



EVALUATION OF THE RESULTS OF A MODIFIED METHOD OF MINI-GASTRIC BYPASS IN OBESITY AGAINST THE BACKGROUND OF TYPE 2 DIABETES MELLITUS

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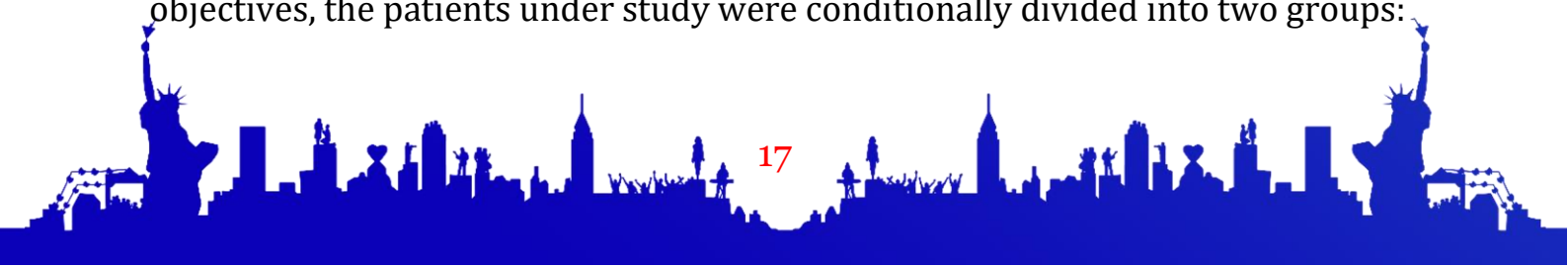
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Relevance of the problem. There are more than 40 different types of bariatric surgeries, conventionally divided into 3 groups [2], which indicates the lack of a unified approach to solving this pathology, which dictates the need for further analysis [1]. Gastric bypass (GB) has a restrictive-malabsorptive mechanism of action, is performed either as a Roux-en-Y gastric bypass or as a mini-gastric bypass and allows for a 60-70% reduction in body mass index (BMI), which many specialists consider the "gold standard" of bariatric surgery [2; 4].

However, the use of GB with one anastomosis leads to the development of bile reflux as a manifestation of afferent loop syndrome (ALS), the appearance of an ulcer in the anastomosis zone (up to 16%) with subsequent development of bleeding, perforations, malignancy or stenosis of the gastroenteroanastomosis (up to 20%), which in 25% of cases requires repeated surgical intervention [3; 4]. Therefore, the search for ways to solve the problem of obesity in the background of type 2 DM is justified, since it is aimed at improving the results of surgical treatment of obesity in the background of type 2 DM, which was the subject of this study.

The aim of the research is to improve the results of surgical treatment for obesity associated with diabetes mellitus (DM-2), development and clinical application of a modified method of laparoscopic mini-gastroshunting surgery.

Material and methods of the research. The work is based on the results of a retrospective and prospective analysis of patients with obesity against the background of type 2 diabetes mellitus (hereinafter referred to as type 2 DM) for the period 2023 to 2024 subject to surgical treatment in the private clinic "Sekhat" in Andijan and in the third surgical department of the Clinic of the Andijan State Medical Institute. The subject of this study were 177 patients with obesity against the background of type 2 DM. According to the purpose and objectives, the patients under study were conditionally divided into two groups:





- **comparison group** - (2023) - 49 (27.7%) patients who underwent a retrospective analysis of the results of surgical treatment in compliance with traditional approaches;

- **main group** - (2024) - 128 (72.3%) patients who underwent a prospective study of the results of surgical treatment using optimized surgical tactics.

The standard of examination of the studied patients before bariatric intervention consisted of an assessment of physical parameters with the implementation of laboratory, instrumental and statistical research methods in accordance with the latest clinical guidelines (Dedov I.I. et al., 2018 and protocols approved by the Ministry of Health of the Republic of Uzbekistan.

Results and discussion. All postoperative complications are conditionally divided into:

- 1) complications directly related to the bariatric surgery (specific complications) - anastomotic suture failure, afferent loop syndrome, hypoglycemic syndrome, diarrhea, gastroesophageal reflux;
- 2) wound - infiltrate, suppuration of the postoperative wound, ligature fistula;
- 3) complications not related to the bariatric surgery, which may also occur in other surgeries (general complications).

In the main group, after laparoscopic mini-gastroshunting surgery performed by a modified method, complications associated with bariatric surgery were diagnosed in 6 patients (4.7%). Of these, with the first degree of obesity against the background of type 2 DM - in 2 cases (1.6%), with the second - in 3 cases (2.3%) and with the third - in 1 case (0.8%).

In the main group, after laparoscopic mini-gastroshunting surgery performed by a modified method, wound complications (purulent-septic) were diagnosed in 7 patients (5.5%). Of these, with the first degree of obesity against the background of type 2 DM - in 3 cases (2.3%), with the second - in 2 cases (1.6%) and with the third - in 2 cases (1.6%).

In the main group, after laparoscopic mini-gastroshunt surgery performed using a modified method, general complications were diagnosed in 5 (3.9%) patients. Of these, with the first degree of obesity against the background of type 2 DM - in 3 (2.3%) cases, with the second - in 1 (0.8%) and with the third - in 1 (0.8%), with a fatal outcome in 1 (0.8%) case.

Summary. The conducted analysis of the results of laparoscopic mini-gastroshunting surgery shows that this contingent of patients has recently





begun to receive highly qualified specialized care in our country for the first time. In addition, bariatric surgeries require a multidisciplinary approach and in the vast majority of cases (94.5%) contribute to the recovery of patients from this suffering (complications associated with bariatric surgery - 6 (4.7%) and general, with a fatal outcome in 1 (0.8%)).

Our first experience has shown that the method of laparoscopic mini-gastroshunting surgery proposed by us in a modified way allows us to achieve good results for the doctor and the patient, including the prevention of afferent loop syndrome.

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