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Roux-en-Y gastric bypass versus sleeve gastrectomy for diabetes remission in obesity with type 2 diabetes: an updated systematic review and meta-analysis

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ADMINISTRATIVE INFORMATION

Support - Key Science and Technology Research Project of Jilin Provincial Department of Science and Technology (No. 20170204023YY).

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2023120003

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 01 December 2023 and was last updated on 01 December 2023.

INTRODUCTION

Review question / Objective What's the prevalence in different gastrectomy for diabetes remission in obese patients with type 2 diabetes?

Condition being studied There is a lack of understanding of the prevalence in different gastrectomy for diabetes remission in obese patients with type 2 diabetes.

METHODS

Participant or population Obese patients with type 2 diabetes undergoing either Roux-en-Y gastric bypass or sleeve gastrectomy.

Intervention Either Roux-en-Y gastric bypass or sleeve gastrectomy.

Comparator Surgical counterpart.

Study designs to be included Randomized controlled trials.

Eligibility criteria The trials, which have been reported our primary outcome at the time point of 1, 1 to 3, or over 5 years, would be included.

Information sources The databases such as PubMed, Embase, The Cochrane Library, Web of Science, and literature tracing by manual retrieval if necessary, were used to search for relevant randomized controlled trials.

Main outcome(s) The primary outcome was the relative risk of diabetes remission between Roux-en-Y gastric bypass and sleeve gastrectomy.

Quality assessment / Risk of bias analysis The Cochrane's Collaboration tool for assessing risk would be utilized for the quality assessment of randomized controlled studies.

Strategy of data synthesis Relative diabetes remission would be analysed by estimating risk ratio (95% confidential interval).

Subgroup analysis Subgroups would be determined according to mean BMI, regions, single or multi-center study design, and risk of bias.

Sensitivity analysis Sensitivity analysis would be achieved through one by one exclusion method to evaluate the stability of meta-analysis results.

Country(ies) involved China.

Keywords Roux-en-Y gastric bypas; sleeve gastrectomy; obese; type 2 diabetes.

Contributions of each author

Author 1 - Ximing Lin - Author 1 extracted the literature data. The author would finish literature selection, meta-analysis, and draft the manuscript.
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Author 2 - Shuman Ran - Author 2 would contribute to the development of the selection criteria and the risk of bias assessment strategy, and resolve the conflict between two independent selection.
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Author 3 - Genzheng Liu - Author 3 would finish literature selection and assist in drafting the manuscript.
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Author 4 - Hua Meng - Author 4 provided the idea and scheme. The author would read, give feedback and approve the final manuscript.
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Author 5 - Changqing Lin - Author 5 would provide the statistical expertise, read, give feedback and approve the final manuscript.
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