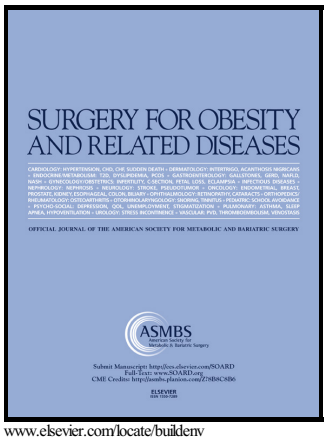

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Paired Editorial. "Long term results (8 years) after sleeve gastrectomy"

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Paired Editorial. "Long term results (8 years) after sleeve gastrectomy".

To the Editor:

It is an honor to have the opportunity to comment on the study by Nedelcu et al. regarding the "Long-term results (8 years) after sleeve gastrectomy". This is a new article that aims to give a new algorithm for patients undergoing sleeve gastrectomy (SG), and especially to try to find out which are the criteria regarding this so popular procedure. (1) The manuscript is well written and gives us lots of clues regarding SG critical points.

First, SG was intended as a 2-stage procedure to promote beneficial aspects regarding surgical complexity, security in superobese patients and this seems to have be proven. (2) However, not always the same procedure fits equally the same patients and from this point of view, we must consider all the "novel" or "residual" complications that might modify revisional procedures after SG. Originally the first step in a staged weight loss strategy, as shown by the authors, SG has promising short- and medium-term results. However, SG does not escape to the need for follow-up. However, the lack of long-term weight-loss outcomes has been criticized in the literature. This is a major critical point in bariatric surgery when dealing with long-term results and especially when thinking about mid-long term results (5-10 years). Some authors even consider that the lack of sufficient evidence limits their conclusions of its overall efficacy in general. [7]. I believe long-term follow-up must be done when thinking about recommendations and conclusions for assessing procedures in the bariatric field.

Another major point is to consider the required revisions and the final success rate for the procedure. In their article, the authors conclude that revisions account for 16.6% and a final success rate of 59%. But any single surgeon must be aware of the concept of "Success": Success for the surgeon, for the patient, for the payer, for the community? (4)

As mentioned by the authors, a main limitation of their study is represented by the Gastroesophageal Reflux Disease (GERD) definition and assessment. Unfortunately, we do not know much yet about the mechanisms and factors that can alter the gastroesophageal junction and its functionality. (5,6) In fact, how can a previous anatomy be modified by a SG and then followed over time, is certainly a major question for that procedure. Functional research must be implemented to establish prognostic factors for GERD development after SG and establish a good management when it appears. The authors review their experience and recommend conversion from SG to gastric bypass (GBP) for GERD symptoms control.