underwent LRYGB. Comparison of baseline characteristics showed in Table 1. Of 334 patients included, 153 underwent primary LSG and 181 patients performed using chi-squared test and categorical variables was performed using chi-square by using the IBM SPSS statistics version 22. The level of statistical significance was at a p value < 0.05.

RESULTS

Of 334 patients included, 153 underwent primary LSG and 181 patients underwent LRYGB. Comparison of baseline characteristics showed in Table 1.

A retrospective analysis was performed for all patients who underwent LSG or LRYGB between April 2005 and May 2018 at a single institute with at least 1 to 5 years of follow up. Demographic data (age, sex, preoperative body weight, excess body weight, body mass index (BMI) and co-morbidities) were collected.

Comparison of means from continuous variables was performed using paired two-tailed student t-test and categorical variables was performed using chi-square by using the IBM SPSS statistics version 22. The level of statistical significance was at a p value < 0.05.

At year 5, the mean %EWL was significantly higher in the LRYGB group 62.3 ± 25.3% when compared to the LSG group 36.7 ± 51.0% (p = 0.04) (Figure 1). At all-time intervals except year 1, the mean %TWL was similar in both groups (Figure 2).

At 5 years, no significant difference was found in the percentage of patients who had >50%EWL between groups (Figure 3). Overall complications were 4.3% in the LSG group vs. 11.7% in the LRYGB group (p = 0.011). There was no mortality.

Both LSG and LRYGB are safe, effective and increasingly performed bariatric surgical procedures to date. Both result in satisfactory weight loss within 5 years. The incidence of early post-operative complications was not different between groups but overall, LSG had lower complications than LRYGB.

Laparoscopic sleeve gastrectomy (LSG) and laparoscopic Roux-en-Y gastric bypass (LRYGB) are two of the most widely used bariatric procedures in Thailand however, a comparison of long-term outcomes is still limited. The aim of this study is to compare the degree of long-term weight loss after the LRYGB and LSG procedures in our center.

A retrospective analysis was performed for all patients who underwent LSG or LRYGB between April 2005 and May 2018 at a single institute with at least 1 to 5 years of follow up. Demographic data (age, sex, preoperative body weight, excess body weight, body mass index (BMI) and co-morbidities) were collected.

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