Synopsis



60-month follow-up of Long Limb vs. Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: the LONG LIMB RCT

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Plain language summary

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Plain language summary

Weight loss surgery, such as gastric bypass, is routinely used to treat people with type 2 diabetes and obesity worldwide. This is because the surgery is effective at lowering weight and improving blood sugar. In some people with diabetes this means that they can come off medications and still have normal blood sugar: this is called diabetes remission. However, the standard gastric bypass surgery only results in diabetes remission in 4 out of 10 patients, and it would be better if we could improve this success rate.

In this trial a new surgery called 'Long Limb' gastric bypass was tested. It was designed to be better at improving diabetes mellitus than the older 'Standard Limb' gastric bypass surgery, while being just as safe. It was expected that this new procedure would work better than the Standard Limb gastric bypass by increasing the release of insulin and other hormones from the gut and by improving weight loss and blood sugar over and above the standard operation.

We found that the Standard and Long Limb operations were equally effective in reducing blood sugar and reducing weight. When followed up to 60 months (5 years) after the surgery, people who had either Standard or Long Limb had similar experiences, with lasting weight loss and improvement in blood sugar levels, but there was no significant difference between the older and the newer type of surgery.

Our study shows that there does not appear to be a large difference between the two types of surgery: both seem to be similarly effective at helping people to lose weight and improve their diabetes.