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Comment on: trends of bariatric surgery in France during the last ten years. Analysis of 267,466 procedures from 2005 till 2014

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Bariatric surgery is a highly dynamic and evolving field. As the worldwide population continues to have significantly high rates of morbid obesity, the demand for these operations continues to rise in order to alleviate excess weight as well as the numerous health conditions directly associated with obesity. The types of surgical procedures continue to expand and develop as this demand rises. The Roux-en-Y gastric bypass (RYGB) has continued to maintain itself as a highly effective option with an acceptable safety profile. Angrisani et al. reported on worldwide trends via a questionnaire in 2013. At that time, the RYGB was demonstrated to be most commonly performed procedure at 45%¹. However, the sleeve gastrectomy (SG) has continued to rise in popularity. Based upon the Nationwide Inpatient Sample database, the rate of SG in the United States rose from 8.2% in 2011 to 39.6% in 2012². Similarly, Abraham et al. showed the rate of SG in the U.S. rose from 3% in 2008 to 54% in 2014 using the US-based Premiere database. They also noted a fall in the RYGB rate over the same time period from 52% to 32%³. This similar trend in selection of RYGB and SG has also been shown in Spain by Lecube et al.⁴. Concomitantly, the use of the adjustable gastric band has dramatically fallen from a worldwide use rate of 68% in 2008 to only 10% in 2013¹.

Lazzati et al. previously reported on the trends of bariatric surgery in France from 2005 through 2011 using the PMSI database in this journal⁵. The findings presented by Debs et al. successfully expand on this topic by continuing the analysis through 2014. They have demonstrated that trends have maintained their consistency regarding the types of surgeries being offered and the overall rates of bariatric surgery. Since the results of 2011, the volume of all bariatric surgery procedures has increased by 52% with the proportion of RYGB and AGB falling from 34.6% to 30.6% and 14.8% to 4.4% respectively. Simultaneously, the proportion of SG has risen from 49.7% in 2011 to 64.7% in 2014. The study also demonstrates that while the total number of

bariatric operations is increasing, the proportion of males undergoing surgery is significantly increasing while females are generally staying flat or slightly decreasing. Additionally, the trends show the center characteristics are evolving with the high volume centers (>100 surgeries/year) performing a higher proportion of the operations. Also, there is an increase in the proportion of bariatric surgeries being performed at public institutions versus private.

The authors go on to discuss some data regarding in-hospital mortality. While they interestingly do find that the private centers have consistent and significantly lower in-hospital mortality for all bariatric procedures compared to public centers, there is no information regarding patient associated factors which contribute to these findings due to the limitations of the database. Due to this and other limitations acknowledged by the authors, this study cannot be utilized for outcomes analysis. However, the study demonstrates a valuable and comprehensive snapshot and insight into the continuous evolution of bariatric surgery, which is important in directing our strategies for moving forward. This study, as well as other similar evaluations of our field, will continue to be increasingly important as new emerging techniques such as the mini-gastric bypass, single anastomosis duodenal switch, and endoscopic interventions become increasingly more prevalent.

The views expressed here are solely those of the author and do not reflect policies of the U.S. Army or the Department of Defense.

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