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Speaker	campanelli      michela      under40 <input checked="" type="checkbox"/>
ARGOMENTO	Comunicazioni libere
<b>TITOLO DEL LAVORO</b>	<b>LAPAROSCOPIC BANDED SLEEVE GASTRECTOMY: SINGLE-CENTRE EXPERIENCE WITH A 4-YEAR FOLLOW-UP</b>
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RELATORE	
INTRODUZIONE	Laparoscopic sleeve gastrectomy (LSG) is now the most common bariatric procedure to treat morbidly obese patients. The main concern of LSG lies in the long-term weight regain which is reported to happen in up to 75.6% of patients after 6 years. Here we report our overall experience with Laparoscopic Banded Sleeve Gastrectomy (LBSG) using the Minimizer  over a six-year period.
METODI	We performed a retrospective review of data from a prospectively collected database. All patients submitted to primary LBSG were examined. Patients were submitted to LBSG between February 2014 and January 2020. Collected data included demographic factors, pre-operative BMI, operative time, surgical complications, and clinical outcomes.
RISULTATI	209 patients were submitted to primary LBSG in the study period. They were 136 females (65%) and 73 males (35%) with a median age of 43.0 years (range, 18 to 65 years). Median pre-operative BMI was 48.4 kg/m <sup>2</sup> (range, 36,2 to 65,5 kg/m <sup>2</sup> ). Median operative time was 72.0 minutes (range, 40 to 142 minutes). Median time for ring placement was 8.0 minutes. Median post-operative hospital stay was 2.8 days. Seven major complications occurred in the post-operative period (3.3%): 5 gastric leaks (2.3%) and 2 major bleedings (0.9%). There was no post-operative mortality in the 209 patients. Long-term major complications occurred in two patients (0.9%). Median follow-up was 49.2 months (range, 2 to 72 months). Median post-operative BMI was 29.6 kg/m <sup>2</sup> (range, 22 to 42 kg/m <sup>2</sup> ). Median %excess weight loss (%EWL) at 1 year after surgery was 52.0%. Median %EWL at last follow-up visit was 64.0%.
DISCUSSIONE	LBSG is as safe as standard LSG with excellent results in terms of post-operative morbidity and weight loss outcomes. Whether this procedure may result superior to standard LSG in the long-term period needs to be evaluated in randomized trials.
BIBLIOGRAFIA	
Revisore	Non assegnato
Accettazione	Non ancora definito
Note	