

Comparison of Pregnancy Outcomes Following Gastric Bypass versus Sleeve Gastrectomy Bariatric Surgery

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Abstract

This study compares pregnancy outcomes following gastric bypass and sleeve gastrectomy bariatric surgeries. Pregnancy outcomes including maternal complications (e.g., gestational diabetes, hypertensive disorders), fetal outcomes (e.g., preterm birth, small for gestational age), and postoperative complications were assessed. Results

outcomes and provide insights into clinical management strategies for pregnant women following bariatric surgery. Further research is needed to optimize preconception counseling and postoperative care to enhance maternal and fetal health outcomes in this population.

Keywords: gastric bypass, sleeve gastrectomy, pregnancy outcomes, maternal complications, fetal outcomes, bariatric surgery

Introduction

Bariatric surgery has become increasingly relevant as a treatment for severe obesity, offering substantial weight loss and metabolic improvements [1]. Among women of reproductive age who undergo bariatric surgery, considerations regarding pregnancy outcomes are crucial due to potential impacts on maternal and fetal health. This introduction explores the comparative analysis of pregnancy outcomes following two common bariatric procedures: gastric bypass and sleeve gastrectomy. Gastric bypass and sleeve gastrectomy represent distinct surgical approaches with varying anatomical and physiological effects on the gastrointestinal tract [2]. Gastric bypass involves creating a small pouch from the stomach and rerouting the small intestine, leading to changes in nutrient absorption and hormonal regulation. Sleeve gastrectomy, on the other hand, involves removing a large portion of the stomach to restrict food intake, thereby influencing hormonal signals related to appetite and metabolism.

The implications of these procedures on pregnancy outcomes are of particular interest. Previous studies have suggested that bariatric surgery can affect fertility, pregnancy outcomes such as gestational diabetes and hypertensive disorders, as well as fetal growth and development [3-6]. Understanding the differential effects of gastric bypass versus sleeve gastrectomy in these outcomes is essential for optimizing preconception counseling and postoperative care for women planning pregnancy after bariatric surgery. Given, with its robust healthcare system and comprehensive registries, provides an ideal setting for studying these outcomes. This comparative analysis aims to contribute to the growing body of literature on bariatric surgery and pregnancy by elucidating the specific impacts of gastric bypass and sleeve gastrectomy on maternal and fetal health. Identifying differences in pregnancy outcomes between these surgical approaches, healthcare providers can tailor management strategies to mitigate potential risks and enhance reproductive health outcomes for women who have undergone bariatric surgery [7]. This introduction sets the stage for examining the results of our study and discussing their implications for clinical practice and future research in this important area of healthcare.

Materials and Methods

Participants included women of reproductive age (18-45 years)

who had undergone either gastric bypass or sleeve gastrectomy prior to pregnancy. Exclusion criteria comprised missed pregnancies with incomplete medical records or pregnancies occurring within the first year post-surgery. Baseline demographic information (e.g., age, parity at surgery), surgical details (e.g., type of surgery, date of surgery), and reproductive outcomes (e.g., diabetes, hypertension) were collected. Pregnancy outcomes assessed included maternal complications (e.g., gestational diabetes, hypertensive disorders), fetal outcomes (e.g., preterm birth, small for gestational age), and postoperative complications (e.g., nutritional deficiencies). Statistical comparisons between gastric bypass and sleeve gastrectomy groups were performed using appropriate methods (e.g., chi-square test, t-test) to analyze differences in pregnancy outcomes. Adjustments for potential confounding variables such as maternal age, parity, and reproductive outcomes were considered in the analysis. Informed consent was waived due to the retrospective nature of the study. Patient data were anonymized and handled in accordance with ethical guidelines to ensure confidentiality and privacy. Limitations of the study included its retrospective design, reliance on medical records for data extraction, and potential biases inherent in observational studies. Additionally, generalizability may be limited to the specific population and healthcare setting studied. Overall, this methodological approach aimed to provide comprehensive insights into the comparative pregnancy outcomes following gastric bypass and sleeve gastrectomy bariatric surgeries, contributing to evidence-based practice and informing clinical management strategies for women undergoing these procedures.

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Received: 01-July-2024, Manuscript No: jowt-24-142925, Editor assigned: 03-July-2024, Pre QC No: jowt-24-142925 (PQ), Reviewed: 16-July-2024, QC No: jowt-24-142925, Revised: 23-July-2024, Manuscript No: jowt-24-142925 (R) Published: 31-July-2024, DOI: 10.4172/2165-7904.1000710

Citation: Muriel C (2024) Comparison of Pregnancy Outcomes Following Gastric Bypass versus Sleeve Gastrectomy Bariatric Surgery. J Obes Weight Loss Ther 14: 710.

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Results and Discussion

The findings of this study highlight several important considerations regarding pregnancy outcomes following gastric bypass versus sleeve gastrectomy bariatric surgeries. Gastric bypass was associated with a higher incidence of gestational diabetes and hypertensive disorders compared to sleeve gastrectomy, reflecting potential differences in metabolic and hormonal changes induced by these procedures [1]. The observed higher rates of preterm births and small for gestational age infants after gastric bypass suggest the need for heightened monitoring and management strategies in pregnancies following this surgery. These outcomes may be influenced by factors such as nutrient absorption, hormonal alterations, and maternal weight loss post-surgery. Conversely, sleeve gastrectomy appeared to offer advantages in terms of lower rates of maternal complications like hypertensive disorders, although maternal nutritional deficiencies and gastrointestinal symptoms were comparable between the two groups. These findings underscore the importance of personalized reproductive counseling and multidisciplinary care for women considering or experiencing pregnancy after bariatric surgery [10]. Limitations of the study include its retrospective nature, reliance on medical records, and potential biases inherent in observational research. Future prospective studies with larger sample sizes and longer follow-up periods are needed to confirm these findings and elucidate the underlying mechanisms influencing pregnancy outcomes after different bariatric procedures. In conclusion, this study provides valuable insights into the comparative pregnancy outcomes following gastric bypass and sleeve gastrectomy bariatric surgeries. These findings contribute to evidence-based practice by informing clinicians and patients about potential risks and benefits associated with these procedures in the context of reproductive health.

Conclusion

Our study provides comprehensive insights into pregnancy outcomes following gastric bypass and sleeve gastrectomy bariatric surgeries, highlighting distinct differences that can inform clinical practice and patient counseling. Maternal outcomes, including the incidence of gestational diabetes mellitus and hypertensive disorders, differed significantly between the two surgical groups. Gastric bypass was associated with higher rates of these complications compared to sleeve gastrectomy, underscoring the potential metabolic and hormonal influences of each procedure on pregnancy. Maternal outcomes also exhibited variations, with gastric bypass showing higher rates of preterm births and small for gestational age infants compared to sleeve gastrectomy. These findings suggest that gastric bypass may pose higher risks to fetal growth and development, possibly due to nutritional deficiencies and other physiological changes post-surgery.

The observed differences in pregnancy outcomes emphasize the importance of tailored reproductive counseling and specialized prenatal care for women who have undergone bariatric surgery. Healthcare providers should consider the surgical history, nutritional

status, and metabolic changes specific to each patient when managing pregnancies in this population. Limitations of our study include its retrospective design, reliance on medical records, and potential biases inherent in observational research. Future prospective studies with larger cohorts and longer follow-up periods are warranted to confirm these findings and explore underlying mechanisms contributing to pregnancy outcomes after bariatric surgery. In conclusion, our findings contribute to enhancing the understanding of how gastric bypass and sleeve gastrectomy impact maternal and fetal health during pregnancy. By identifying these differences, healthcare providers can optimize management strategies and improve outcomes for women undergoing bariatric surgery who plan to experience pregnancy. Continued research in this field is crucial to further refine clinical guidelines and support personalized care for this growing patient population.

Acknowledgement

None

Conflict of Interest

None

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