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Title: Comparison of laparoscopic sleeve gastrectomy pulmonary complications comparing to laparoscopic adjustable gastric banding

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Body: Introduction/rationale Major changes in gastric anatomy and physiology following Laparoscopic adjustable gastric banding (LAGB) and laparoscopic sleeve gastrectomy (LSG) may increase the risk of esophageal regurgitation, increasing possibility of long-term pulmonary complications. Methods A retrospective case-control study was performed including all patients undergoing bariatric surgery, LAGB or LSG, over a 10-year period (2000-2010) at Meir Medical Center, Israel. Two groups were defined: patients who underwent LAGB or LSG. Data included all perioperative management and were recorded in hospital computer database. All patients were thoroughly examined and questioned about pulmonary complaints, such as: shortness of breath, persistent cough, pneumonias, infected bronchiectasis. The data were analyzed using Mann Whitney test for independent samples and Chi square test, with $p < 0.05$ considered significant. Results The patients underwent either LAGB (n=193, mean age 43.1 yrs., + -12.3 yrs., 144 (76.6%) females, 21(10.9%) with previous lung disease) or LSG (n=114, mean age 45.5, +-11.3 yrs., 83 (73%) females, 12(10.5%) with previous lung disease). The LSG patients had significantly lower rates of morning cough and postprandial cough than did the LAGB patients: 14(12.3%) vs. 115(59.6%), $p < 0.001$, 12(10.5%) vs. 112(58.0%), $p < 0.001$, respectively, similar rate of pneumonia(2 cases in each group) was noted follow the surgery. Mortality was zero. Conclusions Follow-up data demonstrated relatively less postoperative pulmonary complications after LSG comparing to LAGB. Additional follow-up is required to define long-term safety.