Obesity Surgery (2019) 29:2627–2628
https://doi.org/10.1007/s11695-019-03958-6

LETTER TO THE EDITOR

Time to Conception after Sleeve Gastrectomy and Associated Pregnancy Outcomes—a Careful Look at the Evidence

Amihai Rottenstreich[1] · Ram Elazary[2] · Uriel Elchalal[1] · Gabriel Levin[1]

Published online: 18 May 2019

To the Editor;

The optimal timing of pregnancy after bariatric surgery, in regard to pregnancy outcomes, is still not well established. This is evidenced by the lack of uniformity in recommendations of professional society guidelines. The practice guidelines cosponsored by the ASMBS, The Obesity Society, and The American Association of Clinical Endocrinology suggest delaying pregnancy for 12–18 months after surgery, and the American College of Obstetricians and Gynecologists recommends a wait of 12–24 months. The rationale behind these restrictions is to ensure that pregnancy does not occur during the rapid catabolic weight loss period, which may theoretically lead to fetal malnutrition and impaired growth and thus account for the increased risk for small-for-gestational age (SGA) infants reported following bariatric surgery. However, data to support this notion remain limited, and the results reported are conflicting. Furthermore, these recommendations are based on studies that almost exclusively involved pregnant women who underwent either Roux-en-Y gastric bypass or adjustable gastric banding. In recent years, laparoscopic sleeve gastrectomy (LSG) has become the most frequently utilized bariatric procedure; hence, investigating associations of the LSG-to-conception interval with pregnancy outcomes is of paramount importance.

We read the retrospective study of Sancak et al. with great interest [1]. The authors evaluated the effect of time to conception following sleeve gastrectomy on maternal and perinatal outcomes in a cohort of 44 patients. It is stated that "there is sparse scientific evidence on the optimal timing for pregnancy following sleeve gastrectomy." While the authors are to be congratulated for their investigation regarding this important issue, there is already an important body of evidence in the literature which was completely ignored in their manuscript.

Our multidisciplinary group of researchers has focused on pregnancy outcomes following sleeve gastrectomy [2]. In addition, in our recent study comprising the largest cohort of pregnant patients who previously underwent LSG published to date with over 150 pregnancies, we have evaluated the effect of surgery-to-conception interval on pregnancy outcomes [3]. We did not find increased adverse outcomes among women who conceived within or later than the first 18 months post-operatively and the rate of SGA infants did not correlate to the timing of conception, even among those who conceived within the first year after surgery. These findings further support the recommendations of the Royal College of Obstetricians and Gynaecologists [4], as well as a number of recent publications [5, 6], which claim that a more personalized approach should be adopted instead of arbitrary fixed time limitations. This is of particular importance for older women toward the end of their reproductive age or those who face fertility issues, for whom delaying pregnancy may compromise their chance of conceiving.

An important subject not discussed in the study by Sancak et al. [1] is the increased rate of anemia associated with longer surgery-to-conception intervals. This finding was consistently reported in our cohort of post-LSG patients, as well as in other publications involving patients following gastric bypass and adjustable gastric banding [2, 7]. As anemia is well known to associate with numerous adverse pregnancy outcomes, it should be adequately addressed particularly in those who conceived later in the post-operative course.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

✉ Amihai Rottenstreich
amichaimd@gmail.com

[1] Department of Obstetrics and Gynecology, Hadassah-Hebrew University Medical Center, POB 12000, 91120 Jerusalem, Israel

[2] Department of General Surgery, Hadassah-Hebrew University Medical Center, Jerusalem, Israel

References

1. Sancak S, Çeler Ö, Çırak E, et al. Timing of gestation after laparoscopic sleeve gastrectomy (LSG): does it influence obstetrical and neonatal outcomes of pregnancies? Obes Surg. 2019;29:1498–505.
2. Rottenstreich A, Elchalal U, Kleinstern G, et al. Maternal and perinatal outcomes after laparoscopic sleeve gastrectomy. Obstet Gynecol. 2018;131:451–6.
3. Rottenstreich A, Levin G, Kleinstern G, et al. The effect of surgery-to-conception interval on pregnancy outcomes after sleeve gastrectomy. Surg Obes Relat Dis. 2018 Dec;14(12):1795–803.
4. Royal College of Obstetricians and Gynaecologists. Scientific impact paper no.17.The role of bariatric surgery in improving reproductive health. Royal College of Obstetricians and Gynaecologists; 2015.Available from: https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/sip_17.pdf.
5. Yau PO, Parikh M, Saunders JK, et al. Pregnancy after bariatric surgery: the effect of time-to-conception on pregnancy outcomes. Surg Obes Relat Dis. 2017;13:1899–905.
6. Mahawar KK, Graham Y, Small PK. Optimum time for pregnancy after bariatric surgery. Surg Obes Relat Dis. 2016;12:1126–8.
7. Rottenstreich A, Elazary R, Goldenshluger A, et al. Maternal nutritional status and related pregnancy outcomes following bariatric surgery: a systematic review. Surg Obes Relat Dis. 2018