Clinical Significane of Central Obesity in Laparoscopic Bariatric Surgery

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摘要

Abstract

Background: Laparoscopic surgery had increased the interest and growth of bariatric surgery. Whether central obesity has any adverse effect in laparoscopic bariatric surgery is not clear. Methods: 612 morbidly obese patients received laparoscopic bariatric surgery,in a prospectively controlled clinical trial of the outcome of the bariatric surgery. For comparison, subjects were dichotomized into either a central obesity group or peripheral obesity group, based on waist/hip ratio (WHR). Various biochemistry and blood count variables, and perioperative and postoperative results were measured. Results: There were more female (458) than male patients (154). Male patients had higher BMI, and female patients were younger. 56 of 154 male patients (36.4%) belonged to the central obesity (WHR >1.0), and 321 of 458 female patients (70.1%) had central obesity (WHR >0.85). Central obesity was associated with age but not with BMI in males. In females, central obesity was associated with increased BMI. Central obesity predicted increased hyperglycemia and triglyceride levels in both male and female patients. Male patients with central obesity had higher WBC counts than the other patients. Although central obesity was associated with more intra-operative blood loss and prolonged recovery in female patients, there was no increase in complication rate or difference in postoperative weight loss. Conclusion: Central obesity is associated with a higher degree of hyperglycemia, hyperlipidemia and leukocytosis in morbidly obese patients who undergo bariatric surgery. Although there is increased technical difficulty in patients with severe central obesity, laparoscopic bariatric surgery is safe and effective in producing weight loss.