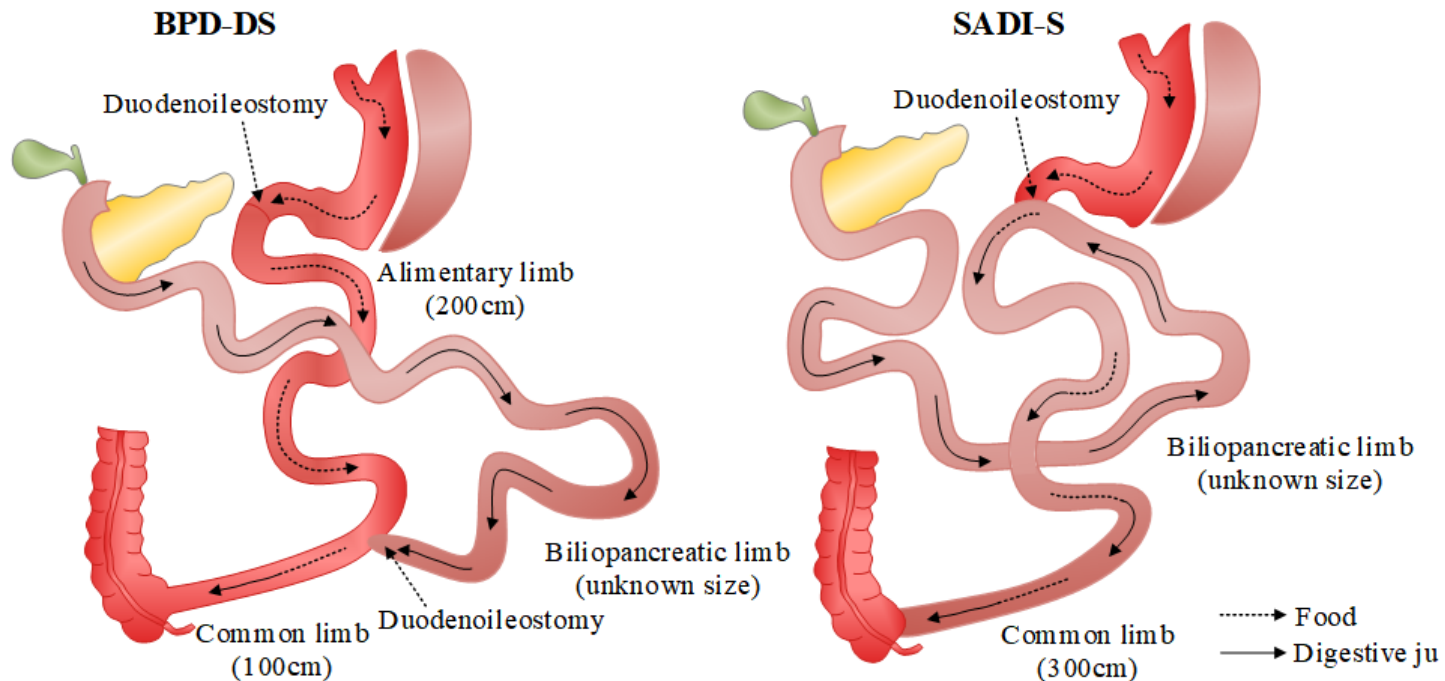


Comparative analysis of the short-term efficacy and safety of SADI-S and BPD/DS in the treatment of Chinese obese patients

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Background: MBS has shown greater efficacy in managing obesity and associated metabolic conditions compared to traditional approaches. Internationally, SADI-S and BPD/DS are commonly used MBS. However, these surgeries are not widely practiced in China, and there is a lack of comparative analysis between them



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Objectives: To compare the effectiveness and safety of SADI-S and BPD/DS in treating Chinese patients with obesity.

Methods: We included 44 Chinese patients with obesity undergoing SADI-S or BPD/DS with a 1-year postoperative follow-up from May 2018 to November 2021. The SPSS22.0 method was used to compare the weight loss effect, relief of obesity-related metabolic diseases, and nutritional outcomes between the two groups.

	SADI-S	BPD/DS	p-value
Gender (male/female)	11/11	13/9	0.545
Age (years)	29.91±6.75	33.95±8.98	0.120
Weight (kg)	151.86±17.22	149.96±25.36	0.756
BMI (kg/m²)	49.92±3.27	49.69±9.50	0.913
Obesity-related metabolic disease			
type 2 diabetes (yes/no)	9/13	13/9	0.228
Hyperuricemia (yes/no)	17/5	16/6	0.728
Hypertriglyceridemia (yes/no)	13/9	12/10	0.761
Hypercholesterolemia (yes/no)	3/19	7/15	0.150
Hypertension (yes/no)	16/6	16/6	1.000

Table 1. comparison of basic preoperative conditions between the two groups of patients

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Results:

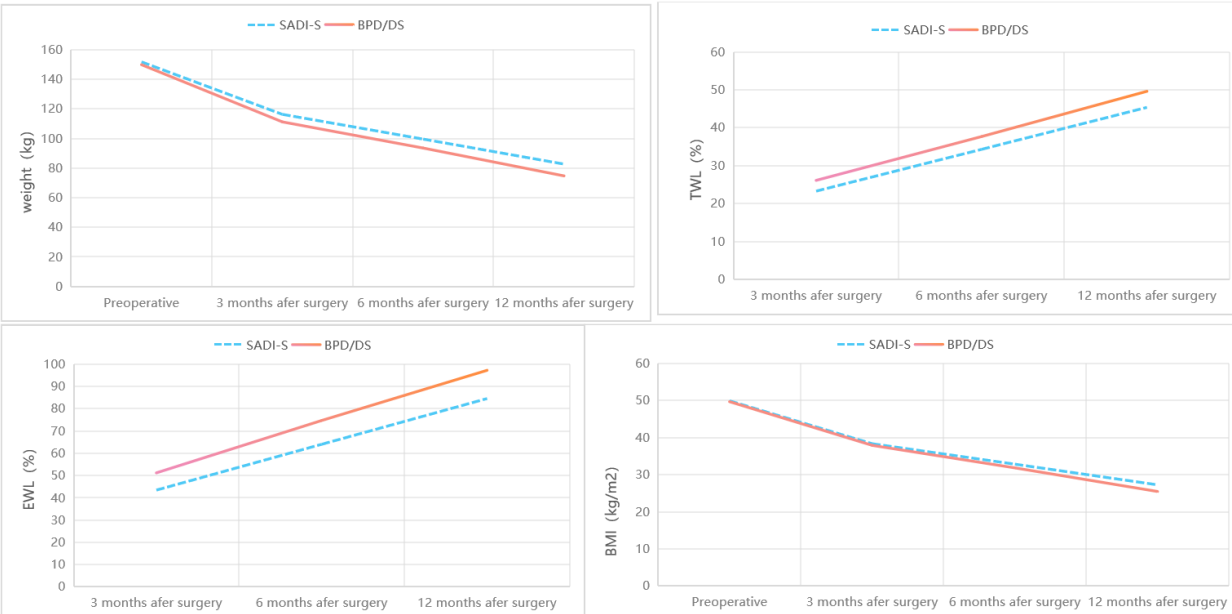


Figure 2. The changes in weight, BMI, EWL, and TWL of the two groups at 3, 6, 12 months after surgery are shown in the figure.

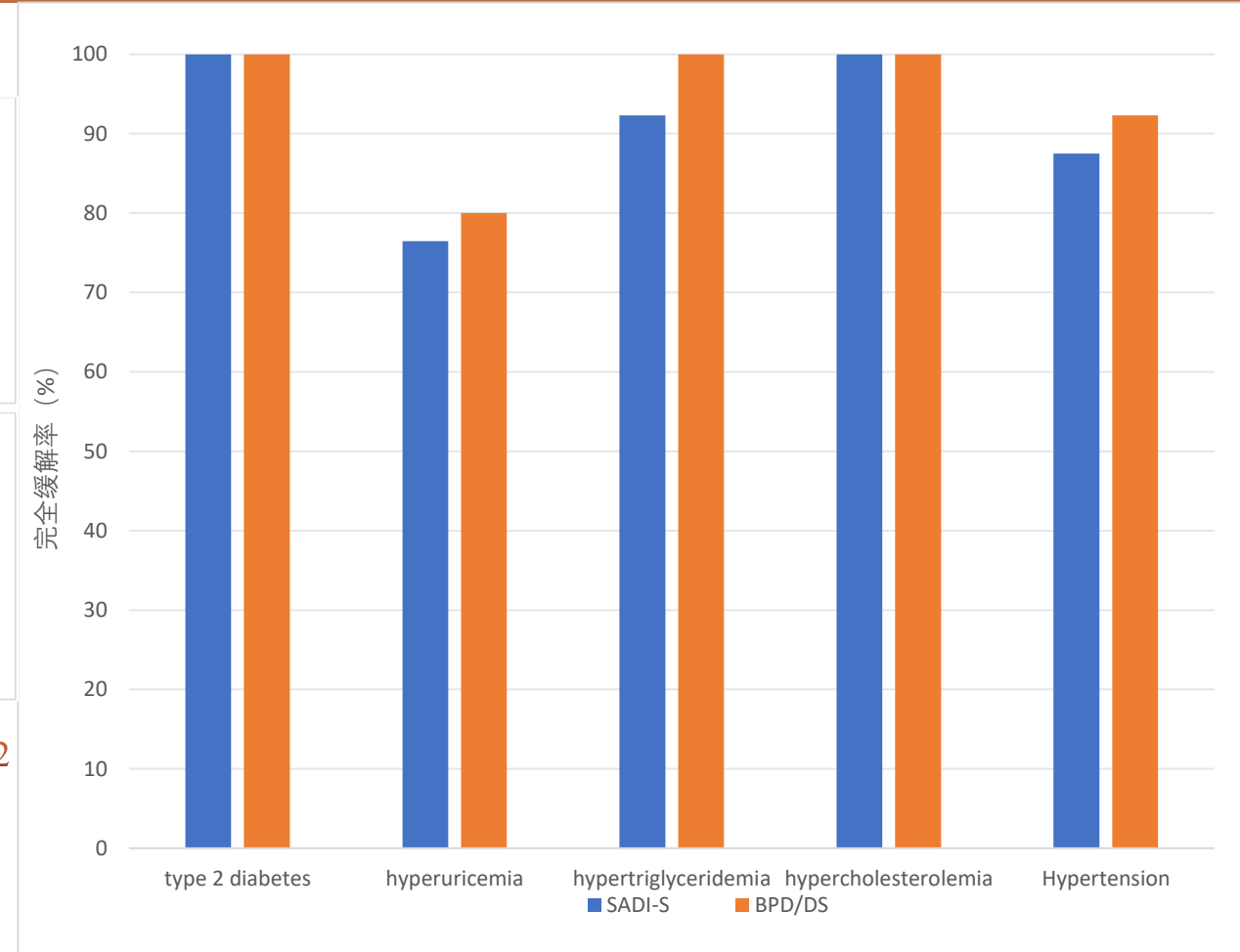


Figure 3. Comparison of the relief of obesity-related metabolic diseases between SADI-S and BPD/DS.

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Results:

Nutritional Complications	Normal range	SADI-S	BPD/DS	<i>p</i> -value
anemia	male: 120-160(g/L); female: 110-150(g/L)	4.55% (1/22)	12.5% (2/16)	0.369
hypoalbuminemia	白蛋白: 35-52(g/L)	4.55% (1/22)	17.65% (3/17)	0.181
	营养素缺乏			
ferritin	male: 22-322(ng/ml);female: 5-130(ng/ml)	4.55% (1/22)	0 (0/16)	0.387
folic acid	>3.2 ng/ml	22.73% (5/22)	11.76% (2/17)	0.376
Vit A	0.38-0.98 ug/ml	63.64% (14/22)	50% (8/16)	0.401
Vit E	5.7-19.9 ug/ml	27.27% (6/22)	43.75% (7/16)	0.290
Vit B12	156-672 (pmol/L)	9.09% (2/22)	25% (4/16)	0.184
Vit D	3-29(ng/ml)	9.09% (2/22)	88.24% (15/17)	0.000
Ca	2.1-2.65(mmol/L)	9.09% (2/22)	5.88% (1/17)	0.709
Zn	10.7-19.5(mmol/L)	31.82% (7/22)	47.06% (8/17)	0.332

Table 2. Comparison of nutritional outcomes 12 months after surgery between SADI-S and BPD/DS

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Conclusion

- ➔ The incidence and severity of short-term surgical complications with SADI-S are lower than BPD/DS;
- ➔ both SADI-S and BPD/DS have better short-term weight loss effects, but BPD/DS achieves greater short-term weight loss;
- ➔ SADI-S and BPD/DS are equally effective in the short-term treatment of obesity-related metabolic diseases;
- ➔ except for vitamin D, there is no significant difference in the short-term nutritional outcomes between SADI-S and BPD/DS after surgery. Besides, the long-term efficacy of both needs to be recorded at

CONFLICT OF INTEREST DISCLOSURE

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