

Single-Port Sleeve Gastrectomy Clinical Outcomes

A Comprehensive Analysis of 240 Patients

A Focus on Modern Surgical Practice

David LECHAUX, MD

Masterclass, Kuwait

November 30 th

Study Overview & Patient Cohort

- **Primary Objective:** To evaluate the short-term outcomes, safety, and patient satisfaction of single-port sleeve gastrectomy.
- **Study Design:** Retrospective analysis / Clinical series (Specify as appropriate).
- **Patient Cohort:**
 - **N = 240** patients
 - Comprehensive follow-up on pain, recovery, complications, and satisfaction.

Key Summary Metrics

The Bottom Line: High Satisfaction, Rapid Recovery

Patient Satisfaction: 4.46 / 5 (89%)

Average Hospital Stay: 2.98 days

Post-op Pain (Day 4): 1.88 / 5 (Low)

Complication Score: 1.87 / 5 (Low to Moderate)

Conclusion: A safe and effective procedure with excellent patient acceptance.

Postoperative Recovery & Pain

- **Rapid Improvement in Early Recovery Metrics**

- **Pain Evolution:**

Day 1: 2.64 / 5 (Moderate)

Day 4: 1.88 / 5 (Low)

Improvement: 29% reduction

- **Oral Intake Tolerance:**

Day 1: 2.24 / 5 (Moderate difficulty)

Day 4: 1.70 / 5 (Low difficulty)

Improvement: 24% improvement

Patient Satisfaction & Psychology

- **Overwhelmingly Positive Patient Feedback**

Satisfaction Score: 4.46 / 5

70% Very Satisfied (5/5)

20% Satisfied (4/5)

90% Positive Overall Experience

Psychological Well-being:

Score: **3.81 / 5**

Generally positive state.

Early challenges: Fatigue and anxiety related to new diet.

Complication Profile

Managing Postoperative Risks

Overall Complication Score: 1.87 / 5 (Low-Moderate)

Most Frequent Issues:

- Nausea/Vomiting (30% in Week 1)
- Dehydration
- Gastric reflux (15-20%)
- Healing problems (10-15%)

Serious Complications (5-8%):

- Leaks/Fistulas (most severe)
- Stenoses requiring dilation
- Reoperations

Early Weight Loss & Nutritional Transition

- **Promising Early Results**

- **Early Weight Loss**

Day 15: Average loss of **6-10 kg**

Some patients lost up to **12 kg**.

Rapid loss observed in the first two weeks.

- **Dietary Progression**

Week 1: Liquid diet, significant difficulties

Week 2: Start of pureed foods, energy returns.

Week 3+: Gradual dietary diversification.

Comparative Performance

| Procedure | Pain (D1) | Satisfaction | Complications | Hosp. Stay |
|-----------------|-----------|--------------|---------------|------------|
| Sleeve SP | 2.64 | 4.46 | 1.87 | 2.98 d |
| Bypass Ω | 2.04 | 4.49 | 1.91 | 3.10 d |
| Bypass Y | 2.83 | 4.46 | 1.84 | 1.84 d |
| Band | 2.25 | 4.50 | 2.00 | 1.75 d |

Strengths & Areas for Improvement

- **Strengths:**

- Excellent pain control and rapid recovery.
- High patient satisfaction.
- Effective early weight loss.
- Improvement of co-morbidities (Diabetes, Hypertension).

- **Areas for Improvement:**

- Reinforce post-op dietary follow-up.
- Better pre-op counseling on expected sensations (fatigue, dietary challenges).
- Manage patient expectations regarding hospital stay.

Conclusion

- **Single-Port Sleeve Gastrectomy: A Winning Choice**
- Single-port sleeve gastrectomy is a **safe, feasible, and effective** bariatric procedure.
- It is characterized by:
 - **High patient satisfaction (4.46/5).**
 - **A favorable complication profile.**
 - **Rapid post-operative recovery.**
 - **Significant early weight loss.**
- **Final Message:** It represents a balanced and highly successful option in the bariatric surgery arsenal.