

# Establishing a prediction model for perioperative complications of single-port laparoscopic sleeve gastrectomy (SPLSG)

Yan Gu, Jason Wadjaja Jianjun Yang



復旦大學  
FUDAN UNIVERSITY

Dept. of General Surgery

Huadong Hospital, Fudan University, Shanghai, China



**No Disclosure**

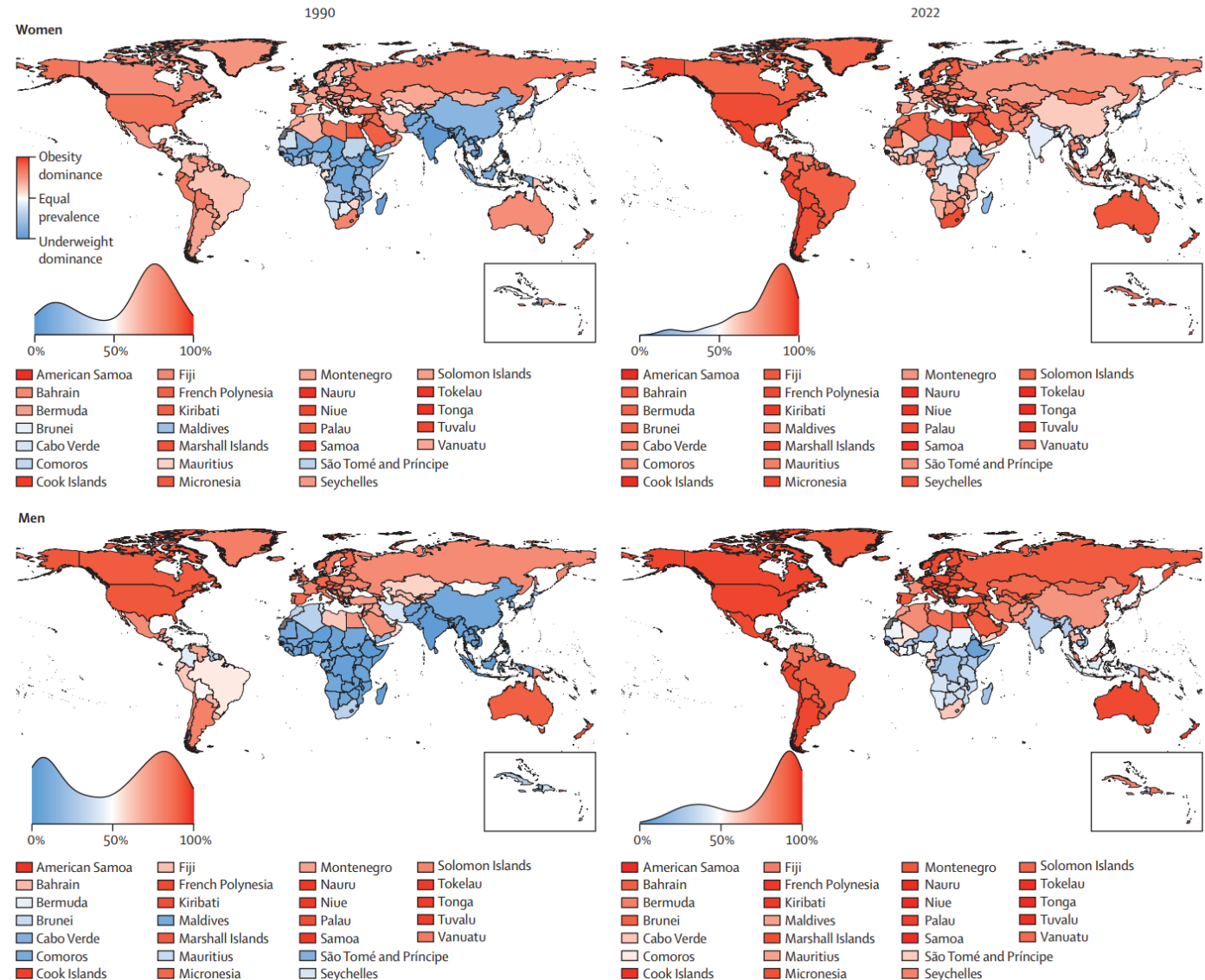
# 2024年

Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults

NCD Risk Factor Collaboration (NCD-RisC)\*

THE LANCET

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[http://dx.doi.org/10.1016/S01406736\(23\)02750-2](http://dx.doi.org/10.1016/S01406736(23)02750-2)



《中国居民营养与慢性病状况报告》  
(2020)



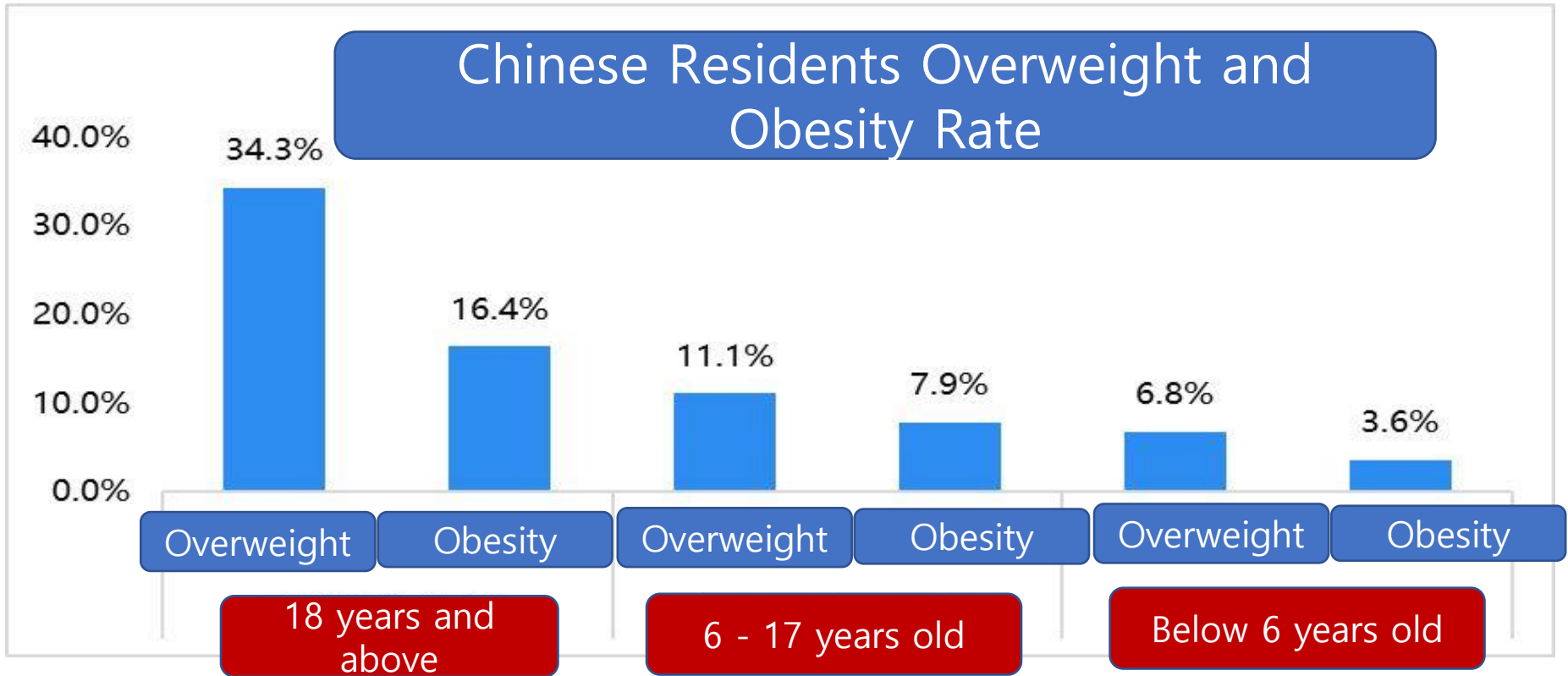
China

Report on the Nutrition Status of  
Chinese Residents  
(2020)

2002年  
2012年

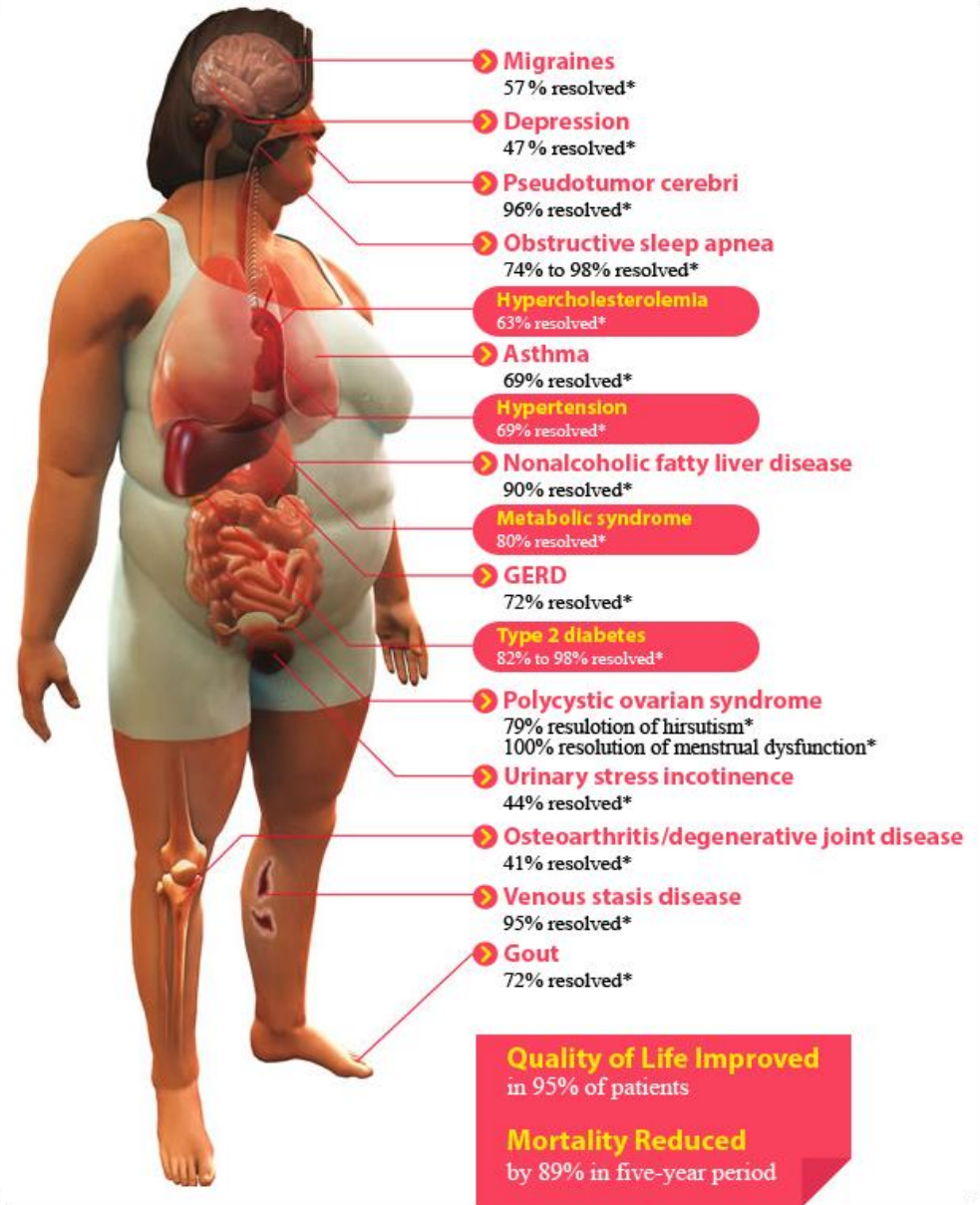


### Chinese Residents Overweight and Obesity Rate

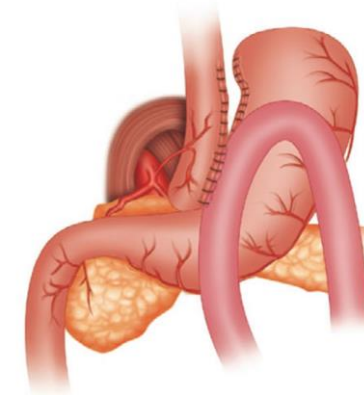
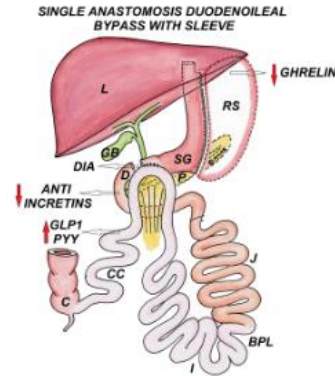
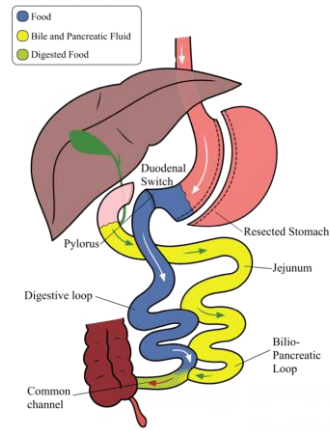
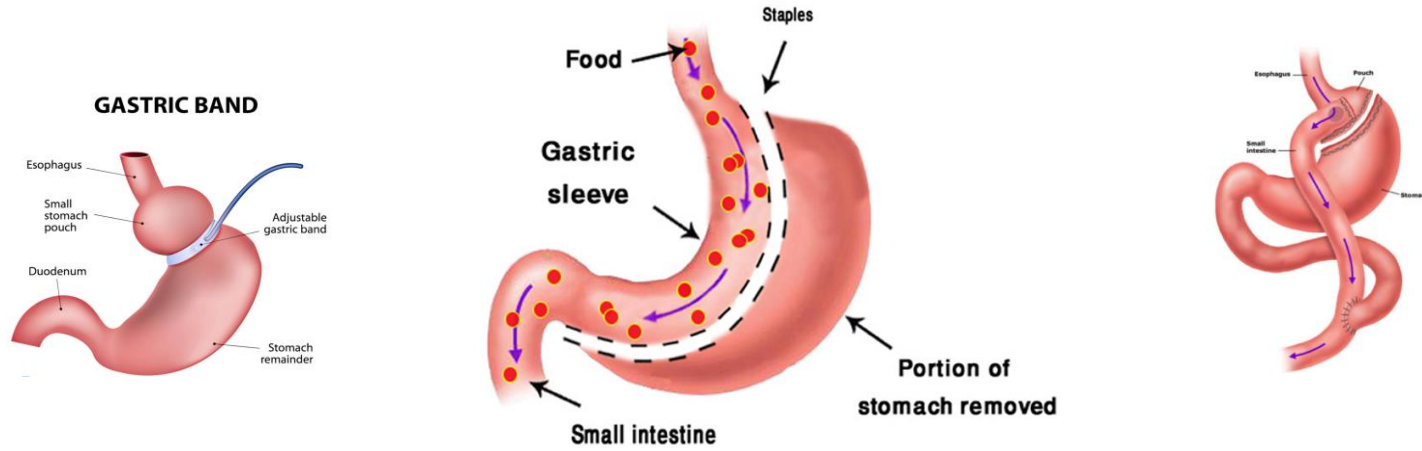


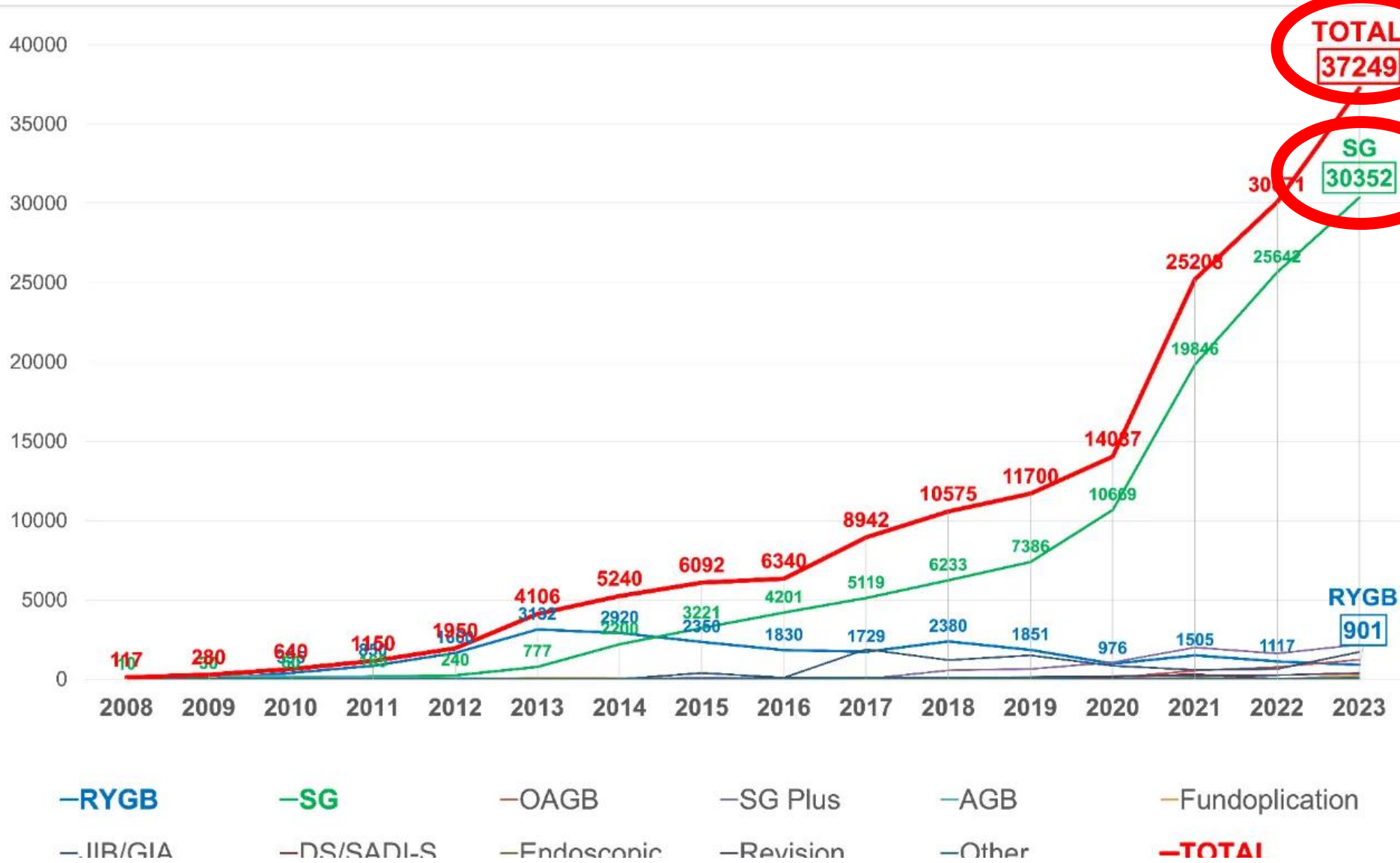


## Metabolic and Bariatric Surgery



# CSMBS approved procedures





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# 手术量最多的三种术式

Types of MBS: Top 3

SG

30352

81.5%

OAGB

1228

3.3%

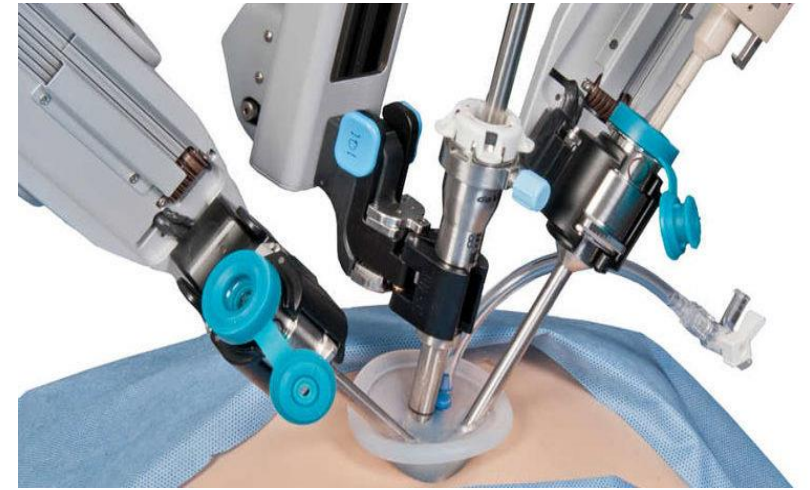
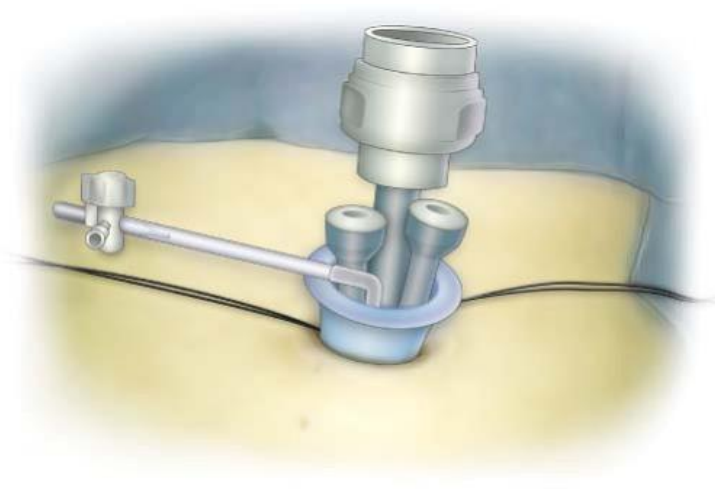
RYGB

908

2.4%



# Single-port sleeve gastrectomy (SPSG)



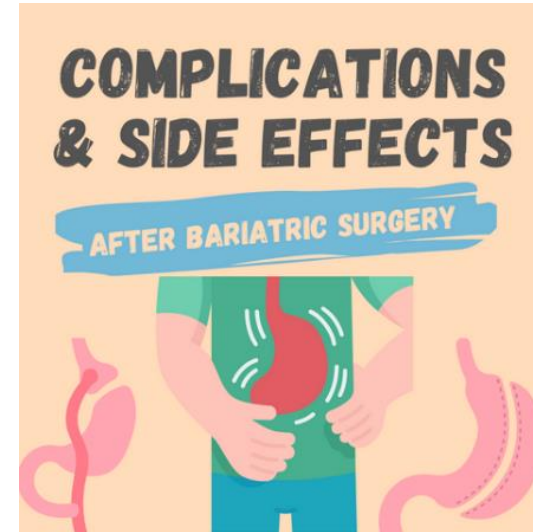
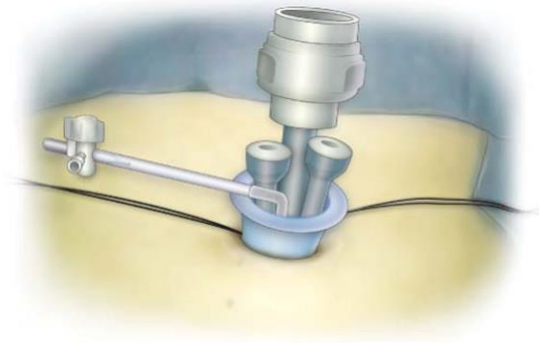
# Characteristics of MBS patients in China

- The proportion of female patients: 71.1%
- Median age: 32 (10, 72) years
- The patients' median BMI: 37.9



**Requirment for single-port sleeve gastrectomy (SPSG) increased**

Greater China metabolic and bariatric surgery database registry report (2023)



It seems that not all patients deemed practical to underwent single port procedure.

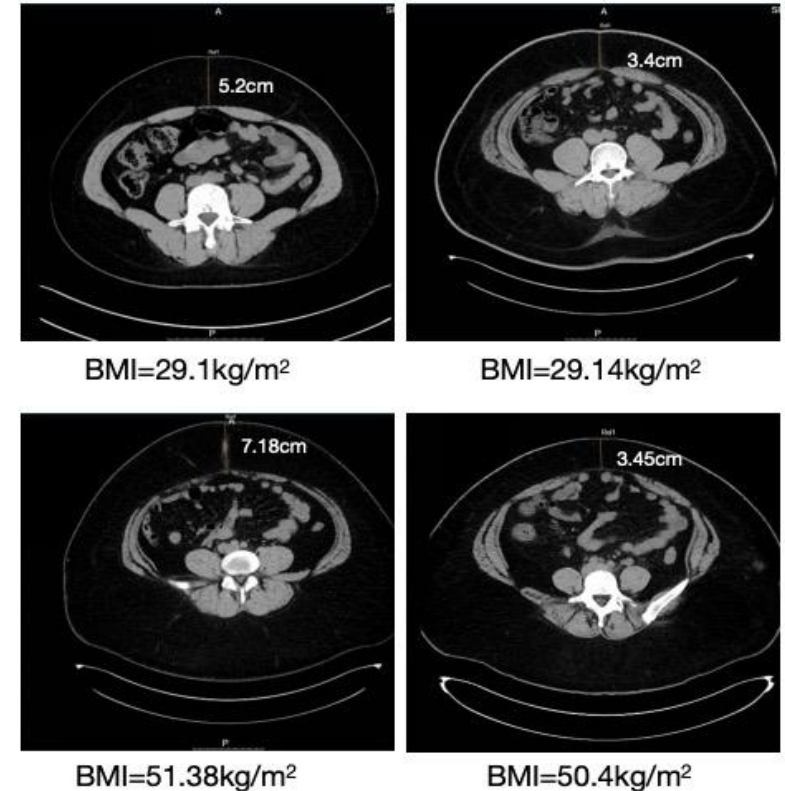
Identifying important factors to understand better which patients suitable for SPLSG is crucial

# Purpose of this study

- **To investigate the risk factors for perioperative complications of SPLSG and try to establish a prediction model**

# Methods

- 161 patients with obesity were analyzed retrospectively
  - BMI<50
  - Height<180cm
  - No previous abdominal surgery
  - No drug abuse
  - No sever GERD or Barrett disease
- Age, gender, BMI, abdominal subcutaneous fat thickness ...were collected
- Logistic regression analysis was used to analyze the risk factors for perioperative complications and a nomogram prediction model was drawn and validated



abdominal subcutaneous fat thickness

# Results

## Baseline characteristics of patients undergoing SPLSG

	Without Complications (n=153)	With Complications (n=8)	P 值
Male	30/19.6%	4/50%	0.107
Female	123/80.4%	4/50%	-
Age [M( IQR), y]	31.0 [27.0, 39.0]	41.0 [37.0, 43.5]	0.019
BMI [M( IQR), kg/m <sup>2</sup> ]	35.4 [32.2, 40.5]	42.1 [41.1, 45.3]	0.003
Waist Circumference [M( IQR), cm]	113.0 [106.0, 126.5]	120.0 [112.5, 124.5]	0.405
Hip Circumference [M( IQR), cm]	120.0 [114.0, 131.0]	128.0 [119.0, 132.5]	0.206
Abdomen subcutaneous fat thickness [M( IQR), cm]	3.63 [3.07, 4.69]	5.50 [5.13, 6.02]	0.000
Visceral fat content [M( IQR), cm <sup>2</sup> ]	177.38[133.47, 212.99]	162.14[133.99,262.76]	0.833
Metabolic Associated Steatohepatitis[n/%]			
With	98/64.05	5/62.50	1.000
Without	55/35.95	3/37.50	-
Hypertension [n/%]			
With	43/28.10	3/37.50	0.863
Without	110 /71.90	5/62.50	-
Hyperlipidemia [n/%]			
With	119/77.78	6/75.00	1.000
Without	34/22.22	2/25.00	-
Diabetes Mellitus [n/%]			
With	18/11.76	2/25.00	0.577
Without	135/88.24	6/75.00	-
Fasting Blood Glucose [M( IQR), mmol/L]	5.6[5.0, 6.4]	5.3 [5.1, 6.4]	0.740
HbA1c [M( IQR), %]	5.8 [5.5, 6.5]	5.7 [5.6, 5.9]	0.954
Fasting C-peptide [M( IQR), ng/ml]	4.6 [3.3, 5.8]	4.3 [3.7, 5.2]	0.541
Fasting Insulin [M( IQR), pmol/L]	24.2 [16.6, 39.9]	21.0 [16.8, 30.2]	0.343

# Results

- **Eight patients (5.0%) had perioperative complications**

Type of Complications	No. of Cases	Clavien-Dindo Classification					
		Grade 1	Grade 2	Grade 3a	Grade 3b	Grade 4	Grade 5
Incisional Hernia	3	-	-	-	3	-	-
Leak	2	-	1	-	1	-	-
Mesenteric venous embolism	1	-	1	-	-	-	-
Surgical Site Infection	1	-	1	-	-	-	-
Pneumonia	1	-	1	-	-	-	-

# Results

- **Univariate analysis**

- Age, BMI, and abdominal subcutaneous fat thickness were related to perioperative complications of SPLSG (P<0.05)

- **Multivariate logistic regression analysis**

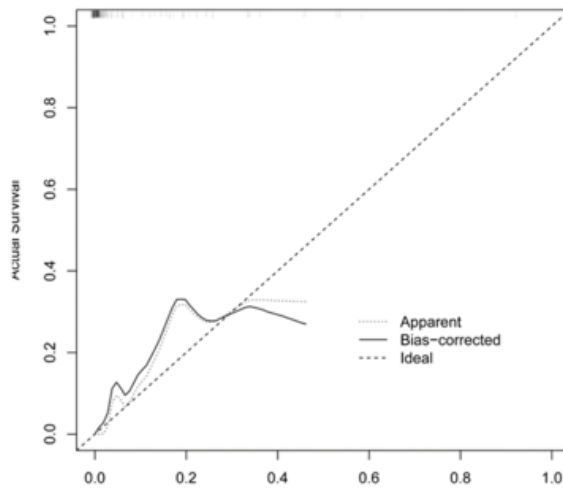
- Age, BMI, and abdominal subcutaneous fat thickness were independent risk factors for perioperative complications of SPLSG

	Univariate logistic		Multivariate logistic	
	OR (95%CI)	P-value	OR (95%CI)	P-value
Gender	4.1(0.97-17.34)	0.055	-	-
Age	1.08(1.01-1.16)	0.034	1.20(1.06-1.35)	0.003
<b>BMI</b>	1.12(1.03-1.23)	0.007	1.18(1.02-1.36)	0.028
Waist Circumference	1.02(0.98-1.07)	0.336	-	-
Hip Circumference	1.03(0.98-1.08)	0.187	-	-
<b>Abdomen subcutaneous fat thickness</b>	3.82(1.72-8.49)	0.001	4.02(1.41-11.49)	0.009
Visceral Fat	1.00(0.99-1.01)	0.677	-	-
Metabolic Associated Steatohepatitis	0.94(0.22-4.06)	0.929	-	-
Hypertension	1.53(0.35-6.70)	0.569	-	-
Hyperlipidemia	0.86(0.17-4.44)	0.854	-	-
Diabetes Mellitus	2.50(0.47-13.34)	0.283	-	-
Fasting Blood Glucose	1.00(0.80-1.24)	0.977	-	-
HbA1c	1.19(0.70-2.03)	0.525	-	-
Fasting C-Peptide	0.84(0.56-1.26)	0.392	-	-
Fasting Insulin	0.97(0.92-1.02)	0.256	-	-

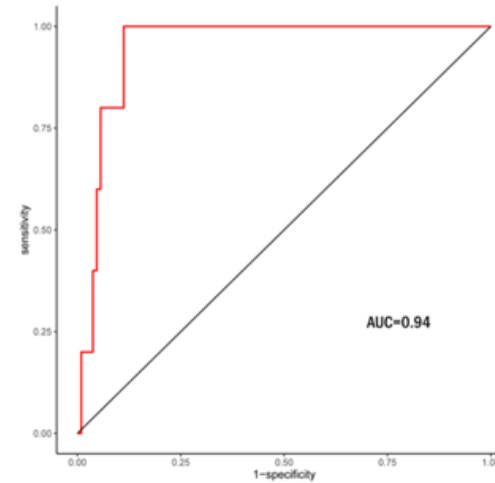


# Results

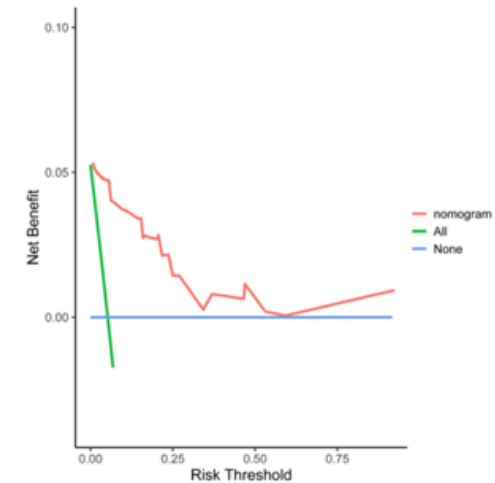
- **Nomogram prediction model** constructed based on the results show good accuracy and predictive ability, with an area under the ROC curve of 0.94



Nanogram predict survival



Receiver Operating Characteristic, ROC



Decision curve analysis, DCA

# Conclutions

- Age, BMI, and abdominal subcutaneous fat thickness are independent risk factors for perioperative complications of SPLSG
- The prediction model established in this study may provide reference for SPLSG decision making



谢谢

[yangu@fudan.edu.cn](mailto:yangu@fudan.edu.cn)

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