Preliminary Data Entry: Bettering Weight Loss Surgery

Rebekah Samuels
Dickinson College

Follow this and additional works at: http://scholarlyworks.lvhn.org/research-scholars-posters

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Background / Introduction

- Obesity is a crisis in America with nearly 2/3 of Americans categorized as overweight or obese. Although changes in diet and lifestyle can cause weight loss, many patients are now seeking medical intervention. Lehigh Valley Health Network excels in weight loss surgeries, including Roux-en-Y and sleeve gastrectomy. These surgeries are highly successful with patients losing nearly 70% of their former weight. Although successful, the surgeries are expensive and material consuming, mostly due to the amount of staple fires used. It is hopeful that this preliminary data can be used to research to the best and most cost effective procedure, while maintaining utmost care. The data provide a way to compare procedures which use the Boogie, Gastric Sail, and ViSiGi tube, which are used to measure the reduced stomach left behind following a sleeve gastrectomy. The data will illuminate the best tube for the surgery, resulting in fewer staple fires.

Methods

A previously constructed database was used to catalogue patients and the number of staple fires used. The tube used to measure the stomach and the number of staple fires used was accounted for in the operative notes and transposed in to an Excel spreadsheet. In conjunction with staple fires, the patient’s medical history and weight loss was documented.

Outcomes

Figure 1. A success story of a sleeve gastrectomy procedure.

Figure 2: Boogie Tube

Figure 3: Gastric Sail Tube

Results

With the support of the hospital, the general surgery department has had the ability to use various measuring tools, like the ViSiGi and Gastric Sail tube. With the evolution of the surgery, the surgeons are now predominantly utilizing the Gastric Sail, which requires the least amount of staple fires. Definite results will be produced following the preliminary data to determine if the varying tubes provide a staple usage difference.

Conclusions

The preliminary data collected will be used for future research in hopes of creating the most cost-effective procedure, yet providing the best care. This will allow LVHN to remain competitive with fellow institutions and even aid other hospitals with bettering weight loss surgeries.
