Vertical Sleeve Gastrectomy (VSG) is becoming an increasingly popular surgical treatment for morbid obesity compared to Roux-en-Y Gastric Bypass (RYGB) in North America. Studies have been published on different surgical techniques for VSG, including staple line reinforcement technique and the ideal size of the gastric sleeve in itself.

However, no consensus exists in the literature for the best surgical technique when performing a VSG. Medial and lateral surgical approaches have been described, but no study could identify if one technique is better in terms of clinical outcomes.

**INTRODUCTION**

Objectives

This study aims to compare the medial approach for Vertical Sleeve Gastrectomy in terms of operative time, intraoperative and postoperative complications and weight loss, and to determine if both techniques are equivalent.

Methods

Data from the Ontario Bariatric Registry was used for this retrospective study to compare effectiveness and safety of VSG using the medial approach versus the lateral approach, during a 3-year follow-up.

**OBJECTIVES AND METHODS**

**RESULTS**

Between January 2010 and June 2015, 564 patients underwent a VSG at St Joseph's Healthcare Hamilton. 229 patients underwent a medial approach (72.9% female, mean age 46.9 and mean BMI 54.4). 335 patients underwent a lateral approach during the same period of time (73.1% female, mean age 48.8 and mean BMI 56.3).

Both groups were comparable in terms of baseline comorbidities.

The operative time for the medial approach was 70.4 minutes versus 95.3 minutes for the lateral approach (p<0.05).

**CONCLUSIONS**

Both lateral and medial approaches are effective and safe for performing Vertical Sleeve Gastrectomy. No significant differences were seen in weight loss and rate of complications at 3 years.

The medial approach may decrease operative time. Further study is required to determine if a consensus can be reached for the Vertical Sleeve Gastrectomy technique.