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Paired Editorial: Perioperative Outcome of Laparoscopic Sleeve Gastrectomy for High-Risk Patients

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It is an honor to have the opportunity to comment on the very important study performed by Borbély et al., who gave special focus to the short-term outcomes of high-risk patients undergoing laparoscopic sleeve gastrectomy (LSG). (1) The authors should be applauded for their effort in showing the benefits of an increasingly used technique such as LSG and how they managed their low rate of LSG-associated complications in very high-risk patients.

In their article, the authors show that LSG seems to be a safe option for these patients, with less morbidity and mortality in their series than expected based on data extracted from the existing literature. A multimodal approach to these complex patients, including early diagnosis of complications, is crucial for decreasing the morbidity and mortality rates. As the authors discussed, the decreased technical difficulty and shorter operating time of LSG make this procedure an excellent option for patients with high perioperative risk, offering weight loss and improvements in comorbidities that are comparable with those of Roux-en-Y gastric bypass, according to some studies. However, we must not make the mistake of thinking that performing LSG for super-obese patients is a minor surgery. This procedure can be challenging even for experienced surgeons during both the intraoperative and postoperative periods, especially if complications develop. We must remember that institution-specific and surgeon-specific experience is usually not taken into account when evaluating results and calculating scores. High-volume centers and experienced multidisciplinary teams are encouraged to manage these severely obese patients. (2) Preoperative amelioration of all comorbidities and structured pathways might be of greater importance when managing

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