

**Authors' reply: Comment on: Long-term effects of bariatric surgery on cardiovascular risk factors in Singapore**Singapore Med J 2021; 62(9): 503 <https://doi.org/10.11622/smedj.2021149>

Dear Sir,

We appreciate and thank the writer for sharing his comments in response to our article.<sup>(1,2)</sup>

Although data on hypertension was not collected during our review, we have separately published mid-term hypertension outcomes of our patients following laparoscopic sleeve gastrectomy, wherein we reported that hypertension improves with weight loss in the mid term and is related to the degree of excess weight loss (EWL). Patients who achieved more than 35% EWL had a 42.5% remission rate, compared with a remission rate of 6.8% among patients with less than 35% EWL.<sup>(3)</sup> With regard to long-term outcomes, a systematic review in 2018 reported that the preoperative prevalence of hypertension was 36.5% (range 6.7%–91%), which fell to 14.8% (range 0%–33%) at the five-year follow-up. Hypertension resolved in 62.2% (range 0%–100%) of patients and improved in 35.7% (range 13.3%–76.9%) of patients at a mean of 5.35 years of follow-up.<sup>(4)</sup>

With regard to the difference between sleeve gastrectomy and Roux-en-Y gastric bypass in terms of lipid levels at the one-year and five-year follow-ups, the number of patients in our study was too small to perform such an analysis. A recent meta-analysis showed no difference in remission of high triglyceride levels and low high-density lipoprotein levels between the two procedures at five years; however, remission of high low-density lipoprotein levels and overall dyslipidaemia was superior in the group of patients who underwent Roux-en-Y gastric bypass.<sup>(5)</sup>

We hope that this explanation adequately addresses the issues raised in the letter.

Yours sincerely,

Vinay B Panday<sup>1</sup>, Asim Shabbir<sup>2</sup>, Ivandito Kuntjoro<sup>3</sup>, Eric Yin Hao Khoo<sup>1</sup>, Jimmy Bok Yan So<sup>2,4</sup>, Kian Keong Poh<sup>3</sup>

<sup>1</sup>Department of Medicine, National University Health System, <sup>2</sup>Department of Surgery, National University Hospital, <sup>3</sup>Department of Cardiology, National University Heart Centre, National University Health System, <sup>4</sup>NUS Yong Loo Lin School of Medicine, National University of Singapore, Singapore. [vinaypanday36@gmail.com](mailto:vinaypanday36@gmail.com)

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