



O-223 - UNICENTRIC COMPARATIVE ANALYSIS WITH PROPENSITY SCORE MATCHING: DIRECT SADI-S VERSUS TWO-STEP PROCEDURE

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Resumen

Introduction: Single anastomosis duodenoileal *bypass* with *sleeve* gastrectomy (SADI-S) is a simplification of the standard duodenal switch (DS) procedure and has excellent results in weight control and comorbidities resolution. *Sleeve* gastrectomy was firstly conceived as part of the DS procedure. In patients with a high grade of obesity, it was proposed as a stand-alone procedure as a first step to minimize the surgical risks of the complete surgery.

Objectives: The aim of this study was to assess the effectiveness and safety of SADI-S, comparing its results as a direct or two-step procedure.

Methods: Unicentric cohort analysis of a prospective maintained database including 406 patients that underwent direct SADI-S versus 65 patients with a two-step procedure. To compare outcomes between the two groups, we performed a propensity score matching. The matching was 2:1, 130 patients in direct SADI-S group versus 65 patients in two-step group.

Results: After matching there were no statistical differences. Patients in two-step SADI-S group were younger (46.9 vs. 45.2 y, $p = 0.264$), and with a higher body mass index (BMI 53 vs. 51.4 kg/m^2 , $p = 0.172$) than the direct SADI-S group. One year after surgery %TWL was 37 versus 31% in the direct and two-step groups, respectively ($p < 0.001$). At three years follow-up, %TWL was still better in direct SADI-S group (33.3 versus 24.8%, $p < 0.001$ respectively). The mean BMI loss in the first three months after surgery was higher in two-step SADI-S group (34.7 vs. 37.5 kg/m^2 , $p = 0.056$). However, after one year of surgery direct SADI-S could maintain a better BMI loss reaching statistical significance (p IIIa) was 3.1% in direct SADI-S and 3.8% in two-step SADI-S. There was no mortality. Nutritional supplementation needs were similar for both groups with no cases of diarrhea or malnutrition requiring protein supplementation or revisional surgery.

Conclusions: In mid and long term, direct SADI-S is a safe and effective technique that offers a satisfactory weight loss and remission of comorbidities. Two-step strategy does not reduce postoperative risks and may compromise weight loss results at mid-term.