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USING INTRAGASTRIC BALLOON PROCEDURE FOR SURGICAL RISKS REDUCTION IN PATIENTS WITH MORBID OBESITY**Anaesthesia and Bariatric Surgery**

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Introduction

According to the latest WHO data, in Ukraine we have 22% of men and 25,7% of women with obesity. Morbidly obese patients have high surgical risks that are associated with mortality.

Objectives

The aim of this study is to estimate surgical risks in patients with morbid obesity who underwent intragastric balloon procedure as a preparation for bariatric surgery.

Methods

The study included 65 patients with morbid obesity who underwent intragastric balloon (IGB) Orbera procedure for 6 months. Surgical risks were estimated according to ASA Physical Status Classification System (2014).

Results

After IGB procedure patients showed median percent excess weight loss (% EWL) of 21,80 (18,60-26,50). Median BMI reduction from 68,08 (63,40-73,83) kg/m² to 56,65 (51,96-65,23) kg/m² ($p < 0,001$). Surgical risks were reduced from ASA PS III 47 (72,31%) and ASA PS IV 18 (27,7%) to ASA PS III 9 (13,9%) and ASA PS II 56 (86,2%). 60 (92,3%) patients underwent bariatric surgery (laparoscopic gastric bypass – 83,3%, laparoscopic adjustable gastric banding – 15%, laparoscopic sleeve gastrectomy – 1,7%). There was no mortality. In 2 (3,3%) patients we had complications associated with wound infection.

Conclusion

Intragastric balloon procedure is an effective for surgical risk reducing of bariatric surgery in patients with morbid obesity.