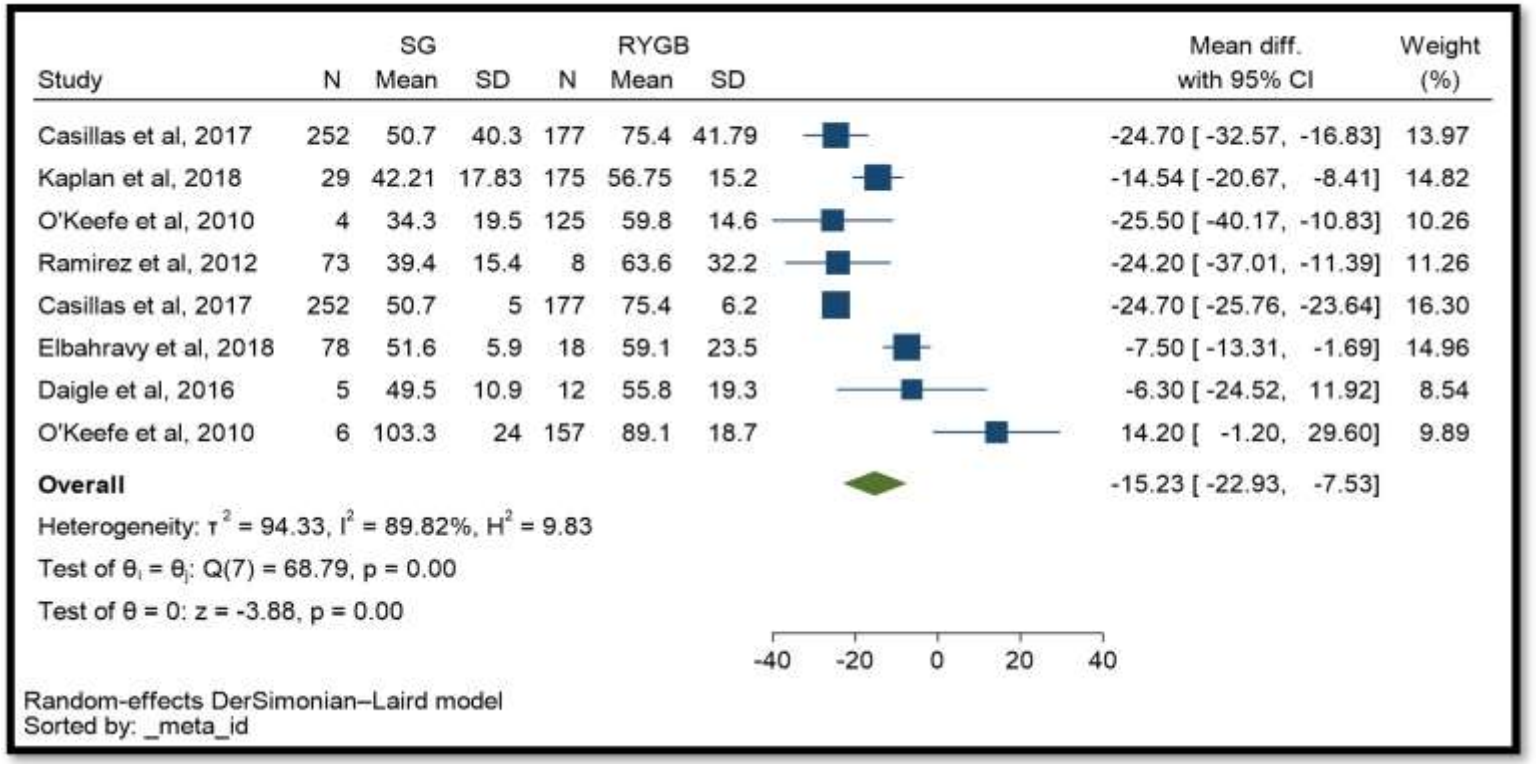




Pooled estimation of a meta-analysis of odds ratio studies reported an OR of 1.04, i.e. in patients undergoing **SG** the chance of T2DM remission increases by 4% (OR: 1.04, CI95%: 0.68-1.59) compared to RYGB but was not significant

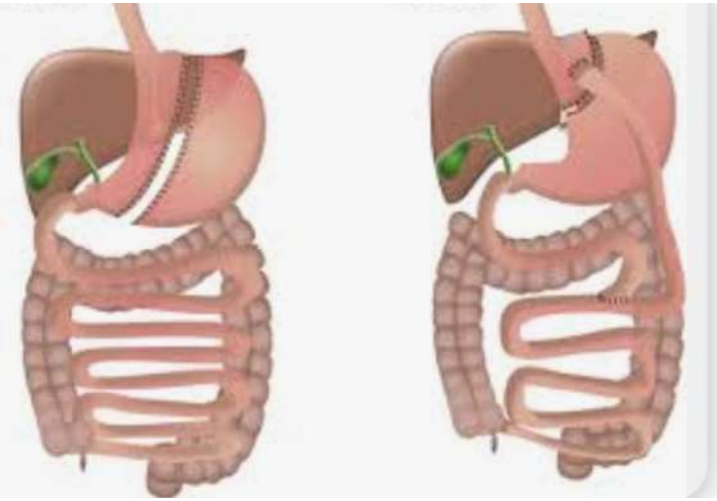
%EWL following SG vs. RYGB in elderly



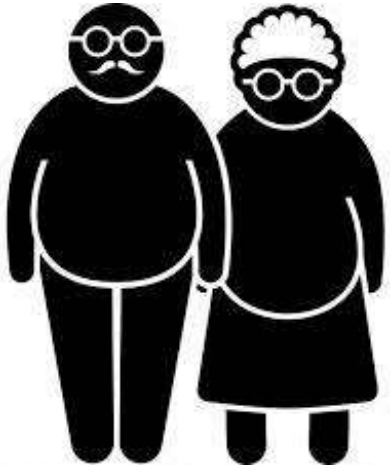


The mean difference of %EWL following SG vs RYGB showed that the patients experience an extra 15.23 %EWL following **RYGB** compared to SG (MD: -15.23, CI95%: -22.93, -7.53), in other words, SG leads to 15.23 %EWL less than RYGB

Conclusion



In the elderly population, **SG** is a safer surgical option than RYGB, which on the contrary induces better weight loss and remission of HTN.

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