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Sleeve gastrectomy for children and conversion rate

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Background & Aim: The incidence of obesity children is increasing worldwide. Which bariatric procedure is the best for the affected children is still debatable. We observed the results of sleeve gastrectomy and conversion rate for children.

Method: Between 2006 and 2014, we have performed 36 sleeve gastrectomies for children at the age between 8 and 12 years. 34 (94%) were available for follow up between 3-10 years. We collected our data prospectively. Recorded data preoperatively included age, sex, comorbidity, Body Mass Index (BMI). Postoperatively recorded data included intra and post-operative morbidity and mortality, percentage of Excess Weight Loss (%EWL) at 3, 6 and 12 months and then annually up to 10 years postoperatively and the conversion rate to gastric bypass.

Results: Mean BMI preoperative was 47 kg/m2, 5 (15%) children of the 34 had Prader-Willi syndrome, weight loss was high in the first 2 years and then started to increase within the first 5 years postoperatively. 10 children had conversion to omega gastric bypass within the first 5 years. All 5 children with Prader-Willi syndrome were converted to omega gastric bypass. After the conversion they started to lose weight. Comorbidity was present before surgery in 30 patients (83%) which has decreased in majority of cases in first 5 years, the remaining 25 patients maintained excess weight loss between 25-52%.

Conclusion: Sleeve gastrectomy for children seems to be less effective than it is known for adults, especially in Prader-Willi syndrome. It could be however a bridging procedure and the omega bypass could be more effective.

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