

**THE EFFECTIVENESS OF VARIOUS METHODS OF LAPAROSCOPIC SLEEVE
GASTRIC RESECTION IN PATIENTS WITH MORBID OBESITY****Teshaev O.R.****Ruziev U.S.**

Tashkent Medical Academy

The study included 785 patients operated on from 2019 to 2022, with follow-up for at least 36 months. Early and late surgical and metabolic complications, body weight dynamics, and the frequency of repeated weight gain were evaluated. A step-by-step analysis of the effectiveness and safety of two different tactical and technical approaches to performing LSG was carried out: Classic sleeve-gastrectomy, a technique based on the standard technique of forming a longitudinal gastric tube without an increased reduction in stomach volume, and Hard sleeve-gastrectomy, a modified version with a narrower calibration, expanded fundus mobilization, and an aggressive restrictive component.

The Classic LSG technique remains the most widely used standard in bariatric surgery due to its technical moderation, anatomical reproducibility, and relatively low complication profile. In the present study, 372 patients underwent surgical treatment using this technique, including 36 Fr gastric resection with preservation of the anatomy of the Gis angle and limited mobilization of the fundus. Already at the stage of the early postoperative period, she demonstrated a low level of complications: the incidence of early surgical disorders was 1.34%, and metabolic disorders — 25.7%, which is significantly lower than the similar indicators of the Hard group.

The clinical profile of patients after Classic LSG was also characterized by a lower incidence of late-onset disorders. Thus, the incidence of gastroesophageal reflux disease was only 2.42%, and there were no cases of gastric stenosis, dumping syndrome, or gastrointestinal fistulas. Micronutrient deficiencies and micronutrients occurred sporadically (in 1.3% of cases), indicating a more balanced effect of this technique on the digestive system and metabolism. In addition, psychological disorders in the long-term period were observed less frequently - in 15.05% of patients, and, as a rule, did not require specialized intervention.

Despite the moderate surgical benefits, the effectiveness of weight loss in the Classic group was limited. Only 42.2% of patients reached a normal body mass index 12 months after surgery, and only 20.4% after 36 months. Repeated weight gain was recorded in 62.4% of patients, and the proportion of patients with grade II–III obesity increased from 5.1% to 25%. These data indicate a decrease in the stability of the result after the first year and the possible need for revision intervention in some cases.

Nevertheless, the Classic technique remains an important tool in the arsenal of a bariatric surgeon, especially when working with patients with concomitant chronic diseases, low compliance, or psychological limitations. The mild nature of the restriction makes it possible to ensure an adequate effect without excessive risk, especially if there is a full-fledged program of monitoring and nutrition correction. Thus, Classic LSG should be considered not as a "less effective" alternative, but as a more gentle and physiologically stable alternative, especially in the treatment of patients with moderate metabolic risk and high safety priority.