

# Biliopancreatic Diversion is More Effective Than Sleeve Gastrectomy

Giuseppe Nanni

*Department of Surgery, Catholic University Medical School, Rome, Italy*

**Address for correspondence:** Giuseppe Nanni, Department of Surgery, Catholic University Medical School, Rome, Italy.  
E-mail: giu.nanni@tiscali.it

The study by Sucandy and coworkers<sup>[1]</sup> deals with a frequently neglected topic in bariatric surgery, related to the importance of the results in terms of weight loss in the selection of the procedure to be performed. The recently developed and highly fashionable sleeve gastrectomy (SG) is compared to the time honored and successful biliopancreatic diversion in the duodenal switch version (BPD-DS).. The article presents two series each of 100 obese patients submitted to SG or BPD-DS. A significant percentage of patients have been lost to the follow-up; nevertheless data show that BPD-DS attains greater success in terms of body mass index (BMI) reduction 18 months after surgery. The effects of malabsorption appear very early, with differences between the two procedures already evident after 6 months. The great diffusion of SG is mainly due to its technical ease and to its “natural” ending in patients with inadequate weight loss: being SG the first step of BPD-DS, an eventual failure can be corrected performing the duodenal switch.

Several papers deal with the failure in weight loss after SG and disclose the related statistics. Patients in these reports often show young age and relatively low BMI values, and thus the results are quite good.<sup>[2]</sup> In the present paper<sup>[1]</sup> both group showed mean age and BMI values around 50. The treatment of the more severe cases of obesity actually emphasizes the more successful procedure.


A second relevant point concerns the presentation of the results. Bariatric surgery is expected to bring obese patients towards a condition of lower morbidity and mortality and possibly of a lower healthcare expenditure.<sup>[3,4]</sup> reaching BMI values <30 or <35, that means absence of obesity or slight obesity, according to the definition of success of the surgical treatment.<sup>[5,6]</sup> In the present article.<sup>[1]</sup> The authors show the percentage of patients reaching BMI < 35 after surgery. They found values of 60% after SG and 85% after BPD-DS. This allows a more readily understandable comparison of the results between the two different procedures.

It is very unusual to find in the literature universally accepted criteria to define success of bariatric operations and this paper shows the role of BMI, not only in selecting patients for surgery, as generally practiced, but also in checking the results of the treatment.<sup>[7]</sup> Moreover, the distribution of the BMI is not of the Gaussian type and thus the variations of mean values do not reflect the real clinical results. Generally, in presenting data, it is more significant the number of patients reaching a specific BMI during the follow-up, as the authors actually did.

This study<sup>[1]</sup> confirms the superiority of BPD-DS in dealing with obese patients with high BMI values. The role of SG has to be further investigated, particularly to identify in advance the population with low risk of weight loss failure to avoid reoperative surgery. It is highly desirable that, in clinical papers, authors present their data referring success of surgical procedures to the percentage of patients reaching a specific value of BMI during the follow-up.

## References

1. Sucandy I, Titano J, Bonanni F, Antanavicius G. Comparison of vertical sleeve gastrectomy versus biliopancreatic diversion. *N Am J Med Sci* 2014;6:7-11.

Access this article online	
<p>Quick Response Code:</p> 	<p>Website: <a href="http://www.najms.org">www.najms.org</a></p>

2. Zachariah SK, Chang PC, Ooi AS, Hsin MC, Kin Wat JY, Huang CK. Laparoscopic sleeve gastrectomy for morbid obesity: 5 years experience from an Asian center of excellence. *Obes Surg* 2013;23:939-46.
3. Sturm R, An R, Maroba J, Patel D. The effects of obesity, smoking, and excessive alcohol intake on healthcare expenditure in a comprehensive medical scheme. *S Afr Med J* 2013;103:840-4.
4. Thompson D, Edelsberg J, Colditz GA, Bird AP, Oster G. Lifetime health and economic consequences of obesity. *Arch Intern Med* 1999;159:2177-83.
5. Biron S, Hould FS, Lebel S, Marceau S, Lescelleur O, Simard S, *et al.* Twenty years of biliopancreatic diversion: What is the goal of the surgery? *Obes Surg* 2004;14:160-4.
6. MacLean LD, Rhode BM, Forse RA, Nohr R. surgery for obesity- an update of a randomized trial. *Obes Surg* 1995;5:145-50.
7. Nanni G, Familiari P, Mor A, Iaconelli A, Perri V, Rubino F, *et al.* Effectiveness of the Transoral Endoscopic Vertical Gastroplasty (TOGa®): A good balance between weight loss and complications, if compared with gastric bypass and biliopancreatic diversion. *Obes Surg* 2012;22:1897-902.

**How to cite this article:** Nanni G. Biliopancreatic diversion is more effective than sleeve gastrectomy. *North Am J Med Sci* 2014;6:39-40.

**Source of Support:** Nil. **Conflict of Interest:** None declared.

## New features on the journal's website

### Optimized content for mobile and hand-held devices

HTML pages have been optimized of mobile and other hand-held devices (such as iPad, Kindle, iPod) for faster browsing speed.

Click on [**Mobile Full text**] from Table of Contents page.

This is simple HTML version for faster download on mobiles (if viewed on desktop, it will be automatically redirected to full HTML version)

### E-Pub for hand-held devices

EPUB is an open e-book standard recommended by The International Digital Publishing Forum which is designed for reflowable content i.e. the text display can be optimized for a particular display device.


Click on [**EPub**] from Table of Contents page.

There are various e-Pub readers such as for Windows: Digital Editions, OS X: Calibre/Bookworm, iPhone/iPod Touch/iPad: Stanza, and Linux: Calibre/Bookworm.

### E-Book for desktop

One can also see the entire issue as printed here in a 'flip book' version on desktops.

Links are available from Current Issue as well as Archives pages.

Click on  View as eBook