

Summary

Introduction: Obesity is a 21st century pandemic. The number of obese people in the world is growing in every region of the world. Bariatric surgery allows for a permanent reduction of body weight, reducing the risk of obesity complications and regression of additional disease.

Aim: The aim of the study is to analyze the long term results of surgical treatment of pathological obesity on the basis of two operating methods: laparoscopic sleeve gastrectomy and laparoscopic adjustable gastric banding.

Material and methods: The analysis involved 441 patients who underwent a planned surgical treatment of pathological obesity in one surgical ward. 197 patients underwent laparoscopic gastric band implantation (LAGB), while 244 performed sleeve gastric resection (LSG). The patients were qualified for surgery according to commonly established qualification criteria. The loss of body weight was assessed by calculating the percentage loss of excess body weight (% EWL).

Results: The mean% EWL in the group of LSG patients (n = 244) was statistically significantly higher than in the LAGB patients group (n = 197) in the study period after the primary surgery.

Respectively for patients after LSG 53.2%. and for patients in the LAGB group 35.1%.

Diabetes disappeared in 70.2% of patients after LSG and 20.8% in the LAGB group.

Hypertension was resolved in 82.9% of patients after LSG compared to 15.8% of patients

after LAGB.

Conclusions: In all the observation periods, weight loss, BMI reduction and

percentage loss of excess body weight (% EWL) were better in the group of patients

undergoing a sleeve gastrectomy (LSG). Sleeve gastrectomy (LSG) is a much more effective

method when it comes to regression of additional diseases, both hypertension and type 2 diabetes compared to patients after the introduction of an adjustable gastric band.