



The first modified Delphi consensus statement on sleeve gastrectomy

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Abstract

Introduction Sleeve gastrectomy (SG) is the commonest bariatric procedure worldwide. Yet there is significant variation in practice concerning its various aspects. This paper report results from the first modified Delphi consensus-building exercise on SG.

Methods We established a committee of 54 globally recognized opinion makers in this field. The committee agreed to vote on several statements concerning SG. An agreement or disagreement amongst $\geq 70.0\%$ experts was construed as a consensus.

Results The committee achieved a consensus of agreement ($n = 71$) or disagreement ($n = 7$) for 78 out of 97 proposed statements after two rounds of voting. The committee agreed with 96.3% consensus that the characterization of SG as a purely restrictive procedure was inaccurate and there was 88.7% consensus that SG was not a suitable standalone, primary, surgical weight loss option for patients with Barrett's esophagus (BE) without dysplasia. There was an overwhelming consensus of 92.5% that the sleeve should be fashioned over an orogastric tube of 36–40 Fr and a 90.7% consensus that surgeons should stay at least 1 cm away from the angle of His. Remarkably, the committee agreed with 81.1% consensus that SG patients should undergo a screening endoscopy every 5 years after surgery to screen for BE.

Conclusion A multinational team of experts achieved consensus on several aspects of SG. The findings of this exercise should help improve the outcomes of SG, the commonest bariatric procedure worldwide, and guide future research on this topic.

Keywords Bariatric surgery · Obesity surgery · Sleeve gastrectomy · Gastric sleeve

Abbreviations

SG Sleeve gastrectomy

GERD Gastro-esophageal reflux disease

BE Barrett's esophagus

GEJ Gastro-esophageal junction

IFSO International Federation for the Surgery of Obesity and Metabolic Disorders

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Sleeve gastrectomy (SG) is now the most common bariatric procedure worldwide [1]. Few consensus statements have been published on this procedure, with the last one published in 2016 [2]. Despite these, significant variations in practices persist concerning various aspects of this procedure [3]. Developing robust evidence to identify the best choice from amongst a range of practices can be a time consuming and laborious process. This often leads to individual clinicians