

# Sleeve gastrectomy in the elderly: A case-control study with long-term follow-up of 3 years.

Andres Navarrete, Ricard Corcelles, Gabriel Diaz Del Gobbo, Sofia Perez, Josep Vidal y Antonio Lacy.

## Abstract

Advanced age is considered to be a relative contraindication to bariatric surgery because of increased perioperative risk and suboptimal excess weight loss.

**OBJECTIVES:** The aim of this study was to analyze the safety and effectiveness of the sleeve gastrectomy (SG) procedure in a cohort of elderly patients (aged $\geq$ 60 yr) compared with younger patients (aged $<$ 60 yr).

**SETTING:** Hospital clinic, Barcelona, Spain.

**METHODS:** A retrospective analysis of all cases of SG in patients $\geq$ 60 years old between January 2006 and December 2012 was performed.

**RESULTS:** The study included 206 patients, 103 in each group. The mean age was  $63.3\pm 2.8$  years, and the body mass index was  $45.8\pm 22.8$  kg/m<sup>2</sup>. The overall complication rate within the elderly group was 9.7% versus 15.5% in the younger group ( $P = .2$ ). After SG, there was no statistical difference in body mass index between the groups until 24 (33.4 versus 31.5 kg/m<sup>2</sup>,  $P = .01$ ) and 36 (34.6 versus 32.8 kg/m<sup>2</sup>,  $P = .01$ ) months of follow-up, favoring the younger cohort. Mean percent excess weight loss was similar between the groups during all periods of follow-up. The mean percent total weight loss change was statistically higher in the younger group at 3 (15.1% versus 17.1%,  $P = .03$ ); 6 (25.2% versus 27.5%,  $P = .04$ ); 12 (32.4% versus 35.2%,  $P = .03$ ); 24 (26.7% versus 32.4%,  $P < .01$ ); and 36 months (24.9% versus 29.1%,  $P < .01$ ). Neither groups revealed a statistical difference in resolution of all co-morbidities, except for obstructive sleep apnea ( $P = .02$ ) in the younger group.

**CONCLUSIONS:** SG is a safe and feasible procedure in the elderly with results comparable to those in the standard bariatric population.