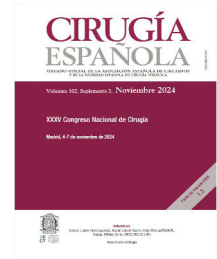




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## O-224 - PATIENT REPORTED OUTCOMES AND QUALITY OF LIFE AFTER SINGLE-ANASTOMOSIS DUODENO-ILEAL BYPASS WITH SLEEVE GASTRECTOMY (SADI-S): A CROSS-SECTIONAL STUDY WITH 283 PATIENTS FROM A SINGLE INSTITUTION

Lazzara, Claudio; Sobrino, Lucía; Admella, Víctor; Almeida, Ana; Merino, David; Osorio, Javier

Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat.

### Resumen

**Introduction:** Single-anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S) is a safe and effective technique with good short and mid-term weight control and associated medical problems remission for patients with Body Mass Index (BMI) > 45 Kg/m<sup>2</sup>.

**Objectives:** The aim of this study was to analyze patient-reported symptoms, specifically symptomatic gastroesophageal reflux disease symptoms (GERD), depositional habit and quality of life (QOL) following SADI-S, using telemedicine and validated tests.

**Methods:** A prospective unicentric cross-sectional study was conducted including all patients submitted to SADI-S in University Hospital of Bellvitge from May 2014 to September 2019. A baseline control group was composed by 67 patients who were planning to undergo SADI-S in the following four months. Patients were divided in four groups: pre-SADIS; 3 years after surgery. The information gathered via a telematic questionnaire was analyzed and compared with its presence in patients' clinical history derived from last presential visit.

**Results:** The response rate to telematic tests was 86,9%. Mean BMI exhibited significant differences depending on moment of evaluation: 50.8 kg/m<sup>2</sup>, 30.0 kg/m<sup>2</sup>, 31.1 kg/m<sup>2</sup>, and 32.7 kg/m<sup>2</sup> at pre-SADIS, 3 years follow-up, respectively (p < 0.001). Proportion of GERD symptoms increased over time (17.9%, 18.8%, 26.9% and 30.2%, p = 0.320). After SADIS, percentage of patients with loose stools was progressively higher (17.4 vs. 25.4 vs. 30.2%, p = 0.04). Patients with 50 was 31.9 kg/m<sup>2</sup>, compared with 41.7 kg/m<sup>2</sup> in the PCS < 50 group (p 50 group there were more patients with a BMI < 35 kg/m<sup>2</sup> than the MCS < 50 group (66.7 vs. 48.7%, p = 0.004). Telematic follow-up offered a more systemic and detailed information: in the last presential visit only 13.9% of patients had complete data regarding weight evolution, remission of associated medical problems, GERD symptoms, and depositional habit in comparison with the 82.9% of patients with telematic follow-up (p < 0.001).

**Conclusions:** Weight control is the main factor related to long-term QOL after SADI-S. Incidence of GERD symptoms and diarrhea was up to 30% in patients with > 3 years follow-up. Monitoring postoperative patient-related symptoms with validated objective tests seems a feasible and useful resource for the long-term follow-up of patients submitted to SADI-S.