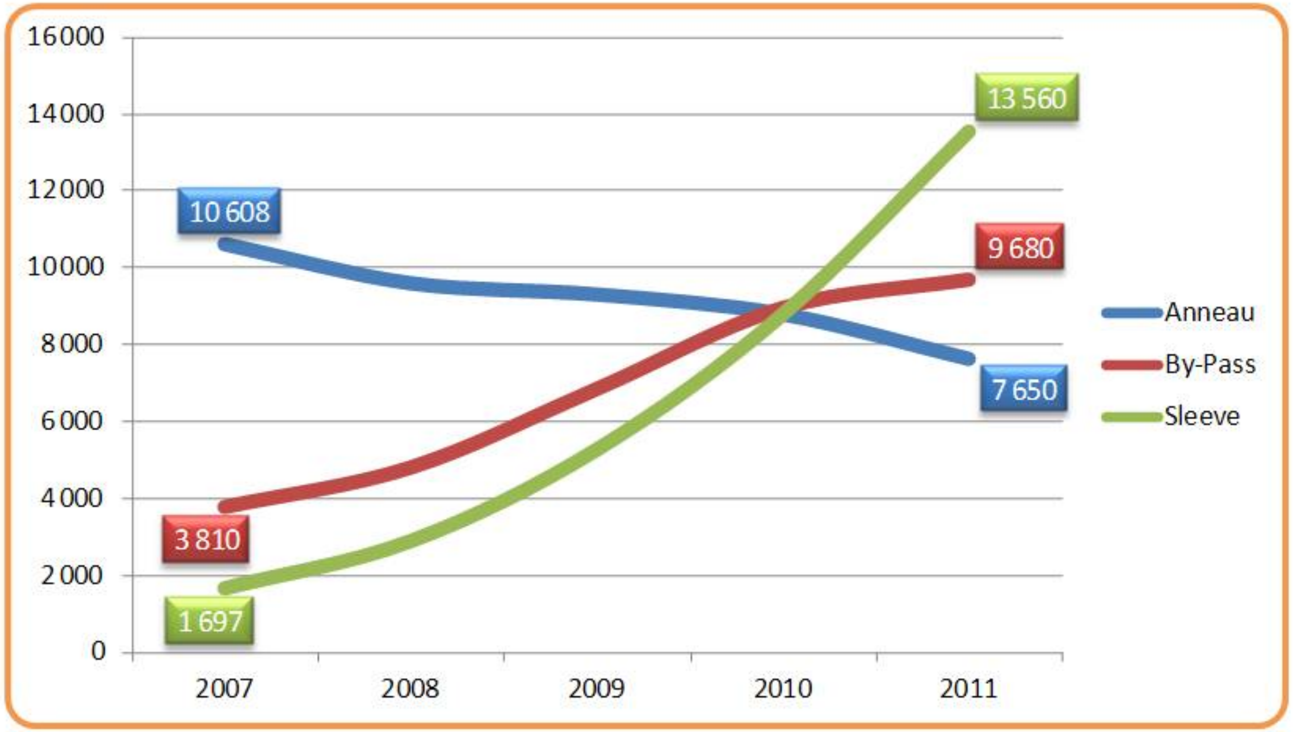
By-pass ou sleeve?

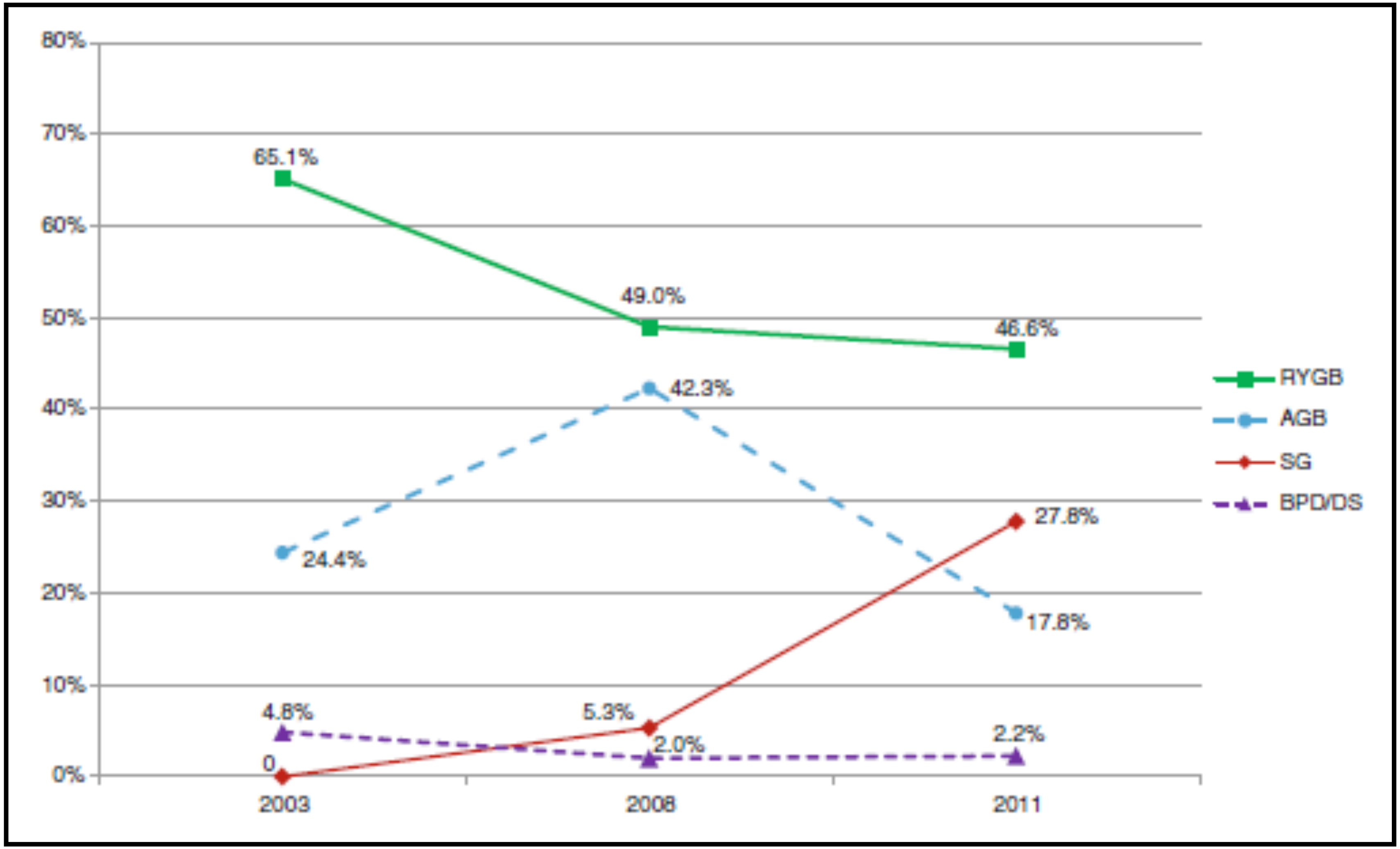
XXIII ème Congrès de la STCL
Tunis
28 Mai 2015

Evolution de l'activité bariatrique 2007-2011



Source: bases PMSI 2007, 2008, 2009, 2010 & 2011 (ATIH)

PMSI 2012: 43 600
Sleeve: 18500, GBP: 11500, Anneau: 6000, BPD: 100
Ablation anneau: 7000; Ballon intragastrique: 500.



Buchwald et al. Obes Surg Jan 2013

Sous quel angle?

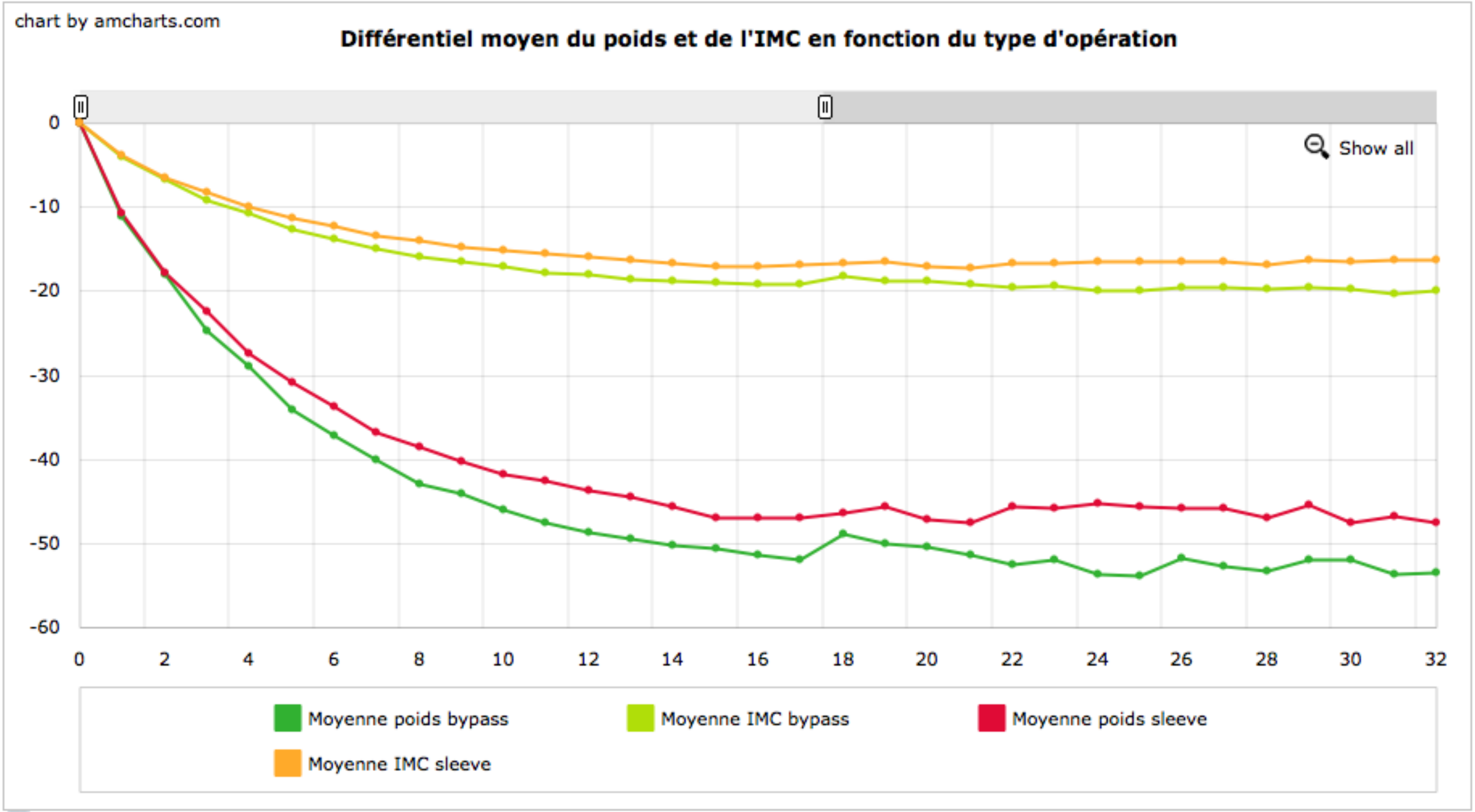
- Efficacité?
  - Sur le poids
  - Sur les comorbidités
- Complications?
  - Court terme
  - Long terme
- Cout?
  - Initial
  - A distance

Séries de Sleeve

Author	Publication	Patients (n)	Years follow up (rate)	Mean %EWL
Himpens	Ann Surg (2010)	30	6 (78 %)	53.3 %
Rawlins	SOARD (2012)	49	5 (100%)	86%
Braghetto	SurgLapPercut (2012)	60	5 (11 %)	57.3%
Catheline	JViscSurg(2013)	45	5 (82 %)	50.7 %
Brethauer	Ann Surg (2013)	23	5 (79 %)	49.5 %
Sieber	SOARD(2013)	54	5 (91 %)	57.4

Série www.abcd-chirurgie.fr

133 by-pass et 276 sleeve



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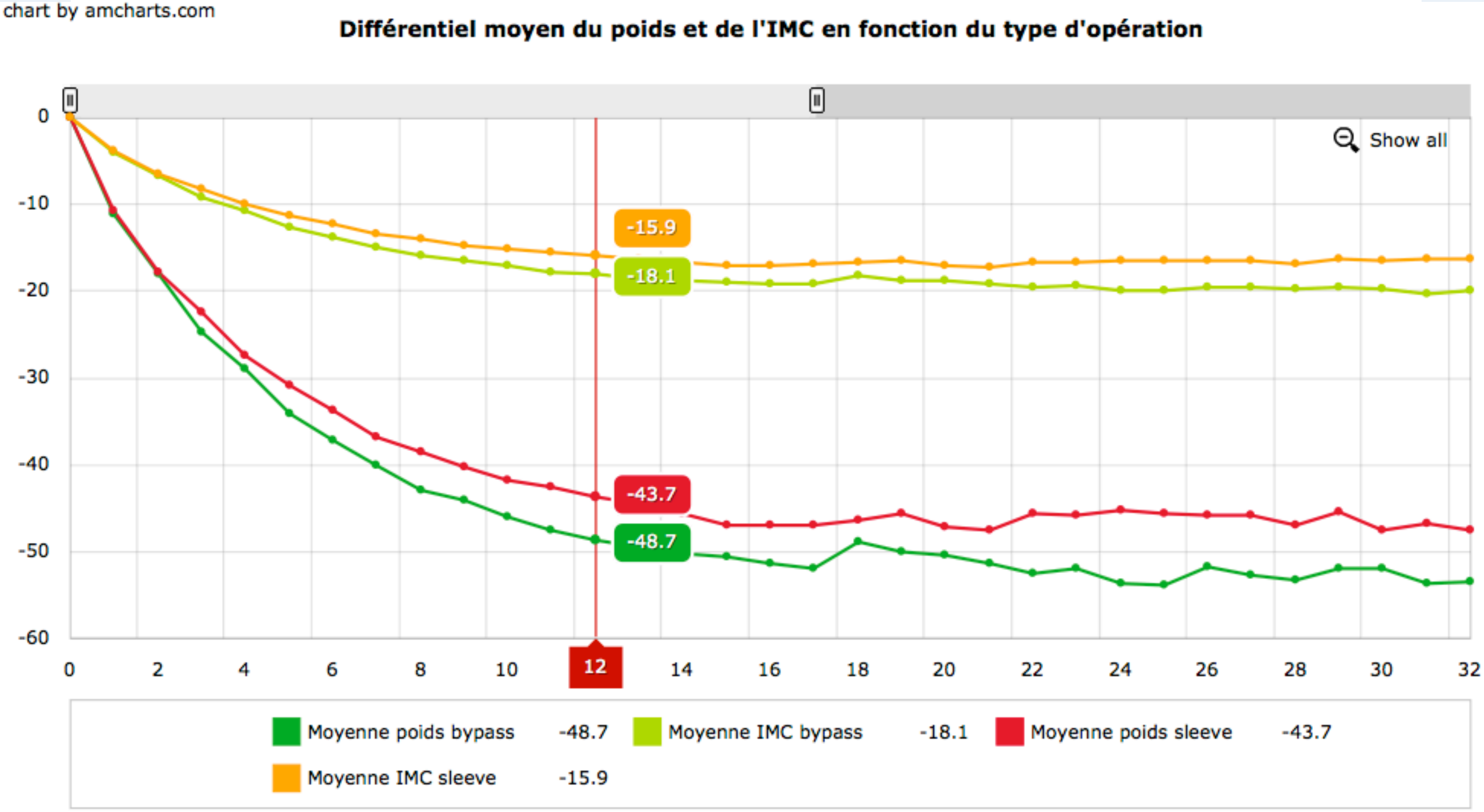
133 by-pass et 276 sleeve



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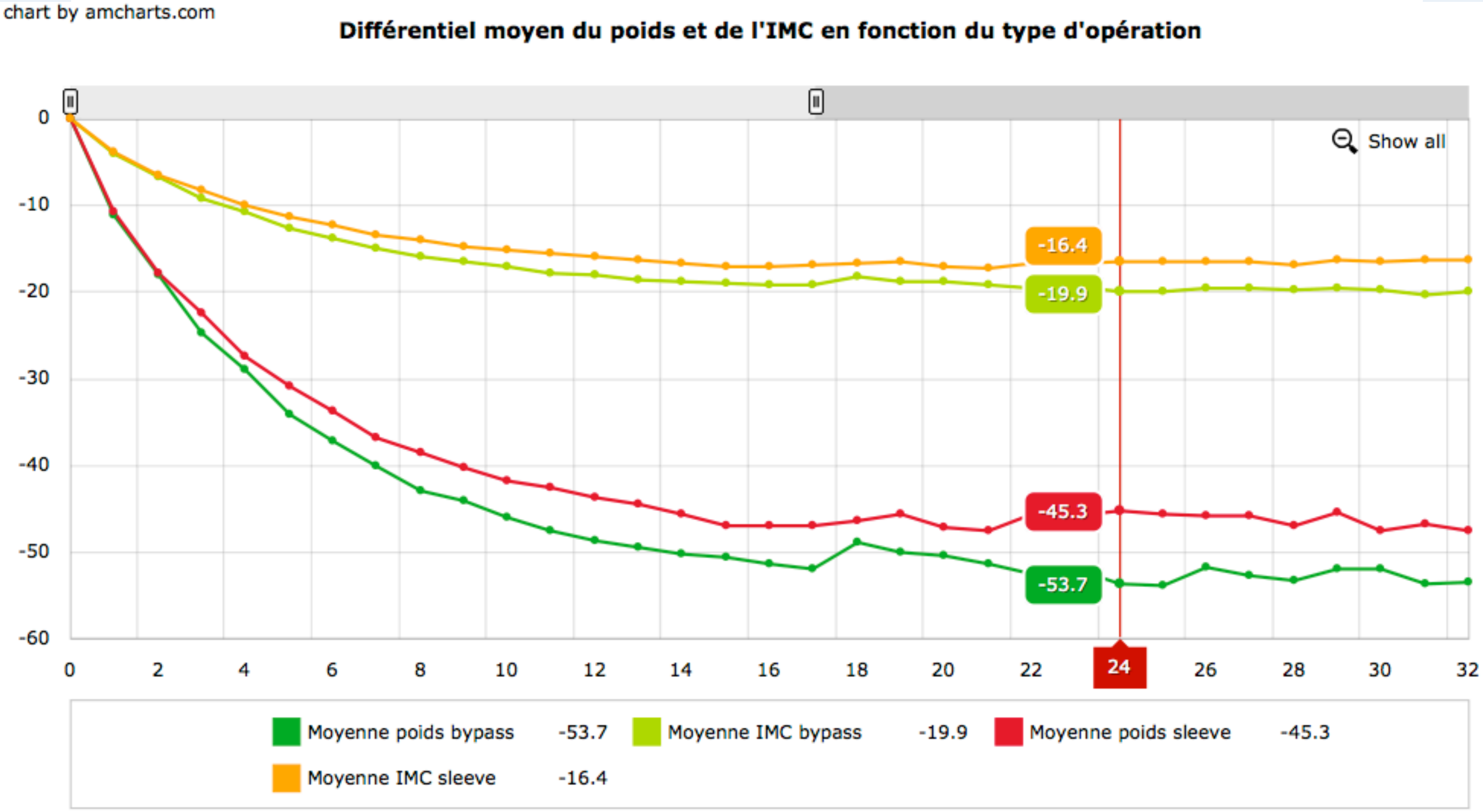
133 by-pass et 276 sleeve

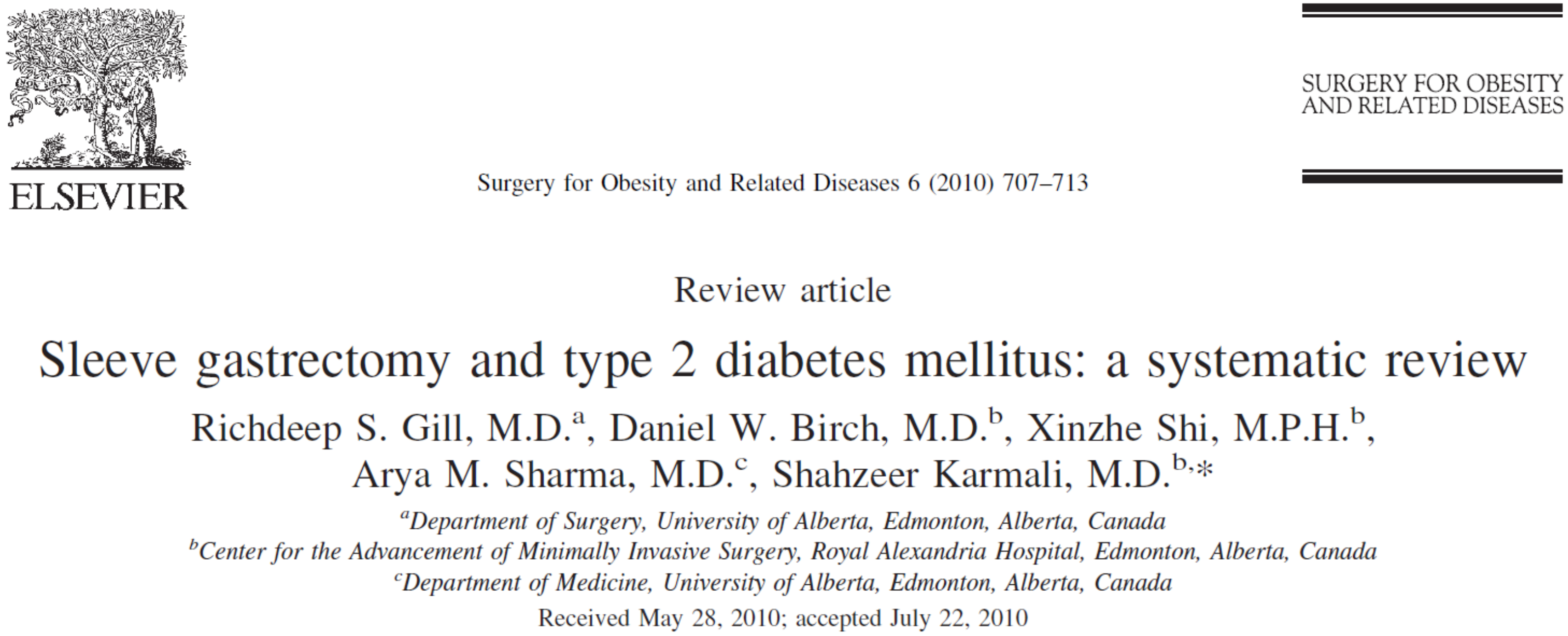


Différentiel moyen du poids et de l'IMC en fonction du type d'opération

Diabète

- Pathologie définie par une HbA1c au dessus de 6,5%
- Guérison complète si:
  - HbA1c < 6%
  - Absence de traitement
  - Pendant 2 année de suite

Efficacité sur le diabète?



ELSEVIER

Surgery for Obesity and Related Diseases 6 (2010) 707–713

SURGERY FOR OBESITY
AND RELATED DISEASES

Review article

Sleeve gastrectomy and type 2 diabetes mellitus: a systematic review

Richdeep S. Gill, M.D.[a], Daniel W. Birch, M.D.[b], Xinzhe Shi, M.P.H.[b],
Arya M. Sharma, M.D.[c], Shahzeer Karmali, M.D.[b],*

[a]*Department of Surgery, University of Alberta, Edmonton, Alberta, Canada*
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Received May 28, 2010; accepted July 22, 2010

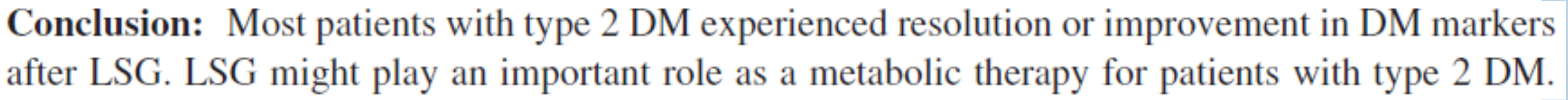
28 bariatric studies

673 patients

BMI moyen 47

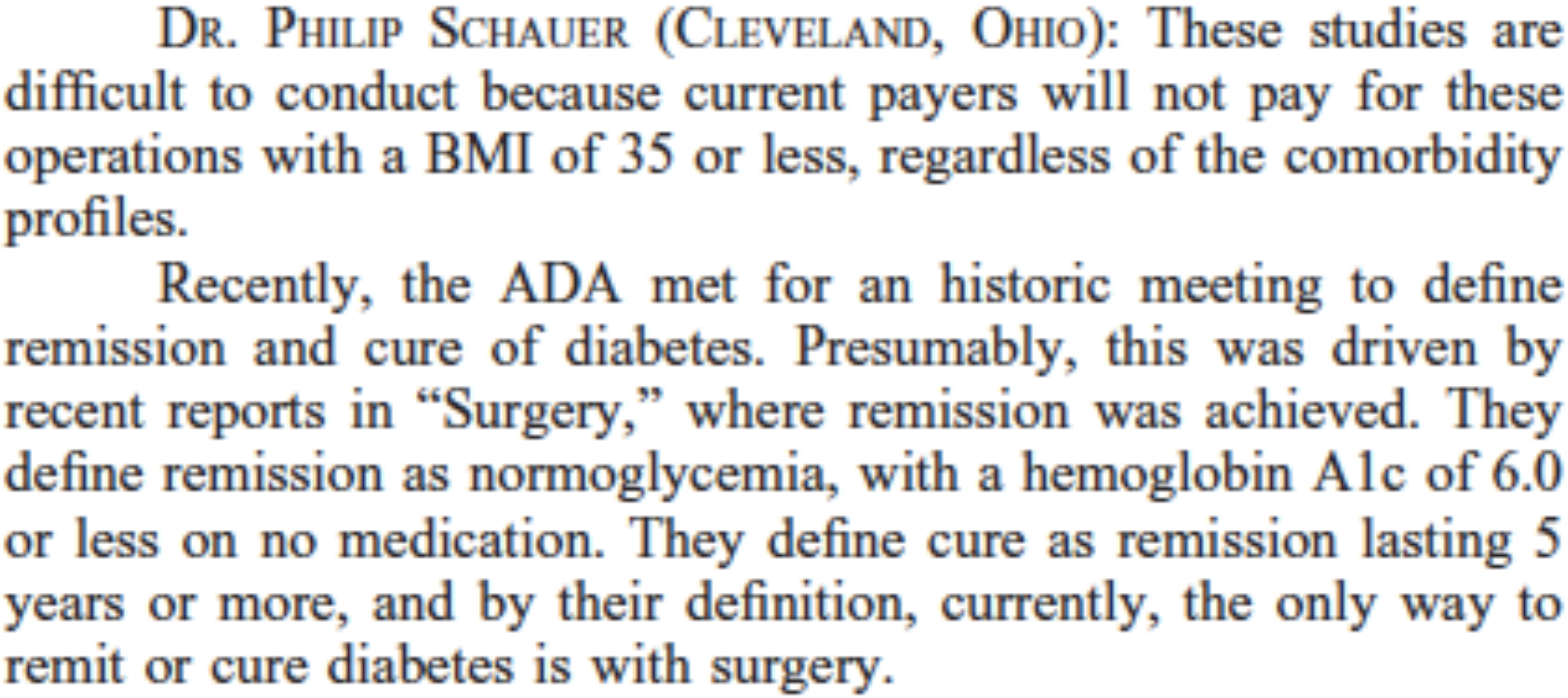
Efficacité sur le diabète?

- 673 patients (âge moyen 46 ans)
- Suivi moyen de 13 mois
- EWL de 47 %
- HbA1c de 7,9% a 6,2%



Conclusion: Most patients with type 2 DM experienced resolution or improvement in DM markers after LSG. LSG might play an important role as a metabolic therapy for patients with type 2 DM.

Baros = weight
Bariatric surgery → Metabolic surgery



Dr. Philip Schauer (Cleveland, Ohio): These studies are difficult to conduct because current payers will not pay for these operations with a BMI of 35 or less, regardless of the comorbidity profiles.

Recently, the ADA met for an historic meeting to define remission and cure of diabetes. Presumably, this was driven by recent reports in “Surgery,” where remission was achieved. They define remission as normoglycemia, with a hemoglobin A1c of 6.0 or less on no medication. They define cure as remission lasting 5 years or more, and by their definition, currently, the only way to remit or cure diabetes is with surgery.

International
Diabetes
Federation

Gastric Bypass vs Sleeve Gastrectomy for Type 2 Diabetes Mellitus

A Randomized Controlled Trial

Wei-Jei Lee, MD, PhD; Keong Chong, MD; Kong-Han Ser, MD; Yi-Chih Lee, PhD

Arch Surg. 2011;146(2):143-148

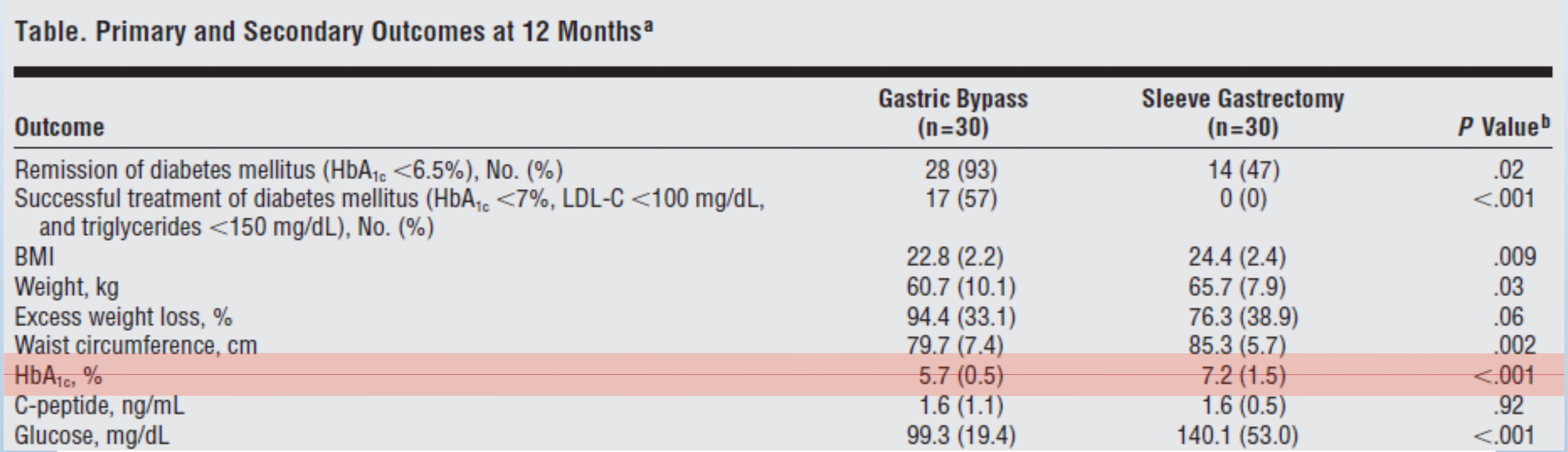
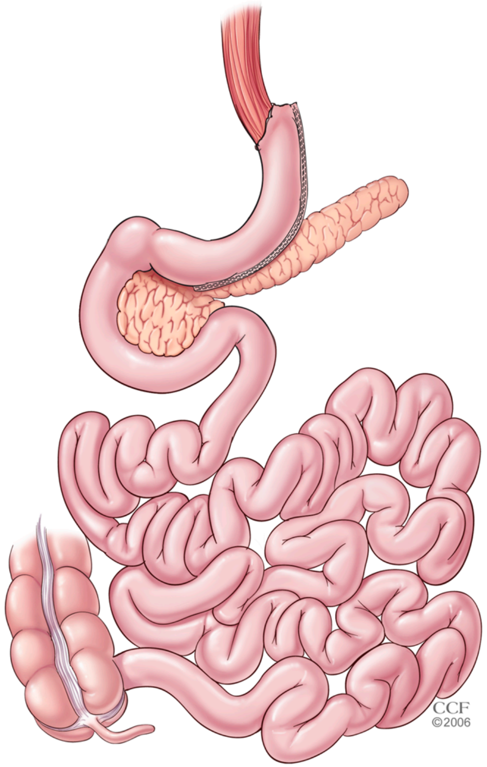


Table. Primary and Secondary Outcomes at 12 Months[a]

Outcome	Gastric Bypass (n=30)	Sleeve Gastrectomy (n=30)	*P* Value[b]
Remission of diabetes mellitus (HbA_{1c} <6.5%), No. (%)	28 (93)	14 (47)	.02
Successful treatment of diabetes mellitus (HbA_{1c} <7%, LDL-C <100 mg/dL, and triglycerides <150 mg/dL), No. (%)	17 (57)	0 (0)	<.001
BMI	22.8 (2.2)	24.4 (2.4)	.009
Weight, kg	60.7 (10.1)	65.7 (7.9)	.03
Excess weight loss, %	94.4 (33.1)	76.3 (38.9)	.06
Waist circumference, cm	79.7 (7.4)	85.3 (5.7)	.002
HbA_{1c}, %	5.7 (0.5)	7.2 (1.5)	<.001
C-peptide, ng/mL	1.6 (1.1)	1.6 (0.5)	.92
Glucose, mg/dL	99.3 (19.4)	140.1 (53.0)	<.001

Effets métabolique de la sleeve

- **Intervention restrictive**
- **Réduction de la grêline**
- **Accélération de la vidange gastrique**
- **Augmentation du taux de PYY (peptide YY de la satiété)**



Complications

- **Sleeve**
  - **Fistulisation (2 à 5%)**
  - **Reflux**
- **By-pass**
  - **Sténose**
  - **Reflux**
  - **Troubles du transit**
  - **Carences multiples → traitement à vie**

Cout?

- **Pour les patients**

	Sleeve	By-pass
Bilan preopératoire	+	+
Intervention	+	++
suivi	+	+++

- **Pour la structure de soins**

	Sleeve	By-pass
agrafeuse	+++	+
Fast track	++	+
Matériel usage unique	+	+++
Gestion complications	+++	++

Pour un By-pass

- Peu d'ATCD de chirurgie abdominale
- Diabète (surtout si mal contrôlé)
- Reflux gastrique documenté
- Sweet eater
- Grignotage
- Patient « compliant »

Pour une sleeve

- ATCD de pathologie gastrique
- ATCD familiaux de néoplasie gastrique
- Abdomen ou paroi multiopérée
- hyperphagie
- Attirance pour les aliments « salés »
- Absence de grignotage

Question non résolue…

- Poursuivre les travaux
- Importance du suivi